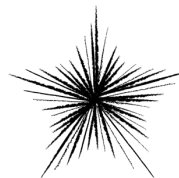**Modernizing voter registration**

Automatic Voter Registration at Medicaid Agencies

Webinar hosted by the Center for Technology and Civic Life &
the Center for Secure and Modern Elections

April 11, 2019
1:00pm – 1:45 Central Time

CENTER FOR SECURE
AND MODERN ELECTIONS

THE **CENTER** FOR
TECHNOLOGY AND CIVIC LIFE

Hello, there!

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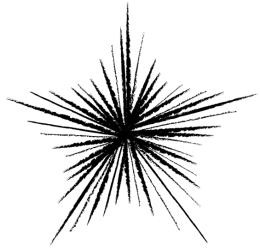
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The Center for Technology & Civic Life

Using technology to improve how local
government and communities interact

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www.techandciviclife.org

CSME/Implementation Working Group

Supporting election and agency administrators and advocates to ensure automated voter registration systems are implemented to maximize the accuracy and completeness of voter rolls while improving efficiency.

Providing design, legal, communications, and data transfer support through our networks, as well as insight into campaigns and implementation efforts around the country.

Comprised of a number of individuals and institutions.
Staffed by Scott Seeborg of Center for Secure and Modern Elections: scott@modernelections.org

Housekeeping

- Mute your audio if you aren't speaking

- Use chat to communicate

- Update your screen name

Voter registration at the DMV and other agencies

Motor Voter/NVRA/Federal Law
Customers at motor vehicle agencies and state Health and Social Services agencies are offered the opportunity to register to vote under the National Voter Registration Act (NVRA).

Automatic Voter Registration/State Law (so far)
Qualified people who apply for or renew a driver's license (or other government service) are automatically registered to vote, unless they decide to opt-out of voter registration.

Electronic data transfer is the key to Automatic Voter Registration

The ability to transfer voter registration data quickly and accurately through electronic data transfer is a key feature of a modernized voter registration process.

States using electronic data transfer have transitioned away from sharing voter registration data between agencies via paper forms and, instead, send data electronically on a regular schedule or in real time.

Today's topics

- Why Medicaid?
- How the Medicaid process works
- Challenges of implementation
- Building a working group

Why Medicaid agencies?

Rigorous citizenship verification

Experience with cross-agency data-sharing

In touch with clients more frequently than DMV

Approx. 74 million beneficiaries

Significant population overlap with cash and food assistance programs

Introduction to Medicaid

Medicaid is **a joint federal-state program** that provides health care coverage to low-income US residents.

States administer Medicaid autonomously, with guidance and funding from the Centers for Medicare & Medicaid Services (CMS).

Many states run a set of **subprograms by population** that fall under their broad Medicaid banner (e.g. HUSKY A, B, C, and D in Connecticut). These programs may have different application protocols, which is relevant for AVR.

- Building a working group in your state

Medicaid application basics

Apply multiple ways

States must offer multiple Medicaid application options, including: **online**, **phone**, **in person**, and **mail**.

Some states **restrict application methods** or have **different processes for specific Medicaid groups**. (e.g. In Vermont, elderly and disabled clients cannot apply online and must use a separate paper form.)

Non-governmental **assisters** support in-person applicants, in addition to caseworkers.

AVR takeaway: Medicaid may require more complex system mapping and updates to multiple application interfaces. Several types of application supporters would require retraining (caseworkers, assisters, call center operators).

Apply as a household

Medicaid **applications are household-based**, though **eligibility is determined individually**.

Only the **"head of household"** experiences the full Medicaid transaction and signs.

AVR takeaway: Medicaid databases should be able to isolate eligible voters, including those who applied with a group. However, the household form warrants cautious planning and testing to prevent confusion and mistaken registration.

Citizenship verification

All Medicaid applicants must **declare a citizenship status** and provide **identification numbers for external verification** (e.g. SSN, immigration numbers).

States verify status by linking to **Social Security Administration** and **Department of Homeland Security databases** (typically via the Federal Data Services Hub).

If SSA cannot verify status, **proof of citizenship is required for manual review**.

AVR takeaways: ***Citizenship is always verified*** *for Medicaid. Agency* ***experience with data-sharing*** *is also encouraging for AVR.*

However, a system's design must account for eligible applicants whose citizenship cannot be verified electronically by SSA (e.g. naturalized citizens).

Signature collection

Medicaid agencies **cannot require wet signatures**, because clients must be given the chance to apply remotely.

Applying online and by phone prompts **electronic** and **oral signatures**. Paper forms require wet signatures, though signature images are not saved as separate files.

*AVR takeaway: Signature capture for Medicaid does not always align with signature requirements for voter registration, yet **this shouldn't be a nonstarter for AVR**.*

Colorado PEAK E-Signature

Apply for multiple benefits

Many states offer **integrated applications** that allow residents to apply for multiple assistance programs at once—often **Medicaid**, **SNAP** & **TANF**.

A multi-benefit transaction might occur **on paper**, **in person**, or **online**.

Front-facing online applications and back-end data management systems should be **able to parse eligible voters applying to Medicaid** through multi-benefit setups.

AVR takeaway: Multi-benefit applications should not impede AVR but will likely require careful design, user-testing, and data auditing. Clients NOT applying for Medicaid on a multi-benefit form would also still require traditional NVRA services.

Medicaid application interactions
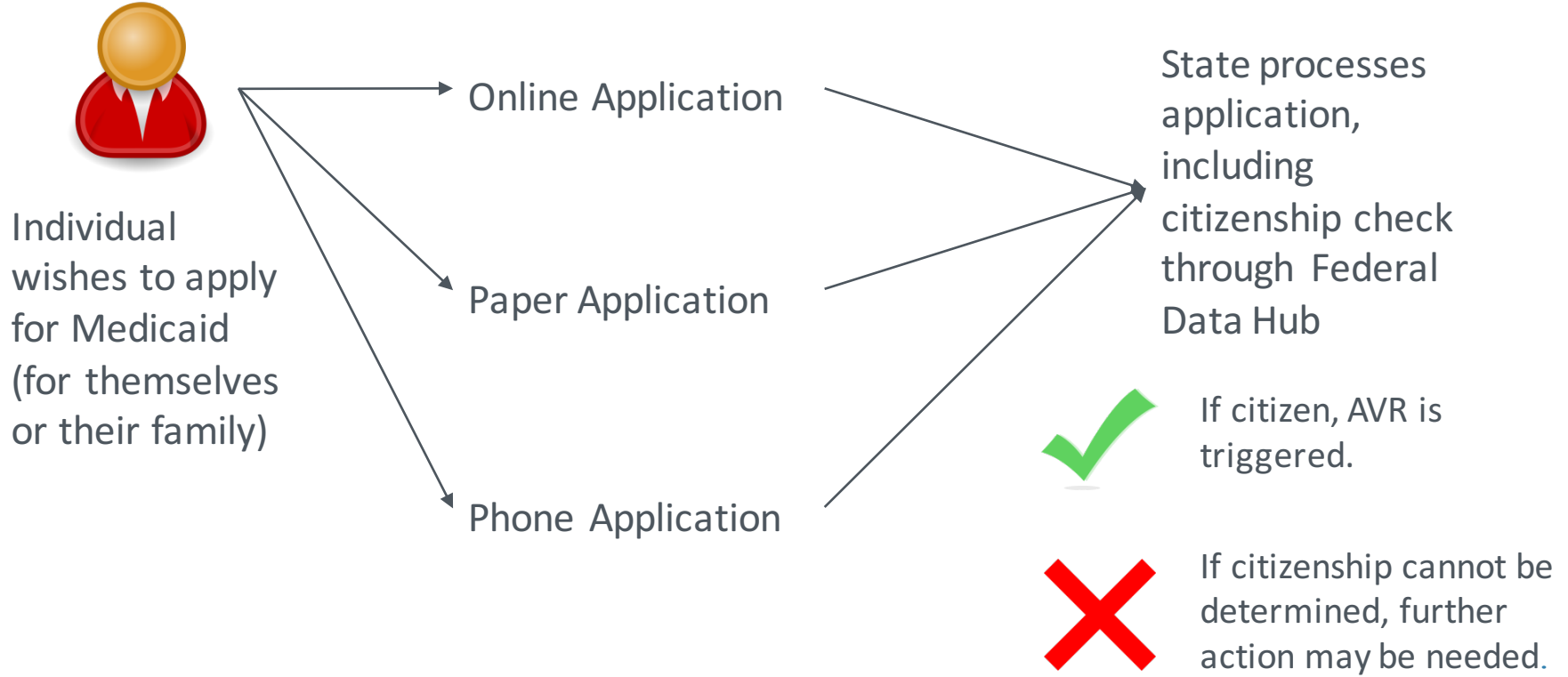
Who is eligible for Medicaid?

Traditional coverage groups: caretaker adults, children, pregnant women, elderly people & people with disabilities

Non-citizens with qualified lawful status for 5+ years

States determine income thresholds

States can choose to expand Medicaid to childless adults under the ACA

How would an AVR system work in Medicaid?

Individual wishes to apply for Medicaid (for themselves or their family)

Online Application

Paper Application

Phone Application

State processes application, including citizenship check through Federal Data Hub
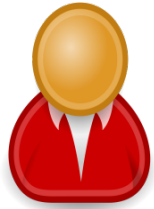
If citizen, AVR is triggered.

If citizenship cannot be determined, further action may be needed.

How does citizenship check work in Medicaid?

All persons applying for Medicaid must have citizenship / immigration status verified

If a person is eligible based on income → Information is passed through Federal Data Hub, usually 0-24 hours. → If citizenship cannot be verified, paper documentation necessary

If a person is eligible based on medical need → Medical need is priority determination → Information is passed through Federal Data Hub during process (2-6 weeks)
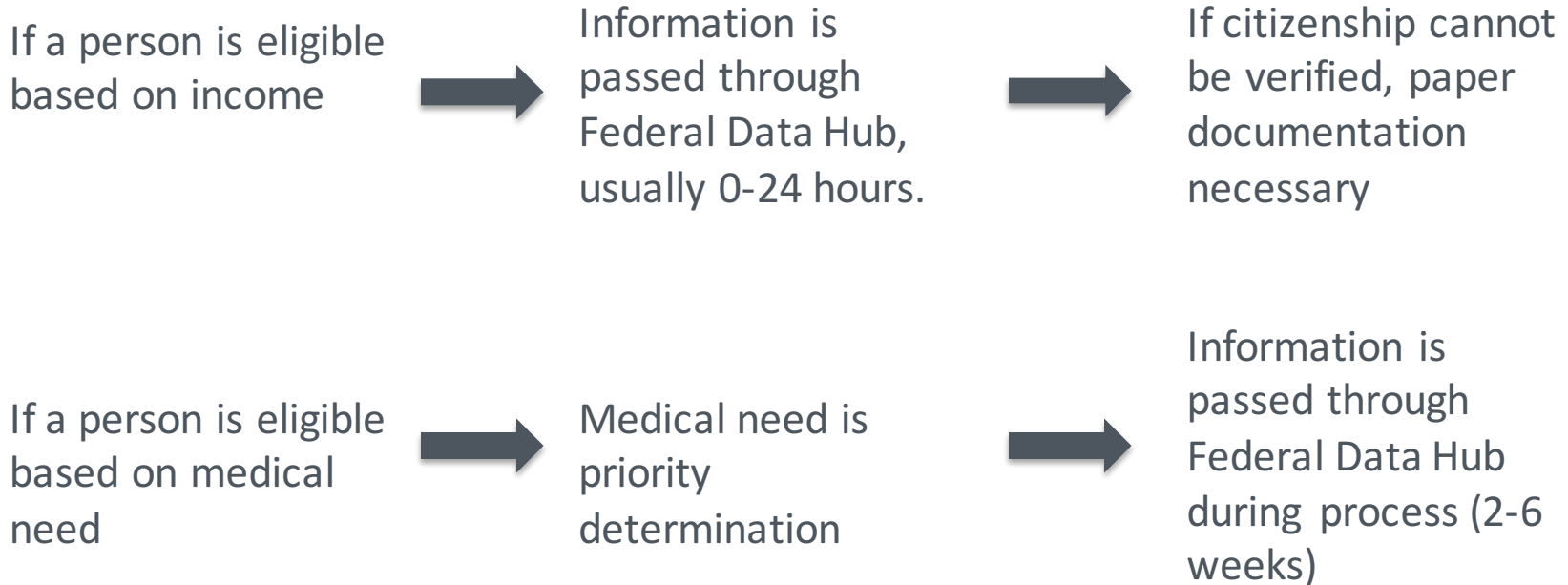
What interactions could cause an AVR data push?

- Initial application
- Regular redetermination
- Change of address

Issues to consider

- Who gets automatically registered?
- What if election officials need signatures?
- How does data get transmitted to elections officials?
- What if citizenship is not determined automatically?

Medicaid + AVR in Massachusetts

How it will work beginning Jan 1, 2020

- At Registry of Motor Vehicles (RMV) & state provided healthcare, both Medicaid & Private Pay Health Exchange

- Requires notice at point of service, opportunity to decline through mail afterwards (back-end)

- Only head of household will be registered

- Other agencies may be added later

- SOS has broad implementation powers over other agencies

Background

- Coalition of 65 groups pushed for bill in 2017/18 legislative session, led by Common Cause with strong support from CSME

- Vigorous inside and outside campaign with organizing, direct lobbying, social and traditional media

- Supported by SOS William Galvin

- Passed during last 2 weeks of session, signed August 2018

- Implementation slow to get off the ground

Key challenges

Lack of wet signature at healthcare agencies

Privacy regulations and back-end process -- what constitutes consent?

Bottleneck in implementation

Complexity of implementation process

Time constraints for approval

Working group structure

- Includes all key stakeholders

    - Agencies, advocates, local Clerks, experts

    - Policy, legal, and IT staff from all agencies

- Meets regularly

- Established subgroups that also meet regularly

    - Medicaid/Exchange, RMV, Clerks

Today's takeaways

Why Medicaid? It's the law, plus it makes voter rolls more accurate

While Medicaid application process is complex, AVR is possible

A working group will help your state with implementation

Group discussion questions

What resonated with you today?

What did we cover that you have questions about?

Is there some thing we didn't discuss today that you're curious about?

Resources

Recording of this webinar will be posted on the CTCL website

www.techandciviclife.org/news/webinar-avr-and-medicaid

Watch the webinar series on Vimeo

www.vimeo.com/helloctcl

Next webinar

Securing Modernized Voter Rolls

Thursday, May 30

1:00 - 1:45pm Central Time

ModernReg.org

How to get help with your implementation

The IWG coordinates support for state and local election and agencies as well as advocates working to ensure smooth implementation of automated voter registration systems.

We can assist with design issues, testing, legal review, public education and engagement plans, data transfer plans, and other issues.

For assistance or to learn more, contact
Scott Seeborg, Center for Secure and Modern Elections
 scott@modernelections.org