



Streamlining Access to Public Benefits in Michigan

Designing a user-centered
digital enrollment experience

A report from Civilla
and Code for America
2019

Project Credits

Streamlining Access to Public Benefits in Michigan documents a pilot project undertaken by Civilla, Code for America, and the Michigan Department of Health and Human Services (MDHHS) as part of the Integrated Benefits Initiative, a national partnership conducted with the health and human services agencies of five pilot states.

The Integrated Benefits Initiative leverages technology and design to demonstrate a more human-centered social safety net that enables access, improves efficiency, and promotes integrity.

Read more about the initiative at:

www.codeforamerica.org/programs/integrated-benefits

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Code for America uses the principles and practices of the digital age to improve how government serves the American public, and how the public improves government.

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The Michigan Department of Health and Human Services provides opportunities, services, and programs that promote a healthy, safe, and stable environment for residents to be self-sufficient.

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Executive Summary

This report documents the findings and outcomes of two technology pilots led by Civilla and Code for America in partnership with the Michigan Department of Health and Human Services (MDHHS). The work in Michigan was focused on prototyping a faster, simpler, and more user-centered enrollment experience for food and healthcare benefits.

Building on technology modernization efforts underway in Michigan, the team took a user-centered, agile, and mobile-first approach in partnership with two MDHHS offices in Genesee County, Michigan.

User Research

The work initiated with a research phase in which Civilla and Code for America followed conversations with residents and caseworkers to understand their perspectives, needs, and pain points. This research enabled the team to develop 10 user needs that guided the design and delivery of the pilots.

Resident Needs:

1. Access from Anywhere
2. Submit Paperwork Quickly and Reliably
3. Clarity about Required Verifications
4. Updates on Case Status and Progress
5. A Quick and Reliable Way to Ask Questions

Caseworker Needs

1. Getting the Household Right
2. Comprehensive Proof of Financial Eligibility
3. Clear Guidance for Residents
4. Flexible Communication with Residents
5. Comprehensive Documentation

The Pilots

The Michigan pilot consisted of two main experiments to improve the experience of applying for benefits based on user needs:

1. **A digital assister:** a fast and easy-to-use mobile application for Michigan's two largest public benefits programs which aimed to reduce the total time needed to apply for both benefits to under 10 minutes.
2. **A two-way text messaging program** between caseworkers and residents for paperwork submission to drive faster determinations and reduce the number of cases closed due to missing documents.

The two-way text messaging experiment was first of its kind to test text message exchange between residents and caseworkers within health and human services agencies. Though limited in scale and revealing moderate improvement across metrics, the team captured lessons on potential of two-way messaging for driving successful submission of paperwork.

- **Approval rates** improved from 53% to 67%
- **Days to determination** decreased from 13 days to 10 days
- **Procedural denials** remained the same overall, but varied across caseworkers. Two of the three caseworkers involved in the pilot had no procedural denials due to missing documentation during the pilot

Findings and Impact

The digital assister demonstrated improvement across all three success metrics. In addition, the team captured a number of learnings and best practices which have informed user-centered improvements within MI Bridges – the state's online portal that Michigan residents use to access services like food assistance and healthcare.

- **The median time to apply** dropped from over 45 minutes for the legacy application to 9 minutes and 37 seconds
- **Days to determination** decreased from 13 days to 11 days
- **Approval rates** improved from 53% to 71%

SECTION 1:

The Challenge



Understanding the needs of
residents and caseworkers
in Michigan's public
benefits system

The Michigan Department of Health and Human Services impacts nearly every Michigan resident through its programs and services

The largest of these programs support 2.5 million Michigan residents every year by providing access to food assistance, healthcare, cash assistance, child care, and state emergency relief. These programs are administered through the state, and eligibility is determined by caseworkers who are distributed across over 100 local offices.

With growing budget pressure and average caseloads exceeding 825 per caseworker, MDHHS is increasingly being asked to do more with less. The department must deliver high-quality customer service while delivering benefits efficiently.

MDHHS has committed to addressing these issues through a user-centered approach. In partnership with Civilla, a Detroit-based design studio, they have already completed a comprehensive user-centered redesign of the multi-benefit paper

application. The redesign demonstrated significant success, resulting in an 80% shorter application with 50% faster processing times.

With growing budget pressure and average caseloads exceeding 825 per caseworker, MDHHS is increasingly being asked to do more with less.

Building on the success of this work, MDHHS recognized that redesigning the digital enrollment experience represented an even larger opportunity and joined the Integrated Benefits Initiative as the first pilot state.

Over the course of a twelve-month engagement, Civilla and Code for America conducted deep user research in order

to better understand the experience of accessing and distributing public assistance in Michigan. This research spanned the entire enrollment process — with a particular focus on understanding the needs of residents and caseworkers.

The team then launched two pilots to prototype a faster, simpler, and more user-centered enrollment experience for food and healthcare benefits. The pilots focused on improving the process of submitting applications and required verification documents.

This report contains our findings from the research and pilot, with a particular focus on the resident and caseworker experience.

When applying for benefits, I need to receive them as quickly as possible so I can resolve my emergency and take care of myself and my family.



To build a foundation for user-centered work, our team began meeting with local residents to hear their stories. Our goals were to better understand the role that public benefits played in people's lives as well as their needs during the enrollment process.

In all of our conversations with people applying for public assistance in Michigan, the team identified five major needs that residents had in common. These needs became the basis for our work.



1 Access from Anywhere



When applying for benefits, I need to be able to apply on my own time and on my phone, so I don't have to get a babysitter or miss work to go into the office.

The majority of residents accessing benefits are reliant on their phone. Over 75,000 Michigan residents visit MI Bridges (the state's online enrollment portal) for SNAP and Medicaid every month. More than 25,000 arrive via Google searches from mobile phones. Residents lead busy lives: one-third of SNAP participants nationwide are employed and 75% of households include at least one child.



Transportation is always an issue, I don't have a car and the bus is unreliable.

- Michigan Resident



It's hard with two kids – getting on the bus and bringing them to the office. A lot of times they will interrupt. I need to be able to do this at home whenever my kids are sleeping.

- Michigan Resident

2 Submit Paperwork Quickly and Reliably



When applying for benefits, I need to be able to securely submit my paperwork electronically, so that I don't have to worry about it getting lost in the mail or spend half the day trying to get it to the office.

Approximately 6,000 households send more than 20,000 discrete pieces of paperwork to two offices in Flint, Michigan every month. Approximately 15,000 of these documents are received directly at the office via fax, mail, and in-person drop-offs. This process creates unnecessary delays, imposes costs on residents, and is generally unreliable.



I spent \$8 faxing 14 pages because I couldn't get here to drop it off.


- Michigan Resident



The mail system is terrible – the most common thing I hear from residents is 'I didn't get that in the mail' and for many of them I know that's true. Residents have to reapply all the time because of missed mail.

- MDHHS Caseworker

3 Clarity about Required Verifications



When applying for benefits, I need to understand what is needed from me and when it's due, so that I can complete the application process accurately the first time.

Although many residents have previously applied for benefits, they often feel surprised and caught off guard by the verification requirements. Without clear and customized guidance, residents find themselves guessing what is needed and submitting wrong or outdated paperwork. Since there is no partial credit for verifications, residents may find themselves reapplying for benefits.



Verifications are a huge runaround. It's overwhelming to get the paperwork and if you don't have all the proof they won't help you.


- Michigan Resident



I didn't know I could submit my bank slip instead of a statement until my caseworker told me, and by then it was too late.

- Michigan Resident

4 Updates on Case Status and Progress



When applying for benefits, I need updates on the status of my application, so I can make sure everything is on track – and take action if it isn't.

Too often, residents experience the enrollment process as a “black box.” There is no way for a resident to visualize their progress towards a complete application — despite these actions having significant bearing on their eligibility.



Right now, it's really bad. I never really know whether my documents were received.


- Michigan Resident



Clients call to check on their case status. It happens so often. There's a lot of confusion about where things are at and what the next steps are.

- MDHHS Caseworker

5 A Quick and Reliable Way to Ask Questions



When I have a question, I need to quickly and reliably get answers so I can complete the application process.

Residents struggle to understand what is required of them, and frequently have questions about what is needed in their specific situation. Without a reliable, low-touch way to ask questions and get answers, residents must either visit the office or call their caseworker.



Clients come into the office with questions about their case all the time. I can't look at their info though, so they end up calling their caseworker.

- MDHHS Lobby Navigator



90% of the calls that come in are: 'Why did my case close? I submitted my verifications.'

- MDHHS Caseworker

When determining eligibility, I need to process paperwork as quickly as possible so I can manage the needs of residents and manage my growing caseload.

////////////////////
Our team also worked alongside frontline staff to better understand their needs. MDHHS employs over 5,000 people, the majority of whom serve as caseworkers, office clerks, staff supervisors, and lobby navigators in over 100 offices.

Caseworkers carry the responsibility of determining eligibility accurately, within the legally allowed time frame. On average, each caseworker manages over 825 different cases. While casework is not social work, many were drawn to the work through a desire to help others. In all of our conversations with caseworkers, the team identified five major needs that caseworkers have for user-centered eligibility determination.



1 Getting the Household Right



When determining eligibility, I need to understand the composition of a resident’s household, so I can request the proper verification paperwork and accurately determine their case.

Eligibility for means-tested benefits is determined by looking at the financial situation of a group. Often people must apply with others, like members of their family or people that care for them. To determine eligibility, frontline staff must first ensure that all of the right people are included on an application — only then can they review all relevant financial information.



If someone is missing from the case, everything changes. Residents may be getting more or less than they are entitled to.

— MDHHS Caseworker

2 Comprehensive Proof of Financial Eligibility



When determining eligibility, I need verification of all assets and income, so I can accurately make a determination based on financial eligibility.

The most exacting part of casework is verifying the financial resources of residents. Not only must information be precise, but it needs to be as authoritative as possible. Caseworkers use government data sources, commercial third party services such as the Work Number, and official documentation from banks, employers, and other institutions to verify application information.



30% of my day is detective work on income. It's the most tedious because it has to be so exact.

– MDHHS Caseworker



40-50% of residents are re-applying because they didn't turn in a verification document. I rarely get applications from residents that have never applied.

– MDHHS Caseworker

3 Clear Guidance for Residents



When determining eligibility, I need the letters that residents receive from MDHHS to be clear and specific, so that I don't have to spend half my day translating correspondence.

The information that residents receive from MDHHS notices is abstract and hard to understand. Frontline staff who provide customer service absorb the burden of unclear and inconsistent communications. Excellent caseworkers go the extra mile to provide clear and personal guidance.



Residents get so many MDHHS letters, and a lot of them look the same. I think that's why a lot of people just throw them away without reading them.

– MDHHS Caseworker



People have no idea what they are reading. 50% of my calls are residents calling about MDHHS letters, asking 'What do you need me to send in?'

– MDHHS Caseworker

4 Flexible Communication with Residents



When determining eligibility, I need a flexible way to answer questions from residents, so that I can pick the most efficient method to respond and avoid interruption.

Communicating with residents in-person or over the phone is one of the most time-consuming and emotionally intensive aspects of casework. To manage hundreds of cases effectively, frontline staff need tools that help them provide quality customer support at scale. Currently, caseworkers are rarely able to answer incoming calls. Instead, they treat their phone like a pager — a signal that they need to call a resident back.



What if residents could text or email me their question? Then it would be okay if I missed their call, and I would have their message waiting for me to respond to when I had time.


— MDHHS Caseworker



It would cut down on my work if I could text residents about their missing documents. I wouldn't have to play phone tag or send a letter that would be irrelevant by the time it gets to them.

— MDHHS Caseworker

5 Comprehensive Documentation



When determining eligibility, I need to create a paper trail for every case action and interaction I have with the resident, so that anyone reviewing the case can understand the history of the case.

Frontline staff need to create a paper trail. Colleagues that interact with the resident need context about previous conversations. Eligibility decisions are often contested or reviewed. Each of these use cases requires detailed notes and proof of interactions with residents be recorded.



We're dealing with the federal government here. I don't second guess the requirements – I assume everything is needed and I track everything so I don't get dinged in an audit or a hearing.

– MDHHS Caseworker



If you find an error, you have to case-change it and undo everything.

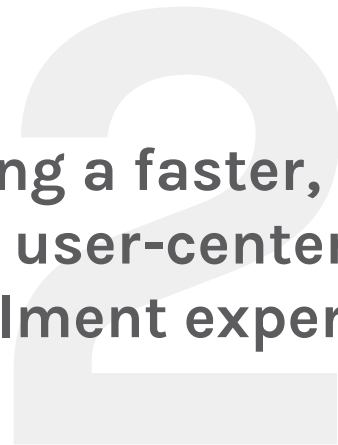
– MDHHS Caseworker

SECTION 2:

The Pilots



Designing a faster, simpler,
and more user-centered digital
enrollment experience



In the summer of 2018, a collaborative team from Civilla and Code for America ran two pilots focused on improving the experience of applying for benefits based on user needs.

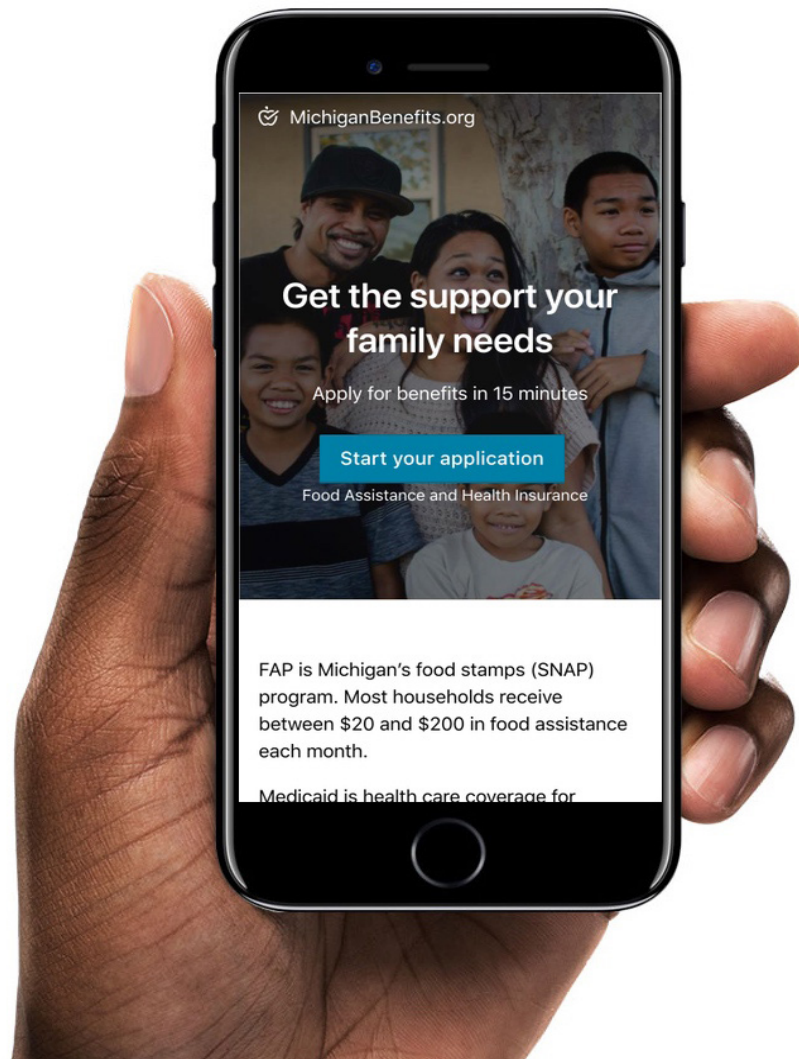
For residents, our goal was to create a measurably better digital application that was fast to complete and easy to use while enabling residents to easily submit their paperwork using their phone.

For caseworkers, our goal was to provide clear and complete information while improving communication with residents so a case could be processed quickly and accurately the first time.

Two Pilots

First, we piloted **the digital assister**: a fast and easy-to-use mobile application for food and healthcare assistance.

Then, we piloted **two-way text messaging** between caseworkers and residents for document submission.



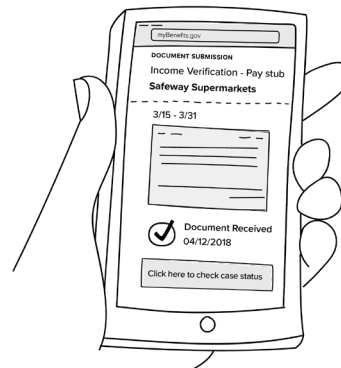
Our Approach

Building on modernization efforts that are currently underway in Michigan, our team committed to taking a user-centered, agile, mobile-first approach to service delivery.



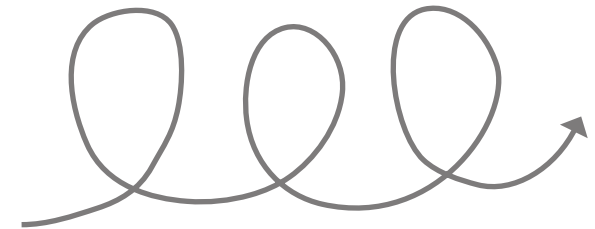
User-Centered Design

Our team’s work was rooted in user-centered design — a methodology that puts people at the center to ensure that solutions are designed to meet real needs. We utilized mixed-methods research throughout the project, including: intercepts, observations, one-on-one interviews, group feedback sessions, surveys, and case reviews.



Mobile-First

Because low-income residents are increasingly reliant on smartphones for internet, the pilot focused on delivering services through mobile phones. According to the Pew Research Center, 92% of low-income (defined as an annual income of under \$30,000) Americans own a cell phone and 31% of low-income Americans are smartphone dependent for online access.



Agile Software Development

Once pilot solutions were defined, the team used agile methods to develop working software. Our iterative approach was driven by short release cycles, with new functionality released every week.

The Digital Assister

Designing a fast and easy-to-use mobile application for benefits

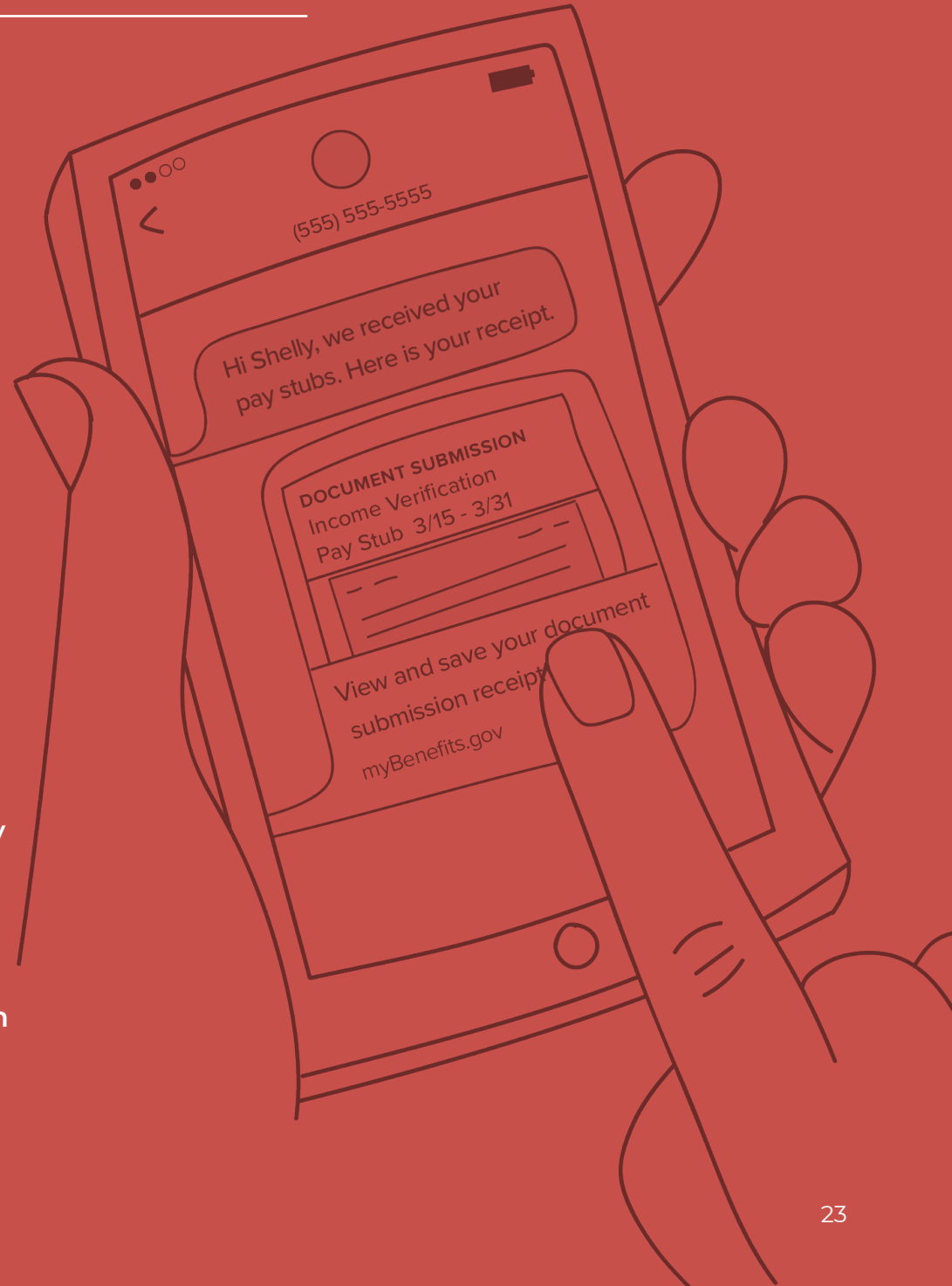


Our Hypothesis:

The time to apply for benefits can be reduced to under 10 minutes.

Over the course of the pilot, we built three iterations of a digital assister: an online application for food and healthcare benefits that was fast to complete and easy to use.

The digital assister was piloted for nine months at two field offices in Genessee County. Lobby navigators gave residents the option to complete their application using an Android tablet. In total, 1,560 applications were submitted serving 2,743 residents.



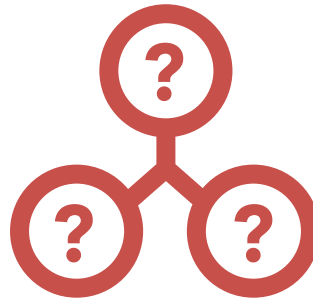
Principles for Design

The digital assister provided learnings on how to design a mobile-first application that is fast to complete and easy to use. The following design principles improved residents' ability to answer questions correctly and led to higher-quality applications. For more details, view a demo of the digital assister at: demo.michiganbenefits.org



Provide a sense of time and place

Show visual progress, but don't be too granular. Create broad sections and use splash pages as transitions.



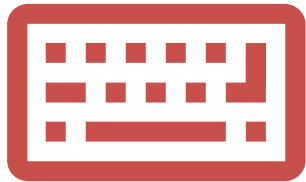
Group questions around key themes

Organize questions around key topics to build clarity and provide context.



Use plain, friendly language

Use a conversational tone that feels warm and inviting.



Require minimal typing

Tapping is the easiest mobile interaction. Limit switching between tapping and typing as much as possible.



Design for accessibility

Use large tap targets, wide buttons, and chunky dropdown inputs.

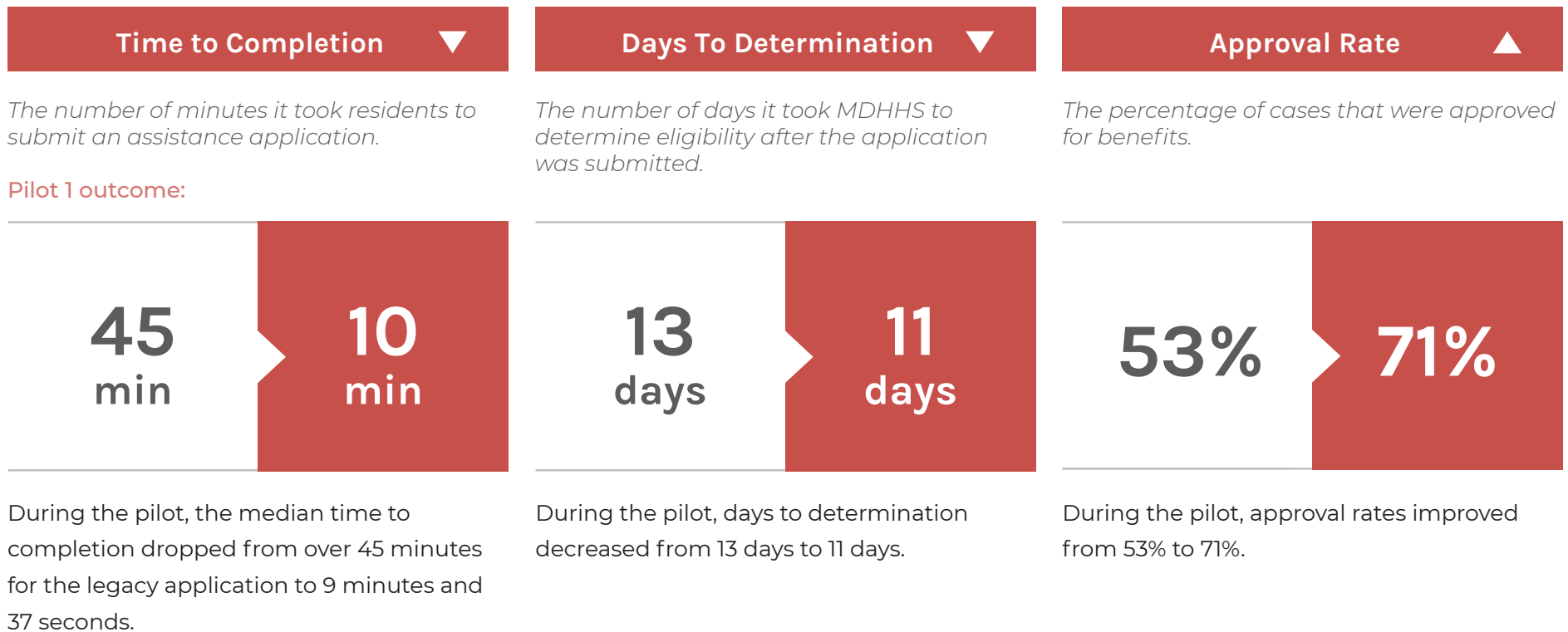


Provide confirmation and next steps

Include details that give users confidence and set expectations for what comes next.

The Impact from Piloting the Digital Assister

We tracked three primary success metrics over the course of the pilot. The digital assister demonstrated improvements across all three metrics.



Pilot 1: The Digital Assister

The digital assister launched while MDHHS was re-designing MI Bridges – Michigan’s online portal. As a result, MDHHS was able to take learnings and best practices from the digital assister and implement them in MI Bridges to improve the state’s new online application.

Examples of learnings from the pilot that were implemented in the new online application include:

- Streamlining the application’s organization and flow
- Redesigning application navigation to incorporate splash pages and visual progress bars
- Replacing small radio buttons with wider tap targets to improve accessibility
- Updating copy to be simpler and easier to understand
- Providing clear confirmation and next steps after application submission

The new MI Bridges application launched statewide in February 2018. Since then, nearly 1 million residents have used it to access benefits statewide.



**That was amazing!
I did the app on the
resident’s phone and he
finished in 5 minutes.
He was so ecstatic that
he could do that.**

- MDHHS Lobby Navigator



**It was the best thing ever.
The language was so
much easier. The resident
understood everything
and was able to fill the
app out confidently on
their own.**

- MDHHS Lobby Navigator



Two-way text messaging is something important to explore, but no one in Health and Human Services is doing it right now. Without real working examples, the benefits of it are just hypothetical.

- Jennifer Wagner, The Center on Budget and Policy Priorities

Two-Way Text Messaging

Designing an easy way to submit and communicate about documents using text messaging



Our Hypothesis:

Using text messaging to submit and communicate about documents will lead to faster determinations for residents and reduce the number of cases closed due to missing verifications.

During August and September of 2018, we conducted a two month pilot focused on two-way text messaging between caseworkers and residents for document submission. It was the first pilot of its kind in the country.

The pilot team consisted of four caseworkers based out of the Clio Road field office in Genessee County.

We leveraged Zendesk, off-the-shelf software used widely in business for customer support, to run the pilot.

During the pilot, caseworkers and residents used Zendesk regularly to send and receive text messages. Caseworkers communicated with residents about what documents were needed for enrollment by sending personalized text messages from ZenDesk. Residents responded by taking photos of their paperwork and texting them back to caseworkers from their cell phones.

In total, 51% of residents who were invited to join the pilot opted in, resulting in 69 total participants.



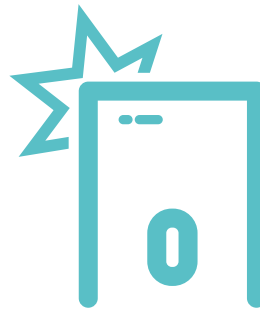
Learnings about Two-Way Text Messaging

This pilot was the first in the country to test two-way text messaging between residents and caseworkers in health and human services. While the pilot was limited in scale, the team learned a lot about the potential benefits of utilizing text messaging for paperwork submission.



Specific guidance improves accuracy

Instead of relying on confusing letters and notices, text messaging allowed caseworkers to provide residents with detailed document requests. Receiving personalized and specific guidance increased residents' ability to submit documents correctly the first time.



Camera phones make document submission easier

Text messages made it easier for residents to submit documents. Residents no longer needed to visit the post office, find a fax machine, or make a trip to the nearest field office.



Text messaging provides a flexible communication channel

Rather than being interrupted by calls throughout the day, caseworkers were able to respond to residents' questions in a way that fit their schedule. In turn, residents could provide answers when they had them.



You have to be really specific when requesting documents - text messaging meant I could tell residents exactly what I needed from them.



Thank you. It was wonderful. And it's better because some people don't have transportation.



Text messages are great because you can do it on your own time. It felt more convenient for caseworkers and for the resident.



Two-way text messaging creates faster feedback loops

Text messaging provided a channel for faster feedback between residents and caseworkers. When an incorrect or incomplete document was submitted, an error that would have taken weeks to correct over postal mail or days over voicemail could be resolved in just a few hours.



Faster incoming verifications meant I had an answer for the resident: yes, your paperwork is in. I felt so happy when I could tell them that.



Text messaging is not for everyone

Although text messaging has broad adoption among residents, it wasn't appealing to residents who preferred in-person interactions and for those who didn't trust technology as a reliable way to submit paperwork. Overall, the resident opt-in rate was 51%.



I would rather bring paperwork into the office and talk to someone in person. Just to be safe.

The Impact from Piloting Two-Way Text Messaging

We tracked three primary success metrics over the course of the pilot. Two-way text messaging demonstrated modest improvements across two of the three metrics.

Days To Determination ▼

The number of days it took to determine eligibility after the application was submitted.

Pilot 2 outcome:

13
days

10
days

During the pilot, days to determination decreased from 13 days to 10 days.

Approval Rate ▲

The percentage of cases that were approved for benefits.

53%

67%

During the pilot, the approval rate improved from 53% to 67%.

Procedural Denials ▬

The percentage of denials that were made due to missing verification documents.

43%

43%

Procedural denials remained the same overall, but varied across caseworkers. Two of the three caseworkers involved in the pilot had no procedural denials due to missing documents during the pilot.

Pilot 2: Two-Way Text Messaging

Based on the learnings from this pilot, MDHHS is working to improve the experience of document submission in Michigan. As MDHHS plans their modernization efforts, they have identified short term and long term opportunities to act on learnings from the two-way text messaging pilot:

In the short term, MDHHS plans to improve their Document Upload features in MI Bridges. Improvements will add more specific guidance for clients on what documents need to be submitted and streamline the experience of uploading documents online. MDHHS also plans to launch one-way text messages that will notify residents when documents are requested.

In the long term, MDHHS is working to further explore the role that two-way text messaging can play in Michigan's public benefit delivery. Opportunities under consideration include building two-way communication between clients and caseworkers to support document submission as well as the renewal process.



Residents come into the office all the time because they are confused about the letters MDHHS sends out. Text messaging would be so much better – its simple, understandable, fast, and to the point!

- MDHHS Caseworker



Getting text message reminders is really helpful for me. I have a short-term memory so it's hard for me to keep track of all the things I need to do for MDHHS to get through the process.

- Michigan Resident

SECTION 3:

Conclusion



**Building a human-centered
social safety net in Michigan
and across the country**



Conclusion: Next Steps

Next Steps

In partnership with Civilla, the Michigan Department of Health and Human Services (MDHHS) is using the insights and recommendations from this report to improve services for residents and frontline staff. Together, the organizations are working to create services in Michigan that are more compassionate, more effective, and less expensive to operate. The large transformation programs they have underway will continue to be deeply rooted in user-centered design.

Code for America continues to lead the Integrated Benefits Initiative across the country. The long term goal of the initiative is to use design and technology to build a more human-centered social safety net that enables access, improves efficiency, and promotes integrity. Pilots are also underway in Colorado, Alaska, Vermont, and Louisiana. The Michigan pilot was the first for the Initiative, and the learnings and recommendations within this report are intended to be used by other states to inform their own respective modernization journeys.

Acknowledgements

We are grateful to have partnered with MDHHS in taking steps towards a more user-centered digital enrollment experience in Michigan. This project would not have happened without the contributions of dozens of residents, community partners, field staff, and state leaders who shared their experiences with us. In particular, we would like to thank all of the hard working staff in Genesee County; your openness, commitment, and insights are what made this project possible.

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