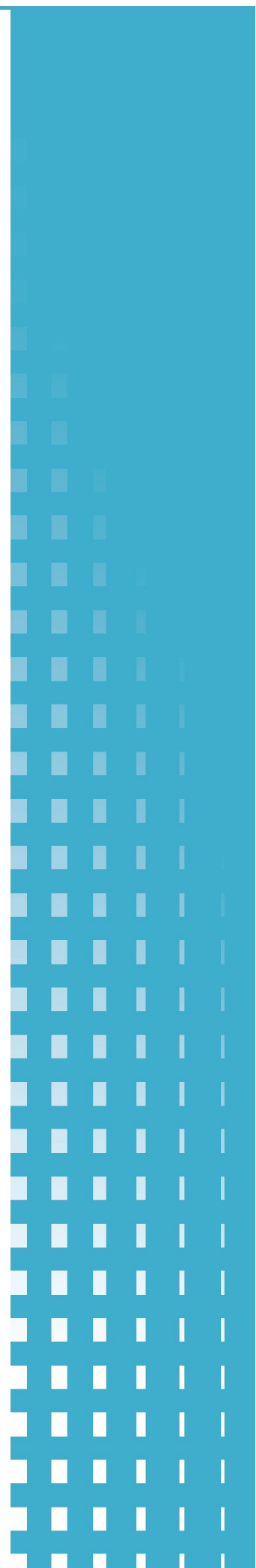


Appendix F15

Round 3

EBT Contractor (ACS) Interview Guide



## Round 3: Mature Operations and Feasibility of HIP Expansion

The EBT contractor for the Massachusetts Department of Transitional Assistance (DTA) is Affiliated Computer Services (ACS). The purpose of Round 3 interviews is to document ACS' mature HIP operations and to assess the feasibility of expanding the HIP program. The interviews with ACS will take place approximately 11-12 months after HIP implementation. It is anticipated that interviews will occur over approximately a one week period.

The EBT contractor interviews will take place in Austin, TX, Hamden County or on site in Hampden County, Massachusetts. If ACS staff are not at these locations, we will conduct phone interviews. Interviews will include:

- The ACS Massachusetts EBT Project/Account Manager (responsible for DTA relationship and EBT/HIP project management)
- The ACS HIP Technical Lead (responsible for overall design and changes to the ACS system, third party processor systems and for working with DTA and their contractor on interface changes)
- The ACS EBT Senior Director for Program Management (responsible for all EBT operations in Massachusetts and across the country)
- The ACS EBT Project Lead responsible for HIP implementation in Hampden County (rollout of new EBT machines and/or software)

Interviews will include the following questions. Additional follow-up questions are anticipated, to clarify or expand responses.

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## **GENERAL INFORMATION**

1. Date and Time of Interview
2. Location of Interview
3. Name(s) and Title(s) of Respondent(s)
4. Provide a brief description of the respondents' normal job functions if they have changed since the previous interview.
5. Describe your role in HIP. Check all that apply.
  - HIP Project Management
  - HIP Retailer Management
  - EBT System Design and Modifications, Including HIP Reports
  - Retailer Recruitment
  - Supporting HIP Enablement for Retailers
  - Retailer System Testing/Certification
  - Cardholder Support, including Card Issuance and Customer Service
  - Coordination with Other Stakeholders
  - Other (please define)
- 5.a. Has your role changed since the previous interview? If so, please describe.

## **HIP MANAGEMENT AND COORDINATION**

6. Describe the ACS support and project management structure utilized for operating HIP in Massachusetts if it has changed since the previous interview. If not, skip to question 7.
  - 6.a. Why was this structure changed?
7. Have there been changes to the ACS project plan since the previous interview, and if so, what were the changes and why did they occur?
  - 7.a. Since the previous interview, what have been the greatest challenges in meeting the project schedule and how were they addressed?
  - 7.b. What lessons learned can be derived concerning the project schedule?
  - 7.c. In retrospect, what changes to the schedule would you recommend if implementing HIP in another state?
8. Describe the level and type of coordination that has occurred between ACS staff, FNS, DTA Central Office, DTA local offices and community based organizations (CBOs) and the Abt team since the previous interview.
  - 8.a. What have been the strengths and weaknesses of coordination between the stakeholder groups?
  - 8.b. Did coordination between ACS stakeholder groups change since the previous interview?

8.c. What challenges have been encountered in working with these stakeholder groups on HIP operations and how were they addressed?

8.d. In retrospect, are there any changes to stakeholder collaboration that you would recommend if implementing HIP in another state? If so, why?

### **HIP SYSTEM AND TECHNICAL SUPPORT**

9. Have you been involved in HIP system modifications or HIP system operations? If no, skip to question 12.

10. Have any modifications been necessary since the previous interview? If so, please describe.

11. What type of support does the HIP system require for operations and has this changed since the previous interview?

11.a. What have been the most successful or least successful (if any) aspects of HIP system operations?

11.b. What have been the most time consuming and least time consuming HIP system support activities?

11.c. Has the HIP system required more or less support than you had originally anticipated?

11.d. In retrospect, are there any changes to the HIP EBT system that you would recommend if HIP were implemented in another state?

### **HIP RETAILER SUPPORT**

12. Were you involved on-going support of retailers? If not, skip to question 17.

13. Since the previous interview, what types of support have been provided to integrated retailers, EBT only retailers, third party retailers, voucher retailers and farmers' markets?

13.a. Have retailers asked to participate in HIP since the previous interview?

13.b. Have retailers been tested and recertified since the previous interview? If so, please describe.

13.c. Are there any parts of the county potentially underserved by current retailer participation in HIP and if so, how was this addressed?

14. Since the previous interview, what issues/questions have you received from the various types of HIP retailers and how have they been addressed?

14.a. Could additional or modified training provided by ACS or TPPs have alleviated any of these issues or questions? If yes, please describe.

15. Since the last interview, has ACS made any process changes to the ACS retailer help desk and to the retailer data base? If yes, please describe.

16. Since the last interview, have retailers dropped out of HIP? If yes, please describe.

### **THIRD PARTY PROCESSORS (TPP)**

17. Were you involved in providing TPP support for HIP? If not, skip to question 20.

18. Since the previous interview, have any TPPs been tested and recertified? If yes, please describe.

19. Going forward, what lessons learned can be gleaned from the experience of supporting and certifying TPPs for HIP?

### **CARD ISSUANCE, CARDHOLDER CUSTOMER SERVICE, AND CARDHOLDER TRAINING**

20. Since the previous interview, have you been involved in card issuance, cardholder customer service or cardholder training? If not, skip to question 25.

21. Since the previous interview, have any card issuance changes been required by for HIP? If so, please describe.

22. Describe issues with the protective card sleeve, if any, and how they have been addressed.

23. Since the previous interview, what changes been made, if any, to the cardholder customer service interactive voice response (IVR) system and scripts?

23.a. What have been the most frequent cardholder questions about HIP and has this changed with mature HIP operations?

23.b. Based on calls to cardholder customer service, what has been the most difficult aspect to understand about HIP (e.g., which retailers accept HIP, how to purchase food through HIP, the amount of the HIP incentive, the HIP ceiling, etc.)?

24. Since the previous interview, what changes have been made, if any, to cardholder training or training materials? If so, please describe.

25. In retrospect, are there any changes to cardholder training or support that you would recommend if implementing HIP in another state? If so, why?

### **ISSUES/LESSONS LEARNED**

26. Other than previously discussed, what issues, if any, have you encountered during operations and how were these issues resolved?

27. What key lessons have you learned from your experiences to date?

28. In retrospect, what could be done to improve HIP operations?

29. What changes would you make before expanding HIP in Massachusetts or other states?

## **COSTS OF EXPANSION**

30. In addition to the funds provided through the HIP grant, were there other unanticipated costs that you incurred during implementation and operations? Please elaborate.
31. If you were to implement HIP statewide, would you adjust your cost per case month (CPCM) based on an increase in caseload?
32. If in addition to Massachusetts you were to implement HIP in other states, would your CPCM be similar or would it depend on the size of the state (please explain)?
33. In your experience, if HIP were implemented in all states, approximately how many ECR/POS terminals (COTs or proprietary) would need to be modified? Would it be possible to leverage the current effort to modify systems to support WIC EBT?
34. Would it be possible to leverage the same stand beside terminals for HIP and for WIC EBT? (In other words, if SNAP installs a HIP terminal or WIC installs a WIC EBT terminal would the terminal be useable for the other program with a software refresh?)
35. In addition to the TPPs that modified their systems for HIP, approximately how many other TPPs would need to undergo system modifications if HIP were deployed nationally?