Policy Analysis

Unlocking Access

Streamlining Public Benefits for Families with Young Children

The Children's Agenda
Smart Choices. Bold Voices.

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RAISING NEW YORK

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This report was a collaborative project of
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Executive Summary

PURPOSE

The purpose of this study was to better understand how families with young children are experiencing the enrollment and recertification processes for priority benefits programs, as well as to gather feedback on how impacted populations would like to see these processes improved.

METHOD

The Children's Agenda surveyed 50 parents about their experiences navigating four programs targeted at supporting low-income families, especially during a child's earliest years. We also spoke with policy experts, reviewed changes to those programs that were put in place during or after the COVID-19 pandemic, and analyzed publicly available program participation data.

FINDINGS

- Regulatory flexibility during the COVID-19 pandemic allowed more people to enroll and benefit from various public assistance programs. Continuous programmatic coverage and fewer administrative hurdles like in-person interview requirements sustained or grew enrollments.
- New York State has taken advantage of increased funding or ongoing flexibility from the federal government to increase eligibility (where possible) and remove administrative burdens (when allowed).
- Parents surveyed as a part of this process recognize some of the improvements made over the past several years, but remain frustrated by administrative hurdles and the stigmatizing nature of the application process.
- It is hard for some families to take full advantage of certain programs due to difficulties redeeming benefits like WIC or child care assistance.

RECOMMENDATIONS

New York State government should:

1. Expedite roll-out of the Integrated Eligibility System to streamline applications and recertifications
2. Advocate with the federal government to build on the progress made during the Public Health Emergency
3. Ease benefit use through better incentives for providers and more creativity in how and where participants can use benefits
4. Prioritize reducing burdens and increasing uptake in recommendations made by the Child Poverty Reduction Advisory Council

Introduction

The earliest years of a child's life are essential to their lifelong growth and development. Decades of research support what many parents understand intuitively -- that a safe, nurturing, and well-resourced early childhood provides a foundation for children to reach their full potential.

Effective public policy can ensure that children grow up in an environment conducive to their development. This takes many forms, including housing, environmental, and educational policy. A strong social safety net, which includes food assistance, child care, and health insurance, is critically important for many low-income families who struggle from the effects of economic insecurity.

Improving families' economic well-being is better for children and better for our communities. Federal and state policymakers should take care to ensure that additional support is available to families with young children and that resources are readily accessible to people who qualify for them. The ability of families to access these supports can be divided into two broad categories:

- **Program Eligibility and Benefit Levels**: Most social safety net programs in the United States are means-tested and subject to certain other eligibility criteria. They provide a level of support based on a family's income and other qualifying criteria, such as immigration status or workforce participation. These rules are established in law and regulation, and are the written rules governing a program.
- **Program Access**: Program eligibility alone does not ensure that qualifying families can benefit from the support. To fully access a service or support, parents must apply for assistance, demonstrate that they meet the program's eligibility criteria, navigate various levels of scrutiny from government employees or their designees, and use the support on an eligible service or product.

The COVID-19 pandemic and subsequent economic turmoil prompted the federal and state governments to temporarily loosen many program requirements across a range of assistance programs, including the ones in this review. Those changes demonstrated the potential for a permanently more accessible, more generous, and less punitive social safety net. However, since 2021, most of the COVID-19 related waivers from the federal government have lapsed, leaving New York with some insight into how these programs could operate differently and, in some cases, inspiration to change policies under the state's control.

With this report, we hope to build a better understanding of the strengths and challenges of New York's approach to administering public benefits for families with young children,

especially in the context of changes made over the past several years. Specifically, we are reviewing aspects of the following four programs in New York State:

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Child Care Assistance Program

There are many important programs for families with young children, including Temporary Assistance, Home Energy Assistance Program, and Housing Choice Vouchers, among others. The four programs included in this review were chosen because they either have high rates of eligibility and participation for families (Medicaid and SNAP) or are particularly important for families with young children (WIC and Child Care Assistance).

Improving families' **economic well-being** *is better for* **children** *and better for* **our communities.**

Overview of Programs Included in Review

Medicaid

New York's Medicaid program provides health insurance coverage for millions of low-income New Yorkers, including many children. In fact, nearly half of all births in New York are covered by the state's Medicaid or Child Health Plus programs.[1] New Yorkers are eligible for Medicaid coverage if their household income and assets fall below certain levels, which vary by age and certain health statuses like pregnancy.

Medicaid in New York is funded by the federal government, the state government, New York City, and the 57 counties in the state outside New York City. Counties historically had a larger role in administering the program, but reforms to Medicaid over the past 15 years have transferred much of that responsibility to Managed Care Organizations (MCOs) and state-level administration. Those reforms also capped the level of funding counties contribute to the Medicaid program each year.

On a per-enrollee basis, New York has one of the nation's most robustly funded Medicaid programs but ranks 25th among 51 states and the District of Columbia in terms of per-child expenditures.[2] Accordingly, families may still experience challenges enrolling in the Medicaid program and accessing certain Medicaid funded services, as explored in this report.

Prior to the COVID-era pause on disenrollments, approximately 6.1 million New Yorkers received Medicaid. This rose to 8 million in June 2023. This number has been steadily decreasing following the end of the Public Health Emergency and the resumption of recertifications, with approximately 7.3 million enrollees in March 2024.

[1] See https://www.health.ny.gov/statistics/vital_statistics/2021/table13.htm#1
[2] See https://www.kff.org/medicaid/state-indicator/medicaid-spending-per-enrollee/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Children%22,%22sort%22:%22desc%22%7D

Supplemental Nutrition Assistance Program (SNAP)

The Supplemental Nutrition Assistance Program (SNAP) is the United States' largest anti- poverty program for children. It provided nutritional support for more than 2.8 million residents in New York State in 2022, and more than half of participants are in families with children.[3] Eligible families receive a monthly benefit, which is determined by their income, certain household expenses, and household size. The federal government covers the entire cost of SNAP benefits, while New York State contributes to some of the administrative cost of operating the program.

Similar to the Child Care Assistance Program, SNAP enrollment and recertification is managed by the state's 57 social service districts, although applicants can also apply directly through a state-managed website.

SNAP recipients can redeem their benefits at participating food retailers throughout the state. At the end of 2023, there were 16,619 SNAP retailers active in New York State, including 592 in Monroe County.[4] SNAP enrollment remained somewhat steady in New York State over the past 13 years in both New York City and the rest of the State, though it did rise slightly in both geographies during the pandemic.

Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

The Special Supplemental Nutrition Program for Women, Infants, and Children, better known as "WIC," is a federally funded food and nutrition support program targeted at the unique needs of families during pregnancy and the early years of a child's life.

[3] See https://www.cbpp.org/sites/default/files/atoms/files/snap_factsheet_new_york.pdf
[4] See https://www.fns.usda.gov/snap/retailer/historical-data

WIC participants use an eWIC benefits card to purchase items such as food and infant formula that are included in the WIC approved products list and prescribed by WIC nutritionists. Vendors in the WIC program are required to carry a certain amount of goods from the WIC approved products list to participate in the program. Currently, there are 2,829 active vendors in New York, just 17% of the number of SNAP vendors in the state.[5]

WIC in New York State is administered by the state Department of Health. The Department of Health contracts with a mix of public agencies, such as the Monroe County Department of Health, and community-based organizations like Jordan Health Center in the City of Rochester or the Society for the Protection and Care of Children in the Finger Lakes region to enroll and recertify families in the program. Those agencies are responsible for determining applicant eligibility, conducting health screenings, counseling families on which items are eligible for purchase through WIC, and making referrals to other services a family may need.

Families enrolled in Medicaid and SNAP are categorically eligible for WIC, but still must go through an application process, interview, and quarterly check-ins with a WIC agency. With some relaxed requirements during the pandemic, the total number of WIC participants in New York State grew by 14% from 2019 to 2024, reaching over 430,000 participants.[6]

Child Care Assistance Program

New York State's Child Care Assistance Program helps low- and moderate-income families afford the cost of child care. The program is governed by the state Office of Children and Family Services and is funded by federal Child Care and Development Block Grant funds, state funds, a portion of the state's Temporary Assistance to Needy Families allocation, and local governments. Counties are required by New York State to provide matching local funds, referred to as "Maintenance of

[5] See NYS WIC Vendor Information Data - https://health.data.ny.gov/Health/Women-Infants-Children-WIC-Vendor-Information/4az8-5hx6/about_data

[6] See WIC national program data - https://www.fns.usda.gov/pd/wic-program

Effort." The amount of each county's Maintenance of Effort is based on a formula from the 1990s.

Families with children between the ages of 6 weeks and 12 years old are eligible for assistance if they meet income and work participation requirements. They are only eligible for assistance during their hours of work or participation in a qualified program, plus a 60-minute travel period to and from work. Across the state, hundreds of thousands of children have become newly eligible for child care assistance due to several state-level policy changes, leading to the highest enrollment levels in years with nearly 125,000 children receiving subsidized care.

	Medicaid	SNAP	WIC	Child Care Assistance
Program Purpose	Comprehensive health coverage	Food assistance	Food assistance and breastfeeding support	Work/education support for parents
Administering Agencies	NYS Dept. of Health & Local Depts. of Social Services	NYS Office of Temporary and Disability Assistance & Local Depts. of Social Services	NYS Dept. of Health, Local County Health Depts., & Local WIC Offices	NYS Office of Children and Family Services & Local Depts. of Social Services
Income Eligibility[7]	138% of Federal Poverty Level 154% of Federal Poverty Level for ages 1 - 18 223% of Federal Poverty Level for under 1 and pregnant women	130% of Federal Poverty Level 200% of Federal Poverty Level for families with dependent care costs	185% of Federal Poverty Level	85% of State Median Income
Eligible Groups	1. Adults 19-64 years of age and not eligible for Medicare 2. Children under 18 3. Pregnant individuals	Individuals and families experiencing food insecurity	1. Pregnant and up to 6-months postpartum individuals at nutritional risk 2. Families with a child under 5 at nutritional risk	Families with a child under 13

[7] Income levels for a family of four by % of Federal Poverty Level (FPL) or State Median Income (SMI): 130% - $40,560; 138% - $43,056; 154% - $48,048; 185% - $57,720; 200% - $62,400; 223% - $69,576; 85% SMI - $108,632; See detailed-guidelines-2024.pdf (hhs.gov) for additional family sizes

	Medicaid	SNAP	WIC	Child Care Assistance
Activity Requirements	N/A	Requirements vary based on age, disability status, presence of children in the home, and receipt of other benefits	N/A	Requirements vary by LDSS, but generally subsidy recipients are required to participate in work activities (employment, job search, education, job skills training) and/or meet income requirements
Application Options in Monroe County	1. Online through the NY State of Health Marketplace 2. Online through a Managed Care Organization 3. In-person through a Managed Care Organization 4. On the phone with the Medicaid Helpline 5. Online with Monroe County DHS 6. In-person with Monroe County DHS	1. Online through the myBenefits NY Portal 2. In-person at a SNAP Office or Monroe County DHS 3. By mail to a SNAP Office or Monroe County DHS	1. In-person at Anthony Jordan Health Center, Monroe County DHS, or another WIC Office	1. In-person with Monroe County DHS 2. By mail or email to Monroe County DHS
Required Application Information	1. Proof of income 2. Immigration status/SSN 3. Proof of NY residency	1. Proof of income (gross monthly income, net income, assets) 2. Immigration status/SSN 3. Proof of NY residency 4. Additional expenses including medical costs, rent or mortgage costs, dependent child care expenses, and child support	1. Proof of income (can include Medicaid card, SNAP letter, or TANF notice) 2. Proof of NY residency 3. Proof of pregnancy, breastfeeding, or child's age	1. Proof of income and employer information 2. Immigration status/SSN 3. Information on second/absent parent and reason they cannot provide care 4. Travel time between child care and activity 5. Child's school information 6. Child care provider information

Study Method

To gain insight into how enrollees view these programs, The Children's Agenda partnered with Empire Justice Center's CASH program to survey people receiving free tax preparation services at the Rochester Public Library. To be eligible for the survey, someone needed to be a caretaker to a child under 8 years old and have been currently or previously enrolled in at least one of the four priority benefits programs. The goals of this survey were to better understand how families with young children are experiencing the enrollment and recertification processes for our priority benefits programs, as well as to gather feedback on how impacted populations would like to see these processes improved.

See Appendix A for more detailed information about the survey method. See Appendix B for demographic data on survey participants.

Survey Findings

This survey, while not statistically representative of the broader public, provides an important context for the enrollment figures and spending data that often dominate discussions on benefits programs. Understanding how real people navigate the administrative hurdles required to access the basic necessities they need to survive is a critical step to improving these systems for families across New York State.

Cross-Program Findings

The majority of survey participants have received help from multiple benefits programs, with 20% using all four, 46% using three, 24% using two, and 10% of respondents using just one program. **Medicaid was the most widely used program, with 96% of respondents currently or previously enrolled, followed closely by SNAP at 86% of participants.** Enrollment in child care assistance was far below the other programs, at just 22% of respondents ever using the program.

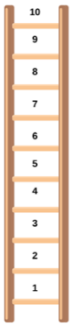
Program	Currently Enrolled	Previously Enrolled	Currently & Previously Enrolled	Never Enrolled	Total Survey Responses[8]
Medicaid	37 (74%)	11 (22%)	48 (96%)	2 (4%)	50
SNAP	25 (51%)	17 (35%)	42 (86%)	7 (14%)	49
WIC	13 (27%)	24 (50%)	37 (77%)	11 (23%)	48
Child Care Assistance	3 (6%)	8 (16%)	11 (22%)	37 (76%)	49

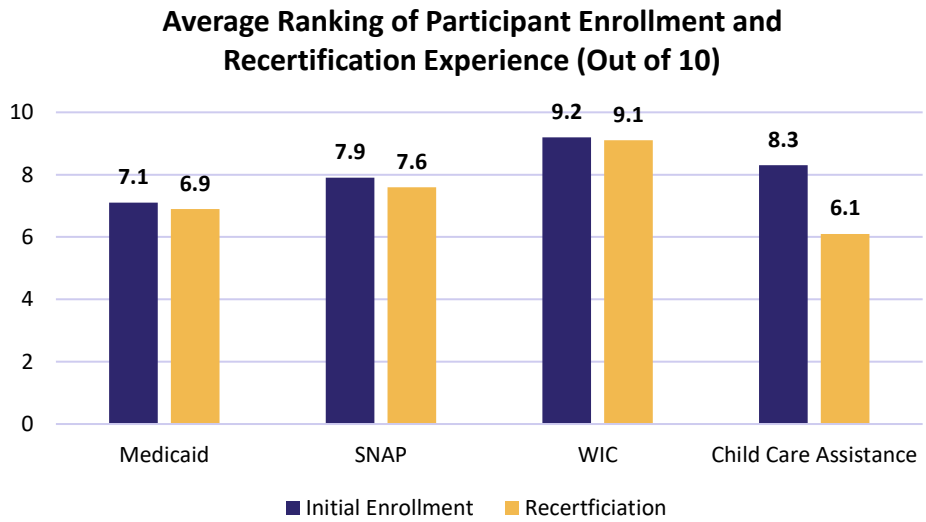
Respondents were told about assistance programs most often by a case worker, medical professional, family, friend, or neighbor. These categories were also most likely to help participants with their applications.

About half of respondents reported no challenges and no bad experiences during their application process, rising as high as 87% of WIC participants. For those who did experience issues, confusing and time-intensive paperwork, delays in processing their application, and a long wait to receive benefits after approval were most cited. For Medicaid and SNAP, several respondents also shared that program representatives were disrespectful or made them feel shame for needing assistance.

[8] Two survey responses were incomplete, with participants only providing answers for two out of four benefits programs each. These respondents were not included in the denominator for the applicable programs.

To further gauge satisfaction with each program, participants were shown an image of a ladder with rungs numbered 1-10 and told, "*I have a picture of a ladder here. The bottom rung of this ladder is the worst possible experience you could have applying for this program. The top rung is the best experience. When you think about what it was like when you applied for this program, where does your experience fit on the ladder?*" After responding with a number, participants were then asked, "*What would have to change for your experience to go up to a 10*?" These questions were also repeated each time a participant indicated they had recertified their participation in a program.





"It feels like you need a degree to complete the paperwork."
– Survey participant discussing Medicaid Recertification

Participants presented a vision of a coordinated benefits system that truly supports families in meeting their needs. Across survey sections, they discussed the need for New York to improve efficiency for applications and recertifications. Many respondents were frustrated by the repetitive paperwork, both over time for the same program and across applications for different programs. Several respondents suggested New York could significantly reduce the burden families experience with a centralized system to share data across benefits programs and the government agencies that run them. Through this coordination, participants would only need to submit their information and documentation once, rather than trying to manage the disjointed processes of several programs. This modernization would also decrease the number of families

disenrolled from benefits due only to administrative issues, reducing churn and lowering administrative costs for agencies and New York State.[9]

Coordinated benefit systems can help families enroll in more programs they qualify for and stay enrolled more easily. Several states have created single application forms and "express lane" eligibility that assume one's eligibility based on data and documentation provided for other programs.[10] An online tool in Pennsylvania, known as COMPASS, enables families to submit one application for multiple benefit programs, as well as manage and renew their benefits. The tool was intentionally designed to be user-friendly on smartphones to expand accessibility, which has improved application completion rates.[11] Louisiana's "no wrong door" policy allows individuals to apply for multiple benefits at any service site. These one-stop centers coordinate enrollment in multiple programs at once, easing the application process. Combining applications for multiple programs into a single form or appointment reduces the administrative burden for both families and agencies.

Although this survey was focused on the enrollment and recertification processes, respondents repeatedly shared additional frustrations around the difficulty of using benefits once they had them. To ease these challenges participants suggested:

- A process to calculate updated benefit amounts regularly to keep up with inflation and actual costs
- More communication on potential benefit cliffs and a transition period before losing benefits as a person's income increases
- More information and coaching on cross-program participation and how enrollment in multiple programs may impact eligibility and benefit amounts
- Better incentives for providers to accept Medicaid (particularly children's dentists and mental health providers) and child care subsidy payments
- More SNAP- and WIC-eligible food items and increased flexibility on the product sizes families must purchase

[9] See Lessons Churned: Measuring the Impact of Churn in Health and Human Services Programs on Participants and State and Local Agencies | Center on Budget and Policy Priorities (cbpp.org)
[10] See Improving Access to Public Benefits
[11] See Simple Changes Can Make a Big Difference for Clients Accessing Government Benefits — Code for America

Participants also provided suggestions specific to each of the priority benefits programs.

Medicaid & SNAP

Many survey participants reported they had applied for Medicaid and SNAP at the same time with joint paperwork. While this efficiency was appreciated by most, **it meant that application challenges can lead to delays in both food and medical assistance**. Respondents provided several suggestions to improve these programs, including:

- Application Process
  - Scattered in-person locations in more neighborhoods to complete applications and access navigators
  - Assistance when you move from out-of-state and need to transfer your benefits
- Recertification Process
  - Mailed paperwork for recertification that is already filled out, with the option to correct only the information that has changed
  - Longer periods between recertification and better communication about upcoming deadlines
- Additional Supports
  - More navigators available to answer questions and assist with every step of the application process, including filling out paperwork, compiling documentation, making copies, accessing a notary, etc.
  - Transportation assistance and child care for in-person application steps

WIC

Overall, **participants reported the most positive experiences with WIC**, citing kind staff, a fast and easy application process, and the option to do interviews over the phone or in-person. To improve the program further, respondents suggested:

- Better supports for fathers and co-parents seeking support for their child
- Option for families to recertify and maintain benefits until a child turns 6 years old in order to serve as a bridge to kindergarten and free breakfast/lunch programs through school[12]

Child Care Assistance

Nearly all of the respondents who indicated they had previously received child care assistance did so many years ago, meaning their experiences may not be fully

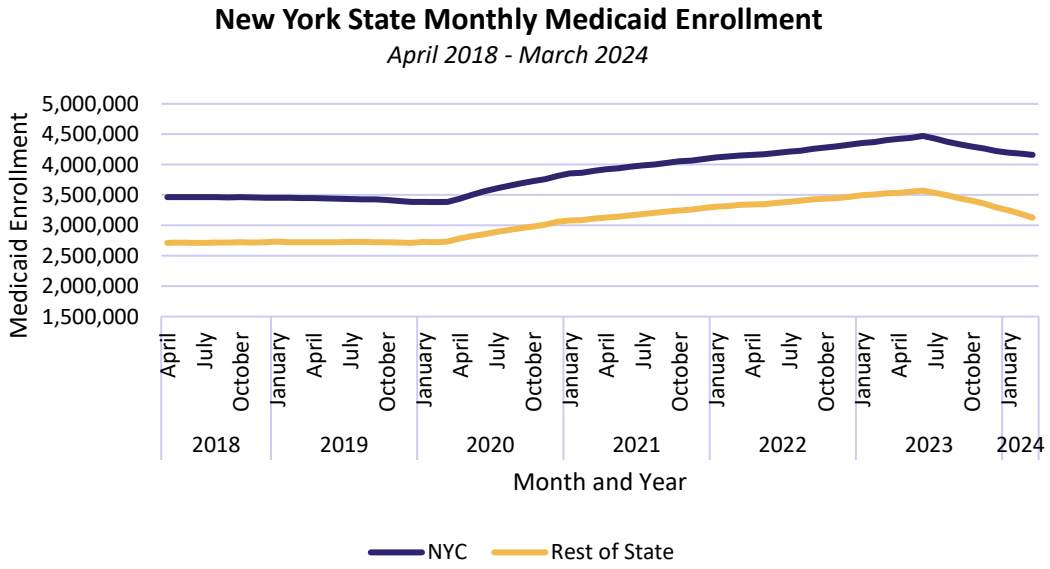
[12] Eligibility for WIC is federally mandated, meaning New York State and individual counties have no authority to expand access to children older than 5 years. See eCFR :: 7 CFR Part 246 -- Special Supplemental Nutrition Program for Women, Infants and Children

reflective of how a family experiences the program today. Respondents reported having to wait a long time for the county to process their application, a problem that The Children's Agenda's partners in the community believe has grown worse recently. The number of families receiving assistance has grown considerably over the past few years and county staff struggle to manage the increased workload. Although not perfect, Monroe County has taken steps to decrease the time families must wait before getting assistance through a local version of presumptive eligibility[13]. Respondents indicated additional support could be provided to help families find a child care provider willing to accept the subsidy payment.

Policy Initiatives and Pandemic-Era Trends

Medicaid

Across the country, the federal government required states to continually enroll families in Medicaid during the pandemic. This meant that families did not have to recertify their Medicaid eligibility annually for several years. Medicaid enrollment grew statewide in New York State from 6.1 million residents in March 2020 to 8 million New Yorkers in June 2023.[14] Beginning in July 2023, the state (under federal direction) began requiring enrollees to renew their insurance annually again or face a lapse in coverage. Depending on their recertification date, all enrollees were subject to this renewal requirement by May 2024.



[13] See Center for Law and Social Policy's brief on Monroe County's program - https://www.clasp.org/wp-content/uploads/2023/07/2023.6.28_Presumptive-Eligibility-Policy-in-Monroe-County-NY.pdf

[14] See New York State's Department of Health monthly Medicaid enrollment data - https://www.health.ny.gov/health_care/medicaid/enrollment/historical/72_months.htm

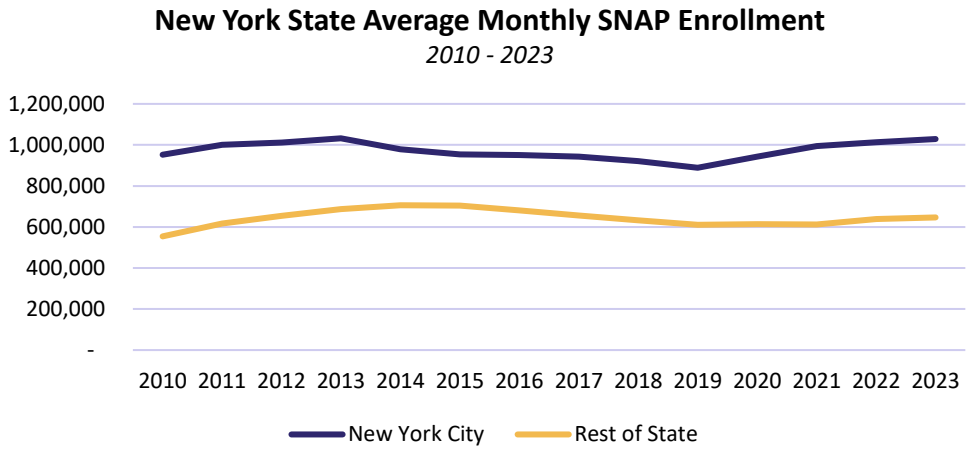
After peaking in mid-2023, Medicaid enrollment statewide declined 9% by March 2024, falling to just under 7.3 million enrollees. Compared to other states, New York has disenrolled a smaller share of individuals for procedural reasons (as compared to a determination of ineligibility) than all but five other states.[15] This suggests that New York's "unwinding" of continuous coverage has been more effective than most other states.

From the onset of the COVID-19 pandemic until June of 2023, Medicaid members did not have to renew their health insurance. This allowed eligible individuals who may have otherwise missed their renewal deadline or failed to meet documentation requirements to continue receiving Medicaid services for which they were eligible. With the end of the Public Health Emergency, has come the "unwinding" of this participant-friendly reform and the return of the requirement for individuals to annually renew their Medicaid eligibility.

Despite this, New York took an important step in the 2024-25 state budget to permanently ease administrative burdens on families with young children. Soon, children who qualify for Medicaid and the Child Health Plus program will be able to stay covered continuously from birth to age six. Once enrolled, young children will no longer risk missing critical screenings and care because of missing recertification paperwork or slight fluctuations up and down in their parents' earnings. New York is one of the first states in the country to give families this option.

SNAP

SNAP participation has remained relatively flat over the last thirteen years, with a modest decline from 2013 to 2019 and an increase during the COVID-19 pandemic.

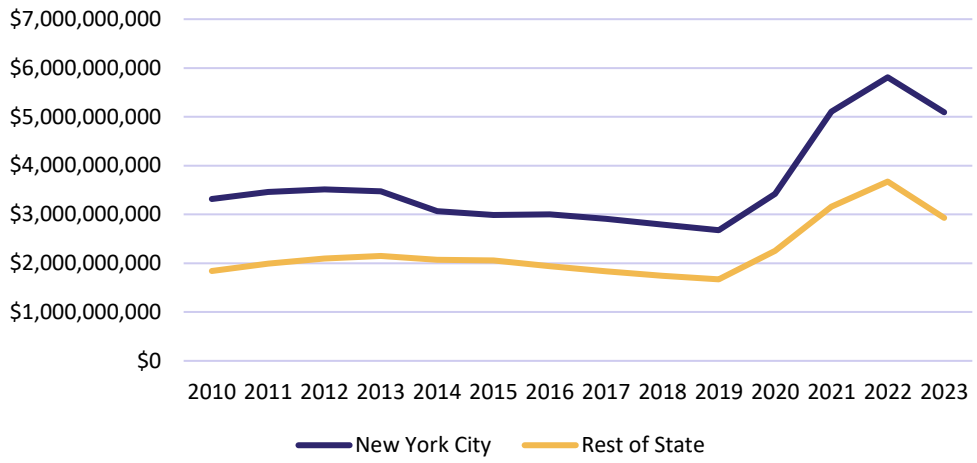


[15] See Kaiser Family Foundation's nationwide Medicaid unwinding tracker - https://www.kff.org/report-section/medicaid-enrollment-and-unwinding-tracker-overview/

However, due to temporary benefit enhancements put in place by the federal government during the pandemic, total SNAP expenditures spiked considerably over the past few years. Specifically, the federal government temporarily increased SNAP benefits by 15% overall and lifted every active household to the maximum benefit for their household size.[16] As those temporary benefits began to expire in 2021, the Department of Agriculture permanently adjusted benefits amounts by 40 additional cents per person, per meal. New York opted to maintain heightened pandemic era benefits as long as allowed by the federal government. Monthly benefits returned to the pre-COVID formula (enhanced by a 40 cent per person, per meal increase) in February 2023.

New York State Total Annual SNAP Expenditures

2010 - 2023



New York State was able to waive certain administrative requirements during the pandemic, such as in-person interviews for new and recertifying applicants as long as the applicant's identity had been verified. Through these changes, SNAP recipients have been able to access and renew SNAP more easily for several years while also benefiting from a much more robust benefit amount.

[16] See https://www.fns.usda.gov/snap/benefit-changes-2021

> *A 2019 study found that about a quarter of new SNAP cases do not recertify after the first year because of missed deadlines for interviews or paperwork.[17] Online case management tools, like New York's myBenefits tool and, locally, TogetherNow's MyWayfinder, have begun to assist families with the coordination of their online enrollment and recertification processes, improving access to critical supports.*

To ease some of this loss of benefits, New York has launched a new Summer EBT program to provide additional food assistance when school is not in session. For families that depend on free school breakfast and lunch to ensure their children have access to enough food, the summer often means additional stress. With this new program, however, families who receive SNAP benefits, among other programs, will automatically receive an additional $120 per child with no additional application required.[18]

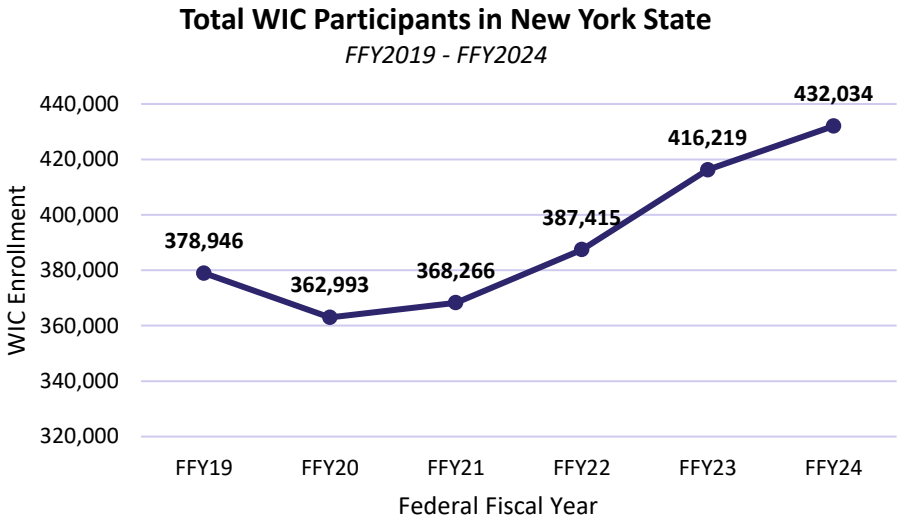
WIC

Since 2020, New York's WIC program has operated under a waiver allowing agencies to issue benefits remotely so program participants do not need to appear in-person at a WIC agency office to enroll or re-enroll in the program. Instead, clients can speak with staff at a WIC office by telephone or videoconference, receive their eWIC benefit card through the mail, and have WIC agency staff remotely load their family benefits at scheduled check-ins. In-person appointments are still offered, but virtual visits have created greater opportunity for participants to attend their appointments, especially for rural enrollees with unreliable access to transportation. According to the Society for the Protection and Care of Children, about 95% of WIC appointments statewide are remote. The removal of this in-person requirement appears to have lifted participation in the WIC program substantially above pre-pandemic levels. The total number of WIC participants in New York State grew by 14% from 2019 to 2024.[19]

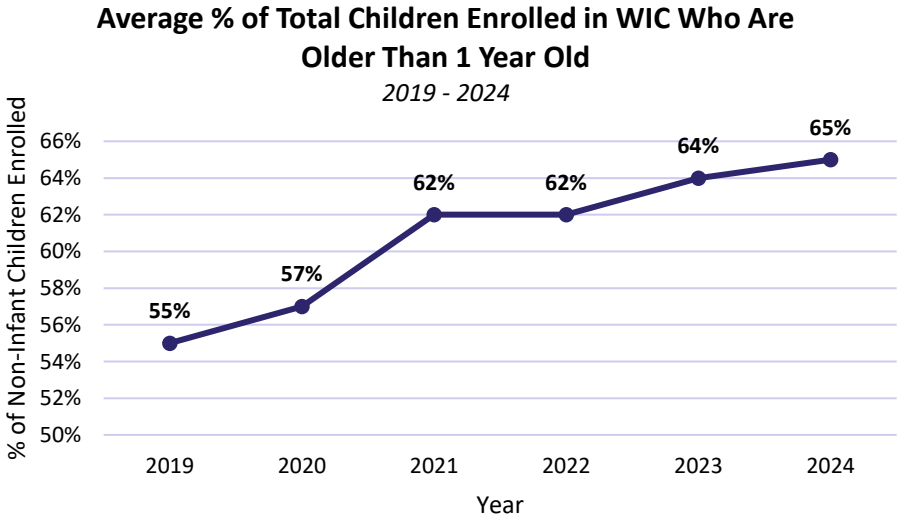
[17] Gray, C. (2019). Leaving benefits on the table: Evidence from SNAP. *Journal of Public Economics, 179*. https://doi.org/10.1016/j.jpubeco.2019.104054

[18] See Summer Electronic Benefits Transfer (EBT) | OTDA (ny.gov)

[19] See WIC national program data - https://www.fns.usda.gov/pd/wic-program



In an interview with The Children's Agenda, Hunger Solutions New York explained that although it can be a challenge for local agencies to maintain staffing for both in-person and remote appointments, these options are also helping families participate in WIC longer. From 2019 to 2024, the number of infants (children under 1 year old) enrolled in WIC statewide remained relatively steady, rising by just under 2,000. The total number of participating children under 5 years old rose by over 60,000 in the same period, however, indicating that more families are receiving benefits beyond their child's first year. To further encourage sustained enrollment, the Society for the Protection and Care of Children recommends New York develop a central online platform for televisits, education, and monitoring benefits.



The United States Department of Agriculture granted New York State an extension for remote appointments to continue through September of 2026, but this extension is not permanent.

Federal action could make remote appointment options permanent. While remote visits have eased the WIC process for many families, there are additional opportunities for improved online and phone communication.

Recent outreach and communication efforts are shifting towards a more participant-centered approach, but stigma and misinformation remain pervasive barriers for potential WIC-eligible families. Single male caregivers often don't apply for WIC benefits because they believe the myth that they are not eligible nor welcome to the program. People unaware of the shift away from WIC paper checks may think the potential stigma and burden at the checkout counter outweigh the benefits Initiatives have made it easier and less stigmatizing for folks to shop using their WIC benefits. In addition to eWIC debit-like benefit cards, there is now a mobile app in English and Spanish for families to scan food items as they shop so they can automatically see if it is WIC-eligible before they checkout. Hunger Solutions New York is partnered with New York State to conduct targeted nutrition outreach and public education to increase not only public perception and knowledge of SNAP and WIC, but to aid participants in the application process.

> *Outreach campaigns increase awareness and access to critical supports for families. Through reminder notices and follow-up messages, the IRS helped an additional 14% of households apply for the Earned Income Tax Credit.*[20] *Information on programs and their benefits, eligibility requirements, application processes, and deadlines increase a household's knowledge and, therefore, their likelihood of participation.*

Another tool to help the public understand WIC was added in 2021. Now, a potential WIC participant visiting the NYS Department of Health (NYSDOH) website can chat with "Wanda," a bilingual chat assistance feature that people can interact with to see if they might be eligible for WIC. To further encourage completed applications, New York is in the process of rolling out a live chat option strategically placed where people tend to drop out of the process.

Streamlining the eligibility screening across programs (like Medicaid, SNAP, and WIC) reduces the effort required to apply and enrolls already eligible families who are entitled to receive WIC benefits. Currently, families with a Medicaid-eligible infant in a household are categorically eligible for WIC benefits, easing the burden and encouraging enrollment. This is not the case for children who qualify for New York's Child Health Plus program, however. Despite many being WIC-eligible, these households must apply through the traditional method and comply with household size and income limitations. To identify best practices for streamlining enrollment, The Center on Budget and Policy Priorities launched Project UP – Unlocking the Potential of WIC

[20] See Psychological Frictions and the Incomplete Take-Up of Social Benefits: Evidence from an IRS Field Experiment

and Medicaid to Improve Nutrition and Health to uplift efforts to increase WIC enrollment. New York should explore additional ways to encourage data sharing and collaboration across social safety net programs to ease access and keep more families enrolled.

Even when families successfully apply for WIC, there are communities with few to no WIC vendors, preventing families from easily using their benefits in their own neighborhoods. WIC vendors must follow strict minimum stocking requirements that make it difficult for smaller and specialty stores to become vendors. Some states, like Washington and Massachusetts, have established online ordering options for WIC participants to ease the burden of locating and getting to a WIC vendor. New Jersey is beginning to implement a home-delivery pilot program for WIC participants who reside in certain communities in the state. New York should follow suit and explore options to increase access for WIC participants.

Child Care Assistance

After years of inadequate investment and falling enrollment, federal funding for child care assistance in New York State rose dramatically, though temporarily, during the COVID-19 pandemic. This higher level of investment was largely maintained with state funds in the 2024-2025 state budget. New York's commitment of state tax dollars will help sustain expanded eligibility for assistance.

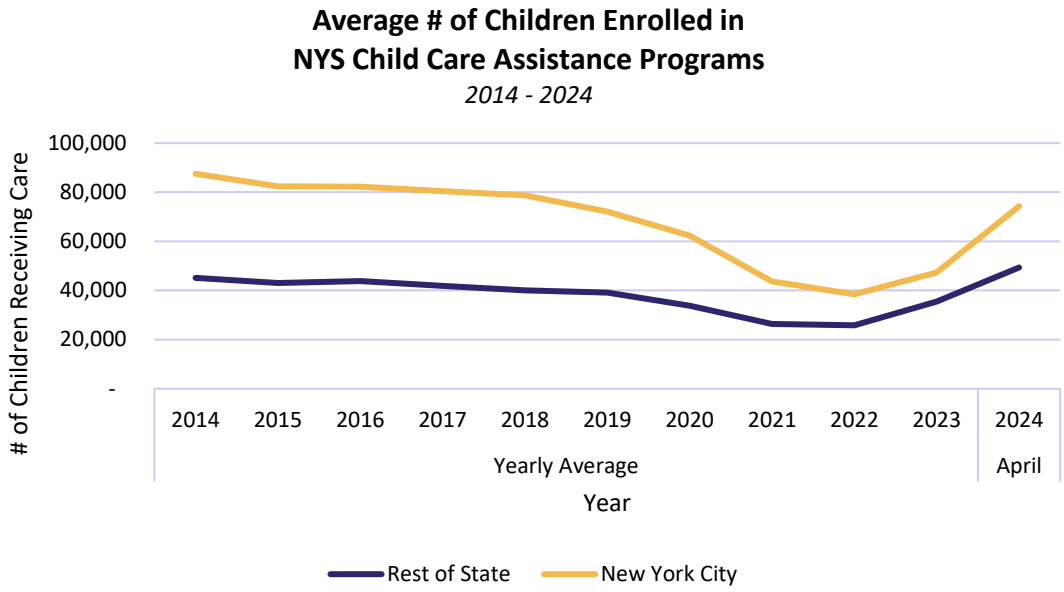
Over the past several years, New York State has implemented policy changes to standardize child care policies across several important domains. Income eligibility, parent co-pays, child absence reimbursements for providers, and several other policies are now determined by the Office of Children and Family Services, not local social service districts. This shift, which The Children's Agenda and many other advocates championed, has expanded access across the state and made the state's system more uniform.

In 2022, New York began increasing eligibility for assistance considerably, first to 300% of the federal poverty threshold statewide, and then to 85% of the state median income. The table below shows the difference in income eligibility levels between 2021 and 2024.

Income Maximums for Child Care Assistance Program Statewide

Family Size	2021	2024
2	$34,840	$73,870
3	$43,920	$91,251
4	$53,000	$108,632
5	$62,080	$126,013
6	$71,160	$143,394

Across the state, hundreds of thousands of children have become newly eligible for child care assistance today due to these policy changes. Enrollment in the Child Care Assistance Program statewide is at its highest level since 2015-2016 while enrollment in counties outside New York City is higher than any time since 2010-2011.[21] Enrollment across the entire state has increased by 33% over the past year alone.[22]



Following years of advocacy from The Children's Agenda and our partners, New York State recently launched an online application for the Child Care Assistance Program. While requirements may still vary by county, this is an important step towards streamlining the process for families. The State Legislature also passed three key bills this session which, if signed by Governor Hochul, would make the program work better for families in several ways:

- Decoupling (A.8878-A/S.8152-A): Families who receive assistance will have the same flexibility as private pay families on the exact hours their children can receive care, providing consistency for children and predictability for parents.
- Presumptive Eligibility (A.4099-A/S.4467-A): Counties will be required to start providing help paying for child care right away to eligible families, eliminating the wait while paperwork is processed.
- Minimum Earnings (A.1303-A/S.4924-A): Families who have the lowest incomes will be eligible to receive help paying for child care, giving parents the same ability to attend work or school and children the same access to early education.

[21] Compiled from the Office of Temporary and Disability Assistance's annual reports to the state legislature - https://otda.ny.gov/resources/legislative-report/

[22] See https://ocfs.ny.gov/programs/childcare/assets/docs/ccap/NYCCAP-Family-Child-Counts-2024Apr.pdf

Recommendations

Improving families' economic well-being is better for children and better for our communities. Programs like Medicaid, SNAP, WIC, and child care assistance provide critical support for New Yorkers, increasing access to healthcare, nutritious food, and quality early education while parents work or attend school. New York must take steps to ensure all eligible families can access these benefits, without undue burden or stigma. Many recommendations were made throughout this report, both from survey participants and policy experts. The Children's Agenda recommends New York State prioritize the following:

Integrated Eligibility System & Expanded Points of Entry: Individuals and families eligible for one public assistance program are often eligible for others. Streamlining the application and recertification processes across programs is not only beneficial for families, it also reduces administrative and financial burdens for the administering agencies. Steps to strengthen these linkages include improving data sharing and data matching algorithms, streamlining the application process, and notifying program participants of their potential eligibility in other programs. New York's myBenefits tool begins this process through a simple prescreening survey to inform people of their potential eligibility for over ten programs. While this is helpful, participants can only apply for SNAP and Public Assistance through myBenefits and must complete separate application processes for all of the other programs they qualify for.

New York State's Integrated Eligibility System (IES), which promises to provide a "No Wrong Door" to facilitate access to benefits, has been under development for years, experiencing several delays. The State must prioritize the completion of this system to allow individuals and families to apply, recertify, and manage their benefits all in one place. The State should also ensure that other systems, like the new Child Care Assistance Application portal, are linked with IES. Doing so would allow applicants to transfer relevant information from one system to another, reducing burdens on applicants and allowing more families to access the help they need.

Ease of Access & More Experimentation: In order to truly benefit from these assistance programs, families must be able to find places and providers that accept Medicaid, SNAP, WIC, and child care assistance. New York should take steps to incentivize additional medical providers, grocery stores, and child care providers to take the benefits by increasing reimbursement rates and easing burdens for providers and vendors. This should especially be prioritized in historically underserved areas of the state.

At the same time, New York should find ways to be creative in how and where participants can use their benefits. New Jersey recently launched a pilot program to allow WIC recipients to use online shopping and home delivery options. Locally, FoodLink operates a Curbside Market truck to bring SNAP- and WIC-eligible foods to affordable housing centers, senior centers, health clinics, and community centers throughout the Rochester area. This type of innovation is critical to ensure families can actually use the benefits they receive. Similarly, more child care

providers may choose to participate in the Child Care Assistance Program if they are reimbursed prospectively at the beginning of a month based on a child's enrollment, rather than weeks after a month's end based on a child's attendance.

Federal Advocacy: New York State should be commended for taking advantage of many COVID-era waivers to ease restrictions for enrollment and recertification across benefits programs. They must now build on the progress made during the Public Health Emergency to improve efficiency and reduce administrative burdens permanently. Perhaps most critically, New York must advocate with the federal government to permanently allow WIC interviews and check-ins to be done remotely. This flexibility is critical for families with infants and young children, as well as families with limited access to transportation or those living in rural parts of the state.

Role of the Child Poverty Reduction Advisory Council: In 2021, Governor Hochul signed the Child Poverty Reduction Act into law, committing the State to cut child poverty in half in ten years and establishing the Child Poverty Reduction Advisory Council to guide New York towards this goal. Given the importance of social safety net program uptake in poverty reduction, the Council has a critical role to play in ensuring families can more easily access the benefits they need. As the Council develops recommendations for state policymakers, it should be mindful of the challenges families face when applying for assistance and must prioritize reducing burdens to access.

Appendix A: Survey Method

To gain insight into how enrollees view these programs, The Children's Agenda partnered with Empire Justice Center's CASH program to survey people receiving free tax preparation services at the Rochester Public Library. To be eligible for the survey, someone needed to be a caretaker to a child under 8 years old and have been currently or previously enrolled in at least one of the four priority benefits programs. The goals of this survey were to better understand how families with young children are experiencing the enrollment and recertification processes for our priority benefits programs, as well as to gather feedback on how impacted populations would like to see these processes improved.

The survey was separated into seven sections: (1) Medicaid, (2) SNAP, (3) WIC, (4) Child Care Assistance, (5) Tax Preparation Assistance from CASH, (6) Additional Needs & Resources, and (7) Demographics. Skip logic was used to advance the questions based on each respondent's individual program participation history. Sections 1-4 contained questions on how long a participant had used the program, how they found out they may be eligible, how they applied and who helped with their application, any issues they had with the application or recertification, how the process could be made easier, and how the program impacted their family. Section 5 was only completed with participants from the CASH program and contained questions on their experience with the free tax preparation service and the impact of various tax credits on their family. Section 6 asked participants about any remaining needs their families had that were not met by the benefits programs they were enrolled in, other community resources they received help from, and who they viewed as a support system for themselves and their families. Section 7 asked a number of demographic questions, including race, gender, age, family composition, disability status, income, zip code, housing status, preferred language, and access to technology.

Prior to beginning the survey, participants were informed of several things:

- The survey was anonymous and would not ask for their name, address, or anything that could be used to identify them
- Only The Children's Agenda staff would see their answers and we have no affiliation with any of the benefits programs
- Any question could be skipped, and they may stop taking the survey at any time

Before moving on, respondents were asked if they had any questions and if they would like to participate. Surveys were administered verbally to accommodate varying literacy levels, with the staff member reading each question off a laptop. The staff member would then select the most relevant answer choice or take notes on the participant's response for open-ended questions. Each multiple choice or "select all that apply" question also contained an "Other" option, allowing for the staff member to provide additional details on the response if necessary. Surveys took approximately 25-30 minutes to complete depending on the number of programs a participant had used. After completion of the survey, participants received a $25 Visa gift card. Coloring sheets, small toys, and candy were also available for participants and their children.

Staff from The Children's Agenda completed shifts at the library from February 29 – April 11, 2024. Shifts varied between Mondays, Thursdays, Fridays, and Saturdays to ensure CASH participants with different work schedules were reached. At most shifts, a Spanish-speaking staff member was available to administer the survey, although this was only needed for one participant. Twenty two (n=22) surveys were completed during these shifts. In order to reach the goal of 50 responses, staff completed additional surveys with non-CASH library visitors (n=11) and one day at the Golisano Children's Hospital Pediatric Practice (n=17).

Appendix B: Survey Participant Demographics

Demographic Category[23]	#	%
RACE/ETHNICITY		
Black or African American	26	54%
Hispanic or Latino	6	13%
Asian or Asian American	7	15%
American Indian or Alaska Native	1	2%
Native Hawaiian or other Pacific Islander	0	0%
White	4	8%
Two or more races (unspecified)	1	2%
Prefer not to answer	7	15%
GENDER		
Female	31	65%
Transgender Female	0	0%
Non-binary	0	0%
Male	14	29%
Transgender Male	0	0%
Prefer not to answer	3	6%
AGE GROUP		
Under 18	0	0%
18-24	3	6%
25-34	9	19%
35-44	24	50%
45-54	2	4%
55-64	5	10%
65+	1	2%
Prefer not to answer	4	8%
DISABILITY STATUS		
You have a disability	8	17%
Another adult you live with has a disability	2	4%
Your only child has/one of your children have a disability	2	4%
More than one of your children have a disability	2	4%
No one in your family has a disability	35	73%
Prefer not to answer	2	4%
HOUSEHOLD INCOME		
$0	3	6%
$1 - $5,000	2	4%

[23] Race, Disability, Language, and Technology allowed for multiple responses so totals may not equal 48/100%

$5,001 - $10,000	2	4%
$10,001 - $15,000	0	0%
$15,001 - $20,000	2	4%
$20,001 - $25,000	1	2%
$25,001 - $30,000	2	4%
$30,001 - $35,000	1	2%
$35,001 - $40,000	4	8%
$40,001 - $45,000	1	2%
$45,001 - $50,000	2	4%
$50,001 - $55,000	1	2%
$55,001 - $60,000	0	0%
$60,001 - $65,000	3	6%
$65,001 - $70,000	0	0%
$70,001 - $75,000	0	0%
Over $75,000	1	2%
Prefer not to answer	23	48%
HOUSING		
Own your house	15	31%
Rent your house	11	23%
Rent your apartment	18	38%
Live with family or friends	1	2%
Live in a shelter or other temporary housing	2	4%
No current housing	0	0%
Prefer not to answer	1	2%
LANGUAGES SPOKEN AT HOME		
English	36	75%
Spanish	5	10%
Arabic	0	0%
Nepali	12	25%
Somali	0	0%
Mandarin	0	0%
Prefer not to answer	0	0%
ACCESS TO TECHNOLOGY		
Phone without internet connection	6	13%
Phone with internet connection	43	90%
Home computer with internet connection	24	50%
Work computer with internet connection	15	31%
Library computer with internet connection	24	50%
Other non-profit organization computer with internet	1	2%
iPad/tablet with internet connection	25	52%
No or unstable access to technology and the internet	1	2%
Other (please specify)	3	6%
Prefer not to answer	1	2%