Washington State Action Plan for Removing Barriers to Health and Human Services

Annual Update
December 2023

Introduction

In 2021, the Health and Human Services Coalition (HHS Coalition), a collaborative formed to govern IT project investments across Washington's health and human services organizations, entered a partnership with Benefits Data Trust (BDT), a national nonprofit which harnesses the power of data, technology, and policy. The partnership aims to provide efficient and dignified access to assistance to improve people's health and financial security. The vision of the partnership is to make comprehensive improvements in how Washington delivers benefits, thereby increasing residents' access to opportunity, improving health outcomes, and driving toward an equitable post-COVID recovery.

In 2023, the state published the [Washington State Action Plan for Removing Barriers to Health and Human Services](#).

This report provides implementation updates on the goals and strategies included in the published State Action Plan.

Goals and strategies

Goal one

Remove client barriers to accessing benefits. We envision a future where clients can seamlessly apply for multiple programs in less than 20 minutes and immediately know their eligibility status.

Strategy 1.1

Develop an action plan to identify the minimum question set needed to determine financial eligibility for Washington's Medicaid, SNAP, TANF, and childcare subsidy programs. This strategy will include analysis and prioritization of policy flexibilities at the state and federal level to align data collection.

Currently, applicants must complete separate applications for each of the assistance programs identified in Strategy 1.1. Many of the questions are duplicative, some are confusing, and others might not truly be needed to determine eligibility. As expressed in the interviews done by Civilla, a nonprofit design studio dedicated to changing the way public-serving institutions work, through Project Simplify, clients are often frustrated by the various applications and how easy it can be to omit needed information[1].

Strategy 1.1 focuses on reducing the application questions across Medicaid, SNAP, TANF, and Childcare subsidy programs to only those questions needed to determine financial eligibility or are required by federal or state regulations. This process, including rigorous policy analysis and exploration of

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[1] Civilla, in partnership with HHS agencies, engaged residents, frontline staff, clients, and subject matter experts to research and design solutions around their needs. The Civilla team conducted 246 interviews of frontline staff, clients, subject matter experts, HHS Coalition leadership and community organizations. In addition, Civilla conducted 68 client observations in offices to inform the research.

potential flexibilities, will lead to a streamlined application process, reducing frustration for clients and improving efficiencies for HHS Coalition organizations.

An important consideration when streamlining the application is balancing fewer application questions with subsequent staff work during client intake interviews. Reduced application information must not shift work from the application process to the intake process. In addition to a policy analysis that builds upon the Project Simplify effort, the state will consider staff feedback gathered in a value-stream exercise when evaluating potential impacts of reducing the question set. The state will use an agile framework by incorporating user testing of early prototypes, and piloting changes where possible.

1.1 Action steps

1. **Conduct policy analysis across program applications to determine ability to reduce questions and/or streamline verification process**

   ### Update

   State policy teams and BDT staff completed a thorough evaluation of policy drivers for each application question and whether any questions can be eliminated because they are not responsive to state or federal requirements.

   During the review, 133 policies and four applications were analyzed. Currently, 1,344 questions are used across all four programs to assess financial eligibility, and 155 questions were found to be duplicative. Civilla approached their analysis with an eye toward simplifying the user experience by creating a more streamlined application that is easier to understand.

   ### Next steps

   Pare down the question set to the minimum needed to determine financial eligibility. Continue to identify potential efficiencies in systems used for data verification.

2. **Develop recommendations for streamlining the application process**

   ### Update

   Based on the policy reviews, a policy forum was held with state agencies to consider the application prototype, developed in conjunction with Civilla, and recommendations. The forum brought together more than 20 policy subject matter experts representing four participating organizations to walk through a consolidated review of the work done by Civilla and BDT.

   Agency policy and legal teams reviewed Civilla prototypes and provided feedback to inform recommendations and decisions and began to identify the potential state-level impacts to streamlining data collection and removing questions in applications.

   User testing was conducted between June and November 2023. A small pilot by state staff and Civilla will begin in May 2024. Discussions regarding the pilot are underway, and recommendations for streamlining the application will be completed before the pilot is launched. The pilot will test the application prototype in a live environment with customers

applying for benefits. Increases in client and staff satisfaction will be measured at the end of the pilot, along with an analysis of cross-organizational fiscal and operational impacts.

Next steps

We will assess the most viable way to approach changes at state and federal level (administrative and legislative), including rule changes, requirement changes, exemptions, waivers, or exceptions available on the state or federal level based on the outcomes of the pilot. If needed, a fiscal analysis of identified changes will occur in 2024.

3. **Where needed, obtain state and federal approval to make changes to the application question set**

   ### Update

   A briefing document has been prepared for our federal partners. The document will be used to frame the federal policy discussion and will be shared when the details of the pilot have been finalized. We are currently seeking more information from federal partners on what level of approval is needed for a pilot and prototype application.

   ### Next steps

   Next steps are to identify the scope and potential fiscal impact of state statute changes and initiate discussions with federal agencies on policy questions and guidance.

4. **Implement changes to remove duplicate or unnecessary questions**

   ### Update

   Work is underway to formulate a plan and timeline of changes that must occur before implementing a simple and streamlined application. Policy teams have identified individual questions that can be removed and duplicate questions that can be removed or consolidated. Testing is expected to result in changes that may be implemented in the short term. High-impact policy changes will be identified pending the results of the pilot and prioritized based on client impact, cost, technical complexity, authority pathway, and operational impacts.

   ### Next steps

   Next steps are to complete the testing and piloting phases, and to measure the metrics identified under this action step (number of questions eliminated, enhancements that can be implemented rapidly, decrease in pended applications, and maintained or improved case accuracy).

5. **Explore shorter-term opportunities and steps to reduce the time to apply for applications and determine eligibility status**

   ### Update

   User testing was conducted between June and November 2023. The pilot will be conducted in May 2024. These upcoming activities will identify quick wins that can be adopted within months.

Next steps

Our next step is to complete additional policy forums to identify immediate changes that can be made in one to six months, intermediate changes that can be made in six to 12 months, and longer-term changes requiring federal or state authority.

Strategy 1.2

Establish a human-centered design (HCD) community of practice (CoP) within the HHS Coalition organizations.

Washington values the voices and lived experiences of our clients, staff, and community partners. We are committed to intentionally building a culture of human-centered design throughout HHS Coalition organizations. Practicing human-centered design means involving those most impacted by a given product or service in the design of that product or service. It is embodied in the expression "nothing about me without me." The HHS Coalition is committed to applying human-centered principles to solutions designed to improve client access to benefits.

To foster a culture of human-centered design across state organizations, we are standing up an HCD Community of Practice (HCD CoP), to support the needs of HHS Coalition organizations and the Integrated Eligibility & Enrollment (IE&E) Roadmap. The HCD CoP will serve as a shared space where individuals can engage in peer and social learning, practice applying HCD concepts, share best practice methodology, and foster cross-organizational comradery. The community of practice will extend beyond the needs of any single project. We intend to develop HCD champions who will engage in change management and further train colleagues in each organization. The focus on human-centered design ensures the state is listening to its constituents and providing solutions that best meet their needs and preferences.

Training on HCD builds broad knowledge and a common understanding of this practice. Participants will increase their competence and comfort applying these practices within HHS Coalition projects as well as other organizational needs. Providing training to participants gathered from all HHS Coalition organizations will build bridges with other organizations that practice HCD and create momentum. Training will enable participants to learn new and helpful approaches to this work and substantiate that knowledge through practical application.

1.2 Action steps

1. **Create a shared space in which Community of Practice participants can collaborate effectively**

   ### Update

   The HCD CoP currently uses an internal SharePoint site for file sharing and Microsoft Teams for collaboration. This interim solution was completed in March 2023. The group has held regular meetings to strategize and research long-term platform solutions that might better fit the needs of the community.

Next steps

Our next step is to decide whether to permanently adopt the use of SharePoint and Teams as the platform solution and whether there are any associated funding needs.

2. **Coordinate opportunities for HHS Coalition organizations to participate in and test two trainings to develop recommendations related to ongoing training investments**

   ### Update

   This has been completed. The HCD CoP coordinated, attended, and evaluated several human-centered design training initiatives from the University of Washington (UW), Civilla, and the Public Policy Lab.

   A three-day Participatory Leadership Workshop was held in December 2022 and January 2023. A total of 26 participants from across coalition agencies were in attendance. Participants were surveyed and training rosters and takeaways were incorporated into future planning.

   Cohort-based HCD training was conducted by Civilla over eight weeks in May and June 2023. Over 30 people participated in the training from across HHS Coalition organizations. Kirkpatric Level 1 surveys were created and administered to participants in July 2023. Results of the surveys were used to analyze the Civilla training and compare the Civilla and UW trainings. An additional two hours of HCD training was provided to 20 participants by Public Policy Lab in May 2023.

   An internal newsletter was released describing the Civilla and UW HCD workshops and highlighting the feedback received through the surveys. This tool was used to promote training offered by Civilla and UW. The HCD CoP is currently planning additional workshops from UW and an opportunity to earn an HCD certification through IDEO, an online educational program.

   Various HHS Coalition organizations have entered into a memorandum of understanding with UW to sponsor eligible staff to attend a graduate certificate program in Redesigning Public Service, through the Evans School of Public Policy and Governance. In turn, UW will waive a sizeable portion of their tuition. Participating HHS Coalition organizations have signed the MOU, selected candidates, and enrollment has begun. This program, which represents Washington's ongoing investment in HCD, begins in January 2024.

3. **Operationalize the Community of Practice**

   ### Update

   The HCD CoP is fully formed and operational. The group has a working collaboration platform, active membership, and a governance structure including a charter and a wok plan. The first Core Team meeting was held in January 2023. The first community-wide meeting took place in April, and subsequent community-wide meetings are held quarterly. Each quarterly meeting has a primary facilitator and a support team, who develop the presentations and learning activities for that meeting. The most recent meeting featured presentations by two HHS Coalition organizations about how HCD is being actively implemented in their work.

Participants in the HCD CoP are integrating HCD into the work being done across the HHS Coalition organizations. An HCD toolkit has been developed and made available to staff, and there is strong focus on engaging with customers and end users by seeking input about their lived experiences, gathering feedback on processes, strategies, and development cycles. A concentrated effort is being made to use more inclusive and accessible language to create a user-friendly experience. Work is also underway with direct care providers to elicit feedback that will help inform recruitment, improve work culture, and give direct care workers the opportunity to shape the policies and practices that impact them and the clients they serve.

The community uses SharePoint as a repository for HCD resources. Various team members have delivered presentations on how they are actively implementing HCD in their work, and those resources have been added to the site. Threaded discussions have been started on the platform and more participation is anticipated as the community evolves.

The group completed an analysis of member distribution across the HHS Coalition organizations in May 2023. Strategies have been developed to ensure that everyone is equally aware of the group and has equal opportunity to join and participate in the community. Targeted outreach has been directed to agencies with lower participation.

Next steps

A survey for participants to measure whether the HCD CoP is meeting established success criteria has been developed. The survey will be deployed, and the results analyzed in early 2024. A survey to measure whether the HCD CoP is meeting established success criteria has been developed. The survey will be deployed, and the results analyzed in early 2024. In part, the survey will measure equity in participation solicitation, understanding of HCD and value of participation in the HCD CoP, and recognizing and overcoming barriers to HCD.

4. **Develop strategies for scalability and sustainability**

   ### Update
   Work on the following items is scheduled to begin in 2024:
   - Select supra-organizations owner for ongoing oversight
   - Develop succession plans for HCD champions
   - Develop a portfolio of success stories and application examples
   - Develop policy and procedure for platform and community maintenance
   - Procure or develop HCD curriculum
   - Develop a train-the-trainer program
   - Extend invitations beyond current HHS Coalition members

Goal two

State programs have a comprehensive view of clients and share information across organizational boundaries to proactively offer other benefits the client may qualify to receive.

Strategy 2.1

Establish and execute ongoing processes to analyze program data for Medicaid, Supplemental Nutrition Assistance Program (SNAP), and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and then proactively promote enrollment to potentially eligible Washingtonians.

The initial focus of this plan is directed at people enrolled in Medicaid who are likely eligible for, but not yet enrolled in, the WIC program. Over time, the state will incorporate the lessons learned from WIC outreach strategies to expand to increase participation in SNAP as well.

In Washington State, clients learn about and are referred to WIC in a variety of ways. Most clients report learning about WIC through family and friends. Other referral sources include health care providers, community health workers, staff at the Help Me Grow Hotline, and staff at community services offices. Both state WIC offices and local WIC agencies provide outreach to entities such as early learning centers, food banks, schools, health care and day care providers and at community events. Outreach strategies include mailings to households in low-income areas, public service announcements on radio and TV, and the use of social media. The Washington WIC Program participates in a national recruitment and retention campaign sponsored by the National WIC Association.

Currently just 44 percent of Medicaid participants in Washington who are eligible for WIC services are enrolled in the WIC program. Strategy 2.1 focuses on key action steps intended to increase referrals and enrollment in the WIC program from 44 percent to 50 percent of eligible Medicaid participants. King, Pierce, and Snohomish counties have the highest numbers of potential WIC enrollees; targeted emphasis will be applied in these areas. The WIC program has set a target of 50 percent enrollment of eligible Medicaid participants in the WIC program by April 30, 2024. Strategy 2.1 approaches increasing enrollment in WIC through the following five action areas.

2.1 Action steps

1. **Interview and/or survey likely and current WIC participants about barriers to WIC participation. The results of these activities will be used to inform additional strategies and mitigate barriers to access.**
   Update
   A total of 185 surveys and 104 interviews were completed with current WIC participants regarding barriers to WIC participation. The results of these activities are being used to inform additional strategies and to mitigate barriers to access. Written survey results will be available in 2024.

2. **Test mobile phone texting as an outreach strategy**
   Update

A pilot to explore texting as an outreach method is on indefinite hold due to the Federal Communication Commission's directive to not proceed. This is no longer a feasible strategy, and the project governance body has decided to eliminate this strategy.

3. **Ensure referral sources provide accurate information**

   ### Update

   A master list of all entities making referrals to the WIC program has been created, and refreshed information has been disseminated. Web links that reference information about how and where to apply for WIC have been removed or updated where needed. The Department of Health (DOH) is currently ensuring that all WIC information disseminated through the state's 211 call line is accurate. The 211 program provides a central access point for connecting Washington residents to community resources. DOH staff delivered a WIC presentation to HCA and provided WIC training to managed care organizations (MCOs).

4. **Conduct a statewide WIC campaign to increase awareness and enrollment in WIC**

   ### Update

   The statewide WIC campaign to increase awareness and enrollment in WIC is on indefinite hold because funding is not available from the United States Department of Agriculture, Food and Nutrition Services. Other DOH efforts to increase awareness and retention include:

   - DOH staff worked with the Community Foundation of Snohomish County and contracted three community-based organizations to complete peer-led WIC outreach at community events laundromats grocery stores, and other forums in Snohomish County. The peer-led outreach supported at least three top languages preferred by the target communities.
   - In November 2023, DOH launched [WIC clinic locator map and interest form](). which allows users to find local WIC agencies.
   - DOH social media team sends WIC promotions through various DOH social media platforms two to three times a month.
   - A WIC mailing insert has been created to be included in Watch Me Grow mailings. The insert is translated into 12 languages, with English and Spanish available in print.

5. **Leverage Medicaid Managed Care Organizations (MCOs) to increase referrals to the WIC program**

   ### Update

   Research on federal WIC requirements, Washington's current practices to meet them, and a review of MCO contract language regarding the WIC referral requirement was completed in February 2023.

   The Health Care Authority (HCA) has shared best practices for WIC referral and engagement with MCOs. They will continue to review best practices that have been adopted by MCOs and develop referral protocols with MCOs. New language and a WIC referral template have been

added to the latest MCO contract, which is effective January 2024.

Language for a Data Share Agreement has been created between DOH and HCA to include WIC focused data points. This effort combined two existing DOH and HCA contracts currently in place and moved them to the new HCA Data Share Agreement (DSA) template. For baseline reporting, DOH shared current WIC enrollments by MCO with HCA.

Baseline calculations have been completed that identify the number of WIC enrolled members and number of WIC eligibles by each MCO. The baseline number of MCO referrals to WIC of members likely eligible for the WIC program, will be available after the new MCO contract language is implemented in 2024.

Next steps
Next steps are to complete the DOH Privacy review for the updated data sharing agreement and review the agreement in an upcoming HCA Data Utilization Committee (DUC) meeting.

Appendix A

	Legend	
Completed	☑	
On or ahead of schedule	🟢	
Behind schedule NOT at risk for SAP deadline	🟡	
Not planned to start	☐	
Behind, will miss SAP deadline	🟠	
Behind, will be finished after July 1, 2024	🔴	

Final

	Work Group 1.1 Application Questions	Work Group 1.2 Human Centered Design	Work Group 2.1 MCO	Work Group 2.1 WIC
Action Steps	Conduct Policy Analysis (To Reduce Questions) 🟢 Streamline Application Recommendations 🟢 Obtain State/Federal Approval 🟢 Implement Changes to Reduce and Remove Duplicate/Unnecessary Questions 🟢 Reduce Application Time 🟢	Create Shared Space for Collaboration 🟢 Test Two Trainings and Develop Recommendations ☑ Operationalize the Community of Practice 🟢 Develop Strategies for Scalability and Sustainability ☐	Leverage MCOs to Increase WIC Referrals 🟢 Review Medicaid Codes and CFRs ☑ Review MCO Contract Language ☑ Share Best Practice Protocols with MCOs ☑ Develop Best Practices Protocols with MCOs ☑ Amend MCO Contracts to Report Referrals 🟢	Interview/Survey Likely WIC Participants about Barriers 🟢 Ensure Referral Sources Provide Accurate Information 🟢
Milestones	Complete Policy Analysis 🟢 User Testing 🟢 Streamlined Application Recommendations 🟢 Estimated Fiscal Impact ☐ Draft RCW Amendments as Needed ☐ Draft Decision Packages as Needed ☐ Evaluate Federal Changes and Initiate Negotiations ☐ Project Simplify: Identify immediate Changes 🟢 Prioritize Changes 🟢 Test, Pilot, Implement Rapid Changes 🟢 Identify 3 High-Impact Policy Changes ☐	Establish Communication/Collaboration Solution ☑ Engage CoP Participants ☑ Determine Funding Sources for Long-Term Collaboration ☐ Conduct UW Workshops ☑ Identify Training Recommendations ☑ Form the CoP Governance Structure ☑	Share Best Practice Protocols with MCOs ☑	Identify all referring WIC entities ☑
Metrics	Number of Policies Analyzed ☑ Number of Baseline Questions ☑ Number of Duplicate Questions ☑ Minimum Number of Questions Needed 🟢 Increase in Client Satisfaction ☐ Demonstrate Increase in Self Satisfaction ☐ Number of Questions Eliminated 🟢 Minutes Saved with Reduced Questions 🟢 Potential Rapidly Implemented Changes ☐ Applications Pended Decrease ☐ Maintain or Improve Case Accuracy ☐	Twenty-five additional participants will complete a series of two comparable HCD training 🟢 Achieve an equitable distribution of cross organizations participation ☑	Develop a baseline number of referrals made to WIC by each MCO 🟢 Develop a baseline count/average of people enrolled in WIC by each MCO ☑ Develop a baseline count/average of Medicaid population that are WIC eligible by each MCO ☑	Interview 100 Participants and Survey 500 🟢