Project Re:New

Designing simple and intuitive renewals for Michigan’s largest assistance programs

Fall 2019 | Civilla + MDHHS
Project Credits

Project Re:New documents the work of Civilla and the Michigan Department of Health and Human Services (MDHHS) to test redesigned benefit renewal forms for Michigan's largest assistance programs. This project is one piece of a larger body of work led by MDHHS to create a more human-centered experience for Michigan residents as they interact with assistance programs.

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Civilla is a nonprofit dedicated to changing the way our public-serving institutions work through human-centered design.

hello@civilla.com

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.

www.michigan.gov/mdhhs
Executive Summary

This report documents the findings and outcomes of a pilot led by Civilla in partnership with the Michigan Department of Health and Human Services (MDHHS). The work in Michigan was focused on designing a simple and intuitive renewals process for Michigan’s largest assistance programs.

To continue Michigan’s efforts to build a more human-centered benefits system, Civilla and MDHHS conducted a pilot to design and test new forms for the benefits renewal process. The goal was to create a more efficient and effective process based on input from residents and field staff.

User Research

The Civilla team worked closely with residents and field staff in two Michigan counties to observe every step of the benefits renewal process. During more than 30 site visits and hundreds of hours of interviews, the team collected information to identify the highest priority needs for residents and field staff for the new renewal forms.

Resident Needs:
1. Recognition and Awareness
2. Clarity and Confidence
3. A Sense of Urgency

Field Staff Needs:
1. Clear Guidance for Residents
2. On-Time Submissions
3. Complete and Accurate Information:
The Pilot

In the spring of 2019, Civilla piloted new versions of the renewal forms at two MDHHS field offices in Monroe County and Madison Heights. Working with 30 MDHHS field staff, Civilla gathered more than 17,000 data points on the new forms. Throughout the pilot, Civilla refined the forms based on data and feedback from end users. The team piloted six different prototypes with nearly 500 residents to design renewal forms that best met user needs.

Results

The new pilot forms showed significant improvement across a wide range of metrics compared to baseline data from the old forms. Together, these metrics showed a measurably improved experience for residents and field staff.

Efficient process

- **Renewal lobby visits** decreased by 50%.
- Renewal forms were submitted 96% complete.
- **Client errors** on renewal forms dropped by 60%.

Effective results

- 95% of renewal forms were submitted on time.
- **Successful renewals** increased by 15%.
- Results have the potential to create 200,000 hours of caseworker relief statewide.

Next Steps

Based on the success and learnings from this pilot, MDHHS plans to implement the new renewal forms statewide by Summer 2020. Across the state, these new forms will create large, quantifiable improvements in service delivery.

Civilla’s work to streamline and improve renewals shows the impact that a human-centered design process can have on outcomes for residents and progress toward MDHHS goals. States that operate similar programs can build on these findings and join MDHHS in creating a benefits system that is more compassionate, more effective, and less expensive to operate.
The Challenge

Designing simple and intuitive renewals for Michigan’s largest assistance programs
These programs are administered through the state, and eligibility is determined by caseworkers who are distributed across more than 100 local offices. In 2017, Civilla worked with MDHHS to redesign the MDHHS-1171 assistance application that residents use to initially enroll in these benefits. The redesigned application is 80% shorter and can be processed in nearly half the time.

After residents apply and receive benefits, they must complete a renewal process at least once a year to keep their benefits. Currently, the design of the forms central to this renewal process hampers residents’ ability to renew their benefits and caseworkers’ ability to make efficient and accurate determinations on each case.

Over twelve months, Civilla conducted in-depth research on the experience of renewing public assistance in Michigan — with a particular focus on understanding the needs of residents and caseworkers. The team then launched a pilot to test a faster, simpler, and more human-centered renewal process for the state’s largest assistance programs.

For Residents
Renewals can throw residents into a state of crisis. They see the renewal forms as a surprise each time, even if they have been receiving benefits for years. Unclear due dates cause people to wait for appointments only to miss their interviews. A lack of urgent directions means many residents delay and don’t complete the forms.

For residents that do fill out the form, complex policy language and crowded design contribute to incomplete submissions and frequent errors.

For Field Staff
The churn caused by residents reapplying rather than renewing leads to unnecessary work. Early data estimates that Michigan’s churn rate is more than 27%, causing more than 195,000 unnecessary applications each year.*

When residents do submit their renewal forms, incomplete and inaccurate information requires field staff to spend time following up instead of processing forms.

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* Based on the U.S. Department of Agriculture report «Understanding the Rates, Causes, and Costs of Churning in the Supplemental Nutrition Assistance Program (SNAP)» and data from the Jackson County local office
This pilot focused on three different MDHHS renewal forms. All three forms share design elements that can cause inefficient case processing and failed renewals.

DHS-1010 or Redetermination
Healthcare, food assistance, child care, and cash assistance participants must fill out this form annually. It accounts for around 75% of MDHHS renewal forms.

DHS-1046 or Semi-Annual
Residents who receive food assistance and qualify for simplified reporting must complete this form six months after a successful application or redetermination.

DHS-2240-A or Mid-Certification
Seniors and people with disabilities who have food assistance and/or healthcare receive this form one year after a successful application or redetermination.
Resident Needs

Many Michigan residents use MDHHS-administered benefit programs to keep their families healthy and safe.

Through more than 250 hours of interviews, Civilla saw how a renewal process that didn’t account for the needs of residents jeopardized their ability to maintain critical benefits.

When faced with confusing deadlines, difficult-to-follow directions, and unclear next steps, residents often made errors or failed to submit their forms. Using human-centered design techniques to observe residents at each stage of the renewal process, Civilla uncovered three primary needs that informed the redesign.
Recognition & Awareness

As a resident, I need the renewal form to stand out so I don’t ignore it and lose my benefits.

Residents receive dozens of letters from MDHHS over the course of a year. These critical renewal forms are mixed in with informational letters with a similar design, causing residents to miss required actions. Because the letters don’t stand out, each renewal period can feel like a surprise and a cause for panic.

"I don’t even read these letters anymore. They all look the same."
- Michigan Resident

"It feels like I’m getting cut off every other time. All of a sudden the benefits get turned back on, and the next minute I’m starting over."
- Michigan Resident
Clarity & Confidence

As a resident, I need the form to be simple and intuitive so that I can meet the requirements and fill it out accurately.

Institutional language and form design leave residents feeling unsure about how to renew. Often, residents will leave fields blank or answer them incorrectly, resulting in more work for caseworkers. Renewal forms include questions for multiple programs, some of which residents may not even be enrolled in, causing further confusion.

"What do you need from me? There’s so much information here that doesn’t pertain to me."
- Michigan Resident

"I’m confused. I’ll call my caseworker but they probably won’t answer. I guess I’ll leave those questions blank. I don’t want to put the wrong information and them to think I’m lying."
- Michigan Resident
A Sense of Urgency

As a resident, I need to fill out my form soon after receiving it so that I don’t lose momentum and fail to complete it.

As soon as residents receive a renewal form, the clock begins ticking on their benefits. Confusion over deadlines and what to do next can lead to dread and procrastination. Without a sense of urgency, residents often fail to complete important steps that can jeopardize their family’s benefits.

"It says it’s due but I’ve got time. I put the letter on my table...I’ll get around to it."
- Michigan Resident

"I open the letter. I need to fill something out, but it’s due in 3 weeks...I think to myself, I have time, so I put it in my procrastination pile and forget about it."
- Michigan Resident
Field Staff Needs

MDHHS field staff are essential to creating a smooth and efficient benefit renewal process.

Civilla spent 500 hours observing how field staff handle incoming benefit renewal forms and interviewed more than 30 staff members about existing barriers to creating an efficient process.

The team found a systemically rushed process that led to increased stress for staff and residents. Across the board, caseworkers were dedicated to helping residents through the renewal process, but they needed support from the renewal forms. These are the three primary needs from field staff that the team used to inform the pilot.
Clear Guidance for Residents

As a caseworker, I need renewal forms to provide clear guidance for residents so that the burden of communication doesn’t fall on my shoulders.

When renewal forms fail to give residents the information they need, it falls on caseworkers to fill in the gaps. Residents call the office or visit in person to ask questions about program requirements, deadlines, and confusing correspondence. These frequent interruptions cost caseworkers time they could spend processing and increase the stress for everyone involved.

Some people just give up because of the renewal form. Then they fill out a new application.

- Michigan Resident

Clients call confused about what they need to complete on the form. To be honest, sometimes I don’t even know. I just tell them to do it to the best of their ability and then I sort it out later.

- MDHHS Caseworker
On-Time Submissions

As a caseworker, I need the forms to come in on time so that I can keep the renewal process on track.

We sound like broken records every month – ‘I can’t interview you until you send back the form!’

- MDHHS Caseworker

Clients get confused. The form asks questions about all the programs, even the ones they don’t receive. Then they wait until the due date to get clarification. At that point, the form is already late.

- MDHHS Caseworker

There is no season for renewals. Forms come in all year, and it’s impossible for caseworkers to “catch up” because there are always forms coming in late. This results in a snowball effect — every step of the renewal process gets pushed back as caseworkers must prioritize late renewals before working on the latest ones.
3 Complete & Accurate

As a caseworker, I need clients to provide complete and accurate information so I can process the case efficiently.

Inaccurate and incomplete renewals add extra communication with residents. Caseworkers must fill in missing information and correct form errors, slowing down the process. More complete and accurate forms enable caseworkers to simply confirm the provided information and result in faster processing times.

"A lot of forms come in with little or wrong information. Sometimes, I have to call clients that didn’t even need an interview to ask them a lot of questions."
- MDHHS Caseworker

"The form comes in, the client answers all the questions, but then...there’s no signature. I can’t process it. I play phone tag trying to get them to come in or send them a new one. Sometimes the case will close."
- MDHHS Caseworker
The Pilot

2

Piloting new, human-centered forms at two MDHHS offices
Methodology

In the spring of 2019, MDHHS and Civilla ran a pilot based on user needs to improve the experience of renewing.

For Residents
The goal was to create measurably better renewal forms that were fast to complete and easy to use so that residents could successfully meet the requirements.

For Caseworkers
The goal was to decrease administrative burden by providing complete and accurate information so that renewals could be processed quickly and accurately the first time.

During the pilot, the team tested multiple iterations of new renewal forms at two MDHHS field offices and collected quantitative data to measure the impact on residents and staff.

Pilot Sites
Two field offices were selected, Madison Heights and Monroe County, for the pilot that helped the team gather data that would be relevant to offices statewide. Civilla worked with 30 MDHHS field staff at these two locations including lobby navigators, registration support staff, caseworkers, and two data specialists.

Research
The team conducted more than 30 field visits to interview staff, observe how they processed renewal forms, and collect data on the baseline and pilot forms. The pilot also included weekly interviews with residents to explore the challenges they faced during the renewal process.

Design + Test
Over the course of the pilot, the team created six prototypes of the three renewal forms along with dozens of mockups that they tested with field staff and Michigan residents.

Data Collection
Working with MDHHS, the team sent a total of 476 pilot renewal forms to pilot participants. The team collected more than 17,000 data points on the success, timing, and quality to measure the impact of the changes.
Approach

To find solutions for the renewal forms, Civilla went directly to the experts — residents and field staff that would be the users of the new designs.

Human-Centered Design
Civilla’s work was rooted in human-centered design — a methodology that puts people at the center to ensure that solutions are designed to meet real needs. By learning directly from people deeply involved in the process, the team was able to focus their work on the highest-priority needs.

Mixed-Methods Research
The team used mixed-methods research to collect input and measure success throughout the project, including one-on-one interviews, intercepts, observations, group feedback sessions, quantitative data collection, and case reviews.

Iterative Development
Once Civilla defined pilot solutions, the team used iterative methods to develop working prototypes. This iterative approach was driven by short feedback cycles, with new updates made to the pilot forms every week based on user input.
Prioritizing action and clarity to improve the effectiveness of renewal forms
Design Principles

1 Urgent
Bold black boxes and small tips throughout ("Don’t wait!") help residents understand the urgency of the form and differentiate it from the other letters they get from MDHHS.

2 Clear Consequences
The new forms emphasize that residents will lose their benefits if they don’t complete their renewal. This takes advantage of the “loss aversion” principle of behavioral economics to motivate residents to action.

3 Action Oriented
Focusing the form on a single action helps residents channel that sense of urgency and loss aversion into action. Clear steps lower the barriers to residents submitting the form on time.
Here’s what you need to do:

1. **Answer** the questions on the form.
2. **Sign and date** the form at the bottom of page 4.
3. **Send the form** to us before October 23, 2019. Don’t wait!

   - **Submit online** at michigan.gov/mibridges
   - **Mail your form** in the envelope we sent you
   - **Turn in your form** at your local MDHHS office

Your **benefits will end** if you do not submit the form for: Food Assistance Program

**Renew your benefits**

Jane Doe  
1234 Way Lane  
Anytown, MI 48123  

Full legal name:  
JANE DOE  
Your due date:  
October 23, 2019

You’re required to have an interview with a MDHHS specialist, unless you are renewing for Healthcare or Childcare (CDC).

**Type of interview:** Phone  
**Interview date and time:** 9:00am on 11/15/19  
**Appointment location:** NA

A MDHHS specialist will contact you if you are scheduled for a telephone interview. You are responsible for calling your specialist before your interview if you need to reschedule. If you do not keep your appointment, submit your completed form and submit all required proofs by the due date your benefits may be expired, canceled, delayed, or reduced.

Your Food Assistance Program (FAP) benefits will end on 11/30. You must submit your redetermination form or filing form by 11/15/19 in order to receive uninterrupted FAP benefits.

If you need help, contact your local office before your due date.

Due Date

The new form moves the due date 10 days earlier to help residents submit their forms before their interview date.

Loss Aversion

The form highlights the consequences of failing to submit. Civilla worked with Wendy De La Rosa, a Stanford University behavioral economist, to understand how people react to losing something vs. maintaining something to help motivate people to submit the form.

Plain Language

Required policy words like “redetermination” were paired with plain language phrases like “renew your benefits.”

Separation

Black boxes separate mission-critical information from other text.

Simple Steps

The team kept sentences to fewer than 10 words to provide clear next steps.
Streamlined Structure

The old forms included questions for all programs, even if they didn’t apply to a resident’s case.

The new forms use a streamlined structure to ensure residents only fill out the information that is relevant to their renewal.

"I like this form! It’s bold, modern, and straight to the point."

- Michigan Resident
Core Form

The core form contains information that is required for all (or most) residents to complete.

Supplemental Pages

The supplemental pages are program-specific and tailored to each resident’s case.
Proofs Page

Residents often fail to send required proof documents.

This page provides plain-language examples of the documents residents may need to submit.

It doubles as a reminder that residents can stick to their refrigerator.

"It’s hard for clients to figure out what documents they need to submit. This page is a potential tipping point that could help residents successfully complete the process."

- MDHHS Caseworker
Send these proofs

Please provide proof of all **income** and **assets** for your household and any changes you write down.

**Income (Last 30 Days)**

- Employment Income
  - Pay stubs
  - Employer statement
- Stopped/Started/Changed
  - Employer statement
  - Client letter
- Additional Income
  - Pension
  - Child support (Last 90 days)
- Self-Employment Income & Expenses
  - Tax return (Schedule C)
  - Expense receipts
  - DHS-431

**Assets**

- Provide proof of current assets
  - Bank statements
  - Property deeds
  - Copy of Direct Express card & ATM receipt

**Expenses (Last 30 Days)**

- Proof of Expenses
  - Proof of rent/mortgage
  - Utility bills
  - Child support (Last 90 days)

**How to submit**

Submit proofs online ([michigan.gov/mibridges](https://michigan.gov/mibridges)), by mail, or turn them in at your local MDHHS office. When you submit documents provide copies - we are not able to return original documents.

If you need help getting proof, contact your local office.
Form Pages

The renewal forms use many of the lessons learned from the redesign of the MDHHS-1171 application, including simplified structure, language, and design patterns.

"The good information is up front now. I’m finding what I need more quickly. The old form felt cluttered. This new one is open and spacious."

- MDHHS Caseworker
Plain language allows residents to understand what the form is asking and respond accurately.

Clear hierarchy helps residents and field staff scan the form quickly and see what's most important.

### Income + Expenses

#### Income

<table>
<thead>
<tr>
<th>Who?</th>
<th>Type of Income/Employer</th>
<th>Avg. hours per week</th>
<th>Amount earned/received (before tax)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Doe</td>
<td>ABC Company</td>
<td>40</td>
<td>$2,000 per 2Wks</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
</tbody>
</table>

Does anyone in your household have income?
- [ ] Yes, list below.
- [ ] No

- [ ] Employed
- [ ] Self-employed
- [ ] Additional Income
  - (Unemployment, Disability (SSI), Social Security, etc.)

#### Expenses

Does anyone in your household have expenses?
- [ ] Yes, list below.
- [ ] No

- [ ] Dependent Care (Childcare, Care for child or family member with disability)
- [ ] Medical Expenses
  - (Health Insurance, Prescriptions, Co-Pays, etc.)
- [ ] Court Ordered (Child Support, Alimony/Spousal support)
- [ ] Student Loan Interest + Deductions
  - (Healthcare only)

Who Pays? | Type of Expense | Amount | How Often
-----------|----------------|--------|------------
           |                | $      |            |
           |                | $      |            |
           |                | $      |            |
           |                | $      |            |

Only include the amount you are responsible to pay.

*This section is not required for Child Care (CDC)*

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Jane Doe   ABC Company   40   2,000   2Wks
Prefill Text

The new renewal forms better highlight pre-filled information from the resident’s case file to give residents a head-start on completing their forms. This saves residents time, since they do not have to fill out information that MDHHS already has on record.

"Simple. Quick. Easy to do. Not wasting my time. It felt more efficient. It even had some of my information already typed in!"

- Michigan Resident
## Household + Assets

### Household Members

Confirm everyone who lives in your home. If anyone has moved into the household, list them below.

<table>
<thead>
<tr>
<th>Relationship to you</th>
<th>Full Legal Name</th>
<th>Date of Birth</th>
<th>Does this person live in the home?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>Jane Doe</td>
<td>7/31/1980</td>
<td>Y</td>
</tr>
<tr>
<td>Husband</td>
<td>Jordon Doe</td>
<td>8/7/1985</td>
<td>N</td>
</tr>
<tr>
<td>Daughter</td>
<td>Jill Doe</td>
<td>5/4/2001</td>
<td>Y</td>
</tr>
<tr>
<td>Daughter</td>
<td>Jackie Doe</td>
<td>1/26/2003</td>
<td>N</td>
</tr>
<tr>
<td>Son</td>
<td>James Doe</td>
<td>9/4/2009</td>
<td>Y</td>
</tr>
</tbody>
</table>

Does anyone in your household have a disability or a physical/emotional/mental health condition?

- Yes
- No

### Assets

Does anyone in your household have assets?

- Yes, list below.
- No

#### Money + Accounts

<table>
<thead>
<tr>
<th>Who?</th>
<th>Type of Asset</th>
<th>Bank/Institution/Vehicle</th>
<th>Amount/Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

#### Vehicles

<table>
<thead>
<tr>
<th>Who?</th>
<th>Type of Asset</th>
<th>Bank/Institution/Vehicle</th>
<th>Amount/Value</th>
</tr>
</thead>
<tbody>
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</table>

#### Property

<table>
<thead>
<tr>
<th>Who?</th>
<th>Type of Asset</th>
<th>Bank/Institution/Vehicle</th>
<th>Amount/Value</th>
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</table>

#### Sales and Transfers

<table>
<thead>
<tr>
<th>Who?</th>
<th>Type of Asset</th>
<th>Bank/Institution/Vehicle</th>
<th>Amount/Value</th>
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</table>

Has anyone in your household received a federal tax refund in the last 12 months?

- Yes, list below.
- No

<table>
<thead>
<tr>
<th>Who?</th>
<th>Amount/Value</th>
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</table>

Pre-filled information helps residents remember previous submissions and enter more accurate data.
The Results

Collecting data to measure the impact of the changes
Submitted

Submissions increased by more than 12%

Baseline data showed that 28% of residents fail to submit their renewal forms. The pilot form increased submissions by more than 12%, increasing the number of residents who made it through this critical first step in the renewal process. Reasons for the 19% of residents who still failed to submit included residents not receiving the form, some no longer needing benefits, and extenuating circumstances. Research showed that text and email reminders could help improve submission rates even further.

"This one is simple. I understood it and filled it out in 5 minutes. It was so quick. I figured I might as well just bring it now since I'm done with it."

- Michigan Resident
Figure 1. Percentage increase of renewal form submissions.

Submissions of renewal forms to pilot offices increased by more than 12% during the pilot. Resident interviews showed this improvement was due to the new form's simple design and clear deadline.
On Time

95% of renewal forms were submitted on time

During Civilla’s research, field staff described the headaches caused by late renewal forms: missed interviews, more phone calls, later processing. For the pilot, the team set an earlier form due date and highlighted it more prominently in the design. As a result, only 5% of pilot forms came in late, compared to 25% of the old forms. This improvement will mean 320,000 fewer late forms each year statewide,* leading to faster processing and reduced workload for caseworkers.

* Based on data from the MDHHS July 2019 Green Book.

"With these [pilot forms] coming in on time, I can get them out of the way. Then the ones that trickle in late can be processed right away."

- MDHHS Caseworker
The Results: On Time

Figure 2.1. Percentage of old renewal forms submitted on time.
With the old form, only 75% of renewals were submitted on time. The old version listed a due date and interview date that was frequently the same. This made the process confusing and caused many residents to submit their forms late.

Figure 2.2. Percentage of new renewal forms submitted on time.
With the new form, on-time submissions increased to 95%. The new form clearly states when residents need to submit their form and uses simple and intuitive design patterns to help people through the process.
Early

70% of renewal forms were submitted in the first 3 weeks

For caseworkers, it's not just about whether a renewal form is submitted on time. When during the month a form arrives on their desk has a major impact on their workload. With the old form, only 40% of forms were submitted in the first three weeks of the month. This left caseworkers scrambling to process more than half the renewal forms in the last week of every month. With the new pilot form, 70% of residents submitted their renewal form in the first three weeks. This smooths out the workload for caseworkers and allows them to begin processing earlier.

"I've been shocked at how early the new forms came in. They were sent out and next thing I knew they were in my inbox! I swear we normally spend a week of work just waiting for renewals to come in. Not with these forms."

-MDHHS Caseworker
The Results: Early

Figure 3.1. Monthly time of submission for old forms.
40% of old renewal forms were submitted in the first three weeks of the month, leading to a surge of work for caseworkers in the last week.

Figure 3.2. Monthly time of submission for new forms.
70% of new renewal forms were submitted in the first three weeks, which gives caseworkers a smoother workload throughout the month.
Lobby Visits

Renewal lobby visits decreased by 50%

The lobbies of MDHHS offices can be busy and chaotic — especially at the beginning and end of the month. After introducing the new form, the team saw a 50% reduction in the number of lobby visits for renewals at the two pilot locations. Statewide, this will mean 225,000 fewer lobby visits each year,* decreasing administrative burden and putting an estimated $5 million back in residents’ pockets through reduced costs of transportation and time.

Normally it feels like half the people coming into the lobby are here because they need help with their renewal. I didn’t think we wouldn’t have anyone coming from the pilot!

-MDHHS Lobby Navigator

* Based on data from MDHHS local offices.
Figure 4. Percentage decrease in renewal lobby visits.

After introducing the new forms, lobby visits decreased by 50% for renewals at the Monroe and Madison Heights pilot locations.
Complete

Renewal forms were submitted 96% complete

Caseworkers are often frustrated when residents submit incomplete renewal forms. Building off of lessons from the redesign of the MDHHS-1171 assistance application, the team simplified question language and streamlined the form design. These changes helped increase completeness rates from 73% to 96%. This lets caseworkers process renewals faster and improves the dynamic with residents during interviews.

They are coming in filled in! They follow the Bridges flow, and they are faster to process. As fast as you can click!

-MDHHS Caseworker
The baseline data showed that submitted forms were 73% complete. By the end of the pilot, submissions of new forms had a 96% completeness rate.

*Figure 5. Average renewal completeness.*
Accuracy

Client errors on renewal forms dropped by 60%

After a resident submits their renewal form, a caseworker reviews it for accuracy. Any errors mean the caseworker must spend time clarifying case information with residents before they can move forward. This can delay processing and cause frustration for both parties. With the new form, caseworkers saw 60% fewer client errors per form compared to the baseline.

"You could tell the client knew exactly what to put in each spot. Their information was correct; there was no confusion on whose information we were asking about."
-MDHHS Caseworker
Figure 6. Percentage of client errors on renewal forms.

The design, clear instructions, and improved language of the new form decreased client errors by 60%. With the old forms, the team saw an average of 3.5 client errors per form compared to 1.5 errors with the new forms.
Verifications

85% of residents submitted verification documents

After residents submit a renewal form, they must collect and submit documentation to verify their claims. If residents don’t submit the necessary verifications, they can lose their benefits. The team saw the verification rate hold steady at 85% during the pilot compared to the baseline.

Verifications are always a barrier for applications and renewals. It’s hard for clients to turn in all their proofs.

-MDHHS Caseworker
Figure 7. Percentage of submitted renewals receiving all required verification documents.

Overall, the verification rate remained steady at 85% for the new forms. The team anticipates future changes in department policy regarding assets will further improve the verification rate.
Successful

Successful renewals increased by 15%

Through the pilot, Civilla saw a 15% improvement in the rate of successful renewals. When the new renewal forms rollout statewide, this improvement will mean that 160,000 Michigan families will maintain continuous coverage for healthcare, food assistance, child care, and cash assistance.* This gives families peace of mind that they’ll have insurance when someone gets sick and the assistance they need for critical expenses. It will also mean a reduction of 50,000-80,000 re-applications submitted to the department each year.**

* Based on data from the MDHHS July 2019 Green Book.
** Based on data from the MH-332 statewide rollup report.

I can focus on other things in my life. I don’t have to worry about not having food or insurance for me and my daughter.

-Michigan Resident
Baseline data showed a renewal success rate of 55%. Residents using the pilot forms had an improved success rate at 63%.

Figure 8. Percentage increase of successful renewals.

Baseline data showed a renewal success rate of 55%. Residents using the pilot forms had an improved success rate at 63%.
Streamlined Processing

200,000 hours of caseworker relief statewide

Inefficient renewal processes result in about 200,000 hours of unnecessary effort by caseworkers each year. This is work that is over and above regular case management activities and distracts workers from attending to critical casework. Implementing the new forms to streamline the renewal process and eliminate that unnecessary work will allow workers the time to focus on value added casework to ensure the right benefits reach the right people at the right time.

“The new renewal forms will mean increased efficiency, less headaches, less phone calls, less applications, and fewer hearings. All while providing better customer service.”

- MDHHS Caseworker
Figure 9. Annual caseworker relief.

A combination of fewer calls, accurate forms, and a lower churn rate are estimated to save caseworkers across the state 200,000 hours per year.
Conclusion

Scaling human-centered renewal forms across Michigan
Conclusion

The results from this pilot demonstrate that the redesigned forms have a significant impact on the efficiency and effectiveness of the benefits renewal process.

The forms improved the experience for residents and helped them submit complete, accurate forms on time. Field staff saw a reduced workload and process improvements that allowed them to be more effective. These improvements were made possible by researching and prioritizing the needs of the people most involved in the benefits renewal process.

Next Steps

Based on the success and learnings from this pilot, MDHHS plans to implement the new renewal forms statewide by Summer 2020. Next, Civilla and MDHHS will work to finalize the new forms and get them approved for use. Civilla and MDHHS will train office staff, migrate changes to the online renewal forms, and ensure MDHHS systems are ready to support the new forms.

Like the DHS-1171, Civilla’s work to streamline and improve renewals shows the impact that a human-centered design process can have on outcomes for residents and progress toward MDHHS goals. Across the state, these new forms can create large, quantifiable improvements in service delivery. In addition, this work has the potential to improve trust between residents, caseworkers, and MDHHS as a public-serving institution.

The lessons from this pilot can also have an impact beyond Michigan. States that operate similar programs can build on these findings and join MDHHS in creating a benefits system that is more compassionate, more effective, and less expensive to operate.
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MDHHS

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Steering Committee
Amy Hundley
Dawn Sweeney
Doug Williams
Jon Breems
Kathy Stiffler
Kent Schulze
Lisa Brewer-Walraven
Russ Gruber
Sharon Campbell
Stacie Gibson
Terry Beurer
Tim Kelly

Core Team
Ben Carmody
Dawn Sweeney
Jon Breems
Kayla Lowers
Logan Dreasky
Pam Zsolzai
Russ Gruber
Shannon David

Policy Team
Brian Sanborn
Ben Carmody
Bethany Cabanaw
Kayla Lowers
Kent Schulze
Lana Karadsheh
Logan Dreasky
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Tim Kelly
Traci Cobb
Wendy Ellis

Other
Clio Field Office
Cynthia Harkins
Hamtramck Field Office
Jackson Field Office
Jessica Kosloski
Union Street Field Office

Civilla
Adam Selzer
Gabriela Dorantes
Eugene Yoon
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