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February 28, 2013

VIA ELECTRONIC SUBMISSION

Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8016
Baltimore, MD 21244-8016

Attention: CMS-10440
Appendix A: List of Questions in the Online Application to Support Eligibility Determinations for Enrollment through the Health Insurance Marketplace and for Medicaid and the Children's Health Insurance Program
Appendix C: FA Paper Application
Appendix D: non-FA Paper Application

Dear Sir/Madam:

Thank you for the opportunity to comment on the model application materials released in January 2013. Pennsylvania Partnerships for Children (PPC) is committed to a smooth and successful implementation of the Affordable Care Act (ACA) in Pennsylvania and view the application material as a key tool for enrolling consumers for coverage. PPC is a statewide, non-profit, children's advocacy group that has worked closely with the Pennsylvania Departments of Insurance, Public Welfare and Health for over 20 years to improve healthcare coverage for children in the state. In fact, it was 20 years ago that Pennsylvania demonstrated its leadership and commitment in providing coverage for children by implementing a state Children's Health Insurance Program (CHIP) that served as a model for federal SCHIP. We continued that leadership with the passage of the Cover All Kids expansion to CHIP to become one of the first states to provide the opportunity for all children to qualify for health care coverage. The passage of the Affordable Care Act provides an additional opportunity to ensure access to affordable, quality health care to all children in Pennsylvania.

We anxiously await implementation of the ACA and know getting the application right will be a key to its success. With that in mind, we are pleased to offer the following comments on the model application. However, before recommending changes, we want to acknowledge and thank HHS for the hard work that went into developing these draft materials. We recognize that it is extraordinarily difficult to turn the complex eligibility and enrollment rules behind Medicaid, CHIP and the new Advance Premium Tax Credits (APTC) and Cost-Sharing Reduction (CSR) into a single, unified application. The draft materials include numerous positive elements and features that we hope will be retained or strengthened in the next version, such as:

- A strong, person-centered orientation to the applications and related materials;
- In the paper application, good, basic upfront information about the application and eligibility determination process;

- In the online environment, use of a “preliminary assessment” and a dynamic flow that helps to minimize unnecessary questions.
- Tools to connect people with assistance, such as a help line phone number.

We also want to commend the agency for using consumer testing as it developed these materials, and for soliciting public input on draft materials.

PRIORITY ISSUES

While the draft application materials represent an impressive start, we believe that the implementation of the ACA will go more smoothly if some key steps are taken:

- 1. Continue to gather public input and data from consumer testing; recognize need to make changes after 10/1/2013.** While we very much appreciate the opportunity to comment on the draft application materials released in January of 2013, it is impossible to fully evaluate them in their current form. We are still missing the “help text” that will accompany the on-line application and can only see selected screen shots of the on-line system. We recognize that the help text and on-line system are still under development, but, until they are in place, we cannot fully assess where improvements may be needed. Unfortunately, these are not minor gaps. As a result, we strongly urge HHS to provide consumer groups with an opportunity to give feedback on the help text when it becomes available, as well as to test and offer input on the online application once it is operational.

On a related note, we believe some additional consumer testing is needed in a few key areas:

- Testing of the on-line application with individuals entering their own, real data, not hypothetical scenarios.
- Testing of both the on-line and paper application by mixed status families.
- Testing of both the on-line and paper application by assistors (e.g., eligibility workers, community-based organizations and others who are potential Navigators) since they have a wealth of practical, hands-on experience in the difficulties uninsured, low-income people face in applying for coverage and will be key to helping people enroll in coverage.

We also encourage you to build into the online application various strategies for gathering feedback on how it is working, such as including an optional online survey that consumers can complete about their application experience.

We recognize that there may not be enough time to take all of these steps in the next few months, especially because the on-line system still appears to be very much under development. For this and other reasons, we recommend that HHS consider acknowledging and planning now for the need to update and refine the application materials throughout the fall of 2013 and into 2014. Such a strategy would allow for appropriate consumer testing and public input on the complete application experience. It also would allow HHS to gather and analyze data from the initial open enrollment period to refine the application material. By acknowledging and planning for such a need, HHS could allow states and IT vendors to better prepare for future, anticipated changes.

- 2. Establish and make clear to consumers the standards for what constitutes an application.** Both the paper and on-line applications are daunting in their length and complexity, and we think that many people will “get stuck” as they proceed through the application. In comment 3, we offer a number of ideas for making sure as many people as possible complete a full application. At the same time, we believe it must be clear in both the paper and on-line environment that

people do not need to complete each and every item to submit an application and protect their filing date. To the contrary, there should only be a minimum set of data elements that people must complete to file an application in either the paper or on-line environment. Not only does this make sense from a consumer perspective, but we also believe it is required under long-standing Medicaid laws and regulations.

Specifically, we recommend that people are required to submit only the following minimum elements to protect an application filing date:

- Name of person submitting application,
- Mailing address,
- Contact information (mailing address can be required if no telephone or email address is provided),
- Names of people for whom the applicant is seeking coverage
- Signature, and
- Date completed (may be necessary for applicant to enter only on paper form since the on-line system should be able to record the date on which someone submits an application signature).

To support such a clarification, we see a number of additional changes that would be needed in the paper and on-line environment, such as:

- **Provide consumers with information on minimum required data elements.** Both the paper application and the on-line application should include a clear description for consumers of the minimum required elements that must be completed to file an application.
- **Make conforming changes to other “information” items.** It is easy to slip into using language that erroneously suggests more information than is truly necessary must be submitted to file an application. For example, the “what you may need to apply” language on the home page of the paper application could be read to suggest that the identified items (e.g., policy numbers) are required to file an application.
- **Ensure people can move forward when information is not truly required.** While it is hard to evaluate without access to the actual on-line application, we are concerned the proposed structure might envision people not being able to move forward through the on-line environment if they are missing information, including information that is not essential to filing an application. HHS should be very careful to ensure that items that do not need to be filled out to submit an application are not treated as “required fields”.
- **Provide people with alternatives to creating an online account.** In general, we support giving people the option to create an online account. It is an easy way to allow people to start, stop, save and return to an application. Moreover, we recognize that people who want to rely on the federal data hub to verify components of their eligibility will need to create an account that meets recommended federal standards. However, we do not think that everyone should be *required* to create an account to file an application electronically. Some people are uncomfortable about or unable to create online accounts and this should not entirely preclude them from using the online eligibility system. Even if such individuals may need to supplement the information that they provide electronically with paper verification, they should still have a chance to complete and submit an application online and to rely on electronic verification where possible and appropriate.

3. **Take more steps to prevent people from “getting stuck” and offer them escape routes when they do.** As already noted, the application is sufficiently complicated and many people will be tripped up by various questions and may never complete the process. To minimize and address such scenarios, we recommend encouraging people to complete the application process if they can, but without suggesting they must submit more than the minimum required data elements to initiate an application (see comment 2). Specifically, we recommend:
- **Encourage completion of the full application.** Adopt stronger, more precise language on the cover sheet/home page that encourages people to complete the full application if at all possible and explains why this is important. The current language on the cover sheet of the paper application tells people to submit an application even if it isn’t complete, but never explains why they should do this. (It also fails to note they can file an application by providing the minimum required data elements, as noted above).
 - **Tell people what to do if they run into trouble, particularly at “risk points.”** We think it is easy to anticipate some of the key areas of the application that will prove challenging (e.g., the questions on access to employer-based insurance that meets minimum value, household composition questions, and income questions for those who are self-employer or have multiple sources of income). We recommend that you anticipate these trouble spots and include reminders about how to access help at these critical points in the application. Additionally, the online system could trigger a pop-up after a certain number of “do not know” responses to let applicants know that if they would like help completing the application, how they can get it, including being able to work with a navigator or in-person assister in their community. While outside the scope of these comments, we also believe that the complexity of the application process is a major reason to ensure that robust consumer assistance is available beginning October 1, 2013.
 - **Provide more “don’t know” options.** People should be given the chance to respond “I do not know” to questions that do not need to be answered to evaluate eligibility for one or more of the affordability programs. For example, the detailed questions about access to employer-based coverage do not need to be answered by Medicaid and CHIP applicants. We think it is important to strongly encourage people to provide such information if available, but not to erroneously indicate it is required.
 - **Use the power of the online application to prompt people to finish the application process when they can.** We strongly encourage you to include help text, as well as automatic prompts and reminders that highlight the value and importance of submitting as much of the requested information as possible.
4. **Create a more expedited process for those likely eligible for Medicaid or the Children’s Health Insurance Program (CHIP).** We are concerned that requiring people who are not eligible for APTC to provide detailed information that is only needed for APTC will unnecessarily slow down the application process and potentially deter families from completing the process altogether. In particular we recommend that the online application identify a new strategy that will allow people who do not file taxes nor are claimed as tax dependents to bypass many of the tax filing questions quickly. At the point the applicant reaches the family and household section, he/she has already provided a list of individuals in the household who are applying for health insurance. A sequence of questions should be developed that allows for an expedited calculation of the MAGI-based Medicaid household size, while gathering baseline information that will be used to complete the household and family section if no one in the family is determined MAGI-based Medicaid eligible.

Following the minimum questions needed to arrive at a MAGI-based Medicaid household, the application can then skip the more complicated family and household questions and proceed through personal information, citizenship/immigration status, parent/caretakers, other

addresses and special circumstances to arrive at current monthly income. If current monthly income indicates Medicaid eligibility only the relevant remaining questions would be asked. If some or all members of the family are over income for Medicaid, the system could display a message that it needs to gather more tax filing information and projected income to make a final determination of eligibility for help.

This same process could also readily identify single individuals who are APTC eligible, and whose application would qualify for the expedited income path developed in the application.

5. **Improve the application for people with disabilities and chronic health conditions.** We are concerned that neither the paper, nor the online application, does enough to accurately identify people who may qualify for Medicaid on the basis of disability or consistent/high medical bills. There is an enormous difference in the affordability of the coverage provided via the new Marketplaces versus Medicaid, making it a high stakes issue as to whether people get into the right program. As such, we do not think it is appropriate to address this issue only in follow up notices. We recommend the following changes to the application material:
 - **Revise the screening questions to make them understandable to more people.** We are concerned that the screening questions for disability assume knowledge of highly specialized terms, such as “activities of daily living.” We recommend using more intuitive and descriptive language, such as “Do you have a health or mental health condition that affects your ability to work?” It also is important to ask somewhat different questions for children, such as “Does your child have a condition that affects his/her ability to attend school?” Other questions that should be considered for this section include certain questions from the American Community Survey.
 - **Use help text/prompts/pop up worksheets to flag when people may want to apply for Medicaid under other categories.** In the online environment, we recommend providing people with help text and “prompts” that flag they may qualify for Medicaid under other categories. Along with asking a more expansive and intuitive set of screening questions of everyone as a routine matter, the on-line system should give people the option to use a pop up worksheet to review a more detailed set of questions on their health status, health and mental health conditions, medical bills, and potential disabilities. These questions could be used to help them identify if they may want to pursue a Medicaid application based on disability, medically needy coverage or another non-MAGI-based Medicaid category.
 - **Improve the accessibility of the application itself.** The paper application should include a TTY number on each page and information on how to receive a copy in braille.
6. **Provide more reassurance, explanation and tools to consumers.** We see a number of places throughout the application where it could be strengthened if people were given additional context, information, explanation and reassurance.
 - **Front page of paper application.** We recommend the following changes to the front page:
 - As discussed above, provide clear information on minimum elements needed to file an application, encouragement to complete the full process, and information on what to do if you run into trouble.
 - In “Who can use this application,” make it clear immigrants are welcome to apply for eligible family members;
 - Modify the privacy language to specifically say that personal information will only be used to check if you are eligible for health insurance;

- Reassure people that they likely will not have to complete all questions and provide information on how long it might take them (e.g., most people only take X minutes to complete this application and/or only need to complete Y questions)
 - To make space for such changes, we believe that you should drop the full section given to “apply faster online” and, instead, make this point along the bottom of the page; eliminate the discussion of “what happens next” since it is addressed at the end of the application; and scale back/rewrite the discussion of “what you may need to apply” (for the reasons discussed in more detail above).
 - Add the hours during which the call center will be open.
 - Add a clear explanation of where this application works (or information on how to determine where it works). We are concerned that people will find it on the web or otherwise get a copy of it and not realize that they can’t use it to apply in their particular state.
- **In the online environment, create additional helps texts/videos with reassurance and explanation.** We recommend using help text and/or videos that explain the value and importance of health insurance; offer additional explanation and, as appropriate, reassurance about filing an application; and provide information on how to handle changes in your circumstances. Without such information, we are concerned that many people will throw their hands up when they see the application or get stuck as they move through the on-line version. Some areas that require special attention include:
 - **What to do if you don’t know answers.** People should be reassured they can’t get into trouble if they fill out the application to the best of their abilities. As already discussed, there should be clear explanations of what to do if you don’t know the answers or need help completing questions.
 - **Immigration concerns.** As discussed below, we recommend special reassurances for immigrants that they need not fear public charge problems or deportation when eligible family members enroll in coverage. We recommend including these messages in help text, as well as producing a video that is specifically for immigrant family. (Note that we don’t see help text and a reassuring video as substituting for better upfront messaging, but as supplementing it).
 - **APTC repayment obligation.** One particularly tricky issue is how to address the potential repayment obligation for APTCs. We do not want to scare people away from using them, but also consider this topic too important to leave to follow up notices alone. We recommend noting in help text/via pop up alerts that repayment obligations are a possibility, but are avoidable if you follow key safeguards, such as reporting changes in your circumstances as they occur.
 - **Changes in circumstances for Medicaid/CHIP.** We are concerned that it isn’t clear where people should report changes in their circumstances if they are enrolled in Medicaid or CHIP. In FFE states, many are likely to expect they should report such changes to the FFE. While notices could inform them of where to report changes, we also recommend that the final results page in the on-line application advise people on where they should report changes in circumstances.
 - **Explanation of why questions are being asked.** The online application helpfully notes in a number of instances why a question is being asked, and we recommend that you expand the use of this practice. Our experience is that people are more likely to answer questions and answer them correctly if they understand why they are being asked. For example, the questionnaire includes significant numbers of questions about tax filing status, tax dependents, etc., and it would be useful to explain to people that they are included because assistance may be delivered to individuals via a tax credit.

7. **Provide clearer direction on who is filling out the form and on whose behalf.** We remain concerned in both the paper and on-line environment that it is difficult to untangle who is submitting the application and on whose behalf. Moreover, the directions do not appear to be consistent with federal law and policy in some instances.

Paper Application

- **Modify description of who to include.** The description of “Here’s who you need to include on this application” doesn’t appear to be entirely accurate based on the household composition rules for MAGI-based Medicaid, CHIP and APTC, nor does it always match the subsequent directions on who should be included in Step 2 at the top of each “Person” page.
- **Substitute child-specific pages for a few of the “person” pages.** We think you may be able to simplify the paper application by creating short, simplified “child” pages to substitute for “person 3” and “person 4”. They could be labeled as pages that should be used if you have a child who is not expected to file a federal income tax return next year. Such a strategy would allow HHS to drop numerous questions that are irrelevant to children (e.g., you could drop extensive questions about income). We think it will be common for applicant households to include two or fewer adults OR up to two adults with children, but relatively rare for households to consist of three or more adults seeking coverage together. (If a household with three or more adults is applying together, they could copy the “person 1” or “person 2” form, as is contemplated now for households with more than 6 people).
- **Consider dropping some of the “person” pages.** In the interest of shortening the application, you may want to drop “person 5” and “person 6”. We do not offer a specific recommendation on this point at this time, since it may prove unwieldy for families of five or more, but we encourage you to explore the option in focus group testing and to gather data on how frequently all 6 “person” pages are used.

Online Application

- It is difficult to fully assess whether the on-line application is clear about who is filling out the form and on whose behalf they are seeking coverage until it is actually available. We remain concerned, though, that the household composition questions are extremely complex and that in the absence of some simplified options for key types of families, they will prove extremely daunting to people.
8. **Immigrant families.** We are deeply concerned that the proposed application materials will not work well for many immigrant families, causing them to avoid seeking coverage for their eligible family members. Parents in many mixed-status immigrant households are afraid to apply for and enroll their family members in health coverage given hostility, language barriers, and threats some have experienced when seeking services from government agencies. To promote enrollment of all eligible persons, compliance with civil rights and privacy laws and reduction of administrative errors and costs, the applications at minimum need to avoid creating obstacles to participation, and strive to create a gateway to health care that is welcoming, informative, credible, and secure. Our specific recommendations for reaching this goal include:
- **Provide strong, clear messages that offer reassurance to immigrant families seeking coverage for eligible members.** The application materials should clearly convey information such as the following:
 - Only citizen and lawfully present members of immigrant families are eligible for services, but ineligible adults are encouraged to file applications on behalf of eligible family members.

- Ineligible, non-applicant family members will never be required to provide their citizenship or immigration status in order to apply for others in their family.
 - Non-applicants are not required to provide Social Security numbers (SSNs) nor are applicants who do not have SSNs.
 - Information regarding immigration status and SSNs will be used solely to administer the health care program and not for immigration enforcement purposes.
 - Free language services will be provided to assist persons with limited-English proficiency (LEP).
- **Include key reassuring messages on the home page or cover sheet.** Many immigrant families won't even start the application process if immigration-related concerns aren't addressed upfront. As noted above, we recommend that the home page or cover sheet include some key messages aimed at immigrant families that are welcoming and reassuring. Specifically, we recommend that it address:
 - Families that include immigrants are welcome to apply. You do not have to provide immigration status or a Social Security number (SSN) for those in your family who are not seeking health insurance.
 - For family members who do not apply, we can give you information about other ways to get health care.
 - We will keep all the information you provide private and secure as required by law. We will use personal information only to check if you are eligible for health insurance.
- **Address issues created for immigrant families by the on-line account.** As discussed in our earlier comment on on-line accounts, it is particularly problematic that the on-line application immediately begins by asking the application filer to create an account. As part of this process, a filer for an immigrant family is asked to begin by revealing personally-identifiable information (PII) without yet receiving any assurances about how PII that is collected will be used and what data sources will be tapped for information. This design fails to address immigrant concerns about questions of non-applicants regarding immigration status or SSNs.
- **Provide explicit reassurance on implications for green card applications.** The proposed materials provide no information about the effect of applying for health insurance on an individual's chances of having a Lawful Permanent Resident (green card) application approved by DHS. Many immigrants are concerned that applying for help paying for coverage may result in DHS deeming them inadmissible as a "public charge."
- **Explain options available to ineligible family members for health care.** The draft application materials provide no information or enrollment assistance for family members who are ineligible for coverage under the ACA except for a few passing references to emergency Medicaid in the on-line form. The application should provide family members who qualify for emergency Medicaid with a notice of their eligibility, as well as any available information on federal/state/local options for addressing their other health care needs. For example, through help text and pop-up windows/maps, the on-line application could identify community health centers serve individuals regardless of their immigration status.
- **Retain and strengthen the collection of demographic data.** We strongly support collection of data on race and ethnicity, and also support collection of data on primary language. This data should be asked of all family and household members, not just the household contact. Collection of this data is critical for enforcing nondiscrimination laws, as well as for assisting insurers, navigators and healthcare providers, and establishing national standards for sound policymaking. We suggest that the request for data include an explanation of the reason, to increase the likelihood of a response to these voluntary questions, such as the following:

“We ask for your race, ethnicity and language so that we can review application information to make sure that everyone gets the same access to health care. This information is confidential and it will not be used to decide what health program you are eligible for. You do not have to provide your race and ethnicity to complete the application.”

9. **Offer assistance to LEP filers.** We believe it is imperative that limited-English proficient filers (LEPs) be offered free language assistance. This should include providing a phone number for interpretation in many languages where assistance completing the form is available and in English with taglines. On a related note, we strongly encourage that the homepage or cover sheet include taglines in multiple languages or a language portal that directs those with limited English proficiency to translated versions of the application and how to access assistance completing the application (e.g. call center phone number or local assisters, navigators, or certified application counselors who can provide in-language assistance). Specifically, we recommend that you include on the homepage or cover sheet either the following statement in at least 15 languages or a language portal that directs LEP individuals to a webpage for information on how to obtain further assistance.

“If you do not speak English, we will get an interpreter to help you for no cost to you. Please call (XXX) XXX-XXXX.”

It is also important for HHS to translate the application into multiple languages. This will assist applicants as well as applicant filers, navigators, and others who will provide application assistance to LEP individuals.

10. Provide consumers with better options for reporting their income data.

We are concerned that the income questions may prove impossible for many people to answer unless HHS offers additional tools and explanation. Moreover, some of the proposed questions do not appear to be consistent with federal rules.

- **Collect current monthly income prior to projected annual income.** We strongly recommend that the application first screen for Medicaid and then for premium tax credits. We believe that more individuals will understand how to answer questions about their current monthly income as opposed to projecting their annual income. Also, people who are eligible for Medicaid or CHIP are not eligible for APTC, so a thorough screen should be completed for Medicaid and CHIP prior to APTC. For these reasons we recommend switching the sequencing of these income questions to screen for Medicaid and CHIP before APTC.
- **Create a pop up worksheet for income.** We recommend that HHS harness the potential power of the online environment and offer consumers a pop-up worksheet that allows them to estimate their MAGI. Such a worksheet could, for example, make it far easier to help consumers determine how they are supposed to handle pre-tax deductions, address week-to-week changes in their earnings, calculate self-employment, and convert hourly wages into current monthly and projected annual income. The worksheet should auto-fill the appropriate data elements of the on-line application after it is completed.
- **Address individual contributions to pre-tax benefits.** Right now, neither the online, nor paper explicitly addresses the issue of individual contributions to pre-tax benefits that would not count towards MAGI and will result in a number of individuals and families not being accurately assessed or determined eligible for Medicaid or not being offered the full APTC available to them. We believe that both applications need to be very clear on how people should treat their pre-tax deductions; this could be easily done in an income worksheet.

- **Ensure questions are consistent with federal policy.** The questions on “yearly income” on the paper application do not appear to match what is needed to make an eligibility determination. Instead of asking about income that is not “steady from month to month,” the form should ask more generally whether someone expects their income or family size to change. And, it should gather the information that is needed to determine projected annual income for APTC purposes or, if relevant to a state, someone’s projected income for the remainder of the calendar year.
- **Refer to “business expenses” rather than expenses.** Based on the experience in Massachusetts, self-employed people may report their income net of all expenses, not just business expenses, unless they are asked about “profit once *business* expenses are paid”.

11. **Simplify the questions on access to employer-based coverage.** While we recognize that these questions are to some extent required by the ACA, we remain deeply concerned that they will make little sense to most people and could cause significant numbers to abandon their applications or to submit incomplete forms. The reality is that they are based on complex terms and concepts created only recently by Congress, such as the notion of employer-based insurance that meets “minimum value” that will be meaningless for many. Moreover, they require people to approach their employers for information even though their employers may have fiscal incentives for them not to enroll an APTC. Some of these issues may ease over time, but they could prove daunting in the early months and years of ACA implementation. To mitigate the disruptive impact, we recommend that you pursue the following strategies:

- **Minimize who must answer the employer-based coverage questions.** The employer-based coverage questions are a major reason why we believe that the “pre-assessment” model being used by HHS in the online environment is critical and needs to be retained. It is harder to ensure that these questions are not asked of Medicaid-eligible individuals submitting a paper application, but our recommendations above for creating a simplified, one-page form (a la the 1040EZ) for select individuals who are clearly eligible for Medicaid would help to mitigate this problem.
- **Provide clear instructions on what people should do if they can’t answer the questions.** On the paper form, HHS should give people the option to say “don’t know,” as well provide them with specific instructions on what to do if they can’t answer these questions. We recommend that the materials encourage people to contact their HR Department to gather this information (not just their “employer”) and remind them of who to contact if they can’t figure out the answers on their own.
- **Eliminate the question on whether someone “thinks” coverage is affordable.** We don’t see that the personal opinion of applicants as to the affordability of employer-based coverage is a relevant factor in determining their APTC eligibility. We recommend deleting this question.
- **Clarify that people are expected to answer only if they are “eligible” for coverage.** In many instances, firms “offer” insurance, but it isn’t available to everyone. Only those who have worked there for a specified period of time or who work a certain number of hours a week are eligible for the coverage. We think asking about coverage for which someone is “eligible” will produce more accurate, relevant results. Also, asking are you eligible for health insurance from your employer may elicit the desired response.

12. **Increase usability by providing more white space in the paper application and by defining key terms, using them consistently and improving readability.** We remain concerned that many people will find the language used in the application materials difficult to understand. To address, we recommend the following:

- **Define key terms.** In help text and for key terms in the paper application, we recommend that you define key terms. In many instances, a hover button may be more appropriate than help text to provide definitions.

- **Use language consistently.** We found a number of instances in which some terms were used inconsistently (e.g., the application materials switched from “household” to “family”).
- **Use shorter sentences.** We found a number of instances, particularly in the detailed on-line application questions about income, in which sentences were quite long and dense. We encourage particular scrutiny of these questions from a readability perspective.
- **Create more white space on the paper application, particularly the individual person pages.** White space is a key design mechanism that helps people who have difficulty with forms be better able to get through them.

Again, we thank you for all of your work on the model application materials and appreciate the opportunity to react to the draft items. If it would be helpful to discuss any of these items in more depth, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, consisting of a large, stylized 'J' and 'B' that are connected, with a long horizontal stroke extending to the right.

Joan L. Benso
President and CEO