

Food Stamp Program Participation Grant

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State of Wisconsin
Department of Health and Family Services

ACCESS

Access to Eligibility Support Services for Health and Nutrition



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DESCRIPTION OF PROJECT

In June 2003, USDA's Food and Nutrition Service awarded Wisconsin Department of Health and Family Services (DHFS) a Food Stamp Program Participation grant of \$1.7 million to develop a set of online tools for low-income consumers. By building these tools, DHFS sought to:

1. Increase participation in FoodShare (Wisconsin's version of the Federal Food Stamp Program) and other programs
2. Improve FoodShare payment accuracy rates
3. Improve customer satisfaction
4. Reduce workload for eligibility workers
5. Enhance coordination and cooperation between DHFS, local agencies and community-based organizations
6. Increase coordination between FoodShare and other public assistance programs

Using a combination of grant funding and state funding, DHFS developed a website called ACCESS to Eligibility Support Services for Health and Nutrition, available at <http://access.wisconsin.gov>. ACCESS is a free, publicly accessible website with five customer-focused tools:

1. **Am I Eligible?** – a 15-minute self-assessment tool to help users determine which nutrition and health programs they might be eligible for.
2. **Apply For Benefits** – an online application for FoodShare, Medicaid/BadgerCare, and Family Planning Waiver
3. **Check My Benefits** – a customer portal that allows recipients to obtain detailed, up-to-date information about the status of their FoodShare, Medicaid, SeniorCare and SSI Caretaker Supplement benefits.
4. **Report My Changes** – an online change reporting tool for FoodShare, Medicaid/BadgerCare, Family Planning Waiver, and SSI Caretaker Supplement recipients.
5. **Common Questions** – a series of commonly asked questions and answers about health and nutrition benefits.

These tools are designed to work effectively with Wisconsin's state-run, county-administered Food Stamp and Medicaid programs. In Wisconsin, 72 counties and nine tribes operate local human or social services offices. Each county and tribe, referred to in this report as "local agency," has developed a distinct business model for administering benefits. As the state agency, DHFS provides policy direction, training, and monitoring to ensure consistency across the state. DHFS also manages the CARES eligibility system, a legacy system that all local agencies use to process applications, determine eligibility, and manage ongoing benefits. In 2005, DHFS implemented a web-based upgrade to the worker interface with CARES, called CARES Worker Web (CWW).

Key Dates in the Development of ACCESS

DHFS began work on the Food Stamp Program Participation Grant in November 2003, with an initial grant period end date of June 2006. In spring 2006, we requested and received a grant period extension until September 30, 2006. This extension provided us with additional time to train local agencies before implementing Apply For Benefits and Report My Changes. It also allowed additional time to evaluate the ACCESS tools. During the grant period, DHFS successfully delivered each of the tools outlined in the initial grant proposal.

November 2003 to February 2004	Conducted focus groups and developed business requirements for the Am I Eligible? self-assessment tool.
March 2004 to August 2004	Completed detailed design, software development and testing for initial version of Am I Eligible?
August 16, 2004	<i>Launched initial version of Am I Eligible?</i> , which included an assessment for FoodShare, Family Medicaid, BadgerCare, and SeniorCare eligibility.
August 2004 to December 2004	Completed detailed design, software development and testing for enhanced version of Am I Eligible?
December 15, 2004	<i>Launched enhanced version of Am I Eligible?</i> , which included an assessment for the following programs: <ul style="list-style-type: none"> ▪ Medicaid for Elderly, Blind and Disabled, including SSI Medicaid, SSI-Related Medicaid, Medicaid Deductible, Medicare Premium Assistance (QMB/SLMB), Medicaid Purchase Plan (MAPP), Institutions Medicaid and Community Waivers. ▪ Family Planning Waiver ▪ Women, Infants and Children (WIC) ▪ The Emergency Food Assistance Program (TEFAP) ▪ Free and reduced-price school meals ▪ Summer Food Service Program ▪ Tax credits, including the federal and state earned income credit, child credit, and the Wisconsin Homestead Tax Credit
November 2004 to February 2005	Conducted focus groups and developed business requirements for Check My Benefits, Apply For Benefits, and Report My Changes.
July 1, 2005	<i>Added an assessment of potential eligibility for Medicare Part D/Low-Income Subsidy to Am I Eligible?</i> (This addition was funded by a federal State Pharmaceutical Assistance Program (SPAP) Transitions grant from the Centers for Medicare and Medicaid Services.)

March 2005 to September 2005	Completed detailed design, software development and testing for Check My Benefits
<i>September 30, 2005</i>	<i>Launched Check My Benefits</i>
August 2005 to June 2006	Completed detailed design, software development and testing for Apply For Benefits
<i>June 2, 2006</i>	<i>Launched Apply For Benefits</i>
February 2006 to September 2006	Completed detailed design, software development and testing for Report My Changes
<i>September 5, 2006</i>	<i>Launched Report My Changes</i>

COMMON FEATURES OF ACCESS TOOLS

All five ACCESS tools share a number of critical features to promote and ensure successful use by customers and service providers.

Ease of Use

ACCESS incorporates a number of design features to encourage and support use by customers with limited computer skills. These include:

- Friendly, encouraging text written at or near a 4th grade reading level
- Simple layout and use of white space
- Icons to identify people in the home by age, name and gender
- An intelligent driver flow that schedules only relevant screening and applications based on previous answers and/or program requests
- A progress bar to show users how much they have completed
- Detailed, online help text for nearly every screen
- A limited number of links that take users out of ACCESS and into external sites

Coordination with Other Programs

Although ACCESS was developed under the auspices of a Food Stamp Program Participation Grant, we have included a number of other nutrition, health and income support programs in each component of the website. This approach reflects the coordination of programs within the CARES eligibility system and at local agencies, as well as many customers' need for a variety of health and nutrition support programs.

Combining FoodShare with other programs gives ACCESS three important advantages:

- ✓ By adding information about and/or an application for other programs, ACCESS does more to help low-income residents meet basic needs like food, health care, and prescription drugs. In many cases, even non-nutrition programs directly improve customers' food security by freeing up more resources to spend on food.
- ✓ Other programs make ACCESS more appealing to people who may not have an initial interest in FoodShare. As customers screen or apply for other programs, they may opt to apply for FoodShare based on the information and encouragement ACCESS provides.
- ✓ Community-based agencies and administrators of other programs are more interested in promoting ACCESS if it includes a broad range of programs. For example, health advocates are eager to promote ACCESS because it includes an online application for health coverage in addition to FoodShare.

Language Options

All five ACCESS tools have been built to accommodate translation into a number of languages. At this time, AIE is the only ACCESS tool available in both English and Spanish. The Spanish version is a direct translation of the English version, and it includes identical functionality for eligibility assessment. To ensure clarity and readability of the Spanish site, we invited a number of Spanish-speaking people from community-based organizations to review a test version of the Spanish site and offer their suggestions prior to our release.

Technical Support

To ensure that ACCESS users have a basic level of technical support, we direct users with questions or problems to the state's Medicaid Recipient Services hotline. The hotline number is displayed prominently on a number of ACCESS pages, as well as in certain ACCESS error messages. Recipient Services staff members are available by phone during regular business hours to answer questions and help customers solve problems with using ACCESS.

Training and Practice Options

To assist local agencies and community-based service providers who want to practice using ACCESS prior, we developed a "training" version of the ACCESS website at <http://trn.access.wisconsin.gov>. This site lets users familiarize themselves with ACCESS prior to helping customers or processing ACCESS applications. Users can use the training site to submit applications without sending an invalid application to the local agency.

Within ACCESS, we also provide a short tutorial and practice page about basic web page functions.

DETAILED DESCRIPTIONS OF ACCESS TOOLS

1. *Am I Eligible?*

Am I Eligible? (AIE) is a 15-minute self-assessment tool that gives users detailed, personalized information about their potential eligibility for the following Wisconsin health and nutrition programs:

- FoodShare
- Medicaid, including the following subprograms:
 - Family Medicaid
 - BadgerCare
 - Medicaid for the Elderly, Blind and Disabled
 - Medicaid Purchase Plan
 - Medicaid Deductible
 - Medicare Premium Assistance
 - Institutional Medicaid
 - Community Waivers
 - Family Planning Waiver
 - SeniorCare
 - Medicare Part D/Low-Income Subsidy
- Women, Infants and Children (WIC)
- School meals (including the National School Lunch and Breakfast programs)
- Summer Food Service Program
- The Emergency Food Assistance Program (TEFAP)
- Tax credits, including the federal and Wisconsin state earned income credits, the federal child tax credits, and the Wisconsin Homestead tax credit.

Screening for Potential Eligibility

To maximize AIE's effectiveness as a FoodShare outreach tool, users are assessed for all programs using a single set of questions rather than asking users to choose specific programs at the beginning of the self-assessment. Because FoodShare and Medicaid have more complex rules than most other programs, the number of questions did not increase significantly when several other programs were added to the self-assessment.

Using the information collected about the household's composition, income and bills, AIE forms a fiscal test group and completes a detailed benefit calculation for each program based on that program's eligibility rules.

AIE provides detailed information about the user's potential eligibility for each program. Whenever possible, AIE provides a specific benefit amount – or in the case of FoodShare, a benefit range that is generally within \$40 of the calculated benefit amount. While an estimated benefit amount is an important factor in convincing a user to apply for FoodShare, a benefit range helps to avoid disappointment at the local agency.

To minimize the amount of time it takes to complete AIE, the self-assessment does not ask questions about all of the factors that are used to determine eligibility. Instead, AIE includes a

series of disclaimers to alert users about factors that are not used in the assessment. For example, AIE does not ask questions about whether someone is a college student. AIE indicates in the results, however, that some college students may be ineligible for FoodShare. These disclaimers help to strike a balance between maintaining a short, simple self-assessment and giving users an accurate picture of their potential eligibility.

In addition to specific eligibility results, AIE provides personalized information about whom to contact to apply. AIE asks the user about county (and/or tribal land) of residence. Using this answer, AIE displays the phone number and address of each office location in the county for the programs for which the household looks eligible.

All of the information in AIE – including the customer’s answers to the questions, the detailed eligibility assessment, and the personalized steps for applying – is available for saving or printing through a customized PDF at the end of the self-assessment.

Privacy Concerns

In response to customers’ concerns about privacy, AIE does not require any identifying information. Customers are welcome to use nicknames, initials, or pseudonyms while answering questions. The information they provide is erased from the website once they click the Exit button or do not take an action for 30 minutes.

Inclusion of Local Programs

In our initial grant proposal, we sought to provide eligibility information about local programs as well as the state-level programs listed above. Given the difficulty of collecting and maintaining accurate information about local programs (such as food pantries or county rent assistance programs), we adjusted our strategy to focus on federal and state-level programs in AIE. Federal and state programs tend to offer more benefits to more people, and the benefits are generally consistent across counties and tribes. AIE provides personalized service to residents of Wisconsin by giving detailed information on how to access these state and federal programs at the local level.

Our focus on state and federal programs also reflects the requests we have heard from customers. The two most frequently requested program additions to AIE are energy assistance and child care subsidies. We plan to add home energy assistance to AIE in early 2007.

2. *Check My Benefits*

Check My Benefits provides detailed, personalized information about four types of benefits: FoodShare, Medicaid, SSI Caretaker Supplement, and SeniorCare. This tool was designed to help customers manage and keep their benefits, reduce the number of phone calls from customers to eligibility workers, and provide a 24x7 service model to customers. To our knowledge, Check My Benefits is the first online tool in the nation to provide customers with extremely detailed, up-to-date information about their benefits, and to do so in a simple, user-friendly manner.

To provide customers with online access to detailed information about their benefits, we needed to develop two critical components: a strong security framework, and a successful

interface with CARES. To develop the former, DHFS worked with Wisconsin's Department of Administration to comply with the state's standards for secure account creation. For the interface with CARES, we developed a new technical infrastructure to support real-time and batch communication from CARES to ACCESS. This represents a major shift in customer service; traditionally, customers have only been able to get information about eligibility through notices of decisions or from eligibility workers.

Security Framework

In order to use Check My Benefits, customers must create a secure account with a user ID and password. To do so, a user must provide three pieces of identifying information:

- His/her date of birth
- His/her Social Security Number. If someone does not have a Social Security Number, the person may use his/her PIN from CARES instead.
- ONE of the following: his/her case number, his/her QUEST Card number, or his/her Forward Card number

CMB uses these items to validate that the user is known to CARES. If the identifying information is correct, the user will then create a user ID and password for use with subsequent log-ins. They will also answer a secret question to assist with password recovery.

In some situations, a user may want to use CMB before his/her application has been approved or denied. Because the user does not have a case number, QUEST card number or Forward Card number before eligibility has been determined, the user may view limited information about his/her benefit request by providing only a date of birth and SSN or PIN. Later, if benefits are approved and the user wishes to view detailed benefit information, he or she is prompted to provide the specific case information described above.

At any time after his/her first log-in, the user may choose to change or recover his/her password. Anyone with concerns about identity theft may also terminate all access through CMB to their case information. This means that no one – including that user – may use the user's SSN, date of birth, and case information to create a CMB account or log in to CMB.

Access to Case Information

For security and privacy reasons, not all members of a case may view all case-related information. For a given case, a primary person or primary person's spouse is considered a "full view" user. This means that they may view any information about the case. A person under the age of 18 may not create an account for CMB unless he or she is the primary person or primary person's spouse on a case. Adults on the case who are not the primary person or primary person's spouse are considered "targeted view" individuals. They are able to see only information that pertains to them within the case.

Example: A FoodShare household is made up of Susan, the primary person, her 15-year-old son Joseph, and Margaret, Susan's 30-year-old sister. Margaret is disqualified from FoodShare due to an Intentional Program Violation.

When Susan creates an account using her personal information, she will be able to see detailed FoodShare benefit information for herself and Joseph. As the primary person, she will also see the reason for Margaret's denial.

Margaret may create an account using her personal information, but she will not see Susan and Joseph's FoodShare benefit details. She will only see information about her FoodShare denial.

Joseph will not be able to create an account because he is a minor and is not the primary person or primary person's spouse.

For situations involving companion cases, in which a household member is part of two cases at the same time, these full- and targeted-view designations allow CMB to maintain the security and privacy of each case.

Detailed Benefit Information

When a user creates an account and logs in for the first time, ACCESS will request real-time benefit information directly from the CARES eligibility system. For subsequent log-ins, CMB is updated nightly using a batch process that compares the benefit data in CMB to the benefit data in CARES. For these log-ins, the data is current as of the previous day. A user logging in on September 28, 2006, for example, would see a message that says, "This information is current as of Wednesday September 27, 2006."

When the user logs in, some information is displayed on the Welcome page in a high-level summary of the user's current eligibility. The user can then click on links to view detailed information by benefit type, including:

- Monthly benefit amount or sub-category of medical coverage
- Date the benefit or coverage started
- Date that FoodShare benefits will be available on the user's EBT card
- Date of the next review and/or Six Month Report form
- Reduced reporting income threshold for FoodShare
- Premium, deductible, spenddown, patient liability, and cost share amounts for health care and prescription drug programs
- Description of any changes in these amounts
- Specific reasons for denials or benefit closures
- Specific items that the worker is waiting for, such as verification documents or completion of a six-month report form or review
- Detailed information about the household's obligation to prove U.S. citizenship and identity for Medicaid under new citizenship rules
- Contact information for the worker, change center, or SeniorCare customer service center
- The address and phone number on file for the recipient
- A history of the benefit changes that have occurred since the user first created their ACCESS account

Because CARES is a complex eligibility system designed for expert users, we focused on “translating” data elements and codes from CARES into CMB messages that would be easy for a customer to understand.

Check My Benefits also features a “Worker View” so that workers can see the exact same information that their clients see in Check My Benefits. A worker may view the CMB information by logging into ACCESS with his or her CARES log-in information, then providing in the SSN or CARES PIN of the customer. Workers may only use this feature if the customer has created a CMB account.

3. *Apply For Benefits*

Apply For Benefits (AFB) allows Wisconsin residents to apply online for FoodShare, Medicaid/BadgerCare and/or the Family Planning Waiver Program. In AFB, applicants are first given an option to create an account. Users then spend 30 to 40 minutes answering questions about their household, their income and their expenses. To expedite this process, AFB uses an intelligent driver flow to present questions to the user based on the programs they requested and their answers to previous questions. While the majority of questions are common across programs, this approach ensures that the user is only asked for the information needed to determine benefits for the programs that he/she is requesting. If an applicant does not request FoodShare at the beginning of the application, we provide a special alert to encourage them to apply:

“You've told us that you'd like to apply for Medicaid and/or Family Planning Waiver but not for FoodShare. Keep in mind that if you apply for Medicaid and FoodShare at the same time, it will just take a few more minutes to answer the extra questions we need for FoodShare. If you don't want to apply for FoodShare now -- or if you are already getting FoodShare -- just click the Next button to keep going.”

In compliance with federal Food Stamp law, AFB does not require customers to complete more than their name, address and signature prior to submitting the application. After answering a few basic questions, applicants have the option of set their filing date by submitting an abbreviated version of the application. As noted above, only name, address and signature are mandatory, but we also request information about the applicant’s date of birth, SSN, gender, and alternate mailing address prior to allowing them to set the filing date.

While federal law preserves an applicant’s right to file an application with name, address and signature, local agencies have a strong interest in getting more complete information from applications. Some customers may also prefer to fill out a complete application instead of providing the information directly to a worker. To allow customers complete the full application, they may save and come back to the application at any time prior to signing and submitting the application. They will also review summaries of each section of the application to ensure that their answers are correct and complete. If a section is complete, they will receive a green check mark in the application summary. If it is not complete, AFB will indicate that the user has not completed all of the questions.

When the user is ready to submit the application, he/she checks a checkbox and types his/her name to sign the application electronically. Under Wisconsin law, this type of electronic signature is legally equivalent to a written signature. After the application is signed and submitted, the applicant's data is transmitted electronically to the local agency in the county or tribal lands where the applicant has said that he or she lives. This transmission happens immediately. If it is submitted before 4:30 on a business day, the filing date will be set for that day. Otherwise, the filing date will be set on the next business day.

If an applicant inadvertently submits an application to the wrong agency, the local agency that receives the application can easily transfer the application electronically to the correct agency. Between June and September 2006, fewer than two percent of ACCESS applications have been sent to the wrong county or tribal agency.

After the application is submitted, customers receive an application tracking number to use when contacting the local agency about their benefits. AFB also provides users with a printable PDF summary of their submitted application, as well as a list of the types of proof that they may need to provide to the local agency. Applicants who create an ACCESS account prior to submitting an application are able to view and track the status of the application through Check My Benefits.

Local agencies manage incoming online applications through a set of screens in CWW called the Local Agency Inbox. Depending on the agency's business process, the agency may have a supervisor or clerical staff member assign each application to a specific worker, or the agency may have workers choose the next available application for processing. As the worker moves through the driver flow in CWW, the data provided by the customer is pre-populated on each screen for worker review and verification. In the case of FoodShare applications, this happens during the interview with the applicant. In the case of Medicaid-only applications, which do not require an interview with the applicant, the data may be reviewed and processed by the worker at any time. Especially for applicants who have not previously applied for benefits, this saves time for workers by reducing the amount of data entry for each application. To our knowledge, ACCESS is the first online application in the nation to extensively automate the transmission of application data to the state's eligibility system.

Under federal law, FoodShare applicants must complete an interview with a worker in order to receive benefits. In most cases, this application is completed in person at the local agency. However, federal law and state policy provide exemptions that allow an applicant to complete this interview by phone if the applicant has a hardship in getting to the local agency. Apply For Benefits asks all FoodShare applicants whether they would prefer a phone or face-to-face interview. If they request a phone interview, it asks them to identify their hardship situation. Local agencies then use this statement of hardship to grant exemptions to the face-to-face interview requirement.

4. *Report My Changes*

Report My Changes (RMC) allows recipients of FoodShare, Medicaid, and/or SSI Caretaker Supplement to report changes in their job income. This tool is designed to assist recipients who need to report job changes and may difficulty reaching a worker by phone during regular

business hours. It is also designed to collect more detailed information about each change than a recipient might be able to provide in a voicemail message. RMC also facilitates the change reporting process by giving workers and supervisors a structured method for tracking reported changes and acting upon them in a timely way.

Like Check My Benefits and Apply For Benefits, Report My Changes creates a real-time link between ACCESS and CARES. This requires a strong security framework as well a way for workers to manage and process the information they receive through ACCESS.

In order to use Report My Changes, customers must create a secure account with a user ID and password. Because RMC is accessed through Check My Benefits, the account set-up requirements are the same as those described above for CMB. However, not everyone who can view benefit information in CMB may report a change through RMC. The following rules apply specifically to change reporting:

1. Full-view users (i.e. the primary person or primary person's spouse) may report changes for any individual on their case, as long as the case is currently open for benefits or a Medicaid/Caretaker Supplement benefit has been closed for less than 30 days. This is true even for full-view users who are not themselves eligible for benefits.
2. Target-view users (i.e. adults who are not the primary person or the primary person's spouse) may report changes only for themselves, as long as they are currently eligible for benefits or their Medicaid/Caretaker Supplement benefit has been closed for less than 30 days.
3. Users who are part of a Request for Assistance that has not yet become a case are not allowed to report a change.
4. Users are not allowed to report a change while their benefits are in pending status or if no confirmed eligibility exists for the user.

When a user creates an account and logs in, they will view the Check My Benefits summary page described above. From this page, they may click on the Report My Changes tab or on a link embedded in the text to get to the Report My Changes screens. After the user indicates that they want to report a job change, RMC will request real-time information from CARES about the jobs currently on file for the case. The user will view a list of these jobs and identify whether an existing job has changed or a new job has been added.

If the user indicates that an existing job has changed, the user will see a page with detailed questions about the existing job. This page will be pre-populated with the answers to these questions based on the information available in CARES. Users may provide the changes by editing the answers on the page.

If the user indicates that he or she has a new job, the user will see a page with a set of detailed questions about the new job. This page is similar to the page used in Apply For Benefits to gather information about a job.

After answering the questions and/or providing information about the job changes, the user will review the changes in a summary table and then submit the change report electronically. Like online applications, the change report is then transmitted electronically to the local

agency that is administering the benefits. Users will receive a change report tracking number, a printable PDF that summarizes the change(s) reported, and a list of the types of proof the user may need to provide.

After it is transmitted, the change report is automatically assigned to the primary worker on the case. The worker views and manages his/her assigned change reports through a set of screens in CWW called the Change Report Inbox. The Change Report Inbox also allows counties with Change Centers to manage and process change reports as they are received, regardless of the initial assignment to the primary worker.

To process a change report, the worker selects the change report from the inbox, then moves through a driver flow of income-related screens in CWW to process the change. For new jobs, the data provided by the customer is pre-populated into the appropriate screen in CWW. This automation reduces the amount of data entry by the worker. For existing jobs, the changes provided by the customer will be displayed in a message panel at the top of the screen. In future phases of ACCESS, workers will be able to automatically input these changes into the CWW screens.

Customers may track the status of their change report and resulting benefit changes through the Check My Benefits tool. They will receive updates in CMB when the change report is sent, when the worker begins processing the change, and when the worker completes the change.

In mid-2007, DHFS will expand RMC to include change reporting for a wide range of change categories, including household composition, unearned income, address, and household expense changes.

5. *Common Questions*

During the development of Check My Benefits, we identified a number of general questions that customers frequently have about getting and using benefits. For example, many focus group participants said they called their workers to ask how to get a new Medicaid card.

Rather than address these general questions in the secure CMB area of the website, we developed the Common Questions page to ensure that the questions and answers would be available to all users. Although most of the information in Common Questions is available through other DHFS publications or websites, we sought to develop a single place where customers could find brief, easy-to-understand answers to their questions about benefits. Collecting questions and answers in one place reduces the amount of time customers spend looking for answers on websites that may not be as user-friendly as ACCESS.

KEY STRATEGIES FOR WEBSITE DEVELOPMENT

Because ACCESS is intended for use by low-income consumers as well as community-based service providers, our top priority was to design a website that would be easy and appealing for low-income consumers to use. To achieve this goal, we reviewed existing online tools and conducted an extensive array of end-user focus groups. In total, we conducted approximately 15 focus groups with low-income Wisconsin residents, 12 focus groups with service providers, and 12 focus groups with local agency representatives. We used feedback from these meetings as the basis for each tool's business requirements, and we returned to our focus groups throughout the development process. Our focus groups proved to be the most critical element of our success in developing effective, user-friendly online tools. Following is a detailed discussion of the methods and strategies we employed while developing ACCESS.

Review of Existing Online Tools and Participation Studies

As a first step in developing ACCESS, the project team completed a comprehensive review of existing self-assessment tools and applications for the Food Stamp Program and other benefits. We searched for and tested self-assessment tools created by public and private social service agencies in each of the 50 states, as well as national organizations. We noted that only a small percentage of online tools appeared to be designed for users who have limited literacy and computer skills; these tools featured simple, easy-to-use pages with encouraging, personable language.

Although many of the existing tools were similar in format and function, we noted key differences among them. For example, some self-assessment tools asked very detailed questions and provided a specific estimated Food Stamp benefit amount. Others asked more general questions and provided estimated eligibility results for the Food Stamp Program without providing a benefit estimate. As another example, some gave customers a choice about which programs they would be screened for, while others automatically screened for all programs. Our review of existing models helped us develop a list of key questions for focus groups of customers and service providers.

The project team also reviewed focus group transcripts and existing food stamp participation studies from public and private agencies in Wisconsin in order to determine the specific reasons for non-participation that Wisconsin's online tools would need to address. We found that reasons for non-participation in Wisconsin included stigma, administrative complexities, lack of knowledge about the program, and low benefit amounts. Identifying these reasons for non-participation helped us prioritize features and messages that would help to reduce stigma and simplify the application process. The studies led us to believe that providing users with an estimated Food Stamp benefit amount in the self-assessment tool could help to encourage them to apply—especially if the estimated benefit is more than \$10/month.

Focus Groups with Consumers, Service Providers, and Local Agencies

Prior to starting design for any of the ACCESS tools, DHFS made a commitment to asking low-income Wisconsin residents directly about their needs and preferences. Although we also sought input from community-based service providers and local agencies, our top priority was to solicit feedback from people who were receiving or might be eligible for Wisconsin's health and nutrition programs.

Setting up initial focus groups with low-income consumers presented a number of logistical challenges. Focus groups are usually conducted by public relations firms, which provide financial incentives and use extensive recruitment strategies. Without the time or resources to engage a public relations firm, we struggled with how to assemble a group of low-income Wisconsin residents without offering financial incentives – especially when many low-income parents work during the day and have limited free time.

We first sought assistance from one of our formal project partners, Hunger Task Force (HTF). HTF connected us to their Voices Against Hunger grassroots network, which comprises low-income Milwaukee residents who advocate for improvements in nutrition programs. HTF extended personal invitations to its low-income Voices Against Hunger members and helped us host an evening focus group at HTF's offices in Milwaukee. This inaugural focus group – though small – helped us establish some of the key design features described above.

With the help of a Voices Against Hunger member, we arranged a second focus group at a Milwaukee public housing facility for the elderly and people with disabilities. We presented the concept of ACCESS at an evening residents' meeting and asked for feedback from residents.

To supplement these two customer groups, we arranged focus groups with service providers, including:

- *Hunger Prevention Council of Dane County*: approximately 30 members, including representatives of church and other food pantries, Salvation Army and other multi-purpose agencies, services targeted to immigrant communities, and other service providers and advocates.
- *Wisconsin Community Action Association's Food Security Roundtable*: approximately 15 coordinators of The Emergency Food Assistance Program (TEFAP) at Community Action Agencies in communities throughout Wisconsin
- *Federally Recognized Tribes*: tribal agency staff representing Red Cliff, Potawatomi, Ho-Chunk, Lac Courte Oreilles, Lac du Flambeau, Menominee, St. Croix, and Sokaogon tribes.

During each focus group, ACCESS project staff asked participants specific and general questions about how to make ACCESS as successful as possible in reaching potential applicants. For example:

- How much time do you think you would be willing to spend on a computer to find out if you might be eligible for FoodShare and Medicaid?
- What are the other programs or services you would most like to be able to find out about by using a screening tool?
- Would you prefer to choose which programs you are screening for, or would you like to answer one set of questions and have the computer let you know which programs you are eligible for?
- Once you have completed the screener, what is the most important information we could provide to help you apply?

After discussing questions like these with customers and service providers, the project team used customer feedback to develop business requirements for the self-assessment tool. The two most critical guidelines for the development team were to ensure that a user could complete the self-assessment in no more than 15 minutes, and to make the tool simple and easy to read.

In April and May 2004, we returned to similar customer and service provider groups to ask for their review of an initial design. At these meetings, we reviewed the language, look and feel of the site, and asked participants to identify areas in which a user might have difficulty answering a question. By conducting these in-depth reviews, we were able to refine the look and feel of ACCESS, troubleshoot potential problems and develop new approaches to some of the more difficult eligibility concepts in the self-assessment tool.

After using focus groups to establish an overall design for ACCESS, we continued to use informal focus groups to review new text and develop additions to the screening tool. Before adding Medicaid for the Elderly, Blind or Disabled to AIE, for example, we conducted a series of four focus groups with Elderly Benefits Specialists representing nearly all of the counties in Wisconsin. Benefits Specialists work closely with people aged 60 and older to help assess their eligibility and enroll in health and nutrition programs. During these focus groups, we solicited input on draft questions about assets and long-term care needs, as well as sample eligibility messages. Because of their knowledge of Medicaid and their understanding of the elderly population, the participants in these focus groups provided invaluable insight into how to ask questions in a way that elderly users will understand. For example, they helped us develop the right language to use while distinguishing between Social Security and Supplemental Security Income (SSI). We returned to the same Benefit Specialists a year later for their input on Check My Benefits and the addition of Medicare Part D/Low-Income Subsidy to AIE.

Prior to developing Apply For Benefits, Check My Benefits, and Report My Changes, we returned to customers, service providers and local agencies for their input. From November 2004 to February 2005, we met with approximately 300 stakeholders to ask for their input on how to design the remaining tools.

In partnership with the Wisconsin Community Action Program Association (WISCAP) and Hunger Task Force (HTF), we sought feedback from ten customer focus groups:

- For meetings in Fond du Lac, Montello, Dodgeville, Ladysmith, and Strum, we were given time on the agendas of Head Start Policy Council meetings. These regular meetings bring together parents of children who are enrolled in the Head Start Program. Typically, these parents are living at or below 100 percent of the federal poverty level, and they represent a range of experiences with health and nutrition programs. Although some Policy Councils were only able to offer 20 to 30 minutes of agenda time, most groups lasted for 45 minutes to one hour.
- In Wautoma, we met for about 45 minutes with parents enrolled in a parenting class sponsored by the local Community Action Agency.
- In Plainfield, we met for about 30 minutes with parents enrolled in a literacy class for bilingual parents sponsored by the local Community Action Agency.

- For two meetings in Madison, we met for about 30 minutes with participants in a financial literacy class sponsored by the local Community Action Agency.
- In Milwaukee, we met with a group of low-income Voices Against Hunger members at a meeting similar to the Voices Against Hunger focus groups described above.

For most of the focus groups with Head Start Policy Councils, WISCAP provided assistance with scheduling and coordination, as well as help with facilitating the meetings and recording customers' feedback.

To supplement these customer focus groups, we also met with Tribal Medicaid Outreach Workers, demonstration site staff in Milwaukee and Glenwood City, WISCAP's Food Security Roundtable and the Waukesha Health Providers' Network.

As with our original focus groups, we asked general and specific questions to determine which features were most important to customers for each tool. We also asked participants to validate the overall look and feel of ACCESS to ensure that design features from Am I Eligible? should be carried over to the new tools. Customers confirmed that they liked and appreciated the ease of using AIE, and they encouraged us to maintain the simple text and use of icons to represent people in the household. In the words of one focus group member: "It's great. Just don't screw it up!"

Because Apply For Benefits, Check My Benefits, and Report My Changes have a significant impact on processes and policies within local county/tribal agencies, we also conducted input-gathering meetings with local agencies. In most cases, we met for 60 to 90 minutes with groups of 20 to 25 agency supervisors at their regular regional meetings. In other cases, local agencies provided an hour at their staff meetings to help us get feedback directly from eligibility workers. In Dane County, we set up a small, hour-long focus group with Change Center workers, who provided a unique perspective on getting and processing changes. We also met with members of three subcommittees of the Income Maintenance Advisory Committee's (IMAC), which is made up of representatives from local agencies. Our local agency focus groups included:

- Winnebago County eligibility workers
- Washington County eligibility workers and supervisors
- Dane County Change Center staff
- Supervisors from Milwaukee County Department of Health and Human Services
- Local agency supervisors from the Green Bay region
- Local agency supervisors from the Madison region
- Local agency supervisors from the Waukesha region
- Local agency supervisors from the Eau Claire region
- Local agency supervisors from the Ashland region
- IMAC Program and Policy Coordination Subcommittee
- IMAC Information Technology Subcommittee
- IMAC Training and Technical Assistance Subcommittee

During these meetings, we asked local agency representatives for their recommendations on developing tools that would enhance customer service while helping to ease agency workload and maintain or improve payment accuracy. Based on their experience with mail-in applications, local agency participants had a number of concerns about the completeness and validity of data that they

would receive through the online application. We discussed strategies that might help applicants provide complete, accurate information. We also sought input from workers about the reasons customers call them, as well as the issues they most often encounter with reported changes.

During the development process for CMB, AFB and RMC, we returned to many of our customer, service provider, and local agency groups to get their feedback on our proposals for new ACCESS and CWW screens. In a few cases, we were able to review mock-ups in person – for example, we met with Head Start parents from counties throughout Wisconsin at an annual Head Start meeting in Wausau. As noted above, we reviewed CMB mock-ups with approximately 100 Benefit Specialists for the elderly from counties throughout Wisconsin. We also reviewed mock-ups at meetings of local agency supervisors, as well as with Winnebago County eligibility workers. In other instances, as described below, we relied on email and one-on-one visits to validate our design.

Key Lessons from Focus Groups

As noted above, our focus groups proved to be the most critical element of our success for developing effective, user-friendly online tools. Gathering and using focus group input also helped us build and maintain credibility with service providers, advocates and local agencies. In the process of seeking end-user input, we learned a number of key lessons:

✓ **Seek input from customers, but allow time to share past experiences and concerns in applying for and receiving benefits.**

Most of our low-income focus group participants seemed genuinely pleased about being asked for their input. For example, one focus group member – an older man who was recently laid off from his job – told us that being part of the focus group made him feel important. We heard constructive, clear suggestions based directly on customers' own experiences.

At the same time, the ACCESS focus groups provided a rare opportunity for participants to share concerns about their benefits with someone from DHFS. A number of participants gave negative feedback about specific workers or experiences, and had pointed questions about why they were not able to get the assistance they needed. In some cases, their frustration with eligibility workers in particular and the social services system in general made it difficult to direct members of the group toward specific questions about the website. To some degree, this challenge can be overcome with skilled focus group facilitation, but it is important to be prepared for the supplemental information and questions that may come from customers. It may also be helpful to offer a resource for customers to contact with their specific questions and problems.

✓ **Use flexibility in scheduling meetings – and use existing meetings of low-income consumers.**

Although the optimal focus group setting is a dedicated meeting with six to ten people for 60 to 90 minutes, we found that even a few minutes with customers yielded helpful input for ACCESS. Given the logistical challenges of finding a group of low-income Wisconsin residents during the weekday, we opted to reach people by attending existing meetings, such as the public housing residents' meeting or the Head Start Policy Council meetings described above. Attending these meetings often required long-distance travel for evening meetings. As noted above, participants were very appreciative of our request for their input, and they

were even more appreciative of us taking the time to travel to them and meet with them outside of regular business hours.

- ✓ **Provide incentives to participants (and budget ahead of time for food).**
Providing financial incentives to focus group participants is a standard practice in the private sector, but as a state agency, we were not able to reimburse customers for their time. However, we felt it was important to offer a meal to low-income participants who agreed to meet with us in the evening. For future projects, we recommend adding a separate line item for focus group meals to the project budget.
- ✓ **Let participants know that you will use as much of their feedback as you can.**
Although we made a strong commitment to using as much customer feedback as possible, some focus group suggestions were not feasible to implement – or we felt the suggestion would work against the goals of the project. During the focus groups, we let participants know that we were listening to their suggestions and would do as much as we could to take their advice. We also set their expectations that we might not be able to do everything they recommended, or not do it in the initial phases of the project. While facilitating, however, we did our best to maintain an open discussion by not giving immediate feedback about what was feasible and what was not. When we returned to the focus groups for design validation, we gave them a specific reason for why we chose not to take a given suggestion.
- ✓ **Be sure to hold focus groups at points in the development process when it is possible to use the feedback.**
We felt it was essential to talk with customers *before* we began designing each component of the website. In our initial sessions, we were able to ask customers to help us develop the fundamental business requirements for each tool. This process was time consuming: for AFB, CMB and RMC, for example, we spent a full four months gathering input from end users before we were able to start initial design. This initial investment helped to keep the project on time and on budget by ensuring that our first design was the correct design. In subsequent reviews with stakeholders, most of the suggestions were text changes instead of fundamental changes to the site’s look, feel and navigation.
- ✓ **Use examples and mock-ups whenever possible.**
In our initial focus groups, we found that it was difficult for some participants – particularly people without extensive computer skills – to envision what a customer-focused website would look like. When we brought examples of pages and questions, most people had an easier time giving specific feedback.
- ✓ **Focus as narrowly as possible on topics for focus groups.**
Because of our limited project timelines, we chose to gather requirements for AFB, CMB and RMC in the same series of meetings. For future projects, we will schedule enough pre-development time to conduct separate focus groups for each tool. Focusing on each tool separately will allow us to gather more detailed input and give participants a chance to share their experience with previous tools.

- ✓ **Provide clear documentation of focus group requirements.**
As noted above, we used customer feedback extensively while developing the business requirements for each tool. When providing these requirements to the development team, we indicated where each requirement came from – for example, whether it was a suggestion from a client, a service provider, or a local agency. The development team found this source information to be very helpful when prioritizing which suggestions were feasible to incorporate within our budget and timeline. For future projects, we will continue to document the input we receive through both formal and informal focus groups and reviews.

- ✓ **Make a strong connection between focus groups and people who are developing the online tools.**
Because our development team was responsible for translating customer feedback into web design, it was very helpful for members of this team to attend focus groups whenever possible. When systems analysts were able to attend focus groups, they were able to hear suggestions firsthand and ask clarifying questions. They were also able to develop a better understanding of the experiences and frustrations of low-income Wisconsin residents. In addition, our lead focus group facilitator was part of the DHFS team who reviewed design, drafted text, and tested the application. This also helped us maintain a strong commitment to the feedback we heard from customers.

Other Methods of Gathering End-User Feedback

In addition to focus groups, we employed a number of alternate methods of gathering input from customers, service providers and local agencies.

Surveys

During our initial design of Am I Eligible?, we supplemented our two customer focus groups with a client survey. Staff from Automated Health Systems, a Wisconsin HMO, conducted short client surveys at local agency offices throughout the state. We received over 60 surveys from AHS field staff in Barron, Lincoln, Wood, Taylor, Ashland, Milwaukee, Jefferson, Dodge, Kenosha and Outagamie Counties. These surveys helped us gain a broader perspective on questions like “How much time would you be willing to spend on a self-assessment tool?” Although the surveys did not provide the same level of insight about customers’ needs and experiences as in-person discussions, they helped to confirm some of our fundamental design decisions.

Email and Conference Calls

During the development of all four tools, we sought review of web page text and design from customers, service providers and local agencies. Given the extensive lead time required to organize a focus group, we often relied on supplemental methods for these reviews. To gather feedback on an ongoing basis, we emailed mock-ups, text and specific questions to our project partners, including demonstration sites, HTF, WISCAP, local agencies, and other community agencies who expressed interest in giving ongoing feedback. In a few cases, we scheduled a conference call to discuss mock-ups as a group, but usually, we collected feedback by email. We also emailed a few customers directly to ask for their feedback.

Email and conference calls helped us to gather feedback quickly, and they made it possible for us to make informed designed decisions without compromising our development timeline. At the same time, email limited our ability to ask clarifying questions, develop consensus among customers, or hear more about the reasons for the recommendations given. Email was also an unreliable way to reach low-income customers, in part because we were reluctant to send out large attachments to customers or ask them to provide extensive written feedback on the mock-ups.

Home Visits

To supplement the feedback we received from service providers and local agencies via phone and email, we worked with HTF to arrange review meetings with four low-income Milwaukee families in their homes. Like email, these home visits helped us get feedback more quickly than through traditional focus groups. Although these meetings did help us validate our mock-ups, the disadvantage of one-on-one meetings is the risk of putting a customer “on the spot” and asking them to give detailed, constructive feedback on a page they have not seen before. In the future, we might opt to mail packets of mock-ups ahead of time and/or try to arrange a mini-focus group with two to three families at a neighborhood center or nearby school.

System Design and Documentation

Wisconsin’s CARES vendor, Deloitte Consulting LLP, developed the software for ACCESS. As part of the development cycle, Deloitte provided the DHFS team with documentation of the software design for approval prior to construction of each component of the site. This critical step helped to that the software met DHFS’ business requirements for ACCESS. Throughout the development process, testing and implementation, DHFS and Deloitte staff used Wisconsin’s Computer Application Tracking System (CATS) to manage the development and enhancement of ACCESS. DHFS staff coordinated closely with Deloitte staff through regular meetings, schedule monitoring and a formal process for issue resolution. Deloitte’s experience with CARES as well as the policy requirements for each program helped to support innovative solutions and ensure a successful connection between ACCESS and application processing at the local agency.

Testing

Prior to launching each component of ACCESS, we completed extensive testing of the features and functionality of the website. Many partners shared responsibility for this testing, including policy analysts, systems analysts, web developers, and members of our project team.

To supplement our internal testing efforts, we provided the test version of the site to HTF, WISCAP and other community agencies and asked them to test the website. These agencies used the tool to test typical family scenarios and ensure that users would not encounter errors. In some cases, our community partners shared the test site with customers and gathering feedback on areas where they encountered errors or had difficulty in using ACCESS.

PROJECT IMPLEMENTATION

ACCESS is a free website available to anyone using a computer with Internet connectivity. While many low-income residents of Wisconsin may not own a computer, we learned that a growing number have the ability and interest to use a computer to obtain and manage their benefits. Customers, service providers, and local agencies reported that many users visit the website on their own from work, school, at the house of a friend or family member, or through publicly accessible sites like Job Centers, libraries, or community centers. We also learned that other low-income Wisconsin residents are not yet able to use a computer on their own, and need more personal attention and assistance with using ACCESS. These customers are likely to use ACCESS only with the help of a community-based service provider.

For both groups, ACCESS represents an alternative to the traditional methods of getting information about, applying for, and managing benefits. The website does not replace the option of contacting the local agency by phone or in person.

Demonstration Sites

To evaluate a variety of service delivery models for ACCESS, we established formal partnerships with 18 community-based agencies to serve as demonstration sites for ACCESS. In addition to evaluating a variety of methods of assisting customers with ACCESS, these sites have provided valuable feedback about ACCESS and helped us learn more about the population of ACCESS users. Our 18 demonstration sites included:

- ✓ Four Milwaukee food pantries
- ✓ Nine tribal health clinics
- ✓ Three Women, Infants and Children (WIC) sites
- ✓ Two Community Action Agencies

Together, these demonstration sites have helped us better understand how ACCESS is used in the real world, including some of the challenges of connecting low-income consumers to online tools.

Milwaukee Demonstration Sites

In our FS-PPG proposal, we identified four types of demonstration sites for Milwaukee County: an emergency food pantry, a grocery store, a senior commodity (CSFP) distribution site, and a Milwaukee Public Schools site. During our initial focus groups, we asked low-income Milwaukee residents about the locations at which they would be most inclined to use online tools. Most specifically mentioned grocery store as the one place where they would *not* use an online tool; they felt that stores are not private enough. After researching options for Milwaukee Public School sites, we learned that MPS schools are locked during the day as a safety measure. We chose to find an alternative to MPS given the lack of public access to school facilities.

We asked HTF to identify four food pantries/CSFP distribution sites in Milwaukee County. We requested that they identify four sites with different service delivery models in different areas of Milwaukee County. HTF also recommended choosing sites that have paid pantry coordinators

rather than pantries operated exclusively by volunteers. With HTF's assistance, we selected the following agencies as our four Milwaukee demonstration sites:

- ✓ South Milwaukee Human Concerns
- ✓ Milwaukee Christian Center
- ✓ Central City Churches
- ✓ Silver Spring Neighborhood Center

Each of these agencies serves as a pantry and/or CSFP distribution site, and together, they represent a cross-section of food-oriented service providers in Milwaukee County. South Milwaukee Human Concerns provides emergency food, household and clothing needs to elderly residents and families in South Milwaukee, including a significant Russian-speaking population. Milwaukee Christian Center offers a variety of services, including bilingual caseworkers who assist Latino and Hmong families. Central City Churches provides emergency food and drop-in services to homeless adults and other low-income residents of the central city area. Silver Spring Neighborhood Center provides services to residents of nearby public housing facilities and parents of children at an adjoining MPS school.

For each of these demonstration sites, DHFS provided a computer, printer, desk and chair. Demonstration sites were responsible finding a site for the computer terminal, as well as providing internet connectivity. DHFS did not provide funding for staff time; each site contributed staff and volunteer time for helping customers with ACCESS. Staff and/or volunteers from the four demonstration sites participated in ACCESS trainings and provided regular feedback to DHFS staff on the development and implementation of the tools.

Tribal Demonstration Sites

To evaluate use of ACCESS among tribal members, we invited the 11 federally recognized tribes in Wisconsin to join the project as ACCESS demonstration sites. Nine of the tribes opted to participate, including:

- ✓ Bad River Band of Lake Superior Chippewa Indians
- ✓ Ho-Chunk Nation of Wisconsin
- ✓ Lac Courte Oreilles Band of Lake Superior Chippewa Indians of Wisconsin
- ✓ Lac du Flambeau Band of Lake Superior Chippewa Indians of Wisconsin
- ✓ Oneida Tribe of Indians of Wisconsin
- ✓ Red Cliff Band of Lake Superior Chippewa Indians
- ✓ St. Croix Chippewa Indians of WI
- ✓ Sokaogon Chippewa (Mole Lake) Community of Wisconsin
- ✓ Stockbridge Munsee Community of Wisconsin

Our primary point of contact in each tribe was the Tribal Medicaid Outreach Specialist, who works with patients at the tribal clinic or health center to enroll them in Medicaid and other health coverage programs.

Like the Milwaukee demonstration sites, DHFS provided each tribe with one or two computers and printers for use at the tribal health center or other community-based location. In most cases, we also provided a desk and chair for the computer terminal. Demonstration sites were responsible finding a site for the computer, as well as providing internet connectivity. Although the Tribal Medicaid Outreach Specialists are DHFS-funded positions, we did not provide additional staff funding for ACCESS-related activities. Staff from each demonstration site participated in ACCESS trainings and provided regular feedback to DHFS.

Women, Infant and Children (WIC) Sites

To evaluate use of ACCESS by families served by the WIC program, we established demonstration sites at WIC projects in three counties of Wisconsin: Vernon, Marinette and Rock County. The Vernon and Marinette WIC programs are administered by the county Public Health Department, while Rock County's WIC program is administered by a non-profit agency called Nutrition and Health Associates (NHA) with offices in Janesville and Beloit.

DHFS provided each WIC location with approximately \$7,500 each year in funding for equipment and staff time for the project. Each WIC site was responsible for selecting its equipment, finding a site for the computer, as well as providing internet connectivity. Like the Milwaukee and tribal demonstration sites, staff from each WIC site completed regular ACCESS trainings and gave regular feedback to DHFS staff on tool development and implementation.

Community Action Agencies

To serve rural and suburban communities of Wisconsin, DHFS provided approximately \$54,000 in funding per year to each of two community action agencies:

- ✓ ***West Central Wisconsin Community Action Agency, Inc. (WestCAP)***
WestCAP is located in the western region of Wisconsin and serves seven rural counties: Barron, Chippewa, Dunn, Pepin, Pierce, Polk and St. Croix. It is an Emergency Food Assistance Program (TEFAP) provider, in addition to administering many other programs to help families overcome poverty and achieve economic stability. Using FS-PPG funding, WestCAP created an Outreach Benefit Specialist position to assist customers with ACCESS at high-traffic service and event locations. The Outreach Benefit Specialist's role also included training staff from WestCAP and its partner organizations on use of ACCESS.
- ✓ ***CAP Services, Inc.***
CAP Services is located in central Wisconsin and serves five counties: Portage, Waupaca, Waushara, Marquette and Outagamie. It runs a Head Start program, and, like WestCAP, offers many other programs for low-income families. Using FS-PPG funding, CAP Services created a Project Manager position to oversee the project and provide training to staff from CAP Services and its partner organizations. They established ACCESS sites at existing offices in Stevens Point, Waupaca, Wautoma and Montello, with a designated computer and staff person available to help low-income clients with the online tools. At these sites, CAP Services staff assisted clients in using the online tools and arranged for the services of an interpreter if needed. In addition, CAP Services promoted ACCESS to businesses and

community agencies and integrated use of ACCESS into CAP Services staff's home visits to families.

Project Partners

In addition to demonstration sites, DHFS contracted with two formal project advisers: Hunger Task Force (HTF) and Wisconsin Community Action Program Association (WISCAP). As described above, these agencies helped us to coordinate focus groups with customers. They also assisted with selecting and managing demonstration sites, reviewing text, layout and design, and promoting the ACCESS tools.

We also worked with other community-based partners, including Head Start programs, Community Action Agencies, Covering Kids and Families members, local nutrition networks, and UW Extension. These partners, who were not funded by the FS-PPG, provided access to service providers and low-income consumers through state-wide or county-wide meetings. Many also provided feedback on text, layout and design. They also helped to promote ACCESS by sharing information in trainings and newsletters.

Communications and Training

Our communications and training plan focused on two equally important audiences: potential end users of ACCESS (including low-income Wisconsin residents and service providers) and local county/tribal agencies where Wisconsin residents apply for benefits.

Customer-Focused Communications

Given our limited resources for marketing and promotion to customers, we relied primarily on printed materials and word of mouth for the promotion of ACCESS.

Prior to launching Am I Eligible, DHFS selected a name for the overall site that would encourage people to use the online tools, as well as a web address that would be easy to write down and remember. Based on input focus group participants and working with DHFS' communications team, we chose ACCESS: Access to Eligibility Support Services for Health and Nutrition, available at access.wisconsin.gov and access.wi.gov.

After choosing a name, we worked with a low-cost design firm in Milwaukee to develop a logo and collateral materials for the project. They developed five collateral pieces: a three-fold brochure for service providers, a three-fold brochure for customers, a business-card-size referral card, an 11x17 poster, and a 3x5 referral card for Check My Benefits. DHFS has updated these materials to reflect changes in the tools. Like other DHFS publications, the forms are available at no cost to local agencies and service providers. ACCESS materials have been extremely popular; since August 2004, we have distributed more than 400,000 pieces throughout the state.

To help spread the word about ACCESS, project staff members have presented on and/or demonstrated ACCESS to a wide variety of groups, with a focus on reaching statewide networks of service providers. These include groups of food pantries, Community Action Agencies, nutrition networks, refugee service agencies, health advocates and community health providers, and

programs serving the elderly and people with disabilities. Our demonstration sites and formal project partners have assisted with promotion by presenting on ACCESS and providing updates to service providers in person, by mail, or by email. In addition to the stakeholders listed above, their efforts have included schools, libraries, Job Centers, WIC and other public health programs, multi-service centers, shelters, and local businesses.

Local agencies have also played a role in promoting ACCESS – particularly Check My Benefits, which gives customers an alternative to calling their workers. Many local agencies have referred customers to CMB and/or helped them set up CMB accounts. Some eligibility workers include the ACCESS URL on their voicemail messages to help customers who may be looking for information about their benefits. Other agencies have set up computer terminals in their lobbies to give customers an easy way to use ACCESS.

In addition to printed materials and word of mouth, we have promoted ACCESS through media outlets. In August 2006, we issued a press release on the new online application. In fall 2004, we collaborated with the Secretary's Office to include ACCESS information in media events announcing the new name of the Food Stamp Program in Wisconsin (FoodShare) and the implementation of an eligibility van in Milwaukee County. In fall 2004 in particular, we saw a significant spike in the number of people using AIE after this promotional effort.

Our demonstration sites and project partners have reached local newspapers, newsletters and listserves with press releases on ACCESS. CAP Services found low-cost advertisements in local newspapers to be an effective strategy for generating interest in ACCESS. Based on their success with this method, we completed our grant-funded promotion activities by placing a 2x2 ad in local newspapers throughout Wisconsin.

As described above, we provided training to staff and/or volunteers at each of our demonstration sites. In some cases, this training was hands-on at a local computer lab. In others, we provided a live demonstration or screen shots of the new tools. Although demonstration site staff reported that the combination of methods ensured adequate training, they felt strongly that hands-on training was essential to help them understand exactly how to complete the self-assessment and online application. To conduct hands-on training, we used computer labs at community-based job training centers and/or local agencies.

Local Agency-Focused Communications

We provided detailed information about ACCESS to local agencies through a number of regular communications channels, including Income Maintenance Advisory Committee (IMAC) meetings and subcommittee meetings, Regional Supervisors meetings, Administrator's Memos, and Operations Memos. For new features that had a major impact on agencies' workload and business processes – such as the Local Agency Inbox used to manage and process online applications – we provided as much information as soon as possible in the form of Administrator's and/or Operations Memos that identified the key business questions agencies would need to answer in preparation for the change.

To help supervisors, eligibility workers, and other agency staff learn how to use new ACCESS-related tools in CWW, DHFS developed a distance-learning module for its online Learning Center.

We also provided hands-on practice through a test version of CWW. For the release of Report My Changes, we developed a training PowerPoint presentation that described the process of getting and processing a change.

PROJECT OUTCOMES

Usage Trends

Use of ACCESS by Wisconsin residents has greatly exceeded our expectations. This is especially true for the online application; even after just three months, it represents almost fifteen percent of all new applications for FoodShare and/or Medicaid. Following is a detailed summary of usage results for each tool in ACCESS.

1. Am I Eligible?

Between August 16, 2004 and September 30, 2006, we saw the following usage of AIE:

Number of self-assessments started, cumulative: 111,979

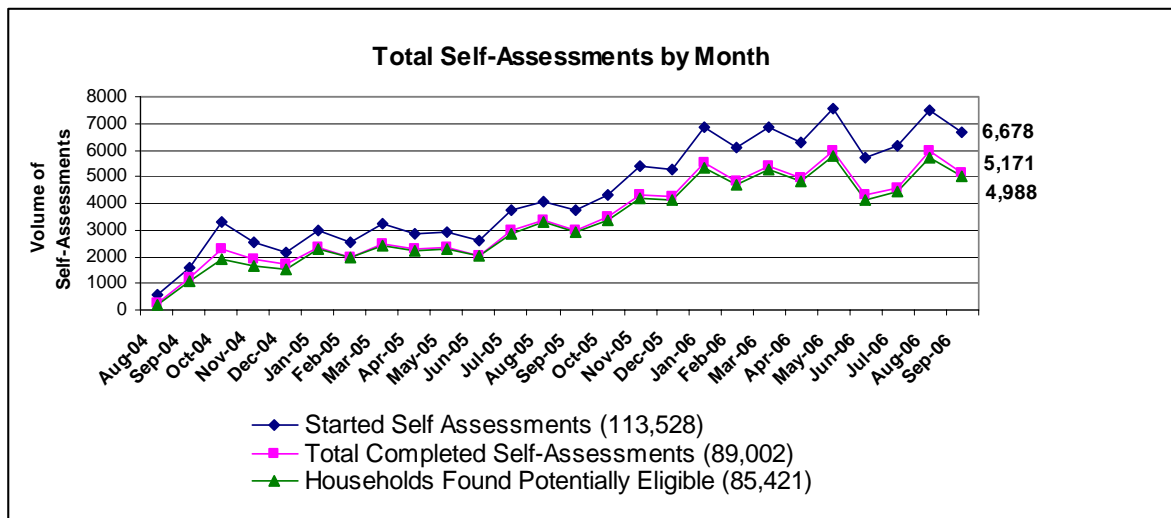
Average number of self-assessments started per month: 4,306

Number of self-assessments completed, cumulative: 87,715

Average number of self-assessments completed per month: 3,373

Number of households found potentially eligible for at least one program: 84,152

Percentage of users selecting the Spanish version of AIE: 0.6%



Based on our system records, the average user took between 15 to 20 minutes to complete the self-assessment.

Potential Eligibility Results By Program:

	When screening became available	Percentage found potentially eligible
Any program		96%
FoodShare	08/2004	63%
Family Medicaid and BadgerCare	08/2004	51%
Elderly, Blind, and Disabled Medicaid (EBD)	12/2004	11%
Family Planning Waiver	12/2004	53%
Medicare Premium Assistance Program	12/2004	5%
Long Term Care	12/2004	2%
SeniorCare	08/2004	15%
Women, Infant and Children (WIC)	12/2004	28%
School Meals/Summer Food Service	12/2004	82%
Emergency Food Assistance Program (TEFAP)	12/2004	62%
Medicare Part D	07/2005	14%
Tax Credits	12/2004	66%

2. Check My Benefits

Number of My ACCESS accounts created between September 30, 2005 and September 30, 2006: 20,761

Total number of unique users who logged in to CMB in September 2006: 5,891

Total number of log-ins to CMB in September 2006: 19,774

3. Apply For Benefits

Use of AFB between June 2, 2006 and September 30, 2006:

Total number of applications started, cumulative: 13,671

Average number of applications started per month: 3,417

Total number of applications submitted, cumulative: 8,375

Average number of applications submitted per month: 2,094

- Number of FoodShare requests to date: 5,872
 - Percentage of FoodShare applications that appear to be eligible for Priority Service: 26.5%
- Number of Medicaid/BadgerCare requests to date: 5,834
- Number of Family Planning Waiver requests to date: 1,992

AFB applications as a percentage of requests for assistance in Wisconsin in September 2006: 14.3%

Applications from Current Recipients

Percentage of AFB applicants who were already receiving benefits: 30.5%

Of the applications from current recipients, 57 percent requested Medicaid (MA)

- Of these MA requests, only 2.5 percent were already receiving MA

Of the applications from current recipients, 76 percent requested FoodShare (FS)

- Of these FS requests, only 0.35 percent were already receiving FS

Of the applications from current recipients, 21 percent requested Family Planning Waiver Program (FPW)

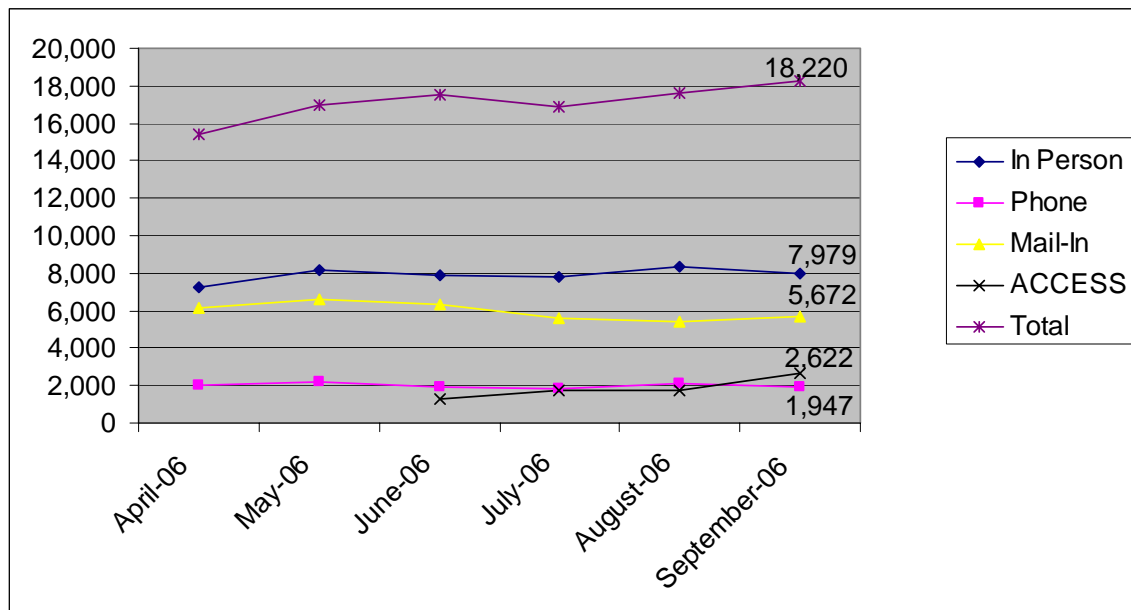
- Of these FPW requests, 3.5 percent were already receiving FPW

Multiple Applications

Percentage of AFB applicants who have submitted more than one online application: 4.5 %

- Percentage of applicants with 2 ACCESS applications: 4.0%
- Percentage of applicants with 3 ACCESS applications: 0.4%
- Percentage of applicants with 4 ACCESS applications: 0.09%
- Percentage of applicants with 5 ACCESS applications: 0.03%

New requests for assistance by type, statewide, from April to September 2006:



Completeness of AFB Applications

Number of applications with filing date only: 1,084

Number of applications submitted when all application questions have been asked: 7,291

FoodShare Interview Requests

Number of applicants who requested a phone interview: 2,982

Number of applicants who requested an in-person interview: 2,594

Number of applicants who did not answer: 287

Hardship reason given by applicants requesting phone interviews:

- I am elderly, blind or disabled: 323
- I work during regular business hours: 1,215
- I have limited transportation or difficulty getting to the office: 1,496
- There is severe weather in my area: 1
- I am caring for another person in my household: 442

Although more than half of AFB applicants requested a phone interview due to hardship, 80 percent of the people who requested a phone interview completed a face-to-face interview. While some local agencies encourage use of the hardship exemptions – with a goal of reducing foot traffic in their offices – we believe that some local agencies are reluctant to use phone interviews due to worker inconvenience and a perceived risk of fraud. DHFS recently issued an Operations Memo and updated our FoodShare handbook to clarify the hardship exemption policy for local agencies. We will continue to monitor this issue and provide guidance on our policy to ensure that customers receive hardship exemptions when requested.

Eligibility Results for New Applicants

Of the 4,109 new applicants whose applications were processed between June 2, 2006 and September 30, 2006, 54.25 percent were found eligible for at least one program. Of these:

- o Of all applicants who requested Medicaid, 41.7 percent were found eligible.
- o Of all applicants who requested FoodShare, 37.6 percent were found eligible.
- o Of all applicants who requested the Family Planning Waiver Program, 28.71 percent were found eligible.

These eligibility results are somewhat low compared to traditional applications, which have an approval rate of approximately 85 percent. Although there are many reasons for why AFB applicants are denied, two of the most common denial reasons appear to be excess income and failure to provide verification.

Average Processing Time

The average processing time for AFB applications is 17 days.

Benefit Levels from AFB Applicants

Of AFB applicants found eligible for FoodShare between June 2, 2006 and September 30, 2006, the average monthly FoodShare benefit amount is \$172.75.

The total estimated benefits to AFB applicants found eligible for FoodShare between June 2, 2006 and September 30, 2006 is \$181,000 per month.

4. Report My Changes

Number of change reports started between September 5 and September 30, 2006: 452

Number of change reports submitted between September 5 and September 30, 2006: 221

Demonstration Site Outcomes

As described above, we established 18 demonstration sites to help measure which service delivery models are most effective in reaching potential recipients with information about ACCESS. Although demonstration sites received training on all ACCESS tools, sites focused their efforts on using AIE. This happened largely because of the timing of the tools; because of the extensive development effort required for AFB, it was not released until four months prior to the end of the grant period.

One challenge in evaluating the service delivery models for ACCESS was the difficulty of measuring use from each demonstration site. We intended to track IP addresses to identify the number of hits from each location, but found that many demonstration sites had dynamic, not static, IP addresses. We then asked demonstration sites to keep a manual count of the number of people they assisted. Demonstration staff found that it was difficult to remember to record the assistance they gave. We then asked sites to register their computers as demonstration site computers. This involved installing a “cookie” on each demo site computer. However, because cookies are transparent to the user, sites did not know if their cookies had been erased. For future phases of ACCESS, we are developing a more formal tracking mechanism for the source of each online application. This mechanism will allow community partners to register as “helpers” and will help them keep track of whether the appropriate cookie is still on their designated computer.

As a rough estimate, however, we have been able to track the number of completed self-assessments by county. By comparing the number of completed self-assessments to the estimated number of people who are not receiving FoodShare and/or Medicaid but who are living at or below 200% of the federal poverty line in each county, we have a sense of the relative use of AIE.

Comparison of Rate of AIE use in Areas with Full, Partial and No Demonstration Site Funding

Type of funding	Location	Number of questionnaires completed	Estimated number of people at or below 200% FPL (1999)	Estimated number of people receiving FoodShare and/or Medicaid (2004)	Estimated rate of AIE usage among potentially eligible people*
FS-PPG funding for FTE	CAP Services service area for FS-PPG**	2,913	38,479	20,087	15.84%
	WestCAP service area for FS-PPG**	6,586	65,268	37,694	23.88%

Type of funding	Location	Number of questionnaires completed	Estimated number of people at or below 200% FPL (1999)	Estimated number of people receiving FoodShare and/or Medicaid (2004)	Estimated rate of AIE usage among potentially eligible people*
FS-PPG funding for partial staff	Marinette	751	12,365	6,434	12.66%
	Rock	4,126	31,416	24,427	59.04%
	Vernon	401	9,758	3,879	6.82%
No FS-PPG funding for staff	Milwaukee	16,523	297,565	226,701	23.32%
No FS-PPG support	Balance of counties	56,187	760,117	408,588	15.98%

- * The estimated rate of AIE usage is the number of completed self-assessments as a percentage of number of people living at or below 200% FPL who were not receiving FS or MA benefits in July 2004.
- ** CAP Services conducted ACCESS activities in Waushara, Waupaca, Portage and Marquette counties. WestCAP's ACCESS service area included Barron, Chippewa, Dunn, Pepin, Pierce, Polk and St. Croix counties.

Following is a detailed discussion of the outcomes from each type of demonstration site:

Milwaukee Food Pantry Demonstration Site Outcomes

Each Milwaukee demonstration site reported that having a dedicated computer from DHFS was helpful; as food pantries with very limited funding, they would not have been able to afford a computer on their own. These sites reported that while a few customers were able and willing to use ACCESS on their own, most food pantry customers needed help with using the computer.

Given this need for technical assistance, the availability of computer-literate staff or volunteers was an important consideration for each demonstration site. For example, Silver Spring Neighborhood Center designated one staff person to be the “point person” for all ACCESS promotion and assistance. When the Center lost funding for this position, it became much more difficult to assist customers with ACCESS. As another example, Milwaukee Christian Center assigns caseworkers to its families in addition to providing weekly food distributions. These caseworkers are able to help customers use ACCESS to find out about other health and nutrition resources. At South Milwaukee Human Concerns, most volunteers are older adults with limited computer skills. This meant that Human Concerns’ only paid staff member responded to most requests for ACCESS help.

We also learned that pantries that actively counsel each customer on receiving government benefits are able to make a successful link to sites like ACCESS. At South Milwaukee Human Concerns, for example, pantry staff and volunteers referred customers to ACCESS during pantry intake if they reported that they were not receiving FoodShare. South Milwaukee Human Concerns reported that over time, more people have enrolled in FoodShare

as a result of their ACCESS screenings, which helped to dispel persistent beliefs that applicants would only get \$10 in FoodShare benefits if they applied.

In addition, pantries with extended hours and a diverse range of services have more opportunities to connect customers to a site like ACCESS. All sites reported that they generally promoted ACCESS more actively at times when they were not as busy with a large food distribution. For example, Central City Churches' pantry had a drop-in center for customers in addition to the food distribution time, which gave customers more opportunities to use ACCESS with the help of a staff member or volunteer. In general, pantries had neither the space nor the staff time to promote ACCESS during their active food distributions.

Finally, we learned that pantries need to have a private place for customers to use a computer, but they need to balance this privacy with security and concerns about inappropriate Internet use, such as online dating sites. Because most pantries have very limited space, it can be difficult to find a secure, private location for the computer. Milwaukee Christian Center, for example, struggled to find a safe, appropriate place to locate their computer. Eventually, they put the computer in the pantry coordinator's small office

Tribal Demonstration Site Outcomes

During our ongoing evaluation, we found that the tribal demonstration sites did not use AIE as extensively as other sites. Most tribes in Wisconsin are very small communities with active outreach efforts for tribal and non-tribal health and nutrition programs. Second, we worked primarily with tribal Medicaid Outreach Specialists, whose main job function is to complete Medicaid applications for their customers. Because customers are able to connect directly with Medicaid through these service providers, they did not have a compelling reason to use AIE.

With the introduction of AFB, most of the tribal demonstration sites report that they will use the online application in place of the mail-in Medicaid form. As demonstration site representatives, the Medicaid Outreach Specialists played a critical role in advising project staff on concerns that are unique to tribal members in Wisconsin.

WIC Demonstration Site Outcomes

Like the food pantry sites, our three WIC demonstration sites indicated they would not have been able to make a computer available to customers without funding from DHFS. Unlike many food pantry customers, most WIC customers are familiar enough with computers to use ACCESS. However, all three sites reported that many parents were more interested in taking ACCESS promotional materials with them instead of sitting down to use the computer in the WIC office lobby. WIC site staff cited a number of possible reasons for this:

- Most parents who are at the WIC office do not have extra time to use the computer while they pick up their WIC checks or complete their WIC consultation. Although customers were generally more receptive if they had to wait for an appointment, most customers do not have a long wait at the WIC office.
- Many parents find it difficult to concentrate on using ACCESS if they have children with them in the waiting room.

- In Vernon County in particular, WIC site staff reported that most WIC customers are already receiving FoodShare and/or Medicaid, which limited their interest in using ACCESS to screen for benefits or apply online.
- In Marinette County, WIC staff had to emphasize to customers that the computer was available for their use. As one staff person explained, “They’re not used to getting things for free.”
- Some parents do not feel comfortable providing personal information about their household in a public space like a WIC lobby
- In many WIC lobbies, parents are asked to participate in a number of “add-on” programs, such as nutrition education. Some parents are not interested in participating in more than one add-on program on a given day.

As an added difficulty, Marinette and Vernon County WIC programs reported that a computer at a table in the lobby proved irresistible to children who were waiting with their parents. In Rock County, Nutrition and Health Associates avoided this problem by putting the computers on tall cabinets that adults could use while standing.

Unlike the food pantry and tribal demonstration sites, all three WIC sites were given a modest amount of funding – about \$7,500 each year – to pay for the staff time they would spend on the project. At NHA in Rock County, staff members were scheduled for short shifts in the lobby during walk-in clinics, where they promoted ACCESS and assisted customers. In Vernon and Marinette, staff time was charged to the project on an as-needed basis – for example, if a staff person compiled a mailing on ACCESS or assisted someone who needed help using the website.

Although the supplemental funding for staff hours worked well in Rock County, both Vernon and Marinette County WIC offices had a harder time working with funding that did not cover a designated staff person. Vernon County WIC in particular was not able to use all of its funding for staff time. Because of a county-wide hiring freeze, they were not able to increase the hours of their existing staff, nor were they able to use other funding streams to hire a new staff person. Based on these experiences, we recommend that funding levels for staff time at demonstration sites be high enough to support at least a half-time staff person. In the absence of a designated staff person, it can be difficult for agencies to devote existing staff members’ time to the project.

Outcomes from WestCAP

As one of our two Community Action demonstration sites with project funding for staff as well as equipment, WestCAP was able to invest significant resources into promoting ACCESS in its seven-county service area. Initially, WestCAP’s focus was on creating an Outreach Benefit Specialist who would travel within its service area to provide direct assistance to customers. They intended to perform this service at high-volume locations, such as senior centers, health fairs, and larger pantries. While setting up these sites, however, WestCAP found very limited internet connectivity at most locations. Customers’ privacy was also a concern in locations with large numbers of customers and limited space.

Without the technological infrastructure to support their proposed service delivery model, WestCAP shifted its focus first to educating service providers in the community about

ACCESS. To do so, WestCAP used either a live demonstration or a PowerPoint presentation on ACCESS – although limited internet connectivity also made live demonstrations difficult to accomplish in many settings.

WestCAP found that some community organizations were resistant to learning about ACCESS because they assumed that the website was a service they would have to pay for. In addition, WestCAP found that a live demonstration of ACCESS was a much more effective promotion technique than just referring service providers to the site. Many community organizations were not interested in using ACCESS with their clients until they saw for themselves that the website was simple and user friendly. Other community agencies were resistant to promoting ACCESS themselves because they believed that their customers would not have computer skills or Internet access. As described below, the Outreach Benefit Specialist found that the opposite was true; most customers were familiar with using the Internet, even if they did not own their own computer.

In addition to presentations to community agencies, the Outreach Benefit Specialist promoted ACCESS using a number of strategies, including:

- Printing and distributing post-it notes and other promotional items with the ACCESS web address
- Distributing printed materials from DHFS to customers and service providers at all presentations and outreach activities
- Putting a link on the WestCAP home page
- Including an ACCESS referral during the WestCAP intake process
- Enclosing ACCESS information in all applications for WestCAP services
- Sending press releases to area newspapers
- Sending packets with ACCESS materials to schools, nursing homes, hospitals, home health agencies, clinics, job centers, mental health agencies, libraries, medical clinics, veterans services agencies, support groups and free clinics.

After reaching most colleague organizations in its service area with information about ACCESS, WestCAP shifted its focus to providing low-income residents with information about ACCESS. They visited community-based organizations to promote ACCESS, and invited customers to call for an online screening or to visit WestCAP for help with setting up a CMB account or completing an online application. They also set up a designated computer at the WestCAP office where customers could use ACCESS.

While marketing ACCESS directly to customers, WestCAP found that the customers most likely to express interest in the website were people who were already familiar with the Internet. While most customers reported that they did not have Internet access at home, the majority indicated that they could get Internet through a friend, family member, public library or job center. For other customers, WestCAP suggested that they could use a computer at places like libraries and job centers. WestCAP found that some customers were reluctant to use ACCESS if they were worried about receiving poor customer service by eligibility workers at the local agency. In response to these concerns, WestCAP encouraged customers to apply and emphasized the value of the benefits they could receive.

From June 2004 to September 2006, WestCAP staff:

- Directly assisted 199 people with ACCESS
- Provided ACCESS information to 3,632 members of the public at 233 outreach events
- Provided ACCESS information to more than 852 individuals at 87 meetings of colleague agencies and collaboratives
- Referred more than 531 households to ACCESS during the WestCAP intake process

Outcomes from CAP Services

Like WestCAP, CAP Services received funding to dedicate significant staff time to assisting customers with ACCESS and promoting the website within its service area. CAP Services established ACCESS assistance hours at each of its four offices in Montello, Waupaca, Wautoma and Stevens Point. Together, these sites provided approximately 16 hours of coverage each week in centrally located offices that offered a number of other programs for parents and children.

During the summers, staff conducting home visits referred customers to ACCESS and, when internet connectivity permitted, used ACCESS to screen customers for benefits. Although home visits were initially a key strategy for CAP Services' promotion of ACCESS, limited internet connectivity presented a major barrier to this effort. CAP Services purchased software, called PC Anywhere, to facilitate off-site use of ACCESS. Unfortunately, the connection was so slow, family counselors were not able to complete even the short AIE screening. Like WestCAP, CAP Services found that it was easier to contact customers by phone and then mail the results to them.

For CAP Services, small newspaper ads proved to be the most successful marketing tool for ACCESS. During the course of the project, they placed advertisements seven times in approximately 15 local newspapers and shoppers' guides. These advertisements gave basic information about ACCESS, as well as the phone number and hours of each location offering assistance. Staff who provided assistance on a walk-in and by-appointment basis at each office reported that newspaper ads were the most productive source of phone calls and walk-ins. In communities with limited public transportation, CAP Services staff completed most screenings by phone and mailed AIE results to customers.

When staff members did not have customers who needed help with ACCESS during call-in or drop-in hours, they shifted their efforts to promotion of ACCESS by posting flyers, making phone calls to potential customers, and sending packets of information to local businesses. They also organized presentations and meetings with local agencies and other colleague organizations.

From June 2004 to September 2006, CAP Services staff:

- Directly assisted 454 people with ACCESS
- Placed newspaper ads seven times in approximately 15 newsletters
- Met with or presented ACCESS to approximately nine groups representing 17 community agencies
- Provided outreach and/or on-site screening at four health and wellness events

- Called each Head Start family in Waupaca, Waushara, Marquette and Portage counties at the beginning of the 2005-2006 school year to offer to complete AIE by phone.

Lessons Learned from WestCAP and CAP Services

During the course of the project, WestCAP and CAP Services both identified two key barriers to using ACCESS: limited internet connectivity and lack of support from local agencies.

Internet Connectivity

With limited internet connectivity at places like pantries, clinics, senior centers, and health fairs, WestCAP said it was “next to impossible” to assist customers directly with ACCESS. The easiest way for WestCAP to serve customers directly was to collect the customer’s information on paper, complete AIE using the information, then mail the results to the customer. These connectivity problems also limited the number of live demonstrations to service providers. CAP Services was not able to complete AIE during home visits by Head Start staff because of similar difficulties with Internet connectivity. Instead, they completed screenings by phone and mailed results to customers.

Although internet technology improved significantly over the course of the project, neither agency’s budget included funding for significant technology investments or upgrades during the course of the project. For future projects, DHFS will encourage outreach sites to budget for and invest in new technology as it emerges.

Support from Local Agencies

Both WestCAP and CAP Services encountered difficulty in developing support from local agencies, particularly at the beginning of the project. Workers were concerned that ACCESS would increase their workload, and they were also concerned about losing their jobs due to new tools like ACCESS. By the project’s second year, however, many of the local agencies had changed their opinion about ACCESS because they found it helpful to customers and not as problematic as they had expected. Many local agencies referred customers to ACCESS and invited the demonstration sites to conduct outreach activities in local offices.

In CAP Services’ service area, local agencies were particularly concerned about customer complaints when the AIE results varied significantly from the actual benefits the customer received after applying. Although most results from AIE are accurate, there are some cases in which a discrepancy between AIE results and actual benefits may occur. Early in the project, one of these discrepancies resulted in an angry customer from CAP Services.

To help set customers’ expectations about AIE results, CAP Services staff developed a practice of reminding customers that AIE provides just an estimate of potential eligibility results. This is especially important when a staff member is helping someone with AIE; although AIE includes a number of disclaimers about the self-assessment results, a customer may not read these disclaimers if they are not completing AIE on their own. CAP Services also began printing out the personalized PDF summary of the customer’s responses and results. CAP Services learned that when customers bring the PDF to the local agency, workers are better able to assess the family’s situation and identify why a discrepancy in results might have occurred.

Outreach and Promotion

As described above, CAP Services found that newspaper advertisements were the most productive source of phone calls and visits from people interested in using ACCESS. For WestCAP, in-person presentations and one-on-one outreach was the most effective outreach model.

In its one-on-one outreach efforts, WestCAP relied heavily on printed ACCESS materials from DHFS. At times, especially at the beginning of the project, printed materials were not available in large quantities for WestCAP staff to distribute to colleague organizations and customers. This shortage of materials made it difficult for WestCAP to promote ACCESS effectively. During the course of the project, DHFS changed its timelines for developing and printing materials to eliminate gaps in availability for demonstration sites.

PROGRESS TOWARD PROJECT GOALS

Participation Outcomes

Through ACCESS, DHFS sought to increase participation in FoodShare and other programs. AIE and AFB were designed to directly increase participation by making it easier and more appealing to apply for benefits. To a lesser extent, CMB and RMC may help improve our FoodShare participation rate, since they are designed to make it easier for Wisconsin residents to manage and maintain their benefits.

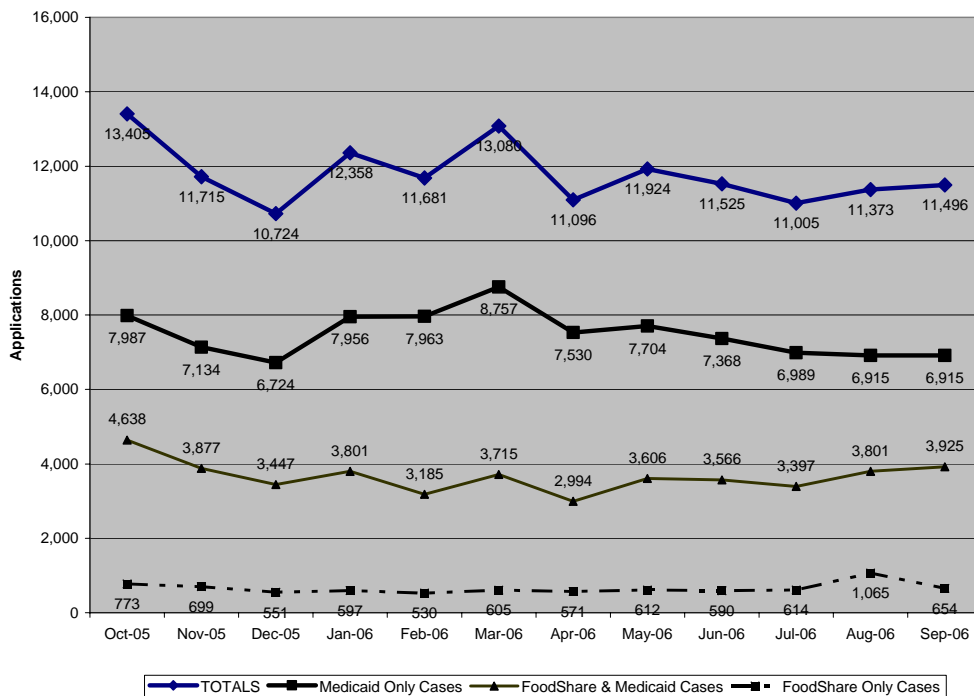
New Applications From AIE Users

To measure whether Am I Eligible? resulted in new applications, we modified CWW to require workers to ask applicants if they used ACCESS prior to applying. Since August 2004, the total number of new applicants who said they used ACCESS before applying is approximately 21,739 or about 836 per month. This average number represents roughly seven percent of all new applications. Of these applications, 74 percent were found eligible for FoodShare and/or Medicaid.

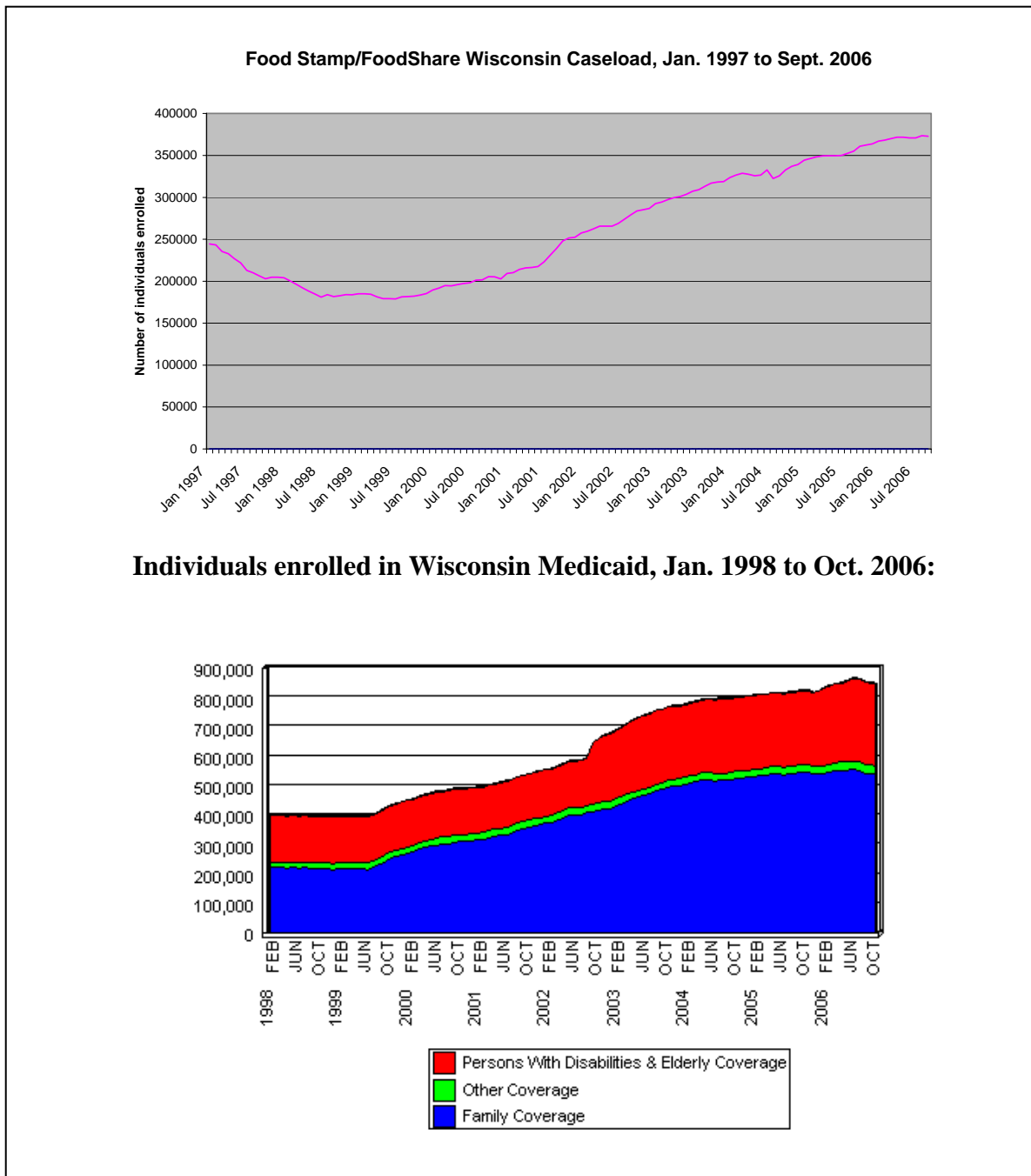
New Applications from AFB Users

To measure the effect of Apply For Benefits on program participation, we have tracked the number of new cases by program type since AFB was implemented (see New Cases chart below). Since June 2006, we have seen a modest upward trend in the number of total new applications, as well as a modest increase in the number of combined FoodShare/Medicaid applications. Given the critical connection between health and nutrition – as well as our efforts to actively encourage applicants to request both programs – we are encouraged to see the highest rate of increase among combined FoodShare/Medicaid cases.

New Cases Statewide, October 2005 to September 2006:



We have also tracked the total caseload for FoodShare and Medicaid. As the two charts below indicate, we have seen steady increases in participation in FoodShare and Medicaid since early 2000. Although ACCESS is one factor in this upward enrollment trend, we were not able to measure the degree to which individuals would not have otherwise applied or maintained benefits if ACCESS was not available. From calendar year 2004 to calendar year 2005, FNS reported that Wisconsin's Program Access Index improved from 43.5 to 47.1 percent. This index measures the percentage of potentially eligible people who are receiving FoodShare benefits in Wisconsin.



Payment Accuracy Rates

DHFS also sought to use ACCESS to improve FoodShare payment accuracy rates. Because of our FoodShare error rate, Wisconsin had been in sanction status since FFY 1994. For FFY 2002, our error rate of 12.3 percent was one of the highest in the country. Since 2002, we have made steady progress in our FoodShare payment accuracy, with a special focus on improving payment accuracy in Milwaukee County.

To support this downward trend in FoodShare error rates, we designed AFB and RMC to collect accurate information from customers and encourage customers to report changes in a timely way. At this point, however, these tools have not been available long enough to evaluate their effectiveness in reducing errors. As we go forward, we will monitor ACCESS applications to complete such an evaluation.

Customer Satisfaction

ACCESS was also designed to improve customer satisfaction. We measured customer satisfaction in part by reviewing the customer comments we solicited through AIE and through CMB. We also used feedback from our customer focus groups to assess customer satisfaction with the new tools.

When a customer completes AIE, we invite them to tell us what they thought about the website using a simple online form. We were overwhelmed by the number of responses telling us how much they liked and appreciated the site. Nearly all of the negative comments were in response to program rules, such as FoodShare's income limits, or Medicaid's policies on single adults without children, not the website itself. By monitoring these comments, we were able to validate that our design was effective for its intended audience and that providing ACCESS was a valuable service to customers. Although it is difficult to choose just a few positive comments, here are some examples of what we heard from customers through the website:

- This is a fantastic program. It's usually so intimidating to figure all this stuff out and this website helps so much! Thank you, thank you, thank you.
- Excellent website!!!! very user friendly and informative. I just recently lost my job and was at a loss as to what was available for me and my daughter. thank you very much.
- Very easy to use and helpful too. I didn't know our family would be able to apply to the FoodShare program until I used this tool. It will be worth applying. Thanks.
- This is a great web site and I would recommend it to anyone. I am not very computer literate and this form was one of the easiest and self explanatory forms that I have ever seen. Thank you for offering this service to the people of Wisconsin. It really is a great service and it also kind of takes the edge off of not knowing whether or not it would be a complete waste of time to apply or make an appointment at an appropriate agency. Again Thank you and have a great day.

Although our intention was to ask for comments from users of all four tools, we soon found that having a Comments section on CMB presented a challenge: in addition to giving feedback on the site itself, a significant number of customers were using Comments to identify specific problems with their case. Given the difficulty of having ACCESS project staff follow up on specific customer complaints about county-administered benefits (especially if the customer did not provide contact information), we discontinued the Comments button on CMB and chose not to include it in AFB or RMC components of the site. For AFB and RMC, we were concerned that customers would use Comments to supplement the information they included in the online application or change report, but that the worker processing the application or change report would never see the supplemental information.

We also used focus groups to assess the level of customer satisfaction with our tools. As described above, focus groups gave very positive feedback about the design based on their initial requirements. In some cases, they reported that the design was exactly what they had asked for. We will continue to use focus groups to seek feedback on existing tools and make adjustments as necessary.

Agency Workload

Another goal of ACCESS was to reduce workload for eligibility workers. During the development of ACCESS, many eligibility workers and local agency supervisors expressed concern that increasing program participation would increase their workload, not reduce it. While this is a valid concern, ACCESS has the potential to reduce the amount of time, data entry, and phone calls that each case requires. By reducing the amount of time spent on each case, we sought to ease the impact of participation increases.

Am I Eligible

Because AIE focused on giving customers information about programs and encouraging them to apply, we did not anticipate significant workload savings from the AIE tool. However, we have heard of instances in which workers were able to save time by reading the customer's AIE screening summary prior to starting the application process. This summary provides key pieces of information more about the customer's situation and can help a worker determine how to help the customer.

AIE also helps DHFS staff and some staff members at local agencies save time by providing an accurate way to answer customers' questions about potential eligibility. When staff members get a call from a potential recipient, they are able to use AIE to screen the customer over the phone and provide immediate feedback about the programs for which the person might be eligible.

Check My Benefits

Most local agencies have indicated that Check My Benefits has the potential to significantly reduce the number of phone calls to workers. As of September 2006, about 15,000 recipients had CMB accounts, and of those recipients, almost 6,000 log in at least once each month for a total of 19,000 log-ins. Although we are encouraged by this level of use, workers may not see a measurable workload difference until more recipients are using CMB as the primary source

of information about their benefits. This shift may not happen until more customers have computers in their own homes.

As just one example of how CMB has the potential to reduce workload: WestCAP's outreach coordinator recently helped a customer who had just married and was worried about whether her husband's income would make them ineligible for FoodShare and Medicaid. She had received a notice of decision in the mail, but neither she nor WestCAP's outreach coordinator understood the information in the notice. The outreach coordinator suggested logging on to CMB, which provided a clear summary of the family's new eligibility. Without CMB, the customer would have contacted her worker for an answer to a basic question about her benefits. While CMB does not always provide enough information to prevent a call to the eligibility worker, we believe that many of the 19,000 log-ins each month are saving workers from having to answer customers' questions.

Apply for Benefits

AFB was also designed to reduce local agency workload. The greatest potential for workload savings is in the Medicaid program. Currently, many applicants submit handwritten paper applications, which workers must decipher and type into CWW screens. In many cases, customers leave questions blank. In addition, in order to keep the paper application short, some key questions were not included on the application at all.

With AFB, data is automatically entered into CWW so that workers do not have to retype the customer's data. Because every online application is customized for every applicant, we are able to ask only relevant questions for that applicant. This gives us an opportunity to collect more of the information that a worker will need.

In keeping with federal law, we do not require customers to give us more than name, address and signature, but we do try to minimize agency follow-up by encouraging customers to complete the application in its entirety. As described above, we give users a green check mark if they successfully answered all of the questions in a given section. We also display a list of the sections that have not been completed prior to allowing the customer to submit the application. From June to September 2006, 85 percent of all applicants chose to complete the whole online application rather than just set their filing date by providing a minimal amount of information about the household. Although most people choose to complete the full application, they are not required to answer every question. Just like with mail-in applications, the worker must follow up with the customer if application information is needed.

In the first few months of implementation, many local agencies have reported that online applications have resulted in less workload savings than they had anticipated. Agencies are most concerned about getting applications from customers who are already receiving benefits. Just over 30 percent of applications are from individuals who have an open, ongoing case in CARES. As described above, only a very small percentage of these applications are from individuals requesting a program of assistance from which they are already receiving benefits. Currently, the method for processing these applications is manual; agencies must first determine which case the applicant is a part of. Then they must print out the PDF summary of the application and manually compare the information to the data currently on file for the

case. In January 2007, we will partially automate this process so that linking to an open case and processing the new information will be quicker and easier for workers. Later in 2007, we are planning to enhance ACCESS to allow customers to complete reviews and request additional programs without having to complete the entire application.

Agencies have also expressed concern about receiving more than one online application from a given applicant. Fewer than five percent of applicants have submitted two or more applications. Given the workload impact for agencies, however, they have asked us to notify repeat applicants that they already have a pending ACCESS application. We are researching options for preventing duplicate applications in a way that will protect applicants' privacy, security, and right to apply. In the meantime, we will enhance CWW so that workers can more easily identify situations in which two or more ACCESS applications are pending.

Agencies have also struggled to assign and process ACCESS applications without knowing up front whether the application is the short version used to set the filing date or the long version in which all the questions have been asked. Similarly, they do not immediately know if the applicant has requested a phone interview due to hardship. In January 2007, we will enhance the CWW Inbox screens to identify whether the applicant has sent the long or short version of the application, as well as whether the applicant has requested a phone interview due to hardship. These enhancements should streamline the process of application assignments from the Inbox and help workers process applications more efficiently.

Report My Changes

Our most recently implemented tool, Report My Changes, also has potential to reduce workload for local agencies. In many cases, when a customer reports a change, he or she does so by leaving a message on the worker's voicemail. Workers report that customers do not always leave complete information about the change.

In RMC, the customer is prompted to give all of the information the worker needs to process the change. RMC also displays the jobs currently on file for the customer, thereby restricting customers to report changes to a specific job. Finally, RMC identifies the specific changes for the worker in CWW, and it pre-populates information about new jobs instead of requiring the worker to type the information in. In RMC's first month, customers reported 221 job changes. Like CMB, the level of use is still not high enough for workers to see a measurable change in workload, but we are encouraged by these early results.

Increased Coordination with Local Agencies and Community Organizations

With the ACCESS project, DHFS sought to enhance coordination and cooperation with local agencies and community-based organizations. As a direct service for people with health and nutrition needs, ACCESS is of great value to a wide variety of community service providers who work to help their customers meet these needs. Food pantries, Head Start agencies, shelters, medical clinics, family planning providers, Benefits Specialists for the elderly and disabled, community centers, faith-based groups, school districts, and a variety of other community-based organizations took a strong interest in ACCESS. ACCESS was especially appealing to agencies that provide active, long-term counseling (including legal advocacy) on health and nutrition. DHFS coordinated with these organizations in a number of ways – for example, with training,

information, and printed ACCESS materials – as well as by simply making ACCESS available for their use with customers.

By seeking input from customers, service providers and local agencies both before and during the design of each tool, DHFS established ACCESS as a highly collaborative project. Staff members from WISCAP and HTF in particular worked closely with ACCESS project staff members to develop and promote ACCESS tools. Our demonstration site model also helped to build strong relationships with food pantries, WIC sites and tribal health clinics. We held numerous in-person meetings and training with demonstration site staff, which helped to build trust and cooperation between project staff and these community partners.

ACCESS also increased coordination with these external stakeholders by establishing focus groups and community partner review as a formal part of the software development cycle. For ACCESS and many of our subsequent systems projects, we have worked with Deloitte to build in time for DHFS staff to solicit and use input on mock-ups and text from customers, advocates and service providers.

Prior to the ACCESS project, BEM's primary source of consultation with advocates and service providers was the Program Coordination subcommittee of the Income Maintenance Advisory Committee. Because the Food Stamp Program was a relatively new part of DHFS, staff had not yet formed strong working relationships with advocates and community service providers outside of this committee.

We improved coordination with local agencies by asking for their feedback prior to building the components of ACCESS. We asked for their feedback throughout the design and testing process, and we incorporated their suggestions into the design of the online tools. We also used ACCESS as a model for helping agencies practice "strategic adaptation," a method of responding proactively to change. By building a flexible Local Agency Inbox model and helping agencies identify the key business questions they would need to answer prior to using the Inbox, we were able to help them respond effectively to the new tools.

Increased Coordination with Other Programs

Finally, ACCESS was designed to increase coordination between FoodShare and other public assistance programs. As described above, we learned from customers that they would be most interested in using a self-assessment tool that provided information about a variety of health and nutrition programs. In the process of using AIE to screen for another program, many people who were not previously interested in FoodShare might be encouraged apply for these benefits.

While building AIE, we worked closely with FoodShare, Medicaid and SeniorCare policy experts within our bureau. We also contacted administrators of a number of other public assistance programs, including WIC, tax credits, free and reduced-price school meals, TEFAP and the Summer Food Service Program. Some of these, including WIC and TEFAP, are administered by other divisions within DHFS. Others are administered by other state departments, such as Department of Public Instruction and Department of Revenue. We are currently working with the Department of Administration to add the Wisconsin Home Energy Assistance Program (WHEAP) in January 2007. We worked collaboratively with program administrators to define business

requirements and text for including each program in the self-assessment tool. To facilitate this process, we developed an “Add a Program” questionnaire to collect the exact information we needed to perform a calculation of potential eligibility for the program.

While building CMB, we worked with policy experts from the FoodShare, Medicaid, SeniorCare, and Caretaker Supplement programs. Customers may report changes through RMC to their caseworker for FoodShare, Medicaid, and/or CTS.

With AFB, we created an application that could be used to apply for FoodShare or Medicaid programs or both. As described above, AFB encourages users to add the other program if they begin by choosing only one. By combining the two programs on one application, we make it easier for customers to apply for both programs. We also make it more appealing for Wisconsin’s network of health clinics and medical providers to assist customers with their nutrition needs, not just payment for medical services. Our collaboration with the Medicaid program is a win-win proposition: it eliminates duplication of effort for customers and workers, and it ensures that more Wisconsin residents have the resources they need for better health *and* nutrition.

CONCLUSIONS

Since this project began in November 2003, we have learned a number of important lessons about developing and implementing a customer-focused website. We are pleased to share those lessons with FNS and other states as they pursue better customer service and higher Food Stamp Participation through online tools.

Recommendations for Success

Use Input from End Users for Business Requirements and Validation of Design

Our most important strategy for building a successful site was to seek extensive input from end users prior to designing each component of the website. We sought feedback from diverse groups of low-income Wisconsin residents and then used this feedback to establish our fundamental business requirements. As the website evolved, we returned to these customer groups to seek their advice on layout, text and functionality. Talking directly with low-income Wisconsin residents gave us a customer-focused perspective that cannot always be replicated by talking with advocates, service providers, or local agencies. Our commitment to collecting and using customer input required a significant investment of resources. In addition to the time spent on meetings and follow-up, project staff logged approximately 20,000 miles of ACCESS-related travel in just under three years.

Our end user groups also included advocates, service providers, and local agencies. These critical stakeholders help to make the connection between online tools and low-income residents, and they provided valuable insights on process and policy issues within the FoodShare and Medicaid programs.

Our commitment to this focus group process has helped to build tremendous credibility and buy-in among a broad spectrum of individuals and organizations in Wisconsin. Nearly all of the features and functions in ACCESS are linked directly to a recommendation from customers, advocates, service providers and/or local agencies.

Leverage Other Programs to Promote FoodShare

To reach the largest possible audience of potential FoodShare participants, we chose to promote FoodShare as one of many health and nutrition programs in Wisconsin. This helps to frame FoodShare as a health program, not a welfare program, and it helps us reach people who are interested initially in benefits like health care coverage or WIC. It also creates a strong link to community partners who might not normally conduct FoodShare outreach. For example, health clinics that focus on Medicaid enrollment now have an easy way to help customers screen for and/or apply for FoodShare. As another example, when we added tax credits to the AIE self-assessment, the Wisconsin Department of Revenue began promoting ACCESS in its tax forms.

Outreach Sites Should Secure a Designated Staff Person to Promote the Website

While demonstration sites saw no disadvantage to having a computer available for their customers, we learned that an available computer alone will not generate website use. In general, we found that computer-literate customers would rather use a computer at work or at a friend's house, while non-computer-literate customers need one-on-one assistance with using a computer located at a demonstration site.

Based on the experiences of our demonstration sites, we believe that the most effective approach for local outreach sites is to designate a staff person to proactively educate colleague organizations, refer computer-literate customers to the website, and/or provide one-on-one assistance to customers who are not able or willing to use a computer. Particularly in rural areas, agencies can supplement this promotion with cost-effective marketing efforts, such as press releases or paid advertising in small local newspapers.

Find Ways to Ensure Internet Connectivity

Most of our demonstration sites had a difficult time securing internet connectivity at home visits, demonstrations and community events. Without an easy, affordable way to maintain an Internet connection at remote sites, agencies cannot provide the one-on-one assistance that some customers need. As wireless technology becomes more affordable and widespread, we anticipate that connectivity will be less of a challenge for agencies. For now, agencies should invest in technology that will make them less dependent on having a physical internet connection for demonstrations and one-on-one help. In the future, we will encourage outreach sites to update their equipment as technology improves, rather than maintaining outdated software or connectivity options.

Build on Existing Systems When Developing New Tools

Rather than building a new, separate system for agencies to receive and process ACCESS applications and change reports, we enhanced the CARES Worker Web (CWW) system to respond effectively to these new items. Specifically, we added a set of screens with search functionality to CWW. These screens allow workers, supervisors and clerical staff at local agencies to search for, view, select and assign incoming ACCESS applications. On each screen of CWW, the data from the customer is pre-populated for worker review and verification. By enhancing the existing eligibility system, we were able to maximize our resources, meet our project goals, and build toward the seamless integration of ACCESS into our eligibility processes.

Dedicate Enough Resources to the Project to Ensure Successful Project Management, Outreach and Testing

With the ACCESS project, we developed a number of technically complex tools on a relatively short timeline. Our success in part was due to having a project team dedicated to the management and implementation of ACCESS. This team managed the project, communicated to stakeholders, coordinated policy analysis and evaluation, sought input from customers and community partners, developed business requirements, managed demonstration sites, conducted outreach, and completed user acceptance testing. In this management role, the project team worked in partnership with more than 30 DHFS staff members and 60 Deloitte systems analysts, testers and developers. DHFS staff members provided project oversight, policy and implementation guidance, and contracts with demonstration sites and project partners. They also developed training and communications materials for local agencies. Deloitte staff designed and developed the ACCESS website, completed enhancements to CWW, and completed systems testing of both systems. Following are some specific findings regarding project management, outreach and testing:

Project Management

To achieve our goals and meet our deadlines, we relied on a number of successful project management practices, including:

- A written project management plan that clearly identified key roles and responsibilities, as well as an escalation procedure for problems that could affect our scope or timeline.
- Workgroups that included representation across sections – including Quality Assurance, Training & Communications, Systems, Program Management, Medicaid Policy and FoodShare Policy. Given the difficulty of making final decisions without some of these section representatives present, we established a practice of canceling workgroup meetings if certain “core members” or their alternates were not present.
- A steering committee of key managers who provided regular oversight on timelines and emerging issues.
- Regular communication with stakeholders throughout DHFS about timelines, priorities, and emerging issues.

Outreach, Marketing, and Demonstration Site Management

Our project team completed a limited amount of in-person outreach, primarily by presenting at meetings and conferences. To balance our outreach with other responsibilities, we usually limited our presentations to state-level meetings in which participants represented a number of communities in Wisconsin. Our project team also worked with the Secretary’s Office on one dedicated ACCESS press release and three media events. To supplement these efforts, we relied on our project partners, WISCAP and HTF, for help in promoting ACCESS through mailings, newsletters, and additional in-person presentations.

Although we feel that our outreach and marketing effort was sufficient, our project team struggled to find time for regular, proactive outreach and marketing while working to develop each component of the website. Given that sustained marketing is critical to a successful outreach effort, we recommend having a project staff person dedicated to these activities. In the future, DHFS will rely on an Outreach Coordinator to ensure visibility for ACCESS.

We also recommend prioritizing regular internal communication to staff in other DHFS divisions and state departments. Although we communicated about ACCESS to many internal stakeholders, we did not reach all state staff members who might have an interest in learning about and promoting ACCESS.

Our project team also met with demonstration sites to communicate updates, monitor use of ACCESS, complete training, and support them in their outreach efforts. Due to time constraints, we only contacted each demonstration site with updates or training an average of once every two months. Especially at sites that did not have someone in a grant-funded outreach coordinator role, more active communication and technical assistance from a project staff member may have encouraged greater use of ACCESS through the demonstration sites.

Testing

In partnership with DHFS and Deloitte staff, our project team also worked to test the website prior to implementation of each tool. Especially for CMB, RMC, and AFB, which required testing of both CWW and ACCESS, we found it difficult to secure enough testing resources to complete user acceptance testing for the new tools. Given the critical importance of testing any customer-facing application, we recommend making testing resources a top priority when identifying staffing and support roles for a project like ACCESS.

Identify the Audience for Translations Prior to Investing in Translation Services

As described above, AIE is the only version of ACCESS that has been translated into Spanish. We translated the site at the urging of community partners, who indicated a strong need for languages other than English. To ensure that the translation was valid and easily understood, we asked Spanish-speaking community partners to review the translated text for accuracy and ease of use. We have continued to maintain the Spanish version of AIE, and we have built all of the tools to accommodate translation into Spanish and other languages.

Despite these efforts, less than one percent of all hits to AIE are to the Spanish version of the site. Given our significant investment in translation, review, and maintenance, this level of use is much lower than we had hoped. Some of our demonstration sites have indicated that Spanish literacy and computer literacy among most of their Spanish-speaking customers may limit their ability to use ACCESS. Others have mentioned privacy concerns among immigrants as a possible disincentive for using ACCESS. In addition, many bilingual service providers who assist Spanish speakers in Wisconsin may themselves be more comfortable using the English version of the site. Although these outcomes may be different in communities with a larger percentage of Spanish speakers, we recommend measuring the demand for a Spanish (or other non-English) version of a site prior to investing in translation, review and maintenance.

Develop Support and Buy-In from Local Agencies to Ensure Project Success

As described above, Wisconsin's Food Stamp Program is administered locally by 79 counties and tribes. In a time of rising caseloads and limited funding, projects like ACCESS can generate strong concerns among these local agencies. In our initial meetings, agencies expressed strong concerns about our work to actively increase FoodShare caseloads without increasing their funding. They also expressed strong concern that by moving application functions to the internet, workers might lose their jobs. Agencies were also apprehensive about getting poor information from online applications, and they feared the potential for more errors and fraud. To develop agencies' buy-in and support, we listened to and took specific actions based on their concerns. For example, we committed to conducting second-party reviews of ACCESS applications in the first several months of implementation to look for problems with payment accuracy and fraud. We also provided as much information as soon as we could about how the new system would work. As described above, we gave agencies an opportunity to comment on mock-ups and process flows early in the development process, and whenever possible, we made changes based on their feedback.

Although these steps did not mitigate agencies' concerns entirely, they helped to maximize agencies' willingness to promote and use ACCESS. With 79 local agencies, we continue to see a range of responses from the field. Some agencies use ACCESS as much as they can to assist customers and reduce foot traffic and workload. Others are still reluctant to accept ACCESS applications, while some may even be discouraging applicants from using ACCESS. Given the potential benefits for customers and agencies, we will continue to work with all agencies to ensure their support and buy-in.

Future Implications for Wisconsin

By providing initial funding for ACCESS, the FS-PPG helped Wisconsin establish a website that has become the state's primary Internet portal for residents who are seeking health and nutrition services. In the next two years, we plan to enhance ACCESS in a number of ways, including:

- Allowing customers to report changes online in a number of categories, including unearned income, household expenses, address, and household composition
- Incorporating questions about disability and assets into AFB so that elderly, blind or disabled residents of Wisconsin may complete a Medicaid application online
- Allowing service providers to establish presumptive eligibility for their customers through ACCESS
- Allowing service providers to report newborns through ACCESS
- Establishing online renewals/reviews
- Incorporating HMO enrollment information and EBT card balance information into Check My Benefits
- Adding additional health, nutrition and income support programs to Am I Eligible? and Apply For Benefits
- Coordinating with the Disability Determination Bureau to provide online updates about the status of disability determinations

During the FS-PPG period, ACCESS has built a strong foundation for these and other enhancements. It has also established a model for providing good customer service and using customer-based design. Given ACCESS' success, DHFS is committed to using focus groups and community partners in its future development efforts. For example, as we work to re-engineer our client notices, we have used a number of focus groups to seek input about what customers want and need in the correspondence they receive about their benefits.

Transferability to Other States

Many of the concepts developed during Wisconsin's project may be useful to other states as they pursue Internet-based solutions for consumers. In particular, the successful connections between ACCESS and CWW can serve as a model for states seeking to improve customer service while reducing errors and workload for local agencies. Although CWW is unique to Wisconsin, states may choose to replicate our searchable Inbox model, which allows local agencies to view, select, or assign incoming online applications or change reports.

States may also opt to replicate ACCESS' account set-up process, our security framework for Check My Benefits and Report My Changes, and our method of allowing customers to report changes on specific entries in CARES.

The text used in ACCESS – most of which is written at a fourth-grade reading level and has been reviewed by many stakeholders to ensure friendliness and clarity – may also prove to be a useful resource for other states. Although there are minor differences in how states describe their programs, states have the opportunity to use the text in ACCESS as a starting point for their own website text. Our text, along with usability features like our people icons, our progress bar, and our Help text button, may help states establish a baseline of user-friendliness for low-income populations.

Finally, our critical business practice of using customer focus groups is easily transferred to other states. We believe that state agencies will find very receptive partners in networks of Community Action Agencies, Head Start Programs, Food Banks, shelters and health clinics. These organizations can help to facilitate in-person communication with low-income residents, who will provide invaluable insight about the needs of target Food Stamp populations.