Deputizing Community-Based Organizations

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About this Issue Brief

The current economic downturn has created an even more compelling case for enrolling eligible individuals in public benefits. Community-based organizations can play an important role in that process. This issue brief explores the concept of deputization—in other words, how community-based organizations can collaborate with state eligibility determination agencies to complete and submit applications on behalf of their clients, troubleshoot problems that can develop after submission, and assure that clients understand, use and retain these important benefits.

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**Introduction**

The current economic downturn has created an even more compelling case for enrolling eligible individuals in public benefits. But as more Americans become eligible for benefits, many state agencies that are mandated by statute to determine entitlement for these benefits have been hit hard by the economy and are struggling to process and adjudicate the growing volume of applications.

The rigorous, time-consuming requirements for public benefits often serve as barriers to enrollment. While the laws governing key entitlement benefits dictate that state or federal agencies determine eligibility for various benefits, community-based agencies can assist their clients with preparing, obtaining supporting documentation and submitting applications and recertification materials. There is ample precedent for such efforts with the Children’s Health Insurance Program and the Medicare Part D Extra Help/Low-Income Subsidy (LIS). There are no legal barriers precluding community-based organizations (CBOs) that work with older adults and people with disabilities from assisting their clients in these ways with applying for and retaining key entitlement benefits.

Moreover, there is evidence from the field that community-based organizations can do even more than “assist” their clients; they may take an active role in the review and preparation of applications for appropriate governmental decision-making. This issue brief explores the concept of deputation—in other words, how community-based organizations can collaborate with state eligibility determination agencies to complete and submit applications on behalf of their clients, troubleshoot problems that can develop after submission, and assure that clients understand, use and retain these important benefits.

**The Interplay between Community-Based Organizations and the Agencies that Determine Eligibility for Benefits**

Generally, a state or federal agency must determine eligibility for benefits such as Medicaid, the Medicare Savings Programs (MSPs), Supplemental Security Income (SSI), the Supplemental Nutrition Assistance Program (SNAP—formerly known as Food Stamps) and energy assistance. For example, Medicaid entitlement may only be adjudicated by a single state agency; a state agency also certifies eligibility for the SNAP and issues the Electronic Benefits Transfer (EBT) card. Traditionally these same state or federal agencies also engage in processes such as providing application forms to consumers, helping them to complete applications, and collecting and verifying supporting documentation so that the governmental entity may then determine whether or not applicants are entitled to the benefits for which they have applied.

Benefits counselors at nonprofit agencies or governmental units such as city or county aging services offices, can also assist older people and younger adults living with disabilities with certain elements of the application and recertification.

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2. 42 C.F.R. § 435.908 Assistance with application. The agency must allow an individual or individuals of the applicant’s choice to accompany, assist, and represent the applicant in the application process or a redetermination of eligibility. [http://www.access.gpo.gov/images/PDF.pdf](http://www.access.gpo.gov/images/PDF.pdf)

3. 42 C.F.R. Section 431.10(c); 42 C.F.R. Section 431.10(c)(3) Insurance, June 2006.

4. 7 United States Code Section 2020, [http://www.law.cornell.edu/uscode/7/uscode_07_0002020----000-.html](http://www.law.cornell.edu/uscode/7/uscode_07_0002020----000-.html)
processes. Staff and volunteers of such organizations can and often do help clients to complete and submit benefits application forms, offer subsequent follow-up to track the progress of benefits applications and provide trouble-shooting intervention to avoid denials. As such, these agencies may be, in effect, “deputized” by the official eligibility determining entity to assume some procedural aspects of the application or recertification process.

Deputized agencies have the potential to expand benefit enrollment and retention to include a greater number of eligible individuals. When these CBOs carry out some or all of the essential functions involved in the processes of applying for entitlement benefits, the official eligibility adjudication entities can more efficiently perform the essential tasks they may not delegate—the eligibility determination and ensuring that eligible applicants are awarded benefits in a timely way.

The word “deputization” implies a formal relationship that may or may not exist between the agency determining eligibility for a particular benefit and the community-based organization providing assistance with the application process. Some aspects of a deputized application assistance process may require a formal working relationship between these agencies—e.g., where the adjudicating agency would deputize community entities to perform application functions, such as verifying documentation that establishes proof of entitlement. In other instances, such as obtaining application forms and assisting clients to complete these correctly, while the close relationship is certainly desirable, the functions being performed by the community-based organization may not require the eligibility agencies to delegate any authority, so these activities may be performed even in the absence of a formal relationship.

The range of deputized organizations that can partner effectively on eligibility and retention processes is large, encompassing any public or nonprofit agency. But in the context of benefits for seniors and adults living with disabilities, these most commonly include State Health Insurance Assistance Programs (SHIPs), Area Agencies on Aging (AAAs), Aging and Disability Resource Centers (ADRCs), senior centers, hospital social work and/or discharge planning staff, community mental health offices, and organizations that work with underserved groups, such as individuals with limited English proficiency.

**Components of Deputization**

Many CBOs working with seniors and younger adults living with disabilities are already engaged in application assistance activities. Specifically, many organizations assist their eligible clients with the completion and submission of LIS applications. The Social Security Administration and Centers for Medicare & Medicaid Services, which jointly oversee LIS, actively encourage these third parties to assist clients with enrollments by submitting these applications on behalf of their clients. LIS applications do not require submission of any documentary proof, as eligibility verification is accomplished through electronic data-matching. As a result, staff and volunteers of such agencies can easily offer LIS eligibility screening and application assistance to their clients.

**Forms of Assistance That CBOs Can Provide That May (or May Not) Require Deputization:**

**Application Assistance**

Beyond LIS, the application forms that must be completed by seniors and younger adults with disabilities for many benefits are lengthy, ask complex questions and often require applicants to produce official original documents to verify

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the information provided on the applications. Community agencies can serve as help centers to facilitate the completion and submission of applications, alleviating the burden on eligibility workers and applicants alike. They can:

- provide hard copy applications or access to online applications to potential eligible applicants;
- assist with completing applications; and/or
- review applications to ensure they are appropriately completed with all verifying documents securely attached, before filing with the agencies charged with determining eligibility.

**Assistance with documentation requirements**

One of the most time-consuming parts of the application process is obtaining the appropriate documentation that can establish a person’s eligibility. Some of these documents, such as birth certificates, or other proof of identity and age, or verification from an insurance company of the cash surrender value of life insurance, may not be easy to find. When prospective applicants do not have the appropriate documents in hand, the time that it takes to acquire the documents can significantly delay the benefits application process.

Trained benefits counselors can help clients obtain the documents needed to establish their eligibility. For example, in a situation where a client might need to establish their identity using a document such as a birth certificate, but may not have such documentation available, counselors can help applicants by requesting such documents from the appropriate entities, or by identifying and finding alternative acceptable documentation.

However, there are many other ways in which deputization can be successfully extended to ease the path to enrollment in other benefits and promote a person-centered approach to improving the lives of vulnerable older Americans and those living with disabilities.

**Deputization options include:**

**Verifying Documentation**

Going a step beyond simply assisting with gathering documentation, community partners can also be deputized by eligibility agencies to also authenticate the documents. To enable this kind of partnership, personnel at eligibility offices train deputized organizational staff and volunteers to verify original documents, make copies, and note or place a stamp on the copies that they witnessed the originals. Copies may then be submitted to eligibility offices in satisfaction of documentation requirements. This simple step could significantly reduce the current and widespread delays caused by lost or misplaced original documents.

**Promising practice:**

In Denver, the St Anthony Hospital Health Passport program entered into a deputization agreement with the Colorado Department of Health Care Policy and Financing, Colorado’s Medicaid eligibility office. After joint training, and under careful staff supervision, staff and volunteers complete MSPs and full Medicaid applications. They collect the documentation to prove entitlement and verify both the documentation and the signatures of applicants. They mail the original applications in batches to local eligibility offices, along with photocopies of needed documentation. Their clients do not have to appear for interviews at the eligibility office, and they avoid the risk of loss of original documents. In addition, with appropriate Health Insurance Portability and Accountability Act (HIPAA)-compliant authorization, Health Passport personnel can speak with eligibility workers to clarify questions, thereby reducing denials.
Face-to-Face Interviews

Face-to-face interviews are still required for many benefits. Trained and deputized community partners can also conduct needed interviews, and obtain “wet” (hand-written) signatures, minimizing the risk of fraud without requiring applicants to present themselves at often crowded eligibility offices that may not be set up to accommodate frail seniors and persons with disabilities.

Application Tracking and Trouble-Shooting

After applications are submitted, small errors on applications, such as application boxes that are left blank instead of being filled with dashes or zeros, insertion of monthly rather than annual income amounts, or submission of incorrect documents can result in entirely avoidable denials. Deputized agencies working in conjunction with eligibility offices can get the authority to track applications. Moreover, agreements can be reached to establish improved lines of communication with eligibility workers. These simple steps can frequently resolve inadvertent errors that might otherwise cause unnecessary eligibility appeals. Deputized benefits counselors can offer explanations and correct mistakes or re-supply missing documentation. Sustained communication may prevent many denials, saving time and money and streamlining access to benefits.

To enable such tracking and problem-solving, states can give limited database access to deputized partners, entering into a HIPAA-compliant Memorandum of Understanding. A lower-tech alternative to granting limited access to the electronic eligibility systems many states now use is to establish seamless communication channels between eligibility workers and deputized community partners about the status of applications and any errors or problems causing enrollment delays.

Promising practices:

The Maryland SHIP, which is located at Area Agencies on Aging in the state, has had a long history of acting as a “designated surrogate” for their Medicaid agency. SHIP-trained personnel assist clients with Medicaid and MSP applications by performing required face-to-face interviews, as well as by verifying applicants’ signature and documents proving entitlement. Now Maryland Medicaid is moving toward self-declaratory applications, in which applicants provide their information and Maryland will verify through data-matching and other means that are “invisible” to applicants. These changes eliminate the requirement of a “wet” (pen-and-ink) signature for MSP applications. The SHIP is now assisting in the completion and submission of such applications and considering training to enable assistance with Maryland’s newly developed online application system.

In addition, in Oregon, several AAAs are what are known in their state as “Type B transfer” agencies meaning they administer both Older Americans Act programs and Medicaid, SNAP, financial, adult protective services, and regulatory programs for older people and younger adults with disabilities in their service area. These agencies determine eligibility for these benefits, have access to their electronic systems, and can check people’s benefit status, and run reports.

The Groundwork for Deputization—Partnerships are Essential

Establishing good, working relationships with the eligibility offices for the various benefits, such as Medicaid, MSP, SSI, SNAP, and energy assistance is essential to an effective deputization program.
Some functions, such as helping clients to complete applications and gather documentation can be accomplished with little or no relationship. Other components, such as verifying documentation and application tracking require more formalized partnership arrangements. The relationship can be formalized through a memorandum of understanding that can be HIPAA-compliant to allow mutual information-sharing. A memorandum of understanding might allow for limited access to the eligibility database or for direct contact with designated eligibility workers or supervisors to speed the resolution of problems. A less formalized partnership might entail joint training, or shared outreach events.

**Conclusion**

Deputization practices can reduce or eliminate barriers to benefits enrollment by speeding the processes through which older people and younger people living with disabilities can gain and retain access to the benefits they qualify for in a more seamless and efficient manner.

These practices can be adopted by a state to increase enrollment and retention in these programs thereby alleviating some of the crushing burdens now experienced by eligibility offices. Moreover, through deputization initiatives, state eligibility offices can free up more resources for actual adjudication of applications. Community-based agencies can use their capabilities as the trusted intermediaries for their clients with governmental entities. They can offer a more favorable environment for the completion of applications, the gathering of documentation to support those applications and follow-up with eligibility offices to assure receipt of applications or recertifications. In other words, deputization initiatives have the potential to make benefits enrollment and retention more seamless and more efficient—a win-win for both the agencies determining eligibility for public benefits and the clients who need those valuable benefits.

**Promising practice:**

In Chicago the benefits enrollment center at AgeOptions, the Area Agency on Aging for suburban Cook County, IL, conducted joint training with their local Medicaid eligibility office about Medicaid and MSP. That training allowed eligibility workers to share with community partners exactly how they prefer to see application forms completed—i.e., should response fields be left blank, completed with a 0, or a dash (---) to indicate that the answer is “none”? AgeOptions followed up on that training by developing and distributing to staff and volunteers a “tip sheet” describing how to complete each section of the Medicaid application.
The National Center for Benefits Outreach and Enrollment

The National Center for Benefits Outreach and Enrollment (www.CenterforBenefits.org) helps organizations enroll seniors and younger adults with disabilities with limited means into the benefits programs for which they are eligible so that they can remain healthy and improve the quality of their lives.

The Center accomplishes its mission by:

- providing tools, resources and technology (such as www.BenefitsCheckUp.org) that help local, state and regional organizations to find, counsel and assist seniors and younger adults with disabilities to apply for and enroll in the benefits for which they may be eligible;
- generating and disseminating new knowledge about best practices and cost effective strategies for benefits outreach and enrollment; and
- funding and establishing Benefits Enrollment Centers in 10 areas of the country. Using web-based tools and person-centered approaches, these Centers help seniors in need and people with disabilities find and enroll in all the benefit programs for which they are eligible.

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