ENCLOSURE 6

PROMOTING AND SUPPORTING THE MEDICARE SAVINGS PROGRAMS
December 26, 2001

Executive Summary

The Social Security Act recognizes that, although Medicare provides health coverage to almost all the nation's elderly, and a significant percent of individuals with a disability, there are substantial numbers of low-income Medicare beneficiaries for whom Medicare premium and cost-sharing requirements often prove too costly. Since 1988, Congress has required state Medicaid programs to supplement Medicare by paying certain out-of-pocket expenses for low-income Medicare beneficiaries. More recent reforms extend these protections, termed the dual eligible benefits, but also commonly called, and henceforth referred to in this report as, the Medicare Savings Programs, to all Medicare-eligible individuals with limited resources and incomes ranging up to 200% of the federal poverty level.

Because state Medicaid programs are responsible for the management of these programs, no two states' administration of the Medicare Savings Programs are alike. In late 1998, we surveyed states on their outreach and enrollment choices for the Medicare Savings Programs' populations. Now, two years later, following a notable federal-state-local partnership geared entirely toward increasing enrollment in these often under-utilized programs, we report back on the changes and progress being made in states as they make significant efforts to better educate their target population and eliminate the perception of barriers within the enrollment process.

The following findings materialized:

- Most states continue to use a combination of outreach materials to educate consumers about dual eligible benefits, though the variety of outreach materials used has expanded. Printed materials, especially mailings and pamphlets, prove to be the most popular methods of outreach.
- States have instituted an increased focus on educating both consumers and state staff on the Medicare Savings Programs.
- Almost all state Medicaid agencies use partnerships with other agencies and organizations to enhance outreach efforts and reach more consumers.
- Many states have formed statewide task forces to help promote issues and solutions involving the Medicare Savings Programs.
- States have been especially conscientious about eliminating potential barriers to enrollment in the Medicare Savings Programs. Almost four times as many states currently use shortened application forms for the Medicare Savings Programs' beneficiaries. States have also worked to avoid requiring applicants to use the county social service office during the eligibility determination and enrollment process.

Introduction

Federal law requires that state Medicaid programs pay for Medicare costs for certain low-income people who are elderly or have disabilities. These people fall into a variety of Medicaid eligibility categories including, but not limited to, the Qualified Medicare Beneficiaries (QMBs), Specified Low-Income Medicare Beneficiaries (SLMBs), Qualified Disabled and Working Individuals (QDWIs), and Qualifying Individuals (QIs). Collectively, they are known as beneficiaries of the dual eligible programs, also known as the Medicare Savings Programs.

Medicare Savings Programs' beneficiaries do not all qualify for full Medicaid benefits based on their income, but they all receive assistance with a portion of their out-of-pocket expenses for hospital, physician, and other services covered by Medicare and/or a portion of the Medicare premium. Unless specified otherwise, this report will refer generally to "Medicare Savings Programs," meaning the range of protections—from full Medicaid benefits to Medicaid payment of Medicare premiums, deductibles, and coinsurance to Medicaid assistance with a small portion of Medicare premiums.

A concerted federal-state-local effort has recently been made to further promote the Medicare Savings Programs and encourage increased participation. In the early years of these benefits, many elderly and individuals with a disability did not take advantage of the obvious financial benefits of these programs.

The suggested explanations were numerous, including:

- Lack of knowledge about the programs.
- Lack of understanding about the benefits of the programs.
- Stigma associated with a benefit administered by Medicaid ("welfare").
- Lengthy, complex application forms.

According to the results of a survey we conducted in late 1998, the success of outreach and enrollment techniques designed to increase interest and enrollment in the Medicare Savings Programs varied by state. This current study[1] tracks the significant improvement made by individual states in these areas over the past two years based on state activities during federal fiscal year (FFY) 2000. We concentrated especially on state efforts to eliminate the theorized barriers to enrollment. For more detailed state-by-state information on most subjects covered in the body of this report, please review the appendix.

Part I: Outreach Materials

All fifty states and the District of Columbia volunteered significant data on their experience with information dissemination designed to increase understanding of and participation in the Medicare Savings Programs. We surveyed states on their use of printed materials, broadcast methods, and education efforts to outreach to this population.

[1] A copy of the current survey is available through CMS by calling John Kapustka at (410)786-4693.

Printed Materials

Almost all states—forty-six—use some sort of printed material to outreach, either directly or indirectly, to potential Medicare Savings Programs' beneficiaries. The most popular method was by letter, though it varied as to whom states directed these letters. Twenty-nine states, up from 21 in our previous survey, chose to mail letters directly to potential beneficiaries, hoping the financial benefits of the programs would catch their eye. In many cases, these type letters were developed in concert with the Center for Medicare & Medicaid Services (CMS).

The two most common data sources available to states for direct mailings to potential beneficiaries are (1) the State Data Exchange (SDX) on SSI beneficiaries, available through the Social Security Administration (SSA) and (2) the leads data from CMS which identifies Medicare beneficiaries who may be eligible for Medicare Savings Programs. Both sets of data are available on a monthly basis. According to recent survey data, of the eighteen states that make their own Medicaid eligibility determination for individuals eligible for SSI (the non-1634 states), eleven use the SDX file from SSA in order to outreach to potential beneficiaries. Twenty-three states received the leads data from CMS during the survey period. Even more indicated plans to do so in the near future.

States do not limit their direct outreach letters to supposed potential beneficiaries, but also target mailings to community health centers, providers, grass root organizations, or family members of potential beneficiaries. This technique makes certain that those who come into frequent contact with potential Medicare Savings Programs' beneficiaries are aware of the programs and their benefits and can help explain and encourage participation. Along these same lines, five states arranged to put flyers advertising the Medicare Savings Programs into other mailings, such as utility bills, that go to low-income elderly and individuals with a disability. These methods are less direct, but may catch potential beneficiaries who are not otherwise known to the state through existing data clues.

Pamphlets, used by thirty-four states, were also a popular print method of spreading knowledge of the programs. Pamphlets were used in a variety of ways, including on their own at government offices and other sites potential Medicare Savings Programs' beneficiaries were likely to visit, as an insert in informational mailings, or in conjunction with a shortened application. Posters and newspaper notices were utilized to a lesser extent, possibly because their efficacy is more difficult to determine and track.

Over seventeen states volunteered other creative print materials they used during their outreach campaigns, including door magnets, jar grippers, placemats, calendars, and even pillboxes. Not all of the ideas were product-oriented, however. States printed benefits guides that were available for order by agency staff for use in field office pamphlet racks or application packets. State staff wrote articles and advertisements to be included in newsletters that reach such diverse groups as Area Agencies on Aging (AAAs) or

Medicaid providers or tried to reach people by billboard ads. Some states consider their Medicare Savings Programs application an outreach tool itself.

Broadcast

While relatively fewer states chose to promote Medicare Savings Programs through broadcast methods on radio or television, more than half of those that did (eleven) generally used several such options. Fourteen states had staff participate on talk shows (either radio or television), making that the most popular broadcast method for explaining the Medicare Savings Programs. Radio public service announcements were used by thirteen states. Relatively few states use television public service announcements, paid commercials, or appearances on local cable access channels to promote the programs, likely due to the higher costs of these options.

Education

A notable forty states use live presentations by state personnel to educate potential beneficiaries and encourage Medicare Savings Programs participation, though type and amount of these presentations vary dramatically depending on the state. States may present at health fairs, small groups, one-on-one, or even door-to-door. Generally, states seemed to concentrate on health fair and small group presentations, probably because of the increased likelihood of a chance of enrollment success with more listeners.

A growing number of states, thirteen, have a dedicated phone hotline for information and inquiries concerning the Medicare Savings Programs and an additional six states have such assistance available on a more general state health insurance hotline. While our 1998 survey indicated that states felt internet pages explaining the Medicare Savings Programs might be wasted on a population that might not be computer-savvy, over twenty-one states have developed or are in the process of constructing such web pages, possibly due to the increasing computer literacy of the aged and disabled population.

States have also tried to go to the potential beneficiaries, rather than wait for them to approach the state. One state uses an outreach van, parked in different locations to disseminate information. Another makes regular visits to Native American reservations and other insular communities where potential Medicare Savings Programs' beneficiaries might live. At least two states have invested in a mini grant program where local health advocates tailor a multi-media outreach package to the needs of their county.

Over thirty-five states target various segments of their own staff—everyone from the obvious Medicaid eligibility workers to AIDS social workers to legal staff—with education specific to these programs so as to better serve potential beneficiaries during the outreach and enrollment processes. This training may be designed for new workers and/or as a refresher course for current staff; it may be presented live or in printed form as a "desk aid." States also spend valuable resources to train non-staff including Medicaid providers, SSA workers, and community health advocates.

Twenty-three states make a special effort to target specific minority or special population beneficiaries. Most of these efforts are aimed at Hispanic, African American, or Native

American populations. Minnesota reports making special efforts to attract five minority populations—Russian, Hispanic, Hmong, Vietnamese, and Native American. A few states reported focusing specifically on urban and/or rural locations which each pose different issues for potential Medicare Savings Programs' beneficiaries.

Part II: Dual Eligible Specific Partnership Efforts of State Medicaid Agencies

The survey asked states with whom they partner when trying to attract attention to the Medicare Savings Programs. Almost every state, an increase from the 37 states in our 1998 survey, utilizes partnerships with other organizations—whether they are state agencies, other government entities, providers, or advocacy groups—to enhance outreach efforts to potential Medicare Savings Programs' beneficiaries by reaching a broader slice of the population. These partnerships use each partner's strengths, e.g., the Medicaid agency's expertise with the programs, the advocate's familiarity with the low-income elderly and individuals with a disability whom the Medicaid agency would like to attract, or the health care delivery system's access to those who may be struggling with their medical costs.

Other State Agencies

States are most likely to look first to other state agencies for partnership opportunities. Common partners include State Units on Aging, Area Agencies on Aging, and State Health Insurance Assistance Programs (SHIPs), all of which offer significant expertise on and contact opportunities with senior citizens. States also partner with Income Maintenance Divisions, and, less frequently, Insurance Departments and the State Children's Health Insurance Program (SCHIP). There were also other state agencies listed as partners.

A statewide task force focusing on increasing participation in the Medicare Savings Programs is another major partnership effort underway in at least twenty-one states. Much like the federal-state initiative, this project brings together a variety of diverse agencies, community groups, providers, and advocates to plot how best to educate and attract the target population. No two states design their task force the same way. Some of the task forces are ongoing and others have set endpoints. They may work on such varied issues as advancing dual eligible outreach, improving service delivery, enhancing training materials, potential computer system changes, and data exchange or they may be more focused, working specifically to study, for example, a proposed self-declarative redetermination form. Task force member organizations generally share print outreach materials and training modules and strive to use common terminology.

Federal Agencies

While CMS and SSA are the most obvious and best used sources for partnership efforts, states also report relationships with the Health Resources and Services Administration (HRSA), Medicare fiscal intermediaries, the Department of Veterans' Affairs (VA), the Department of Housing and Urban Development (HUD) housing projects, and the Indian

Health Service (IHS). States have also taken increased advantage of funding and other resources offered by various federal government agencies since our 1998 survey.

County/City Government

At least fifteen states have reached out to county or city governments to increase Medicare Savings Programs participation. States report that by encouraging their local governments to get involved in the campaign to enroll more eligibles in the Medicare Savings Programs, they often come up with inventive ideas for program attendance at local events that provide a broad range of information of benefit to seniors.

Health Care Delivery Community

While seventeen states reported they partnered with their health care delivery community in 1998, almost twice as many did in FFY 2000. The most common of these partnerships involved community health centers and hospitals, though some states also have connections to Medicaid or Medicare managed care organizations, pharmacy benefit managers, and, to a much lesser extent, vision specialists, or providers.

Advocates and Grass Roots Organizations

Finally, thirty-six states report partnerships with various advocacy and grass roots organizations, and twelve specifically with legal assistance. Religious affiliations account for partnerships in at least sixteen states and volunteers—either "senior" or otherwise—promote the Medicare Savings Programs in about half of the states. States find that foundations and advocacy organizations are a welcome source of funding for Medicare Savings Programs' outreach efforts.

Part III: Dual-Eligible Specific Application, Enrollment, and Eligibility Process

*For state specific data on application, enrollment, and eligibility, please see the tables in the appendix of this report.

In an effort to make the Medicare Savings Programs' application and enrollment process less time consuming and confusing, states have taken major steps toward simplification on behalf of the beneficiaries since our 1998 report.

Application Form and Process

Thirty-three states have made a shorter application form than that used for full Medicaid available for applicants interested in the Medicare Savings Programs in hopes that this will ease the stress involved with applying for the programs. Three states are currently running pilot projects with shortened applications for the Medicare Savings Programs and five more states have concrete plans to develop the shortened applications. In at least two of the remaining states, the Medicaid application is already very short. Thus, roughly 80% of the states have made a commitment to shortening the application form for the Medicare Savings Programs, a remarkable increase from the 24% of states that used short applications in late 1998.

In addition, states have made a concerted effort to eliminate the welfare stigma attached to visiting the county social service office. The vast majority of states require neither pick up nor delivery of Medicare Savings Programs' applications in-person at the social service office, allowing instead for alternative methods such as mail-in applications or receiving applications at sites such as providers' offices or community organizations. To a lesser extent, states use the phone, fax, or internet to distribute blank applications or receive completed ones.

States have also made a concentrated effort to allow applicants to apply for the Medicare Savings Programs without requiring an in-person interview. Only seven states currently maintain this requirement, though one of these states plans to lift it by December 2001 and another is running a pilot program to consider removing the in-person interview requirement. Two other states require in-person interviews for QMB applicants only; SLMBs and QIs do not have to appear in person. The forty-two states that do not require face-to-face interviews for this population represent a significant improvement from twenty-nine states in 1998.

Eligibility Determination

By simplifying the application form and process, states automatically make the eligibility determination process more user-friendly. States may choose to go even further and allow self-declaration of income and resources; in states that choose to, applicants for Medicare Savings Programs' benefits are not required to bring in proof of their income or resources, but simply attest to their levels. Self-declaration of income and assets is used by eleven states, up from three states for income and eight states for assets, in our 1998 survey.

States that had taken advantage of the flexibility given to them through section 1902(r)(2) of the Medicaid statute—a section that allows states to use less restrictive methodologies to expand eligibility for the Medicare Savings Programs—continue to apply these liberalized methodologies used to count applicants' income and resources. There does not seem to be a significant shift in this group of states, most likely due to the need to gain state legislative approval for such a change.

In order to ensure they are adequately capturing the potential population for these programs, thirty-eight states automatically screen eligibility for the Medicare Savings Programs when beneficiaries apply for other state-administered benefits (e.g. prescription drug program, state-funded home care).

Redetermination Process

While analysts often concentrate on the measures states take to simplify the initial eligibility process for the Medicare Savings Programs, the redetermination process is just as significant. Without an efficient and comprehensible redetermination process, Medicare Savings Programs' enrollees may inadvertently fall off the rolls. Thus, it is heartening to report that over half of the states have automatic redetermination processes in place for this population. Very few states require an in-person interview at redetermination. Thirty-eight states use a shortened application during the

redetermination process and ten of the remaining states began with a very short application.

In addition, at least one state reported a change in terminology surrounding the automatic redetermination process. In North Carolina, redetermination for this population is referred to as "re-enrollment." A "re-determination" would occur when an applicant is denied eligibility and appeals.

Conclusion

Having reviewed state-specific progress toward increasing interest and enrollment in the Medicare Savings Programs, we conclude that state Medicaid agencies, in conjunction with their partners and CMS, have invested much time and effort in reviewing their administration of these programs. The evidence is telling; states recognize the importance of the Medicare Savings Programs in protecting the low-income elderly and individuals with a disability and have translated that recognition into endeavors designed to directly combat the most commonly noted barriers, specifically lack of knowledge and understanding about the programs and their benefits, the stigma associated with a benefit administered by Medicaid ("welfare"), and the lengthy, complex application forms.

In fact, based on the data gathered in this survey, the following findings are the most striking in light of the focus on removing barriers:

- To combat the potential lack of knowledge about the programs, around 90% of states focus attention on educating potential beneficiaries and those who have an influence on them through print and/or broadcast outreach materials.
- To increase understanding of the noteworthy benefits offered by the programs and clarify any lasting misconceptions about rules, over 70% of states spend considerable resources educating not only potential beneficiaries, but also their own staff.
- By having state and local partners assist in the outreach and enrollment process, almost every state has worked to eliminate welfare stigmatism and simplify the Medicare Savings Programs' enrollment processes.
- To battle the "welfare stigma," the vast majority of states have eliminated the need for applicants to visit the county social service office at any time during the eligibility and enrollment process by increasing the venues for application take-up and decreasing the incidence of in-person interviews.
- To simplify paperwork associated with the Medicare Savings programs, over 80% of states use a shortened application form (the most dramatic shift in data collected by this survey) and an equally impressive number have made the redetermination process more streamlined.

These changes are heartening, representing the states' continuing commitment to finding and enrolling all those eligible for the Medicare Savings Programs.

APPENDIX

Types of Printed Outreach Material Options Used by State

	Letters					Pamphlets	Posters	Newspaper notices
	Beneficiaries	CHCs	Providers	Family	Flyers			
AL	●		●	●				
AK	●	●	●	●		●		
AZ				●		●	●	●
AR								
CA								
CO	●					●	●	
CT	●	●	●			●		
DE	●	●	●					
DC	●							
FL						●		●
GA						●		●
HI					●	●	●	
ID						●		
IL						●		
IN						●	●	●
IA	●					●		
KS						●	●	
KY								
LA		●	●			●	●	
ME	●	●	●	●	●	●	●	●
MD	●					●	●	
MA						●		
MI	●					●		●
MN	●	●	●	●	●	●	●	●
MS	●					●		
MO	●			●		●	●	
MT						●		●
NE	●					●	●	
NV						●	●	
NH	●	●	●	●		●	●	●
NJ	●							
NM	●							
NY			●					
NC						●		
ND	●							
OH	●	●				(●)[2]		
OK								
OR							●	
PA	●							
RI	●					●		
SC	●					●		
SD	●	●	●	●	●	●	●	●
TN								
TX	●					●	●	●
UT	●					●		
VT	●	●	●	●				
VA						●	●	
WA	●					●		
WV	●	●	●					
WI		●	●					
WY	●	●	●	●	●	●	●	
Total	29	13	14	10	5	34	18	11

[2] Parentheses indicate "in development, to be implemented"

Types of Broadcast Outreach Options Used by State

	Talk show	Radio PSA	Television PSA	Paid commercial	Local cable access
AL					
AK					
AZ		●		●	
AR					
CA					
CO					
CT	●				●
DE	●	●		●	
DC					
FL					
GA		●			
HI					
ID					
IL					
IN		●			
IA					
KS					
KY					
LA	●	●	●		
ME	●	●	●	●	●
MD		(●)[3]	(●)		
MA	●				
MI	●	●			
MN	●	●	●		●
MS	●				
MO					
MT	●				
NE	●				
NV					
NH	●				
NJ					
NM					
NY	●				
NC					
ND					
OH					
OK					
OR					
PA					
RI					
SC					
SD	●				●
TN					
TX	●	●		●	
UT		(●)			
VT		●	●		
VA					
WA					
WV					
WI					
WY		●			
Total	14	13	5	4	4

[3] Parentheses indicate "in development, to be implemented"

Types of Educational Outreach Options Used by State

	Live presentations				Phone hotline	Web page	Training	Target minority/special populations
	Health fairs	Small groups	One on one	Door to door				
AL	●	●				●	●	
AK							●	
AZ	●	●	●		●	●	●	●
AR								
CA		●	●				●	
CO	●		●					
CT	●	●			●	●	●	●
DE	●	●					●	●
DC	●	●	●					
FL							●	●
GA	●				●		●	●
HI	●	●			●		●	
ID								
IL	●		●			●	●	
IN	●	●	●			●	●	●
IA							●	
KS	●	●	●	●		(●)[4]	●	●
KY								
LA	●	●			●	●		
ME	●	●	●	●		●	●	●
MD		●	●					●
MA	●					●	●	
MI	●	●	●			(●)	●	●
MN	●	●	●		●	●	●	●
MS	●	●			◙[5]	●	●	●
MO	●	●	●		◙	(●)	●	●
MT	●	●	●		◙		●	●
NE					●		●	
NV		●	●					
NH	●	●	●				●	●
NJ	●	●	●		◙	●	●	
NM	●		●		●	●	●	●
NY	●	●	●			●	●	
NC		●	●					
ND		●	●				●	
OH	●	●	●			●	●	
OK								
OR								
PA	●				◙	●	●	●
RI	●	●	●					●
SC	●	●	●		●			●
SD	●		●		●	●	●	●
TN								
TX	●	●	●		●	●	●	●
UT	●	●	●			●	●	●
VT	●		●		◙		●	
VA						●	●	
WA	●				●	(●)	●	
WV		●						
WI	●	●						
WY	●	●	●		●	●	●	●
Total	34	31	28	2	19	24	35	23

[4] Parentheses indicate "in development, to be implemented"

[5] "◙" indicates a hotline that gives information on the Medicare Savings Programs, but is not dedicated solely to that purpose

State Agency Partnerships by State

	Area Agencies on Aging	SHIPs[6]	Income Maintenance Departments	Insurance Commissions	SCHIP[7]	Other	Statewide task force
AL	●						
AK	●						
AZ	●						●
AR	●						
CA	●						
CO	●						
CT	●						●
DE		●			●	●	
DC	●	●	●				
FL	●	●	●			●	●
GA	●	●	●		●		
HI	●						
ID	●						
IL	●	●	●		●		●
IN	●	●		●	●	●	●
IA	●	●			●		
KS	●						●
KY	●	●	●	●		●	
LA	●	●		●	●	●	
ME	●	●	●	●	●	●	●
MD	●						●
MA	●	●		●			●
MI	●						●
MN	●						
MS	●				●		
MO	●	●				●	
MT	●	●	●	●	●	●	●
NE	●	●					
NV		●				●	
NH	●	●	●	●		●	●
NJ	●	●			●		
NM	●	●	●		●	●	
NY	●	●		●	●		●
NC	●						
ND	●						●
OH		●					●
OK							
OR							
PA	●						
RI		●	●		●	●	●
SC	●	●					
SD	●	●	●	●	●	●	
TN	●	●					
TX	●	●				●	●
UT	●	●	●		●	●	
VT	●	●	●	●			
VA	●		●	●		●	●
WA	●	●	●	●			●
WV		●					
WI			●				●
WY	●	●	●	●	●		●
Total	43	30	17	13	16	16	21

[6] State Health Insurance Assistance Program
[7] State Children's Health Insurance Program

Other Government Partnerships by State

	CMS	SSA	HRSA	Medicare fiscal intermediary	VA	HUD	IHS	City/ county government
AL		●		●				
AK	●	●					●	
AZ	●	●	●				●	●
AR		●						
CA	●	●						
CO	●	●	●	●	●	●		
CT	●	●		●		●		
DE		●			●	●		
DC								●
FL		●	●					
GA	●							
HI	●	●				●		●
ID	●							
IL	●							
IN	●	●		●		●		●
IA	●							
KS	●	●			●		●	
KY	●			●				
LA	●	●						●
ME	●	●	●	●	●	●	●	●
MD	●	●	●		●			●
MA		●						
MI	●	●					●	●
MN	●	●	●	●		●	●	●
MS							●	
MO	●	●						
MT	●	●		●				
NE	●	●						
NV							●	
NH	●	●		●		●		●
NJ	●							●
NM		●					●	
NY	●	●		●	●			●
NC		●						
ND	●	●	●	●			●	
OH								
OK								
OR								
PA	●	●						
RI	●			●		●		
SC								
SD	●	●			●	●	●	●
TN	●	●						
TX	●	●		● (developing)				
UT	●	●			●			●
VT	●	●						
VA	●	●						
WA	●	●	●				●	●
WV	●							
WI								
WY	●	●		●	●			
Total	36	35	8	14	9	10	12	15

Health Care Delivery System Partnerships by State

	CHCs	Hospitals	Medicaid MCOs	Medicare MCOs	Providers	Pharmacy Benefit Managers	Vision Specialists
AL					●		
AK							
AZ	●	●					
AR	●						
CA							
CO	●		●	●			
CT	●	●		●			
DE		●		●		●	
DC			●				
FL	●				●		
GA							
HI	●	●					
ID							
IL							
IN	●	●	●	●	●		
IA							
KS	●	●		●			
KY		●				●	
LA	●	●	●	●			
ME	●	●		●			●
MD	●		●	●			
MA		●	●	●			
MI	●						
MN						●	
MS							
MO	●	●		●			
MT	●			●			
NE							
NV							
NH	●	●				●	
NJ							
NM							
NY							
NC							
ND	●						
OH	●						
OK							
OR							
PA							
RI	●	●					
SC							
SD	●	●					
TN							
TX							
UT	●	●					
VT	●	●				●	
VA							
WA	●						
WV							
WI							
WY		●				●	●
Total	22	17	6	11	3	6	2

Advocates and Grass Roots Partnerships by State

	Advocates	Legal assistance	Religious affiliations	"Senior" volunteers	Other volunteers
AL	●		●	●	●
AK					
AZ	●			●	●
AR	●				
CA	●				
CO				●	
CT	●	●		●	
DE			●	●	
DC	●		●	●	
FL	●	●			
GA	●	●	●		
HI	●		●	●	●
ID					●
IL	●		●	●	●
IN	●		●	●	●
IA				●	
KS	●			●	●
KY		●	●	●	●
LA	●		●	●	●
ME	●	●	●	●	●
MD	●		●	●	●
MA					
MI	●			●	●
MN	●	●	●	●	●
MS	●				
MO	●	●			
MT	●			●	●
NE	●				
NV	●		●		
NH	●	●		●	●
NJ					
NM	●			●	
NY	●	●		●	
NC	●			●	
ND	●				
OH					
OK					
OR	●				
PA	●				●
RI					
SC					
SD	●		●		
TN		●			
TX	●	●			
UT					
VT	●	●			
VA					
WA	●				●
WV	●				
WI	●				
WY	●			●	
Total	36	12	14	23	17

Application Form Length and Acceptance Sites Options by State[8]

	Shorter form available for dual eligibles	Mail	Providers/ Community	Internet	Phone	Fax	In-person interview not required
AL	●	● ◙	● ◙	●			●
AK		● ◙	● ◙			◙	
AZ	●	● ◙	● ◙	●		◙	●
AR	●	● ◙	● ◙				●
CA	●	● ◙	● ◙			◙	●
CO	● pilot	● ◙	● ◙		◙	◙	●
CT	●	● ◙	● ◙	●		◙	●
DE	●	● ◙	● ◙		◙	◙	●
DC	●	● ◙	● ◙			◙	●
FL	● pilot	● ◙	● ◙				● (pilot)
GA	●	● ◙	● ◙	●		◙	●
HI	(●)[9]	● ◙	● ◙			◙	●
ID		● ◙	●	● ◙		◙	●
IL	●	● ◙	● ◙				●
IN	●	● ◙	● ◙		◙	◙	●
IA		● ◙	●			◙	
KS	●	● ◙	● ◙		◙	◙	●
KY	●	● ◙					●
LA	●	● ◙	● ◙	● ◙	◙	◙	●
ME	●	● ◙	● ◙	●		◙	●
MD	●	● ◙	● ◙			◙	
MA	●	● ◙	● ◙			◙	●
MI	(●)	● ◙	● ◙				●
MN	(●)	● ◙	● ◙	● ◙		◙	●
MS		● ◙	● ◙	●		◙	●
MO	●	● ◙	● ◙	(considering)		◙	●
MT	●	● ◙	● ◙			◙	●
NE	●	● ◙	● ◙	◙	◙	◙	● (SLMB, QI only)
NV		● ◙	● ◙	●		◙	●
NH	●	● ◙	●		◙		●
NJ	●	● ◙	● ◙				● (SLMB, QI only)
NM	●	● ◙	● ◙			◙	●
NY	●	● ◙	● ◙				
NC	● pilot		●				
ND	(●)	● ◙	● ◙				●
OH	●	● ◙	● ◙	● ◙		◙	●
OK		● ◙	● ◙				●
OR	●	● ◙					●
PA	●	● ◙	● ◙	●			●
RI	●	● ◙	● ◙				●
SC	●	● ◙	● ◙				●
SD	●	● ◙	● ◙		◙	◙	●
TN	●	● ◙			◙	◙	●
TX	●	● ◙	● ◙	●		◙	●
UT	Already short	● ◙	● ◙		◙	◙	●
VT	●	● ◙	● ◙	●			●
VA		● ◙					●
WA	●	● ◙	● ◙	● ◙		◙	●
WV	●	● ◙	● ◙			◙	●
WI	(●)	(●)(◙)	◙				(●)
WY	Already short	●	●		◙		●
Total	43	50●, 49◙	46●, 43◙	15●, 6◙	11	31	46

[8] "●" means available, "◙"means accepted

[9] Parentheses indicate "in development, to be implemented"

Eligibility Determination Process Options by State

	Self-declaration of income/resources	Income test liberalized	Resource test liberalized	Automatic eligibility screen for QMB/SLMB
AL			●	●
AK				●
AZ		●	●	●
AR	(●)[10]		●	●
CA				
CO				
CT	●	●		●
DE			●	●
DC				●
FL	● (pilot)	●	●	●
GA	●	●		
HI				●
ID				
IL	●			●
IN				●
IA				
KS		●	●	●
KY				
LA				
ME				●
MD				●
MA	●			●
MI				●
MN	●[11]		●	●
MS		●	●	●
MO				●
MT				●
NE				●
NV				
NH				●
NJ				
NM	●			●
NY				
NC				
ND		●	●	●
OH				●
OK				●
OR				●
PA				●
RI	●			●
SC				
SD		●		●
TN	●	●	●	
TX	●			●
UT				●
VT	●	●		●
VA				●
WA		(●)	(●)	●
WV	●	●	●	●
WI				●
WY				●
Total	13	12	12	38

[10] Parentheses indicate "in development, to be implemented"
[11] Income must be verified through delayed verification program during which benefits may be received.

Eligibility Redetermination Options by State

	Automatic	In-person interview not required	Shortened application at redetermination
AL	●	●	●
AK			●
AZ	●	●	●
AR	●	●	Full application, but already short
CA		●	●
CO	●	●	●
CT		●	●
DE	●	●	●
DC		●	●
FL	●		Full application, but already short
GA	●	●	●
HI		●	
ID	●	●	Full application, but already short
IL	●		Full application, but already short
IN	●	●	Full application, but already short
IA	●		●
KS	●[12]	●	Full application, but already short
KY		●	●
LA		●	●
ME	●		Full application, but already short
MD		●	●
MA		●	●
MI			● (nursing facilities only)
MN	●	●	●
MS		●	●
MO	●	●	●
MT	●	●	●
NE			●
NV	●	●	●
NH	●	●	●
NJ	●	●	●
NM		●	●
NY		● (only QIs)	●
NC		●	●
ND	●	●	●
OH		●	●
OK			●
OR		●	Full application, but already short
PA		●	●
RI	●	●	●
SC		●	●
SD	●	●	●
TN	●	●	Full application, but already short
TX		●	●
UT	●	●	●
VT	●	●	
VA		●	
WA			●
WV	●	●	●
WI		●	●
WY	●	●	Full application, but already short
Total	27	42	48

[12] Except for QI-2s.