**Attachment J.2**

**PRETEST – National Survey of State SNAP Data Matching,**

**County-Level Survey Instrument**

OMB CONTROL NO.: XXXX-XXXX

EXPIRATION DATE: 00/00/20XX

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-NEW. The time required to complete this information collection is estimated to average 0.75 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate to the Office of Policy Support, Food and Nutrition Service, USDA, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302.

**Assessment of States’ Use of Computer Matching Protocols in SNAP**

**Draft Survey Instrument – County**

**March 8, 2017**

INTRODUCTION

Welcome to the county module of the Assessment of States’ Use of Computer Matching Protocols in SNAP. This survey is about the methods used in your SNAP program to corroborate information you receive. We will use the terms “data matching” and “data sources” frequently throughout. By “data matching” we mean comparing the data you have on a SNAP applicant/recipient to data from another source. By “data sources” we mean numerous state and federal databases, systems, and agencies that provide data on individuals for this purpose.

For this Pilot Study, we would like you to keep track of how long the survey took to complete. Please record the time you started the survey and the time you completed it. While taking the survey, write down any questions or concerns you have. We will be asking you for your feedback after you complete the survey.

|  |
| --- |
| **Section A: Matching Process** |

**A1. Please indicate the county or local office you are representing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A2. How are match results communicated to SNAP administrative staff in your county or local office?**

*Mark all that apply*

1 Results are sent via email

2 Results are posted on the Intranet for internal viewing/download

3 Results are posted in agency data management system

4 Results are saved to a network drive

99 Other, *specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (200 char)

-9 Don’t know

**A3. Which, if any, quality assurance measures does your county or local office use to ensure the completeness, quality, and timeliness of the data-matching process performed at the county or local office level?**

*Mark all that apply*

1 Verification of a subset of data matches

2 Internal process and procedures reviews

3 Internal performance reviews of staff and corrective action plans

4 Internal management reports for monitoring data-matching workload

5 Case reviews

6 Regular training

7 None

99 Other, *specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (200 char)

|  |
| --- |
| **Section B: Data Sources** |

**B1. To which data sources does your county or local office match SNAP applicant and recipient data?**

**Questions in Sections B – F apply to all county or local offices will be repeated for each data source used.**

*Mark all that apply*

**National Data Sources**

1 Beneficiary & Earnings Data Exchange (BENDEX)

2 Electronic Disqualified Recipient System (eDRS)

3 Federal Retirement Systems

4 IRS income information

5 National Directory of New Hires (NDNH) New Hire file

6 Old Age, Survivors, and Disability Insurance (OASDI)

7 Supplemental Security Income (SSI)

8 State Data Exchange (SDX)

9 Systematic Alien Verification for Entitlements Program (SAVE)

10 State On-line Query/State On-line Query-Internet (SOLQ/SOLQ-I)

11 State Verification & Exchange System (SVES)

12 Prisoner Update Processing System (PUPS)/SSA Prisoner Verification System

13 Beneficiary Earnings Exchange Record System (BEERS)

14 Internet-Electronic Death Registration (I-EDR)/SSA Death Master File

15 40 Qualifying Quarters of Coverage

16 Numident/Social Security Number (SSN) Verification

17 Public Assistance Reporting Information System (PARIS) Interstate file

18 FBI Fleeing Felons

19 The Work Number

99 Other, *specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (200 char)

**State Data Sources**

1 State Workforce – Unemployment Insurance (UI)/State quarterly wage information/State employee information

2 State Directory of New Hires (SDNH)

3 State Prison Match

4 State Lottery

5 State child support payment

6 State birth records

7 State death records

8 Income information verified by other human service programs

9 State tax filings

10 Interstate data matching

11 National Accuracy Clearinghouse (NAC)

12 State Low Income Home Energy Assistance Program data source (LIHEAP)

13 Department of Motor Vehicles (DMV)

99 Other, *specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (200 char)

**B2. About how long has your county or local office been conducting this match?**

*Mark one only*

1 Less than one year

2 1-2 years

3 3-5 years

4 6-10 years

5 More than 10 years

-9 Don’t know

**B3. When does your county or local office perform the match?**

*Mark all that apply*

1 At application submission

2 At initial certification

3 At recertification

4 At the time of the interim report under Simplified Reporting

5 At other times during benefit receipt

99 Other, *specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (200 char)

-9 Don’t know

**B4. What is the primary method used to initiate a match in your county or local office?**

*Mark one only*

1 Request a file of cases to be matched from the data source.

2 Directly query the data source to do the match (GO TO B4c)

3 Request that the data source send files for you to match

99 Other, *specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (200 char)

**B4a. How does your county or local office transfer data to the entity that conducts matching?**

*Mark all that apply*

1 Electronic files are sent via email

2 Electronic files are uploaded via automatic process such as file transfer protocol (FTP) or other secured file transfer

3 Data are entered through web browser such as an online data entry portal

99 Other, *specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (200 char)

-9 Don’t know

**B4b. How does your county or local office receive results of the matching?**

*Mark all that apply*

1 Results are sent via email

2 Electronic files are transferred via automatic process such as file transfer protocol (FTP) or other secured file transfer

3 Data are accessed through a web browser

99 Other, *specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (200 char)

-9 Don’t know

**B4c. How often do you run matches again this source (either individually or in a batch process) in your county or local office?**

*Mark one only*

1 Daily

2 Weekly

3 Monthly

4 Quarterly

5 Three times per year

6 Two times per year

7 One time per year

99 Other frequency, *specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (200 char)

-9 Don’t know

**B5. What is the primary purpose of the match?**

*Mark one only*

1 Verify earned income eligibility

2 Verify unearned income eligibility

3 Verify non-income eligibility – incarcerated

4 Verify non-income eligibility – deceased

5 Verify non-income eligibility – disqualified for benefits

6 Verify the proper amount of benefits

7 Verify eligibility for other human service program(s) [*dropdown box: National School Lunch Program (NSLP), TANF, Food Distribution Program on Indian Reservations (FDPIR), Medicaid, CHIP, Foster Care, Other*]

8 Verify employment status

99 Other, *specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (200 char)

**B6. For what additional purpose(s) does your county or local office use this data match?**

 *Mark all that apply*

1 No additional purposes

2 Verify earned income eligibility

3 Verify unearned income eligibility

4 Verify non-income eligibility – incarcerated

5 Verify non-income eligibility – deceased

6 Verify non-income eligibility – disqualified for benefits

7 Verify non-income eligibility - other

8 Verify immigration status

9 Verify the proper amount of benefits

10 Verify eligibility for other human service program(s) [*dropdown box: National School Lunch Program (NSLP), TANF, Food Distribution Program on Indian Reservations (FDPIR), Medicaid, CHIP, Foster Care, Other*]

11 Verify employment status

99 Other, *specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (200 char)

**B7. For the purposes of data matching, how often does your county or local office update or refresh SNAP caseload and application data?**

*Mark one only*

1 Ongoing, real-time updates

2 Daily

3 Weekly

4 Monthly

5 Quarterly

6 Three times per year

7 Two times per year

8 One time per year

99 Other, *specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (200 char)

-9 Don’t know

REPEAT QUESTIONS B2 THROUGH B7 FOR EACH SOURCE MARKED IN B1

|  |
| --- |
| **Section C: Computer Match Elements and Operations** |

**C1. Which SNAP data elements does your county or local office use for this match?**

 *Mark all that apply*

1 Case number

2 Street address

3 City

4 County

5 Zip code

6 Phone number

7 Cell phone number

8 Email address

9 Social Security Number (SSN)

10 First name

11 Middle name

12 Last name

13 Date of birth

14 Gender

15 Race/Ethnicity

16 Disability status indicator

17 Citizenship status indicator

18 Employment status indicator

19 Other human services benefits recipient indicator

99 Other, *specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (200 char)

-9 Don’t know

**C2. Is the match considered verified upon receipt?**

 *Mark one only*

1 Yes, it is considered verified upon receipt (GO TO C3)

2 No, all returned cases must be verified through additional matching or confirmation from secondary sources

3 No, a subset of returned cases must be verified through additional matching or confirmation from secondary sources

-9 Don’t know

**C2a. What process(es) does your county or local office use to verify matches?**

*Mark all that apply*

1 A letter/notice is sent to the applicant/recipient to provide additional information

2 State agency staff conduct further examination of applicant/recipient documentation

3 County or local office staff conduct further examination of applicant/recipient documentation

99 Other, *specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (200 char)

-9 Don’t know

**C2b. Are certain match returns prioritized in any way for verification?**

1 Yes

0 No (GO TO C2d)

-9 Don’t know (GO TO C2d)

**C2c. Please describe how cases are prioritized for verification.**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (500 char)

**C2d. Who is responsible for conducting verification of the match results?**

 *Mark all that apply*

1 SNAP management staff

2 SNAP quality control staff

3 Program managers

4 Eligibility staff

5 Local office staff

99 Other, *specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (200 char)

-9 Don’t know

**C2e. How frequently does your county or local office SNAP case files update with information collected during verification of data matches?**

 *Mark one only*

1 Ongoing, real-time updates

2 Daily

3 Weekly

4 Monthly

5 Quarterly

6 Three times per year

7 Two times per year

8 One time per year

99 Other, *specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (200 char)

-9 Don’t know

**C3. Does your county or local office require an exact match on all data elements used in the match?**

1 Yes, all data elements must match exactly (GO TO C1 FOR NEXT SOURCE IN B1)

0 No, inexact or partial matches are allowed

-9 Don’t know (GO TO C1 FOR NEXT SOURCE IN B1)

**C3a. For inexact or partial matches, does your county or local office create a number or score indicating the strength or accuracy of the match?**

1 Yes

0 No

-9 Don’t know

**C3b. What process(es) does your county or local office use to confirm inexact or partial matches?**

 *Mark all that apply*

1 No additional steps are taken

2 A letter is sent to the applicant/recipient

3 Secondary match rules are applied (i.e., other, secondary data elements are used to confirm the match)

4 State agency staff conduct further examination of records

5 County or local agency staff conduct further examination of records

99 Other, *specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (200 char)

-9 Don’t know

REPEAT QUESTIONS C1 THROUGH C3B FOR EACH SOURCE MARKED IN B1

|  |
| --- |
| **Section D: Computer Match Effectiveness** |

**D1. How would you rate the effectiveness of data matching for each source your county or local office uses? (In other words, how well does the match serve its purpose? For example, does the match aid in making eligibility determinations?)**

 *(Fill rows with data sources marked in B1)*

|  |  |
| --- | --- |
|  | SELECT ONE RESPONSE PER ROW |
|  | Very Effective | Effective | Not VERY effective |
| a. Data Source 1 | 1 | 2 | 3 |
| b. Data Source 2 | 1 | 2 | 3 |
| c. Data Source 3 | 1 | 2 | 3 |
| d. Data Source 4 | 1 | 2 | 3 |
| x. Data Source 30 | 1 | 2 | 3 |

ONLY ASK THIS QUESTION FOR SOURCES MARKED “NOT VERY EFFECTIVE” IN ITEM D1.

**D2. Please describe why you rated matching with these sources {FILL NAME OF DATA SOURCE} as “Not Very Effective.”**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (500 char)

**D3a. How often does your county or local office submit cases to {FILL IN NAME OF DATA SOURCE} for matching?**

 *Mark one only*

1 Daily

2 Weekly

3 Monthly

4 Quarterly

5 Three times per year

6 Two times per year

7 One time per year

99 Other frequency, *specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (200 char)

-9 Don’t know

**D3b. When your county or local office submits cases to {FILL NAME OF DATA SOURCE} for matching, about how many are submitted?**

 \_\_\_\_\_\_\_\_ Number of cases submitted

**D3c. When your county or local office submits cases to {FILL NAME OF DATA SOURCE}, about how many are returned with a match?**

 \_\_\_\_\_\_\_\_ Number of cases returned with a match

**D4. Has your county or local office ever received a false positive or false negative match from {FILL NAME OF DATA SOURCE}?**

False positive matches are matches that *were* made, but *should not* have been.

False negative matches are matches that *were* *not* made, but *should* have been.

1 Yes

2 No (GO TO E1)

-9 Don’t know (GO TO D6)

**D5. Please give your best estimate of the percent of matches that are returned in error from {FILL NAME OF DATA SOURCE} and specify whether they are false positive or false negative matches.**

Percent returned in error that are false positive matches: \_\_\_\_\_\_\_\_\_\_

Percent returned in error that are false negative matches: \_\_\_\_\_\_\_\_\_\_

-9 Don’t know

**D6. Does your county or local office have a process in place to identify or mitigate potential false positive or false negative matches from {FILL NAME OF DATA SOURCE}?**

 **False positive matches are matches that *were* made, but *should* *not* have been.**

 **False negative matches are matches that *were not* made, but *should* have been.**

1 Yes

0 No

-9 Don’t know

FILL EACH ROW OF QUESTION D1 WITH THE SOURCES MARKED IN B1. ASK QUESTIONS D3a THROUGH D6 FOR EACH OF THESE SOURCES.

|  |
| --- |
| **Section E: Computer Match Costs** |

**E1. Is information available on the costs of SNAP data matching for your county or local office?**

1 Yes

0 No (GO TO E3)

-9 Don’t know (GO TO E3)

**FOR QUESTIONS E2 and E3, ASK FOR EACH DATA SOURCE**

**E2. Please provide total estimated cost information for your county or local office SNAP data matching and indicate if these estimated costs are per match, month, quarter, or year.**

|  |  |
| --- | --- |
|   | **Indicate costs in dollars per:** **match | month | quarter | year** |
| a. Start-up costs | | | | | | | | |
| b. Maintenance of matching system/tools | | | | | | | | |
| c. License costs or fees | | | | | | | | |
| d. Staff costs | | | | | | | | |
| e. Other costs, *specify*  | | | | | | | | |

**E3. About how many staff hours does it take to perform the data matching and verification?**

\_\_\_\_\_\_\_\_ Hours per: Day | Week | Month | Quarter | Year | Don’t know

 *Indicate time interval*

-9 Don’t know

FILL EACH ROW OF QUESTION E2 WITH THE SOURCES MARKED IN B1. ASK QUESTIONS E2 THROUGH E3 FOR EACH OF THESE SOURCES.

|  |
| --- |
| **Section F: Computer Match Future Plans** |

**F1. Does your county or local office plan to use any additional data matching sources in the future?**

*Mark one only*

1 [Fill with list of data matching sources not checked in B1]

2 No plans to use additional data matching sources

99 Other, *specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (200 char)

-9 Don’t know

**F1a. For what purposes are new matches with existing data sources, if any, planned?**

*Mark all that apply*

1 Verify earned income eligibility

2 Verify unearned income eligibility

3 Verify non-income eligibility – incarcerated

4 Verify non-income eligibility – deceased

5 Verify non-income eligibility – disqualified for benefits

6 Verify the proper amount of benefits

7 Verify eligibility for other human service program(s) [*dropdown box: National School Lunch Program (NSLP), TANF, Food Distribution Program on Indian Reservations (FDPIR), Medicaid, CHIP, Foster Care, Other*]

8 Verify employment status

9 No plans to perform additional matches with existing sources

99 Other, *specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (200 char)

(Ask if F1 = 2 or -9 AND F1a = 9)

**F1b. Why is additional data matching not planned?**

*Mark all that apply*

1 Cost (e.g., computer software, hardware, licenses)

2 Lack of technical expertise

3 Lack of staff/funds to hire additional staff

4 No mandate to conduct additional matching

5 No perceived need for additional data matching

99 Other, *specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (200 char)

-9 Don’t know

**F2. Within the past three years, has your county or local office discontinued using any data sources that staff had been using for SNAP data matching?**

1 Yes

0 No (END)

-9 Don’t know (END)

**F2a. Which data source(s) has your county or local office discontinued using for SNAP data matching within the past three years? Please indicate the year that your county or local office discontinued using the match.**

|  |  |
| --- | --- |
|   | **Year Discontinued** |
| a. List of data-matching sources | | | | | |  |
| b. Other, *specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |

-9 Don’t know

**F2b. Why did your county or local office discontinue using this data source for matching?** (*Ask for each source marked in F2a*.)

*Mark all that apply*

1 Found a better source of data

2 Change in State law or policy, no longer mandated

3 Cost

4 Data security concerns

5 Timeliness of data used in matching

6 Difficult to use, lack of technical expertise

7 Unreliable/incomplete results

8 Data source no longer available

99 Other, *specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (200 char)

-9 Don’t know

(END)