Health,
Human Services,
and Labor Systems
Alignment

Paving the Road to ACCESS: Early Insights from the Aligned Customer-Centered Ecosystem of Supports & Services (ACCESS) Initiative
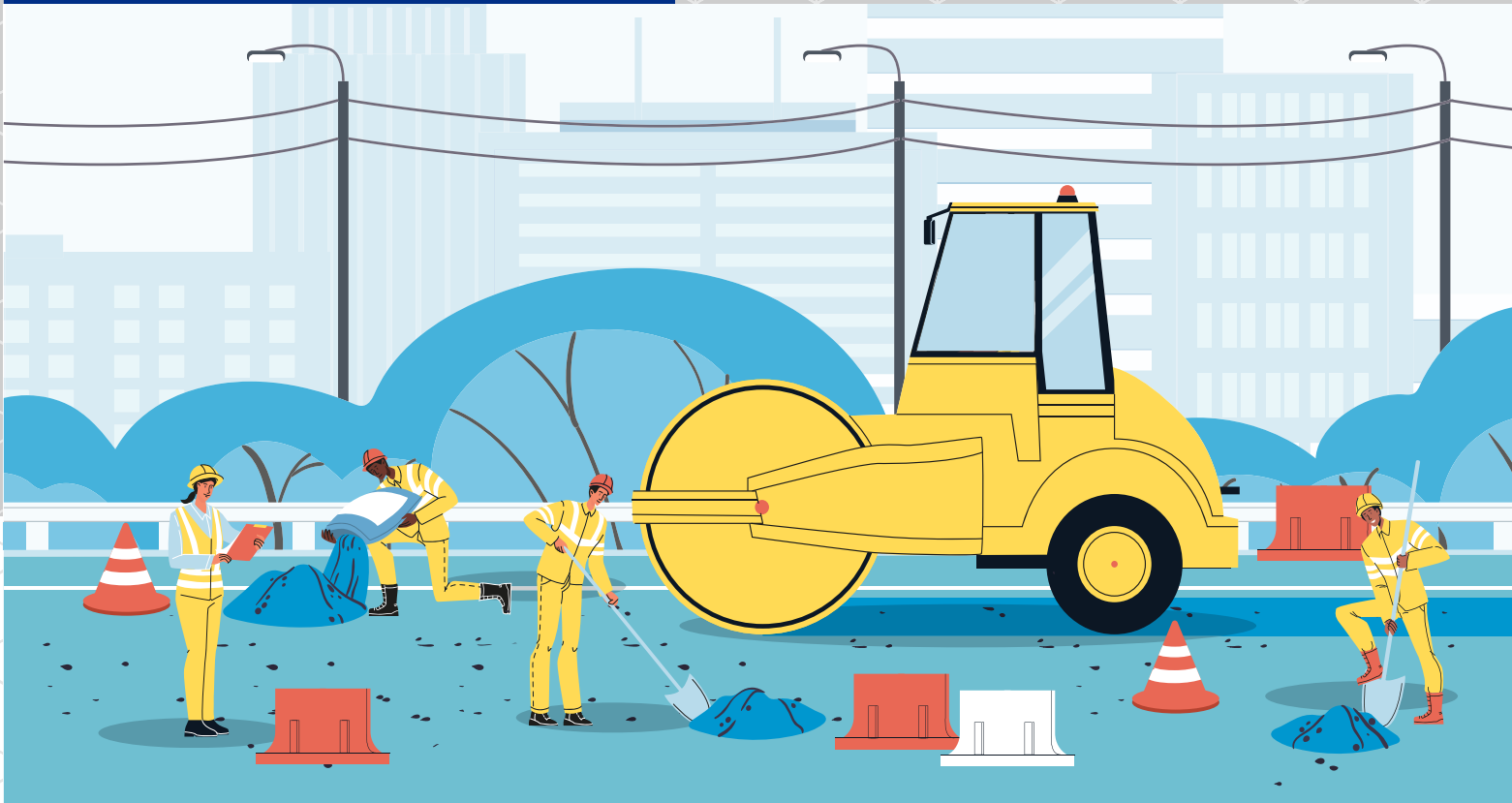
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Executive Summary

In the early stages of the Aligned Customer-Centered Ecosystem of Supports & Services (ACCESS) Initiative, professionals in the health, human services, and labor sectors overwhelmingly expressed a deep desire for alignment to increase workforce capacity, streamline processes, and, above all, improve service delivery to those accessing services and programs. Through the ACCESS project, key collaborators have shared insights into current and future opportunities for alignment within their agencies, including potential enablers for and barriers to alignment activities. Through primary and secondary research activities, the ACCESS project team at the American Public Human Services Association (APHSA) and the National Association of State Workforce Agencies (NASWA) has been able to unearth early themes and insights:

- **Program Design, Administration, and Service Delivery Models.** Variations in how programs and services are designed and executed within a larger structure significantly impact alignment potential. Programs that are often administered by the same agency—such as SNAP and TANF—often have fewer barriers to alignment than programs that are overseen by separate agencies, or by different divisions within the same agency. This is also true of programs that are administered at the state, rather than county or local, level.

- **Funding Models and Resourcing Streams.** An ongoing factor in alignment is access to cross-programmatic funding, which enables workforce capacity building, exploration of special projects or initiatives, and modernization of technology and processes. However, inadequate funding can self-perpetuate by decreasing the capacity of an agency to meet its reporting requirements and comply with certain rules (such as processing timeliness), resulting in decreased future funding. In addition to this, differences in funding structures—including how, when, and at what rate programs are funded—can also impact alignment as programs might vary in ability to braid or blend funds.

- **Technical Infrastructure.** In a survey administered by APHSA and NASWA, one of the greatest barriers to alignment cited by health, human services, and labor professionals was technology limitations. These limitations can include reliance on outdated legacy systems but also often also entail factors such as differences in eligibility and enrollment systems used for each program, variations in vendor use and procurement practices, and contrasting regulatory requirements dictating how and by whom the system may be accessed. These variations impact the potential for systems interoperability, data sharing, and coordination of processes, which in turn impacts customer and employee experience.

> Within the context of this project, we define **alignment** *as a coordinated approach to program implementation designed to advance equitable outcomes across programs.*
>
> This includes technical elements such as integration, interfacing, and automation, alongside core program and business elements: program eligibility, customer involvement, needs assessments, data collection, outcomes and performance measures, well-being goals and metrics, and equity goals and actions.

Insights gained in this initial phase will be vital for building toward a clear vision of the future of alignment. This foundation, as well as future collaboration with people with lived experience of accessing health, human services, and labor programs and services, will be leveraged to inform the design of customer mapping activities to understand how customers navigate benefits and services and to guide recommendations for ways to advance customer-centered systems alignment.

About the ACCESS Initiative

ACCESS is a two-year initiative led by APHSA in core partnership with NASWA that aims to create a roadmap for aligning modernization efforts agencies across the health, human services, and labor ecosystem in service of promoting truly customer-centered improvements to program design and delivery.[1]

APHSA and NASWA leverage their robust membership bodies and networks of collaborative partners to inform project strategy and help meet project outcomes. This has included deploying a survey to state agencies to gain insight on the current state of alignment, and meeting with health, human services, and labor professionals to understand enablers of and barriers to alignment. Upcoming activities include engaging a customer advisory council of people with lived experience accessing government health, human services, and/or labor programs to lead the development of a roadmap for aligning system modernization strategies that will include tools for state implementation.

Policy Landscape: Health, Human Services, and Labor Ecosystem

In recent years, national-level policy priorities have become major influences in advancing customer-centered modernization. The 2021 Executive Order (EO) 14058 on Transforming Federal Customer Experience and Service Delivery to Rebuild Trust in Government has been a significant driver in advancing recent alignment efforts across health, human services, and labor programs.[2] This EO reinforced the importance of human-centered service delivery and interagency collaboration by means such as modernizing web and mobile platforms, allowing customers to complete certain processes remotely, simplifying application and enrollment processes, and further enabling coordination between programs serving similar populations. More recently, the 2023 Executive Order 14110 on Safe, Secure, and Trustworthy Development and Use of Artificial Intelligence is expected to further these goals as agencies incorporate Artificial Intelligence tools and talent into innovation strategies while maintaining customer experience, safety, and rights.[3]

The current national policy landscape surrounding health, human services, and labor is marked by post-pandemic recovery activities, significant structural challenges in workforce capacity that have contributed to persistent operational challenges, and unprecedented opportunities for innovation in service delivery and process improvement.

Health

Medicaid, which provides health insurance for over 70 million low-income people in the United States, is at a critical juncture with the unwinding of pandemic-era policies. States are navigating the challenges of returning to pre-pandemic operations while striving to maintain service levels amidst staffing and logistical hurdles.

Human Services

Human services programs, particularly Supplemental Nutrition Assistance Program (SNAP, formerly "Food Stamps") and the Temporary Assistance for Needy Families (TANF or Cash Assistance), face similar post-pandemic operational challenges. The cessation of policy waivers and the transition back to standard operations highlight the need for modernization and improved alignment to ensure access and efficiency.

Labor

Pandemic responses revealed an urgent need for deep investment in modernizing Unemployment Insurance (UI) infrastructure. Both workforce development and UI programs confront the dual challenges of adapting to post-pandemic realities and embracing necessary technological advancements prompted by pandemic response that could be leveraged for more intentional cross-systems alignment.

The remainder of this brief unpacks how core components of program and service design and delivery, funding models, and technical infrastructure impact systems' ability to operate in alignment across health, human services, and labor sectors of government.

Program Design, Administration, and Service Delivery

Programs' design and administration are important to understand so that program and service design can be intentionally developed, or strategically reengineered, to enable collaboration around shared strategies across systems.

Key Takeaways:

- How health, human services, and labor systems are designed and administered impacts alignment strategies. States with more centralized structures within and across health, human services, and labor sectors (i.e., a program administered at the state as opposed to local level, or an agency that administers several programs under one organization with uniform practices) may find it easier to implement standardized policies and procedures.

- Programs across sectors that are designed and administered at the local level are often built and well-equipped to meet addressing the unique needs of diverse communities but encounter significant challenges in working in alignment with the ecosystem of surrounding supports.

Funding Models and Resourcing Streams

Administrative and program benefit funding models and levels not only impact capacity of agencies, but also trigger varying federal requirements and therefore impact agencies' flexibility and ability to align program operations and service delivery for shared customers.

Key Takeaways:

- Funding structures have a significant impact on states' ability to operate in alignment, particularly as these structures impact technology innovations.

- The current funding environment across government sectors presents significant barriers to alignment. According to the ACCESS survey, resource constraints and technology limitations hinder alignment efforts more than any other type of barrier faced by state agencies.

- Despite state policy options that allow certain levels of alignment between programs like SNAP, TANF, Medicaid, UI, or those under WIOA, concerns around availability of funding and the complexity of braiding funds prevent agencies from taking full advantage of these options or seeking additional alignment-enabling collaboration efforts.

Technical Infrastructure

The technical infrastructure supporting health, human services, and labor sectors of government has a major impact on their ability to operate in alignment, and advancements in technology can play a significant role in advancing customer-centered innovations in aligned service delivery.

Key Takeaways:

- Many state agencies currently rely on bifurcated networks of outdated legacy systems to administer programs and serve customers.
- Systems are subject to sometimes contradictory regulatory requirements dictating how and by whom the system may be accessed. These variations impact the potential for systems interoperability, data sharing, and coordination of processes, which in turn impacts customer and employee experience.
- Agencies lack the capacity to build and maintain the technology they need within the organization, which leaves them to navigate complex procurement processes to secure technology modernization services and systems from vendors. Leaders cited arduous procurement practices as well as general limitations in the availability of quality services as obstacles to technology modernization.

Program Design, Administration, and Service Delivery

Across programs and services administered by health, human services, and labor sectors of government, decision-making authority, resource allocation, policy development, and adaptability all stem from each program's design. During the landscape phase of the ACCESS initiative, we learned that coordinated governance models—those that work collaboratively across agencies at county, state, and federal levels of government—can enhance collaboration among health and human services agencies, labor and workforce agencies, and partner organizations, fostering a more seamless and coordinated service delivery approach.

Health, human services, and labor sectors each have programs and services that are administered centrally—at the state level, sometimes through a single agency—and some programs and services that are administered in a decentralized fashion—at either the state level but through different agencies, or at the county or local level. Often, a mix of centralized and decentralized models are used across programs. As a result, a wide variety of systems, organizations, processes, policies, and people are involved in executing programs and delivering services to individuals in communities.

Even when various programs are administered by one agency, there tend to be varying degrees of integration in operations across programs. This means that a single agency administering multiple programs does not necessarily enable alignment in service delivery. That said, agency leaders we spoke with about state alignment initiatives who oversee a variety of programs across health, human services, and labor systems reported that they are more easily able to adapt and allocate resources across programs compared to their counterparts who administer health, human services, and labor programs through multiple agencies, which has been especially beneficial in times of urgency or crisis.

States with these more centralized structures across health, human services, and labor sectors may find it easier to implement standardized policies and procedures but encounter challenges in addressing the unique needs of diverse communities. And conversely, programs and services that are designed and administered in more

State Reflection: New Jersey

During an ACCESS project roundtable, a **New Jersey** state SNAP professional shared that their SNAP, TANF, and Medicaid programs are operated out of the same agency and department, but through separate divisions. Under their separate divisions, these health and human services programs each have totally different staff teams, technology and operational systems and client applications. The NJ SNAP roundtable participant explained that because of structural barriers and programmatic differences in rules (like what different programs consider part of a case or household, and what different programs count as income), "alignment and streamlining isn't feasible, even when people know it needs to be done."

Key Takeaway: Operational alignment is not achievable simply by merging agencies, programs, or systems—although there are centralized delivery models that can catalyze alignment practices across program areas. Effective alignment in program design and administration is multifaceted, necessitating not only leadership vision but also proactive measures at operational and administrative levels. Success depends on more than just the establishment of high-level agency frameworks and technical infrastructures; it requires a comprehensive approach that integrates leadership support with practical actions to achieve comprehensive integration and functionality.

decentralized fashions have more flexibility and potential for meeting specific localized needs. In our conversations with state and county program administrators, several leaders shared examples of how decentralized approaches to program delivery—meaning when programs are administered by multiple agencies through different systems—pose significant challenges. We also heard from states with agencies that oversee large cross-sections of programs who expressed that merging agencies or systems does not necessarily produce aligned program design or smooth delivery for customers.

INFOGRAPHIC 1. Core Components of Program Design & Administration

Federal Policies

Administrative Practices

Organizational Structures

Business Processes

Levels of Program Administration

Technology Systems

TABLE 1. Federal Agencies and Related Programs

Agency	Programs Overseen (non-exhaustive list relevant to ACCESS)
United States Department of Agriculture (USDA), Food and Nutrition Service (FNS)	• Supplemental Nutrition Assistance Program (SNAP) • SNAP Employment & Training (E&T) • Summer EBT
United States Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS)	• Medicaid • Children's Health Insurance Program (CHIP)
HHS, Administration for Children and Families (ACF)	• Temporary Assistance for Needy Families (TANF) • Various child welfare services
United States Department of Labor (USDOL)	• Unemployment Insurance (UI) • Workforce Innovation & Opportunity Act (WIOA) Title I Core Programs: Adult, Dislocated Worker, and Youth Programs • WIOA Partner Programs • Reemployment Services and Eligibility Assessment (RESEA) Program • Jobs for Veterans State Grants (JVSG) Program • Registered Apprenticeship system established by the National Apprenticeship Act • WIOA Title III (Wagner-Peyser Act providing employment services and career counseling)
United States Department of Education (DOE)	• WIOA Title II (Adult Education and Family Literacy Act) • WIOA Title IV (Vocational Rehabilitation Program)

In the health sector, the Medicaid umbrella alone includes a suite of programs, services, and administering agencies that vary largely based on whether the state has expanded Medicaid, and there might also be additional considerations. In some cases, separate agencies process Medicaid applications for populations that are subject to Modified Adjusted Gross Income (MAGI) income calculations and those that are not (non-MAGI). Program design and delivery might also be impacted by a state's usage of waiver demonstration project flexibilities, optional services, or payment and delivery system (e.g., managed care versus fee-for-service).

Variations in Medicaid Design and Delivery

- Medicaid Expansion under the Affordable Care Act allows states to choose whether to extend state health coverage to more low-income adults. This option creates variation in Medicaid design and delivery across states, as each state can decide not only whether to expand but also how to implement the expansion, resulting in differences in eligibility criteria, benefits offered, and how services are administered.

- Agencies handling expanded (aka MAGI) vs mandatory (aka non-MAGI)—Medicaid coverage populations, as well as their interactions with state or federal health insurance marketplaces. States with separate agencies for these populations are increasingly implementing a "no wrong door" approach across health systems, which streamlines application processing for customers.

- Some states and counties have integrated systems and workforces with SNAP or other programs while others do not.

- State Medicaid leaders can make certain administrative decisions in their state plans, leveraging waivers or demonstration project flexibilities, which result in differences across state Medicaid programs.[4]

In the human services context, SNAP and TANF programs are predominantly state-administered, although some states delegate the administration of the program to the county level, resulting in a mix of centralized and decentralized human services delivery models across the country. Both SNAP and TANF programs are subject to variations across states, but TANF programs vary much more widely due to the level of discretion in setting eligibility criteria, benefit levels, and types of services provided. State SNAP programs vary because states can leverage policy options and waivers to adapt the program to meet the state's needs, but the benefits and services provided, as well as eligibility factors and rules, are generally uniform across states.

Variations in Human Services Program's Design and Delivery

- SNAP's statutes, regulations, and waiver authority provide State agencies with choices on how to administer SNAP. State agencies use this flexibility to adapt their programs to best meet the needs of eligible households with low incomes in their districts. This flexibility helps State agencies simplify program administration and operations and promote service delivery, tax stewardship, and program integrity.[5] Core to program administration for SNAP, 10 states run County-Administered versus State-Administered programs.[6]

- States leverage the flexibility in TANF policy and funding structure to set rules around eligibility and enrollment requirements, services and programs provided, benefit amounts, and more. While the majority of TANF funding is used for cash assistance, it may also be used for services related to childcare; early childhood education; and work, education, and training more broadly.

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In the labor context, states with decentralized models, where local workforce boards hold substantial autonomy over state workforce programs, achieving alignment is especially challenging due to the diversity of community needs that workforce programs address.

Variations in Labor Program's Design and Delivery

- States have discretion under federal law as to how to organize workforce and unemployment insurance programs.

- Some states face the added complexity of having workforce and unemployment insurance programs in separate cabinet-level state agencies.

- Information Technology projects in some states involve a centralized IT unit outside of the labor agency.

Funding Models and Resourcing Streams

Understanding the current funding and resourcing environment is essential to optimize resource allocation and foster customer-centered alignment in health, human services, and labor government support. Administrative and program benefit funding models and funding levels not only impact capacity of agencies, but also trigger varying federal requirements and therefore impact agencies' flexibility. State health, human services, and labor agency leaders have described to the ACCESS project team how agencies' funding structures significantly and directly impact their ability to operate in alignment, particularly as these structures impact technology innovations. Program leaders across sectors struggle with a current funding environment that presents significant barriers to alignment. According to the ACCESS survey, resource constraints hinder alignment efforts more than any other type of barrier faced by state agencies, aside from technology limitations. We also learned that funding and technology-related constraints are deeply interconnected, which we will explore further later in this report.

Despite available policy options[7] that allow certain levels of alignment between programs like SNAP, TANF, Medicaid, UI, or those under WIOA, state agency leaders express valid concerns around availability of funding for cross-programmatic efforts paired with the complexity of braiding funds. Siloed resourcing streams and different funding models across programs present widespread barriers to state-level cross-program coordination and systems alignment.

> **Programs and agencies receive funding through siloed resourcing streams.**
> A common barrier we heard from states is that there are limited options to fund and resource technology and innovation projects, often through special grant funding as opposed to through administrative and benefit funding models, because these initiatives are considering *modernizations* or *improvements*, rather than core functions of program integrity or customer service.

These complexities prevent agencies from taking full advantage of these options or seeking additional alignment-enabling collaboration efforts. However, there are actions states can take, and promising practices used, that enable alignment initiatives by taking advantage of special funding from non-government philanthropic partners and capacity building technical assistance, and by "blending and braiding" funds from siloed funding streams. Federal dollars—including flexible stimulus funds, program-specific grant funds, and project-specific funds—as well as direct state or local appropriations can be combined to create cross-program data-sharing and integration strategies.[8]

To be successful in building and sustaining an aligned customer-centered ecosystem within this current environment requires committed leadership, strategic vision, and tactical strategy. Across the health, human services, and labor sectors, agencies utilize various funding mechanisms to support technology projects and ensure alignment with federal standards. In health and human services sectors, State Systems Offices (SSO) oversee technology projects and their funding to ensure compliance with each agency's federal regulations and guidelines. These offices ensure the implementation of technology projects comply with federal standards, particularly in areas like data security, interoperability, and user accessibility. When states seek to undergo technology projects, their SSO will initiate the Advance Planning Document (APD) process to obtain federal approval and federal financial participation.[9] USDA has a separate submission process from HHS and issues its own response.[10]

Any state preparing to launch a new UI information technology system must certify to the federal government, at least six months in advance of deployment, that it has reviewed and addressed items detailed in a standardized "Pre-Implementation Checklist" promulgated by USDOL. On the workforce side, states are largely responsible for leading investment and planning efforts for IT modernization. Due to this structure, there is less federal involvement in technology innovations throughout the labor sector than in health and human services.

> **Different funding models are used across programs.** Health, human services, and labor government programs are resourced through a wide range of funding models, and to receive and sustain funding through these models, state program administrators must ensure compliance with a variety of rules and processes.

Health and human services programs are generally federally funded and state- and/or county-administered, where states draw federal funds to carry out the program these funds are matched or reimbursed by the corresponding federal agency, to varying degrees. The rate of federal matching or reimbursement depends on the program and type of cost; for example, FNS covers the full cost of SNAP benefits, but administrative costs are matched at 50 percent. Similarly, the administrative match rate for Medicaid is typically 50 percent, but match rates for medical services vary by state, based on Federal Medical Assistance Percentages (FMAPs). In contrast to other human services programs, TANF derives most of its funding from a federal block grant, a structure that offers significant flexibility in how program funding is used. To receive this block grant, states must spend a set amount of their own maintenance of effort (MOE) funds to support TANF activities.

Because of the restrictions around available funding, and the need for state agencies to provide their own funding at a variety of levels, cross-programmatic initiatives are difficult to support and staff with program personnel and technical resources. Human services agencies have navigated this in a variety of ways, such as by:

- Leveraging federally authorized flexible programmatic like funding from the American Rescue Plan Act (ARPA) to address pandemic-related challenges and to improve service delivery[11]

- Applying for federal grant opportunities like the SNAP Process Technology and Innovation Grants (PTIG) that FNS issues on an annual basis[12]

- Seeking out philanthropic investments targeted at cross-programmatic coordination such as the Share Our Strength funded, APHSA administered, Coordinating SNAP & Nutrition Supports (CSNS) grant program[13]

STATE INSIGHT: Human services professionals shared experiences leveraging APDs and & federal funding for customer-centered alignment initiatives.

During an ACCESS project roundtable, one state explained that their SNAP agency faces persistent timeline and momentum challenges not only with special initiatives, but also when making improvements to program delivery. The state leader shared that because they have an integrated eligibility system, they need to split the funding behind any tech release. This leader successfully submitted the required major change notifications to FNS but struggled through the Advance Planning Document (APD) process, which is handled by a different department than the program and business personnel who designed the changes and know the programmatic and policy implications of the improvement (in this case, their operations team).

The same state leader shared their related experience juggling competing timelines for implementing changes required by new rules and regulations; when a rule changes at the federal level requiring states to implement changes to be compliant, these new regulations give states dates by which they must become compliant. These regulatory imposed timelines can be at odds with the pragmatic timetables on which technical and program changes can be executed. For example, states must submit 120 days prior to when changes need to be made, but sometimes regulatory timetables give insufficient cushion for states to launch and navigate these processes before they are considered out of compliance. Also, these compliance and rule-related changes can derail other changes, modernizations, or improvements in the queue because failure to execute these changes on time results in penalties.

In separate APHSA-led research on the use of **SNAP ARPA** investments, state agencies underscored the need for more flexible funding arrangements that allow for cross-program alignment. Through that research initiative, we learned from SNAP agencies that they would benefit from being able to allocate ARPA funds not only to SNAP but also to other related programs like TANF and Medicaid. This flexibility would have facilitated more integrated service delivery and streamlined access for beneficiaries, enhancing overall program efficiency and effectiveness. The findings and recommendations from that research suggest extending funding timelines and improving cross-programmatic collaboration to better support the modernization and alignment of human services programs.[14]

In contrast to the federal matching system leveraged to resource many health and humans services program areas, state workforce agencies are allotted a set payment each year to administer the workforce and UI programs, with amounts varying by state. To fund UI benefits, states operate a taxing authority to facilitate employers' payment of taxes. Occasionally, competitive grants are available for additional labor sector projects, though these opportunities generally prescribe how granted funds may be used. For example, USDOL funded some projects, such as UI equity and UI IT modernization grants, through ARPA.[15]

In state agency engagements throughout the ACCESS initiative, leaders overwhelmingly expressed concerns about sustainability beyond the grant period, and a need for secure, long-term workforce and UI funding: ARPA funding infusions into UI and workforce programs were temporary, but administrators shared that these funds ultimately supported mission-critical elements of program delivery. Without sustained flexible modernization focused funding beyond ARPA, states are struggling to sustain systems modernizations and continual innovations in customer service delivery.

💡 **STATE INSIGHT:** Labor professionals shared experiences leveraging ARPA federal funding for equity-focused modernization initiatives.

USDOL leveraged ARPA funds to issue modernization grants such as UI equity and UI IT modernization grants. These ARPA dollars aimed at equity and navigation are enabling states to enhance and advertise support services for individuals, especially those from traditionally underserved and vulnerable worker groups, to guide them through the UI application process and to obtain extra help when necessary. However, state agencies have strong concerns about sustainability beyond the grant period and long-term workforce and UI funding. The U.S. workforce development system is experiencing a long-term decline in inflation-adjusted federal funding. The decline in federal funding severely limits the capacity of state workforce agencies to develop the technological, staffing, and operational infrastructure that is essential for cross-system coordination.[16]
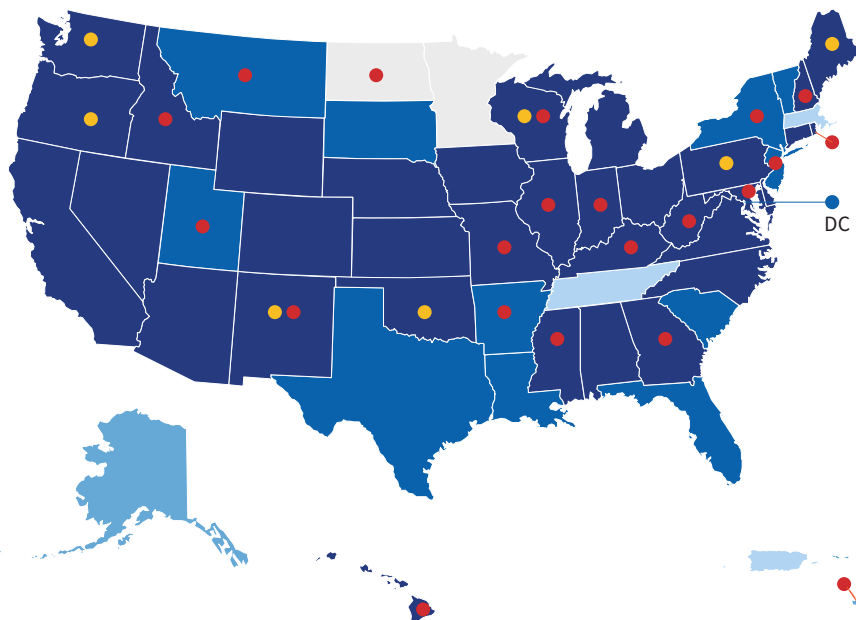
INFOGRAPHIC 2. ARPA UI Modernization Grants by State

Grants available to all states

- Tiger Team Engagement, Equity Grant & Integrity Grant (34)
- Equity Grant & Integrity Grant (12)
- Tiger Team Engagement & Integrity Grant (2)
- Integrity Grant only (3)
- None (2)

Special projects

- Navigator Grant (7)
- IT Modernization or Claimant Experience Grant (20)

Description: *Map of the United States depicting color-coded ARPA grant awards and special projects by state UI agencies.*

Image Source: *Insights and Successes: American Rescue Plan Investments in Unemployment Insurance Modernization.* Figure 3, page 22. https://www.dol.gov/sites/dolgov/files/ETA/ui-modernization/ARPA%20Investments%20in%20Unemployment%20Insurance%20Modernization.pdf

STATE INSIGHT: State agency leaders leverage various tools and mechanisms to navigate the current funding environment to resource aligned data security, system interoperability, and user accessibility initiatives across health, human services, and labor sectors of government, including:

- **Special Grant Funding:** Agencies often rely on grants that are specifically designated for technology upgrades and innovations. These grants are crucial for funding projects that focus on modernization and improving service delivery, rather than just maintaining core program integrity.

- **Advance Planning Document (APD) Process:** APDs play an important role in facilitating cost allocation across multiple federal programs for shared state services. Managed by State Systems Offices (SSOs), the APD process is a formal procedure through which states obtain federal approval and financial participation for their technology projects. This process includes different requirements based on the risk assessment of the IT projects, ensuring compliance with federal regulations. The APD process involves a series of steps that states go through to obtain federal approval for the cost of acquiring technology equipment and services. The APD process involves fewer requirements for lower-risk IT projects, and increased oversight for higher-risk projects.

- **Administrative and Benefit Funding Models:** While primarily used for operational and direct service costs, these funding models occasionally include allocations for technology improvements. However, their use is often limited by strict federal guidelines.

- **Waivers and Demonstrations:** States sometimes use waivers or demonstration projects to reallocate funds more flexibly. This allows for innovative uses of existing funds to support technology enhancements that align with broader program goals.

- **Federal and State Collaborative Funding:** In some cases, technology projects are funded through a combination of federal, state, and sometimes philanthropic sources, allowing for more substantial investments in system improvements.

- **Pre-Implementation Checklists:** Required by USDOL for Unemployment Insurance IT projects, these checklists assist states in the.

These funding tools and processes enable state agencies to navigate the complexities of resource allocation and compliance, supporting essential technology upgrades that facilitate more efficient and aligned service delivery across health, human services, and labor programs.

Technical Infrastructure

The technological infrastructure supporting health, human services, and labor programs varies significantly across states and agencies, mirroring the diversity in their governance structures. According to the ACCESS Project survey, sixty-eight percent of respondents identified **technology limitations** as a key challenge, making it the most frequently cited obstacle to alignment, alongside funding limitations.[17] Across health, human services, and labor sectors of government, the operationalization of programs involves networks of technology systems that are both *customer-facing*, such as a customer portal and apps, and *internal-facing*, such as case management tools, document processing, and more. Survey respondents reported grappling with issues related to the scope and functionality of their systems, interoperability, and the ability to adapt to evolving policy and process requirements. Factors such as the system type (i.e., commercial versus in-house), data structures, and security specifications influence the potential for systems to connect and operate in alignment.

> **Highly specific program designs dictate the scope and functionality of systems.** Each government program under the health, human services, and labor umbrella is designed for distinct needs and situations, which translate to differing, deeply customized technological structures based on their varying requirements.

State Reflection: Ohio

An ACCESS roundtable attendee from Ohio explained "it takes years for systems to release changes." Long systems release queues, as a result, have a direct impact on the programs' ability to operate in compliance with federal rules. The Ohio representative also shared "differences in program requirements break systems," and cannot handle additional features or integrations. The process of making a change comes with layers of approvals, complexity and confusion around allowable activities and uses of funds, and the process can be money- and time-intensive for state agencies.

Key Takeaway: Complicated rules complicate systems. The varying and often complex eligibility aspects of programs across the spectrum of health, human services, and labor programs present a serious challenge as states seek to create technology solutions that offer a seamless and clear path for people seeking services.

Over the course of ACCESS project activities, state leaders emphasized how policy and technology are interconnected: complex policy necessitates systems that can handle a lot of requirements, logic, calculations, etc., while simpler rule and policy or reporting requirements are easier for technology systems (especially outdated technology systems) to handle. Cross-program policy and program design differences translate to significant differences between systems in how they are designed to collect, protect, and store data; in how they are programmed to determine eligibility and calculation benefit levels; and in how they are built to process ongoing eligibility requirements (e.g. proving job search efforts, reporting changes in circumstances, or recertifying for benefits); and much more.

Throughout the ACCESS initiative, state leaders reflected on the root causes for the differences in the functionality of their systems. We found that interoperability between systems varies dramatically by state, agency, and program. Leaders explained that the customized design of benefits and services, which serve different parties and require different information from individuals in order to qualify, are a key root causes for

their systems being built in different ways. In many instances, we heard important policy and program related reasons for systems to operate as they currently do—reasons like eligibility and reporting needs, requirements for capturing certain data in specific formats, and responsibilities like security and privacy protocol for safeguarding data and systems access from external linkages.

STATE INSIGHT: State health, human services, and labor professionals shared how core policy, program, and operational differences across health, human services, and labor programs present challenges for interoperability.

In ACCESS surveys and roundtables, state leaders shared their perceptions about why technical systems are built and function the way they do today. These activities surface two key root cases for difficulties with cross-programmatic coordination and cross-systems interoperability.

1. **Programs are designed to serve individuals, families, and/or group or households.**
    UI and Medicaid generally operate at the individual level, while SNAP needs-based assessments at the household or family level.[18] Program eligibility systems are therefore built with different definitions of the customer—from *family* or *household*, to *client*, to *claimant*.

2. **Programs and services need specific information from applicants to determine eligibility.**
    Some programs across the health, human services, and labor spectrum are predominantly needs-based while others have different requirements to qualify. For example, UI eligibility is predicated on the individual having earned sufficient wages, having lost a job through no fault of their own, and being available for work. People need to prove these situations in a variety of ways through different documents and processes. In "means tested" eligibility determinations, on the other hand, applicants need to prove their income and in some cases assets or expenses to qualify and calculate levels of benefits.

All programs need to capture information and typically documentation or proof, but the type of information and proof varies widely, and these different documents and pieces of information collected from people also come with a variety of protections due to sensitivities. For example, Medicaid data systems must be compliant with HIPAA because they store Personal Health Information (PHI).

Agencies operate out of disconnected networks of legacy systems. Administrators struggle to complete collaborative tasks like sharing information or making cross-program referrals because programs are operated out of different systems, and they are generally outdated and do not talk to each other, making coordination difficult.

Outdated state technology systems currently contribute to administrative burdens experienced by all parties— from customers to frontline staff to program administrators and high-level leaders. This is in part because systems involved in the benefits and services application and enrollment process are bifurcated. For example, while a customer may be able to submit applications for SNAP and Medicaid via the same online portal, the back-end processing is handled in two separate systems.

STATE INSIGHT: Human Services professionals shared some of the ways they see systems-related causing administrative burdens for different parties.

- **Customers:** Administrative burdens tend to show up in the form of automated phone lines, online application portals, or smartphone applications that are difficult to use for a wide variety of reasons—from difficult-to-navigate identity proofing mechanisms to inaccessible formats for people who do not speak English and people with disabilities. State administrators witness technology issues like system crashes or application lockouts which cause customers to lose progress in applications or updates and create the need to start again.

- **Program Staff:** When one program is operated out of multiple systems, staff spend time on duplicate data entry. In these cases, staff need to consult multiple systems to access information on their customer that has been collected for the other programs they participate in, assuming they have access. Similarly, customers may be able to upload documents for several benefits at once in a customer-facing portal, but case workers—even those using integrated systems—might be required to index or otherwise handle the documents differently on the back end, duplicating work for a single or multiple people.

- **Program Leaders:** At various levels of government, people in leadership roles experience administrative burdens resulting from technology limitations. For example, lack of inter-operability or standard data collection and sharing makes it difficult for leaders to access and understand key information on the programs they oversee, how they are functioning, and what changes may be required to improve service delivery and customer experience.

Despite myriad challenges relating to technological infrastructure, states and their ecosystem partners have built new technology and developed systems to manage large degrees of complexity. Across health, human services, and labor sectors, agency leaders have harnessed the power of technology advancements to enable interoperability, for example by:

- Undertaking large transition initiatives to move from legacy systems into modern systems
- Migrating from a mainframe system into a cloud environment that serves as a shared IT infrastructure for multiple programs and agencies
- Aligning data collection and storage practices, and enabling data sharing
- Engaging in human-centered design evaluation and re-engineering of systems based on findings

Throughout the ACCESS project activities, we found that there is a collective desire among state leaders for technology systems to be leveraged to alleviate administrative burdens more than they currently do. Leaders also shared curious optimism that advanced technologies like robotic process automation, machine learning, and artificial intelligence broadly can advance systems alignment initiatives.

> **Government vendors deliver technology to states through procurement.** State health, human services, and labor agencies share a struggle to recruit and retrain in-house tech talent, which leaves them to navigate complex procurement processes to secure technology modernization services and systems from vendors. Leaders cited arduous procurement practices as well as general limitations in the availability of quality services as obstacles to technology modernization.

Procurement practices tend to vary by the functional organization of how states approach procurement, and by whether there is a centralized procuring agency within the state or handled at the agency or department level. Agency professionals engaged in ACCESS research have consistently highlighted the complexities and variations within and across states regarding the procurement and use of IT systems for health, human services, and labor program operations. Such systems might include those handling applications, eligibility and enrollment, contact center operations (e.g., telephony or data input systems), document processing, data management, metrics/analytics, case management, and more.

STATE INSIGHT: State health, human services, and labor professionals shared how vendor relationships and procurement practices across programs impact interoperability.

- **Diversity in System Types:** States employ a range of systems for program operations, including vendor-supplied systems and internally developed solutions. Some states use a hybrid approach, integrating commercial and in-house systems. This diversity affects efforts to align IT systems and operations across different service delivery areas.

- **Vendor Reliance and Vendor-Owned System Entrenchment:** While some agencies build and maintain IT systems in-house, and some express interest despite not doing so currently, the vast majority use contractors for their IT solutions, including troubleshooting and fixes. All agencies utilize vendors for IT solutions to some degree. There is a notable reliance on a limited pool of vendors capable of supporting comprehensive programs, which presents challenges for cross-program and cross-sector alignment.

- **Compatibility and Integrations:** The primary concern of states is not the adoption of a singular system but rather enhancing the ability for diverse systems to integrate and be compatible with each other. This focus is critical for improving program administration and technological advancements across sectors. Not only are systems themselves often incompatible, but agencies also struggle with integration and reporting across systems because they do not collect data in a standard fashion, and because data elements are defined differently across agencies

- **Procurement Coordination:** There is a shared interest among states in coordinating procurement practices and strategic planning. Improved coordination could help navigate funding disparities, streamline processes, and achieve a more integrated approach to technology use in program administration.

- **Vendor Management:** States support moving towards a cohesive approach to vendor management to facilitate the integration of technology across agencies. This approach aims to optimize the benefits derived from federal funding and improve the technological landscape for program delivery.

## Promising Practices for Navigating the Current State of Alignment

In the ACCESS survey, **81 percent of respondents stated that cross-systems alignment is core to their agency's mission**; however, in the same survey and in follow-up discussions, leaders described operating in a current state of deep-rooted misalignment between and across programs and agencies. Within this current state, administrators are eager for implementable alignment actions within their realm of control, which do not rely on largescale changes to their technology or regulatory environment.

Some agencies are already paving a path toward alignment. For example, the ACCESS survey and follow-up conversations illuminated a blend of formal and informal practices that collectively foster a more integrated service delivery landscape. In agencies where health, human services, and labor practitioners reported that their agencies are *currently* operating with some degree of alignment, we learned that this sometimes happens formally through organizational-level collaboration, such as through recurring meetings across agencies to maintain collaboration on shared goals and initiatives. More often, however, collaboration is occurring informally in agencies, at the staff level, characterized by collaborative working relationships across program and agency staff. Administrators emphasized how regular informal interactions and strong relationships facilitate daily task coordination and problem-solving, contributing to a more cohesive approach to program administration.

State agency leaders explained that high-level leadership sponsorship and buy-in are essential to prompt and sustain programmatic alignment efforts. Gubernatorial support for cross-programmatic alignment, for example, can serve as a highly influential impetus for visionary program leaders to expand efforts to synchronize services and support systems effectively across health, human services, and labor sectors and implement innovative practices that transcend traditional program boundaries.

Agency personnel who focus primarily on program, policy, and business operations emphasized that system modernization is deeply needed, but this modernization is not just about technological upgrades, but also about rethinking and reshaping how services are delivered to the public.

State Reflection: Utah
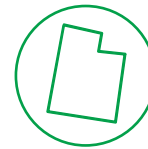
An ACCESS State Advisory Council member from Utah shared how alignment looks in her state based on a recent example of cross-team collaboration. Due to widespread drug shortages, residents across the state were unable to access certain prescriptions. The agency leader explained how the agency sprung to action to address the crisis: leaders shifted staffing and resources to conduct immediate outreach to impacted people and help them connect with pharmacies, and frontline workers across divisions in her agency got to work quickly by using a shared list of potentially impacted customers to make calls.

Key Takeaway: This Utah agency includes health, human services, and labor programs—making it one of very few agencies that oversee all three areas. This structure enables the agency to operate with a high degree of alignment and empowers leaders in the agency to prompt informal collaborations and make ad hoc adjustments and support between programs when needed. In this case, aligned operations may not look like a large project, shared systems, data sharing, etc., but instead appear as business as usual. The groundwork that had already been laid for Utah programs to quickly leverage cross-program coordination enabled swift crisis response and near-immediate assistance for residents the agency serves.

Advice from Agency Leaders

State health, human services, and labor agencies shared some advice from their efforts to pursue alignment within the current state:

- Garner high level sponsorship and support for agency and programmatic alignment across health, human services, and labor—for example through the state Governor's office and cabinet-level priorities.

- Bring program, policy, and business operations staff to the table to maintain and hasten concerted pushes toward technology modernization—both consolidation and upgrading of IT systems—and data interoperability.

- Establish processes that the agency can use to hear directly from customers about their experiences accessing programs.

- Continue and improve cross-agency and cross-program referrals and resource sharing practices.

- Issue joint communications that inform multi-agency and cross-program staff to ensure consistent and clear communication between different agencies overseeing SNAP, Medicaid, TANF, and USDOL programs.

- Reinforce a culture of collaboration across program staff and agencies through informal as well as formal mechanisms for connection.

STATE INSIGHT: State health, human services, and labor agencies shared initiatives that are building toward alignment.

- **Colorado** is currently working on a multi-year "joint agency interoperability project." TANF is the fourth and most recent of CO's Office of Economic Support programs to be incorporated. The initiative leverages strategies like *sprints* and *process mapping* around business processing and systems management. The initiative may expand to labor, employment, and education if successful.[19]

- **Arkansas** is working on a six-month initiative to build a common application across multiple departments called CiviForm, which is an open-source tool that makes it easier for residents to apply to programs online and for community-based organizations to help people through application and enrollment processes.

- The **Utah** Department of Human Services has integrated WIOA Title I funds into their cost-allocation mechanism, creating a comprehensive one-stop approach for administering workforce and human services programs.[20]

- Several agencies mentioned making improvements to their legacy systems, including **Tennessee's** VIP program, a system modernization effort which began rolling out in June 2023.

- **Wisconsin** Department for Children and Families released a Request for Proposals for a five-year TANF program (called WI WORKS in Wisconsin) right before we spoke with a representative from the WI labor agency, who shared that the agency's attention was focused on this initiative.[21]

Next Steps in Building Toward the Future State of Alignment

In the first year of the ACCESS initiative, we uncovered insights into the challenges and opportunities for aligning health, human services, and labor sectors through primary research activities, including surveys, focus groups, and roundtable discussions with practitioners in these sectors. We learned that there is a wide spectrum of readiness for alignment across state agencies, and that strong leadership, flexible funding, and sound technology infrastructure are key drivers of alignment. These insights—which resulted from collaboration with state agencies and partners with a focus on the on-the-ground realities that create or hinder conditions for alignment—will inform our next phase of the project, focused on the customer experience. Upcoming ACCESS project activities will center health, human services, and labor customers in the co-creation of solutions to current alignment challenges.

Throughout the next phase of ACCESS, we will:

- Recruit and onboard the ACCESS Customer Advisory Council to the project, and work alongside this group to design a customer survey that will share the customer perspective on the current and future state of health, human services, and labor alignment—much like the state survey we issued in the first phase of ACCESS

- Leverage survey findings and other primary research strategies co-developed with Customer Advisors to understand how customers currently navigate across health, human services, and labor programs to meet their needs, and where there are opportunities for alignment across sectors that would improve the customer experience

- Collaborate with customers to understand their desired experience and needs for alignment at different points of intersection across programs and services

- Work with customers to visualize a current state and desired future state in the form of customer journey maps

- Leverage journey maps, customer insights, and state insights to strategize with both state and customer project advisors to develop a plan for transitioning from the current state to the future state of alignment

- Architect a *Roadmap to ACCESS*, inclusive of state alignment readiness criteria, tools and resources built for states to leverage to build toward the future state of customer-centered alignment, as well as information top-level leaders need to support and sponsor innovation and collaboration across programs and agencies

By co-creating a roadmap with state agency professionals and their customers, we aim to empower leaders across health, human services, and labor sectors with a clear vision for a customer-centered ecosystem of supports and services. This roadmap will not only provide a blueprint for a desired future state of alignment but also equip stakeholders with the necessary tools to drive progress towards this vision. Government practitioners and ecosystem partners will be able to design and implement alignment strategies and activities using the concrete tools in the roadmap. Program leaders will be able to leverage the roadmap to garner top-level leadership endorsement and to support state agency actions that improve customer experience. Overall, through ACCESS, health, human services, and labor customers will lead design of the future state of alignment across these sectors that support thriving communities.

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Endnotes

[1] For additional resources on the ACCESS project, see the Project Overview and Roadmap to ACCESS website.

[2] Executive Order 14058 on Transforming Federal Customer Experience and Service Delivery to Rebuild Trust in Government: https://www.whitehouse.gov/briefing-room/presidential-actions/2021/12/13/executive-order-on-transforming-federal-customer-experience-and-service-delivery-to-rebuild-trust-in-government/

[3] https://www.whitehouse.gov/briefing-room/presidential-actions/2023/10/30/executive-order-on-the-safe-secure-and-trustworthy-development-and-use-of-artificial-intelligence/

[4] Medicaid State Waivers list (1115s): https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html

Medicaid State Plan Amendment list (SPAs): https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html

[5] For more information on the 19 SNAP policy options and waivers SNAP State agencies (50 States, the District of Columbia [DC], Guam, and Virgin Islands) chose in Federal fiscal year (FY) 2023, see the 2023 SNAP State Options Report: https://www.fns.usda.gov/sites/default/files/resource-files/snap-15th-state-options-report-october23.pdf

[6] States with County-Administered SNAP: California, Colorado, Minnesota, New Jersey, New York, North Carolina, North Dakota, Ohio, Virginia Wisconsin.

[7] Examples of alignment-enabling policy options include:

- Broad Based Categorical Eligibility (BBCE): See more at: https://www.fns.usda.gov/snap/broad-based-categorical-eligibility
- Automatic/Adjunct Eligibility: https://www.fns.usda.gov/wic/streamlining-certification-documentation-guidance
- 1904(e)14 Waivers: https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/covid-19-phe-unwinding-section-1902e14a-waiver-approvals/index.html#MT
- State Plan Amendment (SPAs): https://www.medicaid.gov/medicaid-state-plan-amendments/index.html
- 1115 Waivers: https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html

[8] For more in-depth discussion of how state and local leaders—from governors, cabinet secretaries and CIOs to county executives, program directors and grant recipients—can blend and braid different programmatic funding streams and use different operational structures to enable data-based decision-making, see: Womer, Jonathan and Stack, Kathy, Blending and Braiding Funds: Opportunities to Strengthen State and Local Data and Evaluation Capacity in Human Services (2023) at https://ssrn.com/abstract=4403532.

[9] For an APD overview by type, including APD review and approval process overview, as of 2020, see: https://www.acf.hhs.gov/sites/default/files/documents/ocse/apd_101_201_presentation.pdf

[10] For USDA FNS APD guidance that apply to changes in SNAP, see: https://www.fns.usda.gov/sso

- **See also:** FNS Handbook 901: Advance Planning Documents at https://www.fns.usda.gov/sso/fns-handbook-901-v2-advance-planning-documents

For HHS SCF APD guidance that apply to changes in TANF and other ACF programs, see: https://www.acf.hhs.gov/archive/css/policy-guidance/guidance-advance-planning-document-requirements-meet-automated-system

- **See also:** https://www.federalregister.gov/documents/2010/10/28/2010-26727/state-systems-advance-planning-document-apd-process

[11] American Public Human Services Association. (2023). Exploring the Utilization of SNAP Administrative Funds from the American Rescue Plan Act https://files.constantcontact.com/391325ca001/b77b8548-a1c9-4138-b3d0-cb3313f1896f.pdf

[12] See current and past PTIG-funded initiatives that improve SNAP technologies and processes: https://www.fns.usda.gov/snap/process-and-technology-improvement-grants-program

[13] See current and past CSNS-funded initiatives that enable community-engaged SNAP process innovations at the state and county level: https://aphsa.org/APHSA/Policy_and_Resources/csns.aspx

[14] See: Understanding the Utilization of SNAP Administrative Funds from the American Rescue Plan Act at https://files.constantcontact.com/391325ca001/b77b8548-a1c9-4138-b3d0-cb3313f1896f.pdf

[15] For an overview of ARPA funded, USDOL issued investments in state UI Modernization, including state case studies, see: http://www.dol.gov/sites/dolgov/files/ETA/ui-modernization/ARPA%20Investments%20in%20Unemployment%20Insurance%20Modernization.pdf

[16] See NASWA's top legislative priorities for both workforce and UI are to increase federal investment for more information on how policymakers can help state agencies bolster capacity of workforce services and meet employer and UI claimant expectations for acceptable customer service: 2024 Legislative Priorities | National Association of State Workforce Agencies (naswa.org)

[17] For a review of survey findings, see: https://aphsa.org/APHSA/Policy_and_Resources/webinars.aspx

[18] Note that programs use a variety of definitions for "household" or family.

[19] For more about Colorado's Joint Agency Operability Initiative, see: https://cdhs.colorado.gov/cp-joint-agency-interoperability

[20] For more about Arkansas CiviForm initiative, see: https://www.transform.ar.gov/news/state-of-arkansas-receives-pro-bono-support-from-google-org-fellows-to-improve-access-to-government-and-community-based-services-and-resources/

[21] See RFP: DCF soliciting proposals for Wisconsin Works program | Wisconsin Department of Children and Families 2-29-24-w2-rfp.pdf (wisconsin.gov)