

**ATTACHMENT C**  
**EXPLORATORY STUDY MEMORANDUM**

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# Exploratory Study Memorandum

Final Submission

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Evaluation of Alternatives to  
Improve Elderly Access to SNAP

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## Introduction

This memorandum is intended to ground the Evaluation of Alternatives to Improve Elderly Access to Supplemental Nutrition Assistance Program (SNAP). The United States Department of Agriculture’s Food and Nutrition Service (FNS) commissioned the multi-year study to better understand how to maximize elder (60+) access to SNAP. The evaluation will have four key components: (1) an exploratory study to lay the groundwork and guide the rest of the project; (2) a study of State interventions, based primarily on interviews with State SNAP administrators from 10 States; (3) a study of elder participant perspectives, based on interviews and focus groups with elder SNAP applicants, recipients, and eligible non-participants in the same States; and (4) a quantitative analysis of the effect of various interventions to increase elder SNAP access on enrollment and churn.

As the key deliverable for the exploratory study, this memorandum summarizes what is already known about elder SNAP participation levels and caseload dynamics over time; factors influencing elder participation in SNAP; and the scope, range, and effects of State interventions for elders to date. It draws primarily on the following sources of data:

- an analysis of SNAP Quality Control (QC) data from Fiscal Years 2010 to 2015 that provides an update to known trends in elder SNAP participation; data from the Annual Social and Economic Supplement (ASEC) of the Current Population Survey (CPS), the American Community Survey, individual income tax data from the Census Bureau’s Small Area Estimation Branch, and Census Bureau population estimates for 2010 through 2014 were used to estimate the number of elders who were eligible for the program in years 2010 through 2014;
- a literature review of just over 100 sources related to elder SNAP access, SNAP access more generally, and elder access to other government benefit programs;
- an updated index of State policy options, waivers, and demonstrations related to elder SNAP access based on reports and communication with FNS;
- interviews with the SNAP Directors from all seven of the FNS Regional Offices and with individuals from five key national organizations focused on elder SNAP access<sup>1</sup>; and
- a group interview with FNS National Office staff members about current challenges and successes with elder SNAP access.

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<sup>1</sup> The five national organizations are the AARP Foundation, Benefits Data Trust, Center on Budget and Policy Priorities, the Massachusetts Law Reform Institute, and the National Council on Aging.

The overall goals of the memorandum are to (1) weave together findings from each of the above data sources to provide the research team with the context needed to plan and carry out subsequent project activities and (2) identify key areas for exploration in these forthcoming activities. To accomplish these goals, the memorandum describes recent trends in elder SNAP participation, identifies barriers that may hinder elder participation in SNAP, and discusses the various interventions that have been used to date to improve elder access. The memorandum ends with a discussion of some of the overall themes and challenges associated with elder SNAP access and a review of States selected for further study. Appended to this memorandum are two additional resources: a table that illustrates the Fiscal Year 2014 elder SNAP participation rates by State (Appendix A) and a State intervention index that lays out the current relevant interventions implemented by each State (Appendix B).

## **Recent Trends in Elder SNAP Enrollment and Participation**

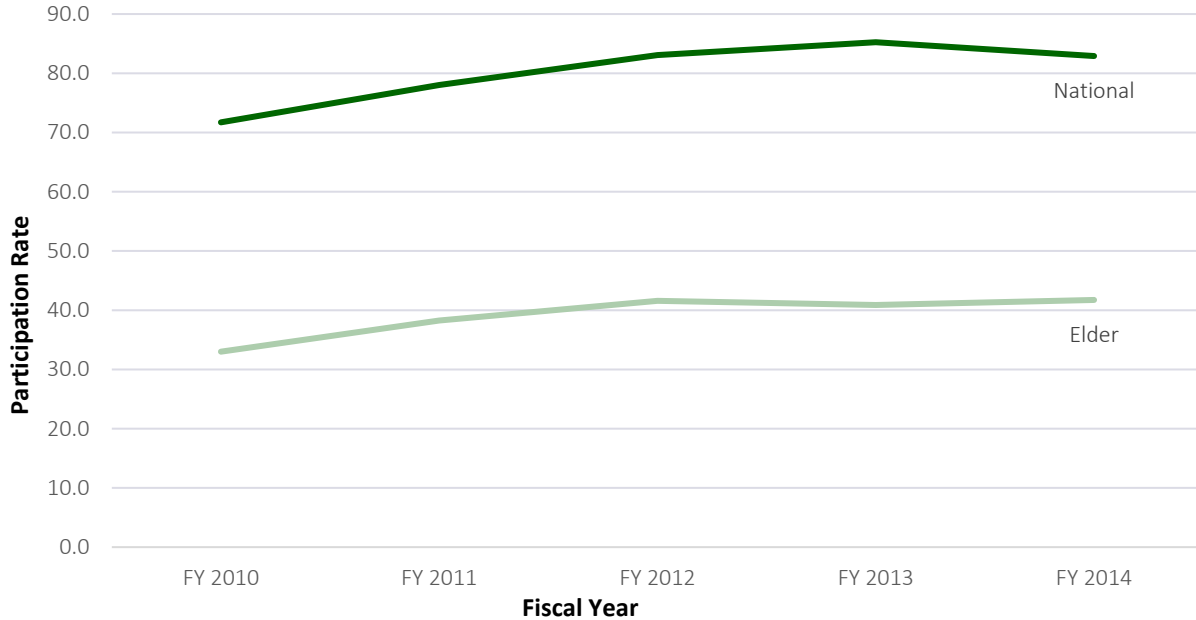
Low take-up rate for eligible individuals age 60 and older is one of SNAP's most enduring challenges. Estimates of the SNAP take-up rate suggest that, historically, only about a third of eligible elders have participated in SNAP (Cunyngham, 2010), while the national participation rate among eligible individuals of all ages is typically twice as high (Cunyngham, Castner, & Sukasih, 2012; Eslami, Leftin, & Strayer, 2012). More recently, however, elder participation has trended up. An analysis of the four most recently available years of participation and eligibility data carried out by Mathematica Policy Research (Mathematica) indicates a rise in participation rates<sup>2</sup> that parallels a rise in the overall population of SNAP-eligible individuals (see Exhibit 1 below).

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<sup>2</sup> Appendix C describes the strategy used to calculate program participation rates.



### Exhibit 1: Recent SNAP Participation Rates



Sources: SNAP QC, Annual Social and Economic Supplement (ASEC) of the Current Population Survey (CPS), American Community Survey, and individual income tax data and Census Bureau population estimates for 2010 through 2014.

As shown in Exhibit 1, participation rates have risen by approximately 10 percentage points for both the general population and elder individuals, with the largest increase recorded between 2010 and 2012. The elder participation rate reached 40 percent in 2012, which can be considered high by historical standards<sup>3</sup>.

The SNAP participation rate depends, of course, on two numbers: a numerator (the number of people who enroll in SNAP) and a denominator (the number of people who are eligible to enroll). The increase in participation rates has resulted from the number of participants growing faster than the number of eligible individuals. As shown in Exhibit 2, this is particularly true for elders—the number of eligible individuals grew 11 percent between Fiscal Year 2010 and Fiscal Year 2014, whereas the number of participants grew by a considerable 40 percent.

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<sup>3</sup> <https://www.ers.usda.gov/topics/food-nutrition-assistance/supplemental-nutrition-assistance-program-snap/charts/snap-participation-rates/>

## Exhibit 2: Number of SNAP Participants and Eligible Individuals

	Participants (000s)	Eligible Individuals (000s)	Participation Rate	90% Confidence Intervals	
				Lower Bound	Upper Bound
<b>All eligible individuals</b>					
FY 2010	37,481,880	52,263,519	71.7	70.8	72.6
FY 2011	40,693,688	52,160,864	78.0	77.0	79.1
FY 2012	42,129,048	50,708,090	83.1	82.0	84.2
FY 2013	43,230,759	50,716,212	85.2	84.1	86.3
FY 2014	42,300,155	51,025,996	82.9	81.8	84.0
<b>Elder eligible individuals</b>					
FY 2010	2,936,925	8,898,062	33.0	31.5	34.5
FY 2011	3,395,405	8,872,267	38.3	36.5	40.0
FY 2012	3,720,288	8,944,627	41.6	39.8	43.4
FY 2013	3,857,771	9,436,616	40.9	39.0	42.7
FY 2014	4,118,324	9,867,805	41.7	40.0	43.5

*Sources: SNAP QC (for the calculation of program participants); Annual Social and Economic Supplement (ASEC) of the Current Population Survey (CPS), American Community Survey, and individual income tax data and Census Bureau population estimates for 2010 through 2014 (for the calculation of numbers of SNAP eligible individuals).*

Exhibit 3 below charts the evolution of elder SNAP participation against two important measures of poverty—the number of individuals 60 and over whose income is below 125 percent of the Federal Poverty Line (FPL) and the number of individuals 60 and over whose income is below 200 percent FPL<sup>4</sup>. We can glean two insights from these data. First, SNAP appears to be an effective countercyclical policy tool because it responds to increases in poverty. Although the overall economy has improved, the number of elders in poverty has increased, leading to increased SNAP enrollment. These trends corroborate the evidence from numerous other sources that SNAP acts as an effective countercyclical policy tool (Mabli, Martin, & Castner, 2009; Klerman & Danielson, 2009; Ganong & Liebman, 2013; Mabli et al., 2014).

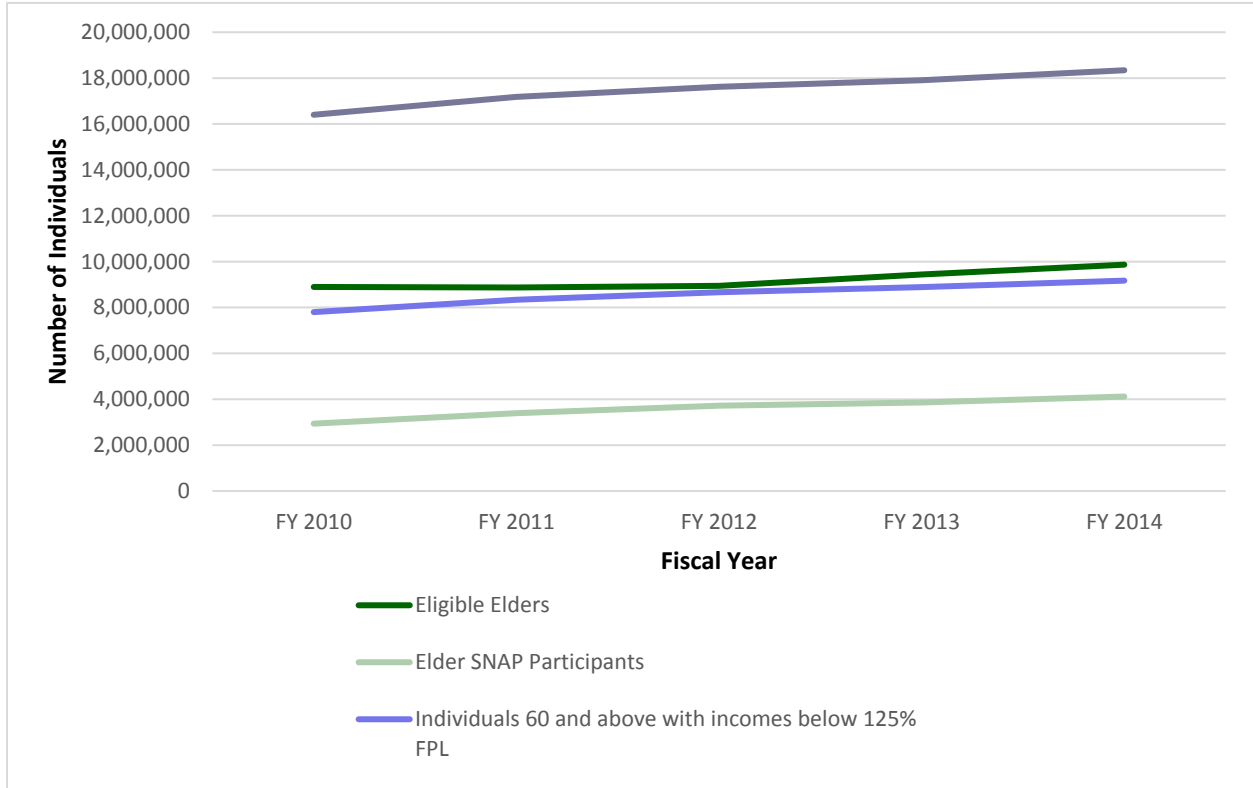
Second, after a period of relative stagnation, it appears that the number of eligible elders has been growing since Fiscal Year 2013. We can only speculate about what might have contributed to this trend, but at least two explanations are possible. First, the increased number of eligible elders might be the result of policies that relax program eligibility criteria, such as broad-based categorical eligibility (BBCE), which decreases or eliminates the asset test and/or increases the gross income limit for SNAP applicants, thus allowing more people to be eligible for the program. Second, it could be the result of secular demographic trends, including the aging of

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<sup>4</sup> The reason to include both measures of poverty is that the SNAP gross income limit is 130 percent of the FPL for most households, and some elder individuals may still qualify for SNAP once deductions are taken into account.

the Baby Boomer generation, general poverty trends, and overall population growth. This study aims to shed light on the factors behind this growth.

### Exhibit 3: Recent Trends in Elder SNAP Participation



Sources: SNAP QC (for the calculation of program participants); Annual Social and Economic Supplement (ASEC) of the Current Population Survey (CPS), American Community Survey, and individual income tax data and Census Bureau population estimates for 2010 through 2014 (for the calculation of numbers of SNAP eligible individuals); Aging Integrated Database (for poverty data).

In addition to the national trends in elder SNAP participation described above, for this study, an understanding of State participation rates also is necessary. Although SNAP benefits are federally funded, program costs and administration are shared by federal, State, and county governments. State agencies (and in some cases, counties under State supervision) administer the program on a day-to-day basis and have broad discretion in establishing State-level program policies (including those regarding enrollment). Because of this flexibility, as well as the demographic and economic characteristics of each State, elder SNAP participation rates vary widely across States. For example, in Fiscal Year 2014, elder SNAP participation rates ranged from a low of about 21 percent in Wyoming and California to a high of about 68 percent in Vermont and 72 percent in New York. Appendix A provides more detail, illustrating the elder SNAP participation rate for each State for Fiscal Year 2014. These participation rates will be an important part of State selection for subsequent components of this study.

QC data can also be used to track changes in the demographic makeup of elder SNAP participants over time (see Exhibit 4). Of the total number of program participants, the proportion of elders has been gradually increasing from eight percent in Fiscal Year 2010 to almost 11 percent in Fiscal Year 2015. This finding confirms trends shown earlier in the report. As shown in Exhibit 2, the number of elder SNAP participants has grown from 2.9 million to 4.1 million (40.2 percent) between FY 2010 and FY 2014, whereas the overall number of adult participants has grown from 37.5 million to 42.3 million (12.9 percent). The faster rate of elder caseload growth accounts for the increase in the proportion of elders among the total number of program participants.

Another notable trend has been the increase in the percentage of elder participants who live in a metropolitan area, from 78 percent in Fiscal Year 2010 to 82 percent in Fiscal Year 2015. A majority of the elders who participate in SNAP live alone (almost three quarters); almost two-thirds of the elders who participate in SNAP are women.<sup>5</sup>

**Exhibit 4: Socio-demographic Characteristics of Elder SNAP Participants**

	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
Percentage of elders among all SNAP participants	7.9	8.5	9.0	9.3	10.1	10.6
Percentage of elder female SNAP participants	65.9	65.9	65.2	64.0	63.3	63.6
Percentage of elder participants in one-person SNAP household	73.2	72.4	74.0	72.6	74.7	72.9
Percentage of elder participants in SNAP household with only other elders	15.5	16.9	15.8	16.8	15.5	17.1
Percentage of elder SNAP participants living in a metropolitan area	78.0	79.1	78.3	78.2	81.0	81.6

Sources: FY 2010 to FY 2015 SNAP QC data files

The QC database contains information about other programs in which SNAP participants enroll, and these data constitute another useful way to describe participants and trends. Exhibit 5 below offers a glimpse at the shifting makeup of elder program participants between FY 2010 and FY 2015. In particular, the percentage of elder SNAP participants who earn income has increased slightly (by two percentage points). In addition, the percentage of program participants whose gross income is under the FPL fell by seven percentage points from Fiscal Year 2010 to Fiscal Year 2015. In this same period, the percentage of elder SNAP participants whose SNAP benefits are equal to the minimum SNAP benefit has almost doubled, from 10 percent to 19 percent. Thus, although all elder SNAP participants have low incomes, many of the additional participants that the program gained during the observed period appear to have

<sup>5</sup> Distributions by other socio-demographic characteristics such as age and race/ethnicity were not available by year, so they are not presented here.

slightly higher incomes (as reflected in the slightly higher probability to earn income, lower percentage of those whose gross income is under 100 percent of FPL, and higher percentage receiving the minimum benefit amount) than the traditional core of participants. This suggests that at least some of the policies enacted to stimulate SNAP enrollment among elders are functioning as intended; they are bringing participants to the program who perhaps would not have traditionally enrolled. This study will provide some answers regarding the particular policies that are associated with this trend.

### Exhibit 5: Elder SNAP Participants’ Participation in Benefit Programs and Income

	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
Percentage of elder SNAP participants receiving Social Security income	66.8	67.8	69.3	70.0	68.9	68.8
Percentage of elder SNAP participants with earned income	5.6	6.3	6.7	6.9	7.2	7.6
Percentage of elder SNAP participants with benefits equal to the minimum benefit	10.4	12.4	13.6	15.2	17.7	19.3
Percentage of elder SNAP participants with gross income under 100 percent of poverty	77.2	73.6	70.6	69.3	71.5	69.4

Sources: FY 2010 to FY 2015 SNAP QC data files

### Barriers to Elder SNAP Access

As illustrated above, elder individuals have historically participated in SNAP at substantially lower rates than the general population. Between 2010 and 2014, the participation rate among the eligible elder population ranged from 33 to 42 percent, compared to 72 to 83 percent for the eligible population as a whole (SNAP QC Data). While these numbers do show growth in the elder SNAP participation rate, that rate remains half of the SNAP participation rate overall.

This low participation rate among low-income elder individuals is cause for public concern. Without SNAP, elder individuals may be unable to meet their nutritional needs (Cody & Ohls, 2005), forgo medicine for food (Sattler & Lee, 2013), or be unable to pay utility bills or secure safe or stable housing (O’Brien, Wu, & Baer, 2010). Some elder individuals without SNAP benefits may have fewer resources to purchase food; elder diet insufficiency has been connected to poorer mental and physical health outcomes as well as increased strain on caregivers (Fuller-Thompson & Redmond, 2008). Previous research suggests that among all SNAP households, SNAP not only increases food access and reduces food insecurity (Gundersen & Ziliak, 2008), but also has significant positive effects on household incomes (LeBlanc, Lin, & Smallwood, 2006), and raises millions of SNAP recipients out of poverty—over 10 million individuals in 2012, according to the Center on Budget and Policy Priorities (2016). Thus, increasing elder SNAP participation would appear to yield unambiguously positive benefits for

society by improving the food security, financial security, and well-being for many elder individuals living on limited incomes.

There is probably no single cause responsible for the persistently low elder SNAP participation rate. Previous research and the interviews conducted for this memorandum suggest that a variety of barriers make participation more difficult and combine to lower the participation rate. These barriers can be divided into two broad categories: (1) barriers to applying for and enrolling in SNAP and (2) barriers to remaining on SNAP.

### ***Barriers to Applying for and Enrolling in SNAP***

Two broad categories of barriers—societal and procedural—prevent and/or discourage elder individuals from applying for and enrolling in SNAP.

#### **Societal Barriers**

Societal barriers to applying for SNAP include those that one interview respondent described as “conceptual, personal, and psychological.” They involve the elder individual’s perception of the program and who should take advantage of it. The following examples of societal barriers came up frequently in the literature and in the interviews.

**Stigma.** Embarrassment, feelings of failure, hurt pride, dislike of government assistance, and loss of independence are all reasons cited by elder individuals for not participating in SNAP (AbuSabha et al., 2011; Bartlett & Burstein, 2004; Gabor et al., 2002; Kim & Frongillo, 2009; Ponza & McConnell, 1996). In all these cases, the individual attaches some kind of stigma to SNAP participation. Related to stigma, several interviewed respondents reported that some elder individuals have the sense that SNAP is a “government handout” different from a benefit program like Social Security for which they have “paid in.” However, while many respondents identified the stigma of SNAP as a persistent barrier to elder SNAP access, some also said that they believe it has lessened over time, especially with the advent of Electronic Benefit Transfer (EBT). It is also worth noting that some research on government programs has shown that stigma does not actually have a large effect on uptake rates (Blavin, Dorn, & Dev, 2014; Wu, 2009).

**Perceptions of being undeserving of SNAP benefits.** Research has documented that some individuals feel they should not need SNAP, that others are needier, or that their participation displaces other needy people (Bartlett & Burstein, 2004; Mack & Paprocki, 2016). Interview respondents also reported that some eligible elders do not understand SNAP’s status as an entitlement program. Some elder individuals also have said that they feel SNAP is “marketed” towards younger families and is thus not designed for them (Geiger, Wilks & Livermore, 2014; Ponza & McConnell, 1996).

**Fear of fraud.** Elder individuals may be reluctant to give out the personal information (particularly social security numbers) required for a SNAP application due to fears about identity theft (Gabor et al., 2002; Mack & Paprocki, 2016).

**Perceived (or real) lack of need for SNAP.** Some low-income elder individuals may choose to get food assistance from other sources, such as through subsidized and congregate meals, food banks, and senior centers (Fitzpatrick, Greenhalgh-Stanley, & Ver Ploeg, 2015; Gabor et al., 2002, Oemichen & Smith, 2016; Wu 2009). Others may decline SNAP due to the challenges of getting to a grocery store in a food desert (Fitzpatrick et al., 2015) or due to limited mobility and lack of transportation.

### **Procedural Barriers**

In addition to the societal barriers referenced above, there are also barriers to applying for and enrolling in SNAP that one interview respondent described as “procedural.” These barriers are more specifically connected to how SNAP is implemented and advertised by FNS and the States. While respondents highlighted elders’ lack of knowledge about specific eligibility rules and application procedures as barriers in this category, it is worth noting that many thought most elder individuals are at least aware that SNAP exists. This general awareness about the existence of SNAP as a program is also confirmed by the literature (Bartlett et al., 2004; Currie, 2004).

**Lack of information about eligibility rules and/or application processes.** While individuals are usually aware that SNAP exists, they may not think that they qualify for the program (Ponza & McConnell, 1996; Wu, 2009). The program’s complex eligibility calculations add to this confusion, and those who are closer to the eligibility cut-off tend to be less sure that they would qualify for SNAP than those who are well under it (Bartlett et al., 2004). In addition, elder individuals may not realize that they fall under different eligibility criteria than the larger population (Ponza et al., 1999). Many elder individuals also believe they are ineligible because they have assets or they do not have dependent children living with them. Some do not know how to apply for benefits or how to gain this knowledge (Bartlett & Burstein, 2004; Cody & Ohls, 2005; Gabor et al., 2002; McConnell & Ponza, 1999).

**Perceived or real burdens of applying.** According to both the literature and the interviews conducted for this memorandum, the burdens associated with applying for SNAP constitute a major barrier to elder SNAP participation. Elder individuals may find it difficult to get to the SNAP office because of lack of transportation, health issues, or physical limitations, and they may not be aware of options to complete applications online or conduct interviews and “sign” the application over the phone (Bartlett & Burstein, 2004; Bartlett et al., 2004; Cody & Ohls, 2005; Gabor et al., 2002). Research has documented that elder individuals often perceive interactions with SNAP personnel as unpleasant, application requirements as difficult to

understand, and documentation of income and assets, where needed, as burdensome and an invasion of privacy (AbuSabha et al., 2011; Cody & Ohls, 2005; Gabor et al., 2002). The length of the application form and the documentation required were also cited by several interviewed respondents as specific barriers. Some noted that as States create more combined applications that screen for several benefits programs at once, application forms necessarily become longer and more complex. The form-filling burdens associated with applying for SNAP can be especially intimidating or overwhelming for elder individuals with disabilities and those experiencing cognitive decline (Herd, 2015).

**Perception or reality of low benefit levels.** Nearly every interviewed respondent said that the “myth of the \$16 [or minimum] benefit” plays a big role in preventing some eligible elder individuals from applying. As indicated above, many individuals already perceive the SNAP application process to be burdensome. If they believe that their efforts will only result in a small monthly benefit, some will decide it is not worth the effort of applying (Bartlett & Burstein, 2004; Bartlett et al., 2004; Cody & Ohls, 2005; Gabor et al., 2002; Kim & Frongillo, 2009; McConnell & Nixon, 1996; McConnell & Ponza, 1999). Some eligible elder individuals qualify (or think they will qualify) for relatively low benefits because they live alone or with one other person and have Social Security or Supplemental Security Income (SSI) that brings their income to, or close to, the poverty level (Cody & Ohls, 2005). Elder individuals may not be aware that the opportunity to claim medical expenses as deductions to household income could raise their benefit amount (Jones, 2014). Even though the majority of elder individuals do get more than \$16 a month in SNAP benefits, the percentage of elder individuals who get the minimum benefit amount has been rising. In Fiscal Year 2010, 10 percent of elder SNAP participants received the minimum benefit, but this number had increased to 19 percent by Fiscal Year 2015 (SNAP QC Data). For some individuals, the perceived costs of applying for SNAP (particularly in terms of time or loss of privacy) may outweigh the benefits (Cody & Ohls, 2005; Schanzenbach, 2009).

**SNAP modernization and technology.** As States have modernized their SNAP programs, there is an increased use of call centers, online applications, and other automated technologies (Rowe et al., 2010). While such updates may be more convenient for some elder individuals, others struggle with these systems, which generally involve less one-on-one assistance from State eligibility workers. In one study, most elder focus group participants said they preferred face-to-face interviews to those conducted on the telephone (Gabor et al., 2002). In another small study with participants of all ages, over half preferred traditional service delivery models to a modernized system (Heflin, London, & Mueser, 2010). However, interviewed respondents also pointed out that as new individuals age into the elder cohort, they may have more experience with technology and more of a preference for these new ways of applying.



The literature and interviews for this memorandum also identified States' learning curves setting up their modernized systems as challenging to elder individuals. For example, as the systems get set up, there may be long initial wait times when calling into a call center (Cody et al. 2010). This challenge may also lessen over time.

### ***Barriers to Remaining on SNAP***

Some research reports that once they have enrolled, elder individuals are less likely to “churn off” of SNAP than other individuals (Mills et al., 2014; Wu 2009). Typically, elder participants have longer certification periods than do younger participants, and this results in increased SNAP receipt (Ratcliffe, McKernan, & Finegold, 2007; Rutledge & Wu, 2013). Nevertheless, the literature and interviewed respondents identified several specific barriers that elder individuals face in staying enrolled once on SNAP. Several respondents said that while elder participants may have fewer opportunities to churn, when these opportunities do come up, they are at increased risk for falling off the benefit.

**Recertification and reporting processes.** All SNAP households must conduct periodic reporting and undergo an occasional recertification process, though the frequency with which reporting and recertification is done varies by State and household type. Elder individuals without earned income often go through these steps less frequently and have to produce less documentation, in part because their income and household situations are less likely to change (Bartlett et al., 2004). In most States, households that have only elder or disabled members with no earned income are either certified for 12 months (with no periodic reporting) or for 24 months (with a 12-month report) (U.S. Department of Agriculture, 2016). These processes can be burdensome for all participants, with researchers noting that eligible households are more likely to leave the program in recertification months (Bartlett et al., 2004).

Even though the reporting and recertification periods are less frequent for elder households than for other households, these requirements can be barriers for elder individuals and can lead to them dropping out of SNAP. Interviewed respondents from the FNS National and Regional Offices and from key national organizations noted that elder individuals may have trouble understanding what is required of them for recertification and reporting; they explained that recertification notices are frequently in small print and use complicated legal language. Because many States have abandoned the caseworker model in favor of the transaction model, an individual may not have a specific caseworker to contact about these notices. Elder participants may be unsure who to turn to with questions; as a result they may get frustrated, not respond to notices, and eventually exit from SNAP. Recertifications can also involve interviews, and respondents explained that elder individuals may have trouble scheduling or attending interviews (even when they are done by phone). Elder individuals who

have earned income may face greater burdens because they have more frequent reporting requirements (Gabor et al., 2002).

**Expunged benefits.** While several studies have indicated that the adoption of EBT has led to an improved program experience and reduced the stigma of SNAP participation (Danielson & Klerman, 2006), two interviewed respondents indicated that the technology has caused problems for some elder individuals. They explained that in some States, individuals who had amassed several months of credit on their EBT cards had their benefits expunged after several months of nonuse. According to these respondents, the States cleared these benefit build-ups because they thought that the long period of nonuse indicated possible fraud. The disappearance of their benefits caused some individuals to think they were out of the program and to ignore subsequent notices. The problem with this expunging of benefits, according to interviewed respondents, was that many elder SNAP participants have legitimate reasons for not using their EBT cards for relatively long periods: some have smaller monthly benefits that they purposely allow to grow for several months; others have mobility issues that make it difficult to shop more frequently. One interviewed respondent also said that some elder individuals may be unsure how to use EBT or forget their personal identification number, both of which could lead to nonuse of the benefit or dropping out of the program. This latter type of EBT challenge was reported in a focus group of elder SNAP participants in Washington State (Gabor et al., 2002).

**Change in household status.** Interviewed respondents said that various changes in an elder individual's household status can lead to challenges staying on SNAP. For example, one respondent noted that she has seen new widows who were not previously in charge of household finances get confused about reporting and other requirements and eventually churn off of SNAP as a result. Several respondents indicated that elder individuals who agree to take care of their grandchildren may also be faced with new and confusing reporting requirements.

### ***Barriers to Securing the Correct Benefit Amount***

Interviewed respondents also highlighted barriers that make it more difficult for elder applicants to be certified for the monthly allotment for which they are eligible. While not directly associated with elder SNAP participation, barriers to larger benefit sizes may have a secondary effect on participation, given the reports that some elder individuals do not apply for SNAP because they do not think their allotment will be worth the effort involved. Interviewed respondents explained that the documentation required to procure a deduction, including shelter, medical and dependent care deductions, is often difficult for elder individuals to obtain. Specifically, HIPPA regulations can make it challenging for Community Based Organizations (CBOs) or State agencies to assist elder individuals with collecting the medical documentation and receipts needed for an excess medical deduction. Some respondents also implied that

eligibility workers may sometimes not promote medical deductions or assess all elder individuals for them due to the complexity of the process. In addition, respondents noted that elder individuals who apply to SNAP through the Combined Application Project (CAP) or Elderly Simplified Application Project (ESAP) may not have the opportunity to provide the extra documentation that would make them eligible for deductions, even if such an opportunity is technically supposed to occur, since these programs sometimes rely on automatic eligibility determinations based on other data sources. One interviewed individual from a key national organization said that he does not think most elder participants are aware of the opportunity to use medical deductions.

### ***How Barriers to Access are Experienced by Different Elder Subgroups***

SPR's research reveals that different subgroups within the broader elder population may have an especially difficult time accessing or remaining on SNAP.

- **Rural elder individuals.** In Fiscal Year 2015, 16 percent of elder SNAP participants were considered to be living in a micropolitan or rural area, down from 20 percent in Fiscal Year 2010 (SNAP QC Data). Interviewed respondents said that they thought rural elder individuals were less likely to apply for and remain on SNAP than their urban peers. They noted that there may be more of a philosophy of personal independence in rural areas that makes stigma more prevalent. The possibility of stigma may also be increased by the greater likelihood of rural individuals knowing the local SNAP eligibility workers or grocery store employees. Respondents also said that transportation is often more difficult in rural areas and there may be poorer broadband internet access and fewer CBOs offering assistance.
- **Immigrant elder individuals.** While certain legal immigrants qualify for SNAP, respondents indicated that there is a lot of fear and confusion surrounding their eligibility. Many worry that an application would have an impact on their legal status, affect their household's ability to naturalize, or even result in deportation. Rules about whether and when an immigrant's sponsor's income needs to be counted for eligibility may limit applications from these individuals, since they would require the potentially sensitive step of an immigrant asking their sponsor for income information. A report focused on California specifically noted that the State's high number of immigrants could be one reason for its low overall SNAP participation rate (Danielson & Klerman, 2011).
- **Elder individuals not fluent in English.** SNAP material is technically required to be translated into other languages, and some States have made doing so a priority. One Regional SNAP Director explained that a State in his region provides its application in 13 languages. However, another respondent noted that materials other than the application form (for example, notices) are often not translated into other languages. According to both the literature and interviewed respondents, working with interpreters

can be challenging. They may be difficult to access (Gabor et al., 2002), and some elder individuals may not trust their translations.

- **“Older” elder individuals.** Across Fiscal Years 2010 to 2015, about 16 percent of elder SNAP participants were 80 or older (SNAP QC Data). Several respondents noted that these “older” elder individuals may be less comfortable with using the internet or automated phone systems to apply for SNAP. The literature also indicates that because disabilities and cognitive impairment become more prevalent as individuals age, the oldest members of the elder cohort may have greater challenges applying for SNAP and maintaining their benefits than their younger peers (Herd, 2015; Cody & Ohls, 2005). One study found that elder individuals in the age range of 65 to 74 used food stamps at a rate nearly three times that of those 85 and older (Fuller-Thomson & Redmond, 2008). However, two factors should be considered when interpreting statistics about the participation of these “older” elders: the proportion of elderly who are older than 80 is smaller than the proportion who are 60–80, and “older” elders are more likely to live in community housing situations where they may not be eligible for SNAP.
- **Elder individuals who do not have internet access.** Because most States (46) now have SNAP applications online and some recommend that they be submitted this way, individuals who do not have internet access (or who have very slow internet access) may be at a disadvantage. Because broadband internet access is often less available in rural areas, elder individuals who live in such areas may be especially likely to have slow internet access.

## Interventions to Increase Elder SNAP Access

Across all States, elder individuals are not subject to the same eligibility criteria as younger SNAP applicants. For elder applicants, the following more generous criteria apply:

- Households must only meet the net income test, rather than both the net and gross tests.
- Households can deduct elder medical expenses in excess of \$35 a month when calculating net income.
- Households may have a higher amount of countable resources (\$3,250, versus \$2,250 for households that do not have elder or disabled members).

These different criteria recognize elder households’ specific needs. However, as the relatively low rate of elder participation indicates, having a separate set of more generous eligibility rules for elders has not been sufficient to bring the elder participation rate close to that of the general population.

Over the years, FNS has developed a number of additional policy interventions that attempt to increase the elder SNAP participation rate by directly addressing some of the barriers detailed

above. These include a series of demonstration projects, waivers, and policy options that States may implement. Because demonstrations and waivers waive requirements of the Food and Nutrition Act or existing SNAP regulations, they require approval from FNS and additional State reporting responsibilities. In addition, demonstrations that impact household benefits must also be deemed cost-neutral. Besides waivers and demonstrations, States have the flexibility to adopt other policy options that do not require prior approval from FNS.

This section of the memorandum focuses specifically on a series of these interventions identified by the FNS National Office to be of special interest for improving elder SNAP access. It divides the interventions into those that may increase elder SNAP applications and enrollment, those that increase benefit amounts, and those that may reduce churn and help elder individuals stay enrolled. For each, the memorandum briefly describes the intervention, summarizes any evidence from the literature about its effectiveness, and provides information about how it is perceived by interviewed respondents. So far, there have been few impact studies focused directly on these interventions, though the Elderly Nutrition Demonstration (Cody & Ohls, 2005), conducted from 2002 to 2004, the Fiscal Year 2009 Pilots (Kauff et al., 2014), and the Evaluation of the Effectiveness of Pilot Projects in Increasing SNAP Participation among Medicare's Extra Help Population in 2010 (Sama-Miller et al., 2014) examined some similar models. In their group interview, FNS National Office staff members said that they are unsure which current interventions have the most effect, in part because many States offer multiple interventions and it can be difficult to disentangle their impacts. Despite this, the interviewed respondents reported thoughts about the benefits, challenges, and possible unintended consequences associated with each intervention. This information will help the research team decide which interventions are especially important to include and know their associated implementation challenges.

Other SNAP policy options and waivers not directly targeted to elder individuals may also have an impact on elder access to the program. Among these, those identified by interview respondents as especially likely to affect elder access, such as telephone interviews, online applications, and call centers, are covered in this memo. Additional SNAP options, such as Broad Based Categorical Eligibility (BBCE), which enables categorical eligibility for households who are eligible for TANF non-cash benefits (U.S. Department of Agriculture, 2016), and vehicle exemption in the calculation of household assets (U.S. Department of Agriculture, 2016), may also influence elder access. However, these interventions are not a focus of this memo since they have already been covered by prior research or are likely only applicable to a restricted range of elder individuals.

Appendix B, the State intervention index, supplements this section of the memorandum. It provides additional details about which States have each intervention and when they were first implemented. It also provides a total count of interventions for each State, divided into those

that target elder access specifically and those that aim to improve the application process for all individuals. Some States offer only two total interventions, while others have as many as seven. The number and type of intervention offered by each State will be a key consideration for study State selection.

### ***Policy Context for Interventions***

In interviews with the FNS Regional Offices and the FNS National Office, respondents noted that while they can and do encourage States to consider certain interventions, the choice to take one on is ultimately up to the individual State. Respondents highlighted the following factors as likely having an influence on a State's uptake of an intervention:

- **The political climate and State priorities.** Respondents explained that a State's political climate may affect whether the SNAP program prioritizes quality control or increasing program access. Certain States are not interested in expanding their SNAP programs. State budgets play a role in shaping priorities, as does the fact that gubernatorial or commissioner approval may be required to take on a new intervention.
- **Management Information System (MIS) and data analysis capacity.** Because States that decide to implement a demonstration or waiver are required to conduct additional reporting for FNS, some decide they do not have the capacity to take one on. This factor is especially significant for States with older IT systems (legacy systems) or those that are in the process of making a system transition.
- **Regional influence.** Respondents said that when one State in a region has success with an intervention, it sometimes makes others more likely to try it. Some FNS Regional Office staff members indicated that sharing success stories to encourage emulation is part of their role.
- **The advocate community.** Several respondents said that the presence of a strong elder-focused advocate community could help drive a State's decision to implement an intervention.
- **Cost neutrality requirement.** Opinions were mixed about whether the cost neutrality requirement influences States' decisions to implement an intervention; at least some respondents indicated that it does play a role. Respondents noted that it is always a difficult situation when adding an intervention may make some elder recipients better off while making other participants worse off. According to a respondent from the FNS National Office, it can be challenging to explain to clients who have their benefit amount slightly reduced why this occurred.

## ***Interventions to Increase the Number of Elders Applying for and Enrolling in SNAP***

The following interventions were identified as possibly increasing the number of elder individuals who apply for and become enrolled in SNAP. Most of these interventions make the application process itself easier; the last one to be discussed involves targeting individuals who might not otherwise know about SNAP or have applied. The first two interventions described are most important for this study given that they target elder individuals (or elder and disabled individuals) specifically, while the rest aim to improve the process for all individuals.

### **Elderly Simplified Application Project (ESAP)**

Currently, eight States have an Elderly Simplified Application Project (ESAP). Overall, interviewed respondents believe this demonstration project, which was first implemented in 2009, has the most promise for increasing elder SNAP access. It combines several strategies that may both increase the ease of applying for SNAP and reduce churn. The ESAP includes a streamlined SNAP application form (for example, in Alabama the ESAP form is three pages), the option to use data matching to verify applicant information, a waiver of the recertification interview, and a 36-month certification period (U.S. Department of Agriculture, 2016). In the past, it also involved a waiver of the certification interview, but the FNS National Office has reinstated this requirement as States apply for the waiver for the first time or get approval to reinstate it. One interviewed respondent from a national organization focused on SNAP noted that the ESAP “removes [the] heavy burden [of applying] from applicants.”

In addition to implementing the ESAP package as defined above, some ESAP States have taken additional steps within the ESAP framework to simplify the SNAP application process for elder individuals. For example, Alabama and South Carolina have units within their State agencies that work only with elder applicants. Alabama also has a waiver of interim reporting for ESAP participants, which FNS National Office staff members indicated that they may add to the ESAP model going forward. Other States that do not have the full ESAP have implemented some components of it. For example, several States, including Massachusetts and Minnesota, have a simplified application form for elder applicants and others have 36-month certification or recertification interview waivers.

While there has been no research that evaluates the effectiveness of the ESAP in its current form, some information that points to its potential is available. There have been two evaluations that examined the impacts of similar simplified application strategies in several States. The Evaluation of the USDA Elderly Nutrition Demonstrations included an evaluation of a simplified application model used in two counties in Florida. In this model, the SNAP application form was only one page and applicants did not have to submit documentation of income and expenses or do a certification interview. Researchers found that it increased elder

SNAP participation by more than 20 percent in 21 months compared to similar counties without this simplified process (Cody & Ohls, 2005). Another evaluation that assessed demonstration projects that targeted elder individuals and used a simplified application process in Michigan and Pennsylvania also found statistically significant increases in SNAP participation (Kauff et al., 2014). While not identical to the ESAP, these simplifications reduced required contact with the State agency. However, the demonstrations also involved additional components (such as application assistance from CBOs in Michigan and a waiver of the initial certification interview in Pennsylvania) that make a one-to-one link between the positive findings from these demonstrations and the current ESAP model impossible. Nevertheless, these positive impacts for similar interventions indicate that the ESAP has promise and is worthy of further study.

While they were very positive about this intervention overall, interviewed individuals from key national organizations also expressed some concern about the reinstatement of the certification interview for the ESAP. FNS National Office staff members explained that its reinstatement is intended to give elder applicants one-on-one contact with the program and a chance to get questions answered; some individuals from national organizations fear the additional step will keep some applicants from successfully applying. A prior study that evaluated Oregon's and Utah's waiver of both the certification and recertification interviews (not just for elder applicants) found mixed results, with no effect on the number of applications approved and a decrease in application approval times (Rowe et al., 2015). Interviewed respondents were interested in examining the merits of the certification interview more closely for elder applicants specifically, though, with one interviewed respondent recommending that FNS allow at least one ESAP State to keep the certification interview waiver through this study so that it could be part of the evaluation. In addition, several respondents recommended including Alabama in the study because it once had a waiver of the certification interview and no longer does.

As for the issue of unintended consequences, the FNS National Office said they worried that without a certification interview, some ESAP applicants were not given an opportunity to explore medical deductions that might ultimately increase their benefit amount. This was also a finding in the evaluation of the certification and recertification waiver (Rowe et al., 2015) and part of the reason why FNS has reinstated this interview.

### **Combined Application Project (CAP)**

The Combined Application Project (CAP) is a demonstration implemented for the first time in 1995 that is currently implemented in 17 States. The intervention involves a partnership between the State SNAP agency and the Social Security Administration (SSA); its purpose is to connect those receiving Supplemental Security Income (SSI) to SNAP (U.S. Department of Agriculture, 2016; Rowe et al., 2010). By Federal law, all SSI applicants are required to have the



chance to apply for SNAP while applying for SSI. However, without CAP, this joint application process does not always happen or work smoothly (Dorn, Minton, & Huber, 2014).

There are two types of CAPs—a “standard CAP,” which involves a simplified joint application for both SSI and SNAP that is processed by the SSA and waives a certification interview with the SNAP administering agency, and a “modified CAP,” wherein SSA participation data is used to target potential SNAP participants (U.S. Department of Agriculture, 2016). In the latter case, the SSA does not process or submit the SNAP application. Both the standard and modified CAP use either standard benefit or standard shelter deduction amounts (U.S. Department of Agriculture, 2016) to make the application process easier. Many interviewed respondents were supportive of CAP in theory, but they identified implementation challenges, such as maintaining a relationship with the SSA, that they believe have weakened the effects of the intervention. In part because of these challenges, which are described in more detail below, FNS is not currently approving new CAP demonstrations.

Because CAP has been an option for over two decades, prior research has examined its role in the SNAP application process. Initial findings were promising. A survey of the States that had a CAP in 2008 had positive findings, with all States and 65 percent of local offices believing that CAP increased participation among elder individuals (Rowe et al., 2010). Another study reported that from 2000 to 2008, “CAP states experienced a 48% increase in SNAP participation levels among 1-person SSI households, at a time when such households’ enrollment in other states saw little change” (Dorn, Minton, & Huber 2014, p. ii). However, another report from 2015 was more mixed about CAP’s influence over time. Based on participation data, this report states that the percentage of elder SNAP participants who were eligible for SNAP through CAP fell from 14 percent in 2009 to eight percent in 2013 (Eslami, 2015), but notes that this reduction may have been a result of changes in SSI eligibility. The same report also reveals significant variation across States. Five CAP States enrolled less than 10 percent of elder SNAP participants through CAP, while five others enrolled over 20 percent through the demonstration (Eslami, 2015).

Interviewed respondents from both FNS Regional Offices and key national organizations identified challenges working with the SSA as a reason why CAP varies by State and does not always work as intended. Respondents reported that the relationship between the State SNAP agency and SSA can be very different in different States, even within the same region. One Regional SNAP Director explained that one State in his region has a modified CAP that seems to work well, with SSA providing the needed data to target SSI recipients for SNAP. In contrast, he noted that another State in his region is struggling with a standard CAP, and that the SSA there had helped fewer people apply to SNAP this year than it had in years prior. One individual from a national organization focused on SNAP surmised that SSI administering offices in some States might be dealing with their own technology changes or modernization processes, which could

affect their ability to be strong partners. During the group interview with the National FNS Office, one respondent said she had heard that some State SNAP agencies had not communicated with the State agency administering SSI in over a decade.

Another potential drawback to CAP noted by the literature and identified in interviews is that it can make it harder for applicants with high medical or shelter costs to get connected to a benefit amount that would take into account all of the deductions for which they are eligible. This problem occurs because the standard CAP model uses standardized benefit amounts in order to meet the cost neutrality requirement. Applicants are supposed to be notified that they can contact the SNAP administering agency to follow up about potential deductions that could increase their benefit, but this may not always happen, or participants may not understand the notices (Dorn, Minton, & Huber, 2014). Several interviewed respondents agreed with this assessment, with one individual from a national organization focused on SNAP saying she does not think CAP does a “robust” enough job looking for deductions. Nevertheless, another individual from a different national organization focused on SNAP added that even if an elder individual who applied to SNAP through CAP is not getting all the deductions for which he or she is eligible, at least this person is receiving the benefit.

### **Community Partnership Interview Demonstrations**

Currently, four States have a Community Partnership Interview Demonstration, and this intervention does not specifically target elder individuals. Nevertheless, the demonstration, which enables local CBOs to help individuals with the SNAP application process and conduct certification interviews, may be especially helpful for those 60 and over. Respondents noted that many elders express a preference for one-on-one, in-person assistance, which this intervention provides. Because CBOs may be more trusted than government agencies in certain communities and may have more culturally competent staff members, respondents also suggested that this intervention could be especially effective at reaching elders in immigrant communities or those who speak languages other than English.

Three studies provide mixed evidence about the effectiveness of community partner interviews. One examined six Community Partner Interviewer demonstrations from 2009-2010, including one that focused specifically on reaching the elder population. In two States, households that were interviewed by a CBO were more likely than households that were interviewed for SNAP through the regular channels to include elder individuals (Wilson et al., 2015). In a survey, applicants who applied through a CBO were also more likely to be satisfied with the length of time it took to get their SNAP benefit and with the customer service experience (Wilson et al., 2015). However, the study also found that in two States, denials for SNAP applications for procedural reasons were higher for applications from CBOs as opposed to those done through the regular channels, and in one State, the length of time it took to receive

the benefit was longer for applications from CBOs than through the regular channels (Wilson et al., 2015). Another study examined the impact of application assistance strategies (offered by both CBOs and individuals hired specifically for this purpose by State SNAP agencies) provided in three States. While the models varied by State and county (and were not identical to the Community Partnership Interview Demonstration), there were some positive findings. In two counties in two different States, the application assistance led to greater than a 30-percent positive impact on elder SNAP participation (Cody & Ohls, 2005). However, in one county within one of these same States, the impact on elder SNAP participation was slightly negative, and in another State it was only slightly positive (Cody & Ohls, 2005). The researchers involved in the study identified implementation challenges as a possible reason for these differences. A third study evaluated the Fiscal Year 2009 Pilots, one of which targeted elder applicants with a strategy similar to the Community Partnership Interview Demonstration. In several areas of Michigan, CBOs helped elder applicants fill out applications over the phone, and this phone call was then counted as the certification interview. Researchers found that elder participation in SNAP increased more in the sites with these strategies than in the comparison sites that used the regular SNAP application process (Kauff et al., 2014).

Our interviewed respondents had mixed thoughts about the value of involving CBOs in the SNAP certification interview process. Several supported the idea, emphasizing the ability of such organizations to reach out to new groups and explaining that state eligibility workers could also make procedural errors like those made by some CBOs in the studies. However, others thought that CBOs should “complement, not replace” State agency work. In general, respondents thought that CBOs should play a role in outreach and application assistance even if they did not take on the certification interviews themselves.

### **Telephone Interviews**

There are several policies that States can use to allow SNAP applicants or recipients to conduct certification or recertification interviews by phone instead of in person. As of 2001, FNS declared that all applicants with “hardships” must be able to have a telephone or at-home interview if they request it (Gabor et al., 2002). Since 2001, States have also applied for an additional waiver that allows all interviews to be conducted over the phone (Rowe et al., 2015), though households can still request in-person interviews if that is their preference. Currently, all States except North Dakota and Connecticut have this waiver to offer telephone interviews in lieu of face-to-face ones.

All respondents supported telephone interviews as an option, though some emphasized that it is important to make clear that in-person interviews are also available. While advocates believe that telephone interviews reduce the burden on applicants (Cody et al., 2010), some elder individuals may prefer to talk in person or have trouble with hearing or understanding over the

phone. In a focus group conducted in Washington State with elder individuals, most said they would prefer a face-to-face interview (Gabor et al., 2002). The authors noted that participants who spoke Spanish or Korean were more likely to feel they could better communicate in person (Gabor et al., 2002). One individual from a national organization focused on SNAP identified several best practices in phone interviews: allowing general scheduling flexibility (including letting applicants reschedule interviews as needed), ensuring that calls happen on time, and allowing benefits to be approved without a phone interview if it is the only missing part of an application. Despite some acknowledged challenges, multiple respondents emphasized how helpful it is for elder individuals to be able to conduct interviews over the phone as opposed to needing to go into an office.

### **Call Centers**

Thirty-five States currently use call centers in some or all of their counties. Considered part of the SNAP modernization process, call centers help local SNAP offices by answering questions about the program, providing benefit information, conducting certification interviews, and sometimes directly certifying and recertifying applicants (U.S. Department of Agriculture, 2016). As an intervention, call centers can reduce wait time and make information about SNAP more accessible. Respondents indicated that while the convenience of call centers can be a benefit to elder individuals, the quality of call centers varies greatly across States. When they are not well implemented, there can be long waits to reach someone and calls may be dropped (Cody et al., 2010; Rowe et al., 2010). Both reports and respondents also noted that some elder individuals prefer one-on-one, in-person communication with an eligibility worker dedicated to their case rather than speaking to someone new each time they call the center (Cody et al., 2010). Several respondents also wondered how well elder individuals are able to understand and navigate automated phone prompts, which are a part of some call center systems.

### **Online Applications**

Online applications are now very common, with 46 States providing them as an option. While applicants have the option to submit an application in another format, some States encourage online submittal. On the one hand, online applications can be faster to complete (Cody et al., 2010) and can be beneficial for elder applicants with mobility issues because they can be done at home. However, respondents also indicated that there is a wide range of technological savvy and internet access within the elder category. Respondents explained that elder individuals, especially those in rural areas, may not have a fast internet connection at home. Going to the library or a CBO for internet access or help with the application can be challenging due to transportation or mobility issues. One report noted that online systems may be especially difficult for those with limited English language skills or disabilities (Cody et al., 2010). A

respondent added that drop-down menu items specifically, common in online applications, can be confusing for those who have less internet experience.

Several reports have found that significant numbers of participants prefer traditional service delivery methods to an online SNAP application process (Cody et al., 2010; Heflin, London, & Mueser, 2010; Kauff et al., 2014). For example, some elder individuals prefer paper applications because they do not feel comfortable submitting personal information electronically (Kauff et al., 2014; Rowe et al., 2010). Interviewed respondents noted that older elder individuals likely experience online applications differently than younger ones, and that resistance to online methods of applying for SNAP may therefore lessen over time. On the positive side, online applications can be programmed to prompt for medical expenses in a systematic way, something that may not be done consistently by eligibility workers (Jones, 2014).

### **Benefits Data Trust and Data Matching**

Five States currently work with the nonprofit organization Benefits Data Trust to conduct what they call “proactive” SNAP outreach and application assistance. While these partnerships with Benefits Data Trust are not a demonstration project or waiver and do not exclusively target elder individuals, the data matching done by the organization may still play an important role in elder SNAP access. Benefits Data Trust collects administrative data from States, then uses this data with its own management information system, call center, and web-based telephone system to conduct targeted SNAP outreach and provide application assistance (Kauff et al., 2014). Staff members from the organization explained in an interview that they might, for example, match a State’s Medicaid and SNAP records to find individuals who are only enrolled in Medicaid, then send each of these individuals a SNAP application that is already partially filled out with the information they have collected. Benefits Data Trust staff members then follow up with each individual to help them complete the application by phone.

Benefits Data Trust work providing this type of outreach to elder individuals in Philadelphia was evaluated as part of the Fiscal Year 2009 Pilots, and researchers found positive impacts. The strategy that Benefits Data Trust used in this pilot also had some additional components, such as a waiver that allowed elder individuals to self-declare medical expenses and another that let Benefits Data Trust staff members conduct certification interviews, which went beyond the current Benefits Data Trust strategy that focuses on targeted outreach through data matching. Compared to a comparison county, significantly more elder individuals were participating in SNAP in Philadelphia 17 months after the demonstration began (Kauff et al., 2014). However, the evaluation did not find significant differences in the number of applications processed (Kauff et al., 2014).

Similar data matching strategies were also conducted and evaluated as part of the three Fiscal Year 2010 pilots aimed at increasing elder SNAP participation in New Mexico, Pennsylvania, and

Washington. Each targeted SNAP application outreach and assistance to individuals who were also applying for public assistance for medical costs, such as through the Medicare Low Income Subsidy (LIS). The States (or, in Pennsylvania's case, Benefits Data Trust) linked SNAP caseload data with medical assistance program data to find elder individuals likely to be eligible for SNAP. These individuals were then mailed simplified applications or information about SNAP. In one State, part of the application was already filled out based on preexisting data from the medical program. Using a quasi-experimental design, researchers found that the pilots had positive effects on applications in all three States, though the overall number of individuals who applied was limited in some areas (Sama-Miller et al., 2014).

Overall, interviewed respondents viewed the work done by Benefits Data Trust positively, and judged data matching in general to be very promising. Interviewed individuals from key national organizations noted that such a process removes much of the application burden from the potential participant and makes use of information the State already has. This type of strategy is growing, with Benefits Data Trust planning work with several additional States in the future.

### ***Interventions to Increase Elder SNAP Benefit Amounts***

As noted above, low monthly benefit allotments were identified by the literature and nearly every respondent as a major barrier to elder SNAP access (Bartlett & Burstein, 2004; Bartlett et al., 2004; Cody & Ohls, 2005; Gabor et al., 2002; Kim & Frongillo, 2009; McConnell & Nixon, 1996; McConnell & Ponza, 1996). Given this finding, it is reasonable to suppose that raising benefit amounts directly or indirectly might be interventions that help expand SNAP participation.

#### **Increased Benefit Amount**

Several States have simply increased the minimum benefit amount. According to an interviewed individual from a national organization focused on SNAP, in 2015 both D.C. and Maryland chose to use State or local funds to provide a higher monthly SNAP allotment for those technically eligible for only \$16 a month, and New Mexico has also experimented with a similar increase. In Maryland, this increase is only for those in the elder category. While there has not yet been time to assess the outcomes of these benefit increases, other studies have shown that increased SNAP allotments (for example, during the American Recovery and Reinvestment Act) generally raise participation (Besharov, 2016; Coe & Wu, 2014). For the most part, interviewed respondents were very positive about the idea of raising the minimum SNAP allotment for elder individuals, though they also noted that most qualify for more than this amount anyway. One individual from a national organization focused on SNAP explained that higher benefit amounts lead to increased access to healthy food, which is correlated with increased health and frees up other resources for the participant to spend on medical expenses and other needs.

## Standard Medical Deduction (SMD)

The Standard Medical Deduction (SMD), a demonstration currently active in 19 States, can have the effect of indirectly increasing the benefit amount by lowering net income. Under regular SNAP rules, all elder SNAP recipients are entitled to deduct out-of-pocket medical expenses greater than \$35 per month from their income. Claiming a medical expense can add significant amounts to a SNAP allotment, with one report indicating that claiming \$50–\$200 in medical expenses can lead to a SNAP allotment that is \$7–\$69 higher each month (Jones, 2014). Expenses can include costs for transportation to medical appointments and over-the-counter medication as well as insurance copays (Jones, 2014).

The SMD makes this process simpler by setting a standard medical deduction amount for those applicants who can prove their medical expenses are above \$35 a month but might struggle to document the exact amount (U.S. Department of Agriculture, 2016). Applicants still have the option of a medical expense deduction equal to their actual expenses if they are higher than the SMD threshold (U.S. Department of Agriculture, 2016). Medical deductions in general, and the SMD specifically, are considered underused by elders (Jones, 2014). Unlike the other interventions profiled in this memorandum, the SMD may not directly increase overall elder participation rates. However, by potentially increasing benefit allotments, it may draw more elder individuals to the program.

Overall, elder participant uptake of the excess medical deduction has risen only slightly since the SMD became a State waiver option. The average size of the excess medical deduction has also fallen when inflation is taken into account. In Fiscal Year 2007 (prior to the implementation of the SMD in any State), about 13 percent of elder SNAP households received an excess medical deduction with an average monthly size of \$163 in 2007 dollars (SNAP QC Data). In Fiscal Year 2015, about 16 percent of elder SNAP households received an excess medical deduction, with an average monthly size of \$170 in 2015 dollars (SNAP QC Data), the equivalent of \$149 2007 dollars<sup>6</sup>. Compared to 2007, there were more elder individuals on SNAP in 2015, and among them, a greater proportion received a medical deduction. If the additional program participants have lower medical expenses, this could be one reason why the average medical deduction shrunk. Wide variations in these numbers by State (Eslami, 2015) may also reflect SMD implementation challenges.

The SMD is less complicated to administer than the Excess Medical Deduction for both SNAP participants and eligibility workers because only \$35.01 worth of medical expenses needs to be verified. In fact, one Regional SNAP Director indicated that a State in his region decided to implement the SMD not because it particularly wanted to increase elder SNAP participants'

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<sup>6</sup> Inflation adjustment made using the United States Department of Labor Consumer Price Index Inflation Calculator [https://www.bls.gov/data/inflation\\_calculator.htm](https://www.bls.gov/data/inflation_calculator.htm)

benefit amounts, but because the eligibility worker error rate in calculating the Excess Medical Deduction was too high. A report focused on Washington State confirmed the complexity of the Excess Medical Deduction for both caseworkers and elder participants there (Gabor et al., 2002), and a survey of States from 2008 found that many indicated a desire for a SMD due to the complexity of the alternative (Rowe et al., 2010).

Despite being a simplification of the Excess Medical Deduction, respondents indicated that the SMD could still be challenging for elder participants and eligibility workers. Several respondents explained that verifying even \$35.01 of medical expenses can be difficult, especially when HIPPA laws prevent eligibility workers from helping an applicant collect the necessary receipts. In addition, according to interviewed respondents, some elder individuals who first access SNAP through an alternative method, like the ESAP or CAP, may not be given details about the availability of any kind of medical deduction.

Interviewed respondents also noted that the cost neutrality requirement associated with the SMD can be a barrier to its adoption. Because elder individuals may receive a higher medical deduction with the SMD than they would have without it, overall SNAP costs can go up. According to respondents, many States deal with this dilemma and maintain cost neutrality by lowering the Standard Utility Allowance (SUA) slightly. Several regions noted that, in a sense, States are taking money from one group to give more to another, which can be politically sensitive. At least two respondents recommended that the SMD become standard as opposed to a demonstration, because this would remove the cost neutrality barrier and might make it more administratively feasible for States.

Overall, interviewed respondents had mixed feelings about the SMD in its current form. One individual from a national organization focused on SNAP said that the data they have collected leads them to believe that use of the SMD causes overall medical deduction amounts to decrease slightly but increases overall take-up of the medical deduction. Because of this effect, they think that it is beneficial to the elder population on a broad scale. Another approved of the intervention on principle, but feels that States often do not do the training and outreach necessary for it to work well. Multiple respondents asked that the SMD and its effect on elder SNAP access be included in the study.

### ***Interventions to Help Elders Remain on SNAP and Reduce Churn***

In addition to the two categories of interventions discussed above, FNS has created interventions that attempt to make it easier for elder individuals to remain on SNAP. These interventions address “churn” by minimizing the effort that elder participants must make once on SNAP.



## **Elderly and Disabled Recertification Interview Waiver**

Eight States have an Elderly and Disabled Recertification Interview Waiver that enables households made up entirely of elder and disabled participants with no earned income to bypass the recertification interview. This waiver was first established in 2009. For the most part, interviewed respondents were very supportive of this intervention and any efforts to reduce the contact participants must make with the State SNAP agency after enrolling. Several respondents said that States should be able to get much of the information they would get in recertification interviews through the data they already have. Note that this waiver is also one component of the broader ESAP.

While the Elderly and Disabled Recertification Interview Waiver has not been evaluated as a unique intervention, researchers did evaluate a 2011 waiver that Oregon and Utah received to waive both the certification and recertification interviews. This waiver did not focus on elder participants, but such individuals were included in the study. While overall findings were mixed, especially concerning the certification interview waiver, researchers did determine that the recertification interview waiver reduced churn in Utah (Rowe et al., 2015).

## **36-Month Certification Demonstration**

While only two States currently operate 36-Month Certification Demonstrations, which were established in 2010 and 2011, longer certification periods for elder individuals were supported by respondents as one of the key ways to reduce churn. The ESAP incorporates a 36-month certification, so the eight States with that demonstration effectively implement this policy as well. While they do not look specifically at 36-month certifications, several studies have found that extending certification periods leads to increases in SNAP participation (Besharov, 2016; Peterson et al., 2014; Ratcliffe, McKernan, & Finegold, 2007; Rutledge & Wu, 2013). Multiple interviewed Regional SNAP Directors felt that extended certification periods had lessened elder churn in their areas. Some also supported simplified recertification processes generally, with one saying, “if you don’t have to take an action to recertify, then there would be no reason to churn.” One concern with longer certifications is that a participant might not have their benefit appropriately adjusted should their income or household situation change. However, interviewed individuals from key national organizations also added that even with extended certification, there are still annual reporting requirements, so elder participants would have the opportunity to provide the information needed for a new deduction, for example, should their medical expenses increase.

## **Simplified Reporting**

SNAP households must submit a periodic report at least once every six months (U.S. Department of Agriculture, 2016). However, States may choose to adopt simplified reporting,

which enables households made up exclusively of elder or disabled members with no earned income to be certified for 12 months without a periodic report or certified for 24 months with a 12-month periodic report (U.S. Department of Agriculture, 2016). During their group interview, respondents from the FNS National Office indicated that they believe elder individuals who churn off of SNAP often do so at the time of the 12-month report. They are interested in reducing or eliminating periodic reports for this group, possibly by replacing the reports with data matches to verify needed information. According to an interviewed individual from a national organization focused on SNAP, Alabama uses this technique already and does not require interim reporting for those on the ESAP.

## Overall Themes, Challenges, and Areas for Further Study

Overall, this exploratory research has revealed that while there are past studies that identify impacts of some of the interventions created to increase elder SNAP access, little is known about the current combination of interventions and how they work together. Future components of this study will play an important role in clarifying what works best to increase elder participation in SNAP.

Several major elder SNAP access themes emerged from the exploratory research. These themes will be important to consider for the next steps of the project.

### Overall Themes

- **According to research conducted by FNS, the elder SNAP participation rate is trending up, though overall it is still about half that of the national participation rate.**
- **These data also show that there remains wide variation in elder SNAP participation rates across States.** Because each State has a different political context, elder population, and combination of demonstrations, waivers, and other SNAP policy options, this variation is not unexpected. The research team will attempt to exploit these differences in State participation rates and intervention use to determine the impact of the various SNAP policy options.
- **According to respondents, the most promising interventions—and therefore the ones they are most interested in learning more about—are the ESAP, SMD, longer recertification periods, and the “proactive” data matching outreach and application assistance conducted by Benefits Data Trust.** In addition, several respondents would like to learn more about how the various interventions interact.

- **There is a delicate balance between simplifying the elder SNAP application process and ensuring that applicants are fully familiar with the program and the deductions for which they may be eligible.** On the one hand, most respondents indicated that long application forms, required certification and recertification interviews, and complex reporting processes could be very burdensome for elder applicants and create major barriers for stable enrollment in SNAP. On the other hand, some respondents explained that they did not want the application process to become so streamlined that elder applicants never get clear and detailed information about the program, particularly about excess medical deductions, what the recertification process entails, and how to use EBT. Currently, respondents appear to be thinking through this challenge particularly as it relates to the certification interview. Some intermediaries felt that requiring such an interview for elder SNAP recipients prevents some elder individuals from ever enrolling in SNAP, while others felt that waiving it removes an important point of introduction to the program. In addition, some respondents thought that the interview could be useful in theory, but in practice it often was too rushed to provide applicants with valuable information. Because Alabama’s ESAP previously waived the certification interview and now does not, data from that State may be a way to evaluate the effects of this interview.
- **Respondents felt that the program must weigh the benefits of enrolling applicants at all with the costs of applicants not receiving all possible deductions for which they are eligible.** When an applicant enrolls in SNAP through certain simplified avenues, such as CAP, they may not receive information about medical and other deductions, even if this information is supposed to be provided. However, some of these individuals would not otherwise be on SNAP at all, and so their enrollment with a slightly lower monthly benefit allotment might still be considered a success. One respondent suggested that in future components of this study, elder applicants themselves should be asked what they thought about the idea of trading ease of enrollment for a slight reduction in their benefit.
- **Respondents believe that SNAP modernization is likely difficult for some elder applicants even though it can bring improvements to the SNAP application and enrollment process.** In theory, modernization practices such as call centers and transaction models can speed up the application process and minimize the effect of applicants’ mobility issues. In practice, however, some elder individuals prefer the one-on-one, in-person attention that is no longer common. Respondents also reported that some States have struggled with the implementation of these new practices to the point where long wait times and dropped calls become common. Respondents felt that the oldest elder applicants might be most affected by some aspects of modernization, because they may be less comfortable with automated phone prompts, online applications, and other technologies included in this model.

- **Many respondents were supportive of using data matching technology to simplify the application and recertification processes** (examples are using Medicaid data to target potential SNAP applicants and using SSI records to update income or address information without burdening the elder participant).
- **Overall, respondents emphasized that there is sometimes a disconnect between the ideal implementation of an intervention versus what actually happens on the ground.** For example, respondents indicated that States do not always translate recertification notices, eligibility workers do not always explain medical deductions, and program material does not always inform applicants that they can choose to do an in-person interview if they prefer. While Appendix B, the State intervention index, provides details about which States have taken on which demonstrations, waivers, and other options, it will be important to nuance this data with the information collected about States' implementations of these interventions during the Study of State Interventions. Understanding a State's local context, such as its political climate, will also be a necessary part of this data collection.

## Next Steps for the Study

To determine which States to include in the subsequent components of the study, the research team is currently weighing various relevant criteria. These criteria provide the opportunity to compare States across a number of important areas identified in this memo, including the 2014 elder SNAP participation rate, the growth in elder SNAP participation rate since 2010, the number and type(s) of interventions to address elder access, the type of SNAP administration (county or State), and the State region. Additional criteria, such as State data quality, will also be considered. The State Selection Memo (provided to FNS on February 1, 2017) goes over the State selection process in more detail. The proposal for States is listed below. These States have a diverse array of elder SNAP-access experiences, including States with both high and low elder SNAP participation rates, States from every region, States with SNAP programs that are administered by the county and the State, and States with a variety of interventions.

### *List of Proposed States for Inclusion in the Study*

The research team proposes including the following 10 States in the study:

Alabama	Arkansas	Florida	Idaho	Massachusetts
Minnesota	Nebraska	New York	Pennsylvania	Washington

The research team proposes the following as alternate States:

Arizona	Colorado	Maryland
North Dakota	South Carolina	Texas

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## Appendix A: SNAP Participation Rates for Eligible Elder Individuals, FY 2014

State	Participants	Eligible Individuals	Participation Rate	90% Confidence Intervals		Rank by Rate
				Lower Bound	Upper Bound	
Alabama	65,382	215,426	30.4	27.3	33.4	44
Alaska	7,385	19,670	37.5	34.4	40.6	24
Arizona	61,405	248,861	24.7	21.5	27.9	48
Arkansas	33,391	141,926	23.5	20.4	26.7	49
California	161,023	755,163	21.3	18.7	23.9	50
Colorado	43,838	116,479	37.6	34.3	40.9	23
Connecticut	44,829	89,927	49.9	45.1	54.6	10
Delaware	7,208	23,241	31.0	27.6	34.4	42
District of Columbia	11,748	27,309	43.0	36.9	49.2	17
Florida	469,562	843,498	55.7	51.6	59.7	6
Georgia	126,184	349,671	36.1	32.7	39.5	29
Hawaii	23,852	43,600	54.7	50.1	59.3	8
Idaho	14,596	41,771	34.9	31.3	38.6	32
Illinois	178,271	369,830	48.2	44.8	51.6	12
Indiana	56,374	170,255	33.1	29.9	36.3	37
Iowa	24,137	65,889	36.6	32.8	40.5	28
Kansas	23,512	72,610	32.4	29.2	35.6	40
Kentucky	62,188	177,600	35.0	31.9	38.1	31
Louisiana	65,897	221,402	29.8	26.7	32.9	45
Maine	24,176	46,537	52.0	47.8	56.1	9
Maryland	66,630	154,856	43.0	39.4	46.7	16
Massachusetts	135,512	215,533	62.9	58.0	67.8	4
Michigan	133,631	296,203	45.1	41.4	48.8	15
Minnesota	41,578	101,100	41.1	37.5	44.8	20
Mississippi	52,686	160,378	32.9	29.0	36.7	38
Missouri	80,536	206,523	39.0	34.9	43.1	22
Montana	10,054	28,303	35.5	31.5	39.5	30
Nebraska	11,977	36,963	32.4	28.4	36.4	39
Nevada	28,714	82,820	34.7	31.2	38.1	33
New Hampshire	10,688	25,737	41.5	37.5	45.5	19
New Jersey	109,943	223,009	49.3	45.1	53.5	11
New Mexico	29,527	80,193	36.8	33.4	40.2	27
New York	538,695	752,124	71.6	66.7	76.5	1
North Carolina	128,984	375,235	34.4	31.7	37.0	34
North Dakota	3,851	11,563	33.3	29.0	37.7	36
Ohio	137,858	351,095	39.3	36.4	42.1	21
Oklahoma	42,351	151,160	28.0	24.5	31.6	46
Oregon	81,165	129,049	62.9	57.4	68.4	3
Pennsylvania	156,265	374,520	41.7	38.9	44.5	18
Rhode Island	20,833	35,469	58.7	54.7	62.8	5
South Carolina	69,206	221,803	31.2	28.3	34.1	41
South Dakota	8,003	21,525	37.2	32.7	41.6	26
Tennessee	126,394	270,142	46.8	43.1	50.4	13
Texas	312,066	837,340	37.3	34.1	40.5	25
Utah	13,298	51,973	25.6	22.1	29.1	47
Vermont	12,848	18,947	67.8	63.2	72.5	2
Virginia	66,832	215,971	30.9	27.8	34.1	43
Washington	90,361	164,371	55.0	50.5	59.5	7
West Virginia	32,745	95,686	34.2	30.4	38.0	35
Wisconsin	57,779	126,107	45.8	41.6	50.1	14
Wyoming	2,355	11,441	20.6	16.6	24.6	51

Sources: SNAP QC, Annual Social and Economic Supplement (ASEC) of the Current Population Survey (CPS), American Community Survey, and individual income tax data and Census Bureau population estimates for 2010 through 2014.

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## Appendix B: State Intervention Index

### Exhibit B1: State Interventions Targeted towards Elders

State	Elderly Simplified Application Project (ESAP)		Combined Application Project (CAP)		Standardized Medical Deduction (SMD)		Elderly and Disabled Recertification Interview Waiver		36-Month Certification Demonstration		Total State Interventions
	In Place	Start Date	In Place	Start Date	In Place	Start Date	In Place	Start Date	In Place	Start Date	
Alabama	✓	10/2008			✓	10/2014					2
Alaska											0
Arizona			✓*	—							1
Arkansas					✓	11/2011			✓	6/1/2012	2
California											0
Colorado					✓	10/2016					1
Connecticut							✓	10/2013			1
Delaware											0
District of Columbia											0
Florida	✓	10/2006	✓	1/2005							2
Georgia	✓	12/2012			✓	10/2015					2
Hawaii											0
Idaho					✓	11/2013					1
Illinois						10/2010					0
Indiana											0
Iowa					✓	10/2007					1
Kansas					✓	1/2011	✓	7/2013			2
Kentucky			✓*	3/2007							1
Louisiana			✓*				✓	9/2011			2
Maine											0
Maryland	✓	11/2016	✓*								2
Massachusetts			✓	11/2005	✓	4/2008	✓	9/2009			3
Michigan			✓*								1
Minnesota											0

State	Elderly Simplified Application Project (ESAP)		Combined Application Project (CAP)		Standardized Medical Deduction (SMD)		Elderly and Disabled Recertification Interview Waiver		36-Month Certification Demonstration		Total State Interventions
	In Place	Start Date	In Place	Start Date	In Place	Start Date	In Place	Start Date	In Place	Start Date	
Mississippi	✓	10/2012	✓	10/2001							2
Missouri					✓	9/2011	✓	10/2015			2
Montana											0
Nebraska							✓	1/2014			1
Nevada											0
New Hampshire					✓	10/2003					1
New Jersey			✓*	5/2009			✘	9/2013			1
New Mexico			✘	12/2009			✓	6/2011			1
New York			✓	7/2003							1
North Carolina			✓*	7/2005							1
North Dakota					✓	4/2013					1
Ohio											0
Oklahoma							✓	10/2010			1
Oregon					✓	—					1
Pennsylvania	✓	7/2016	✓	1/2007				7/2013			2
Rhode Island					✓	10/2012					1
South Carolina	✓	7/2004	✓	10/1995	✓	10/2015					3
South Dakota			✓*	1/2010	✓	10/2007					2
Tennessee											0
Texas			✓*	9/2002	✓	9/2002		4/2010	✓	3/1/2005	3
Utah											0
Vermont					✓	12/2008					1
Virginia			✓*	1/2007	✓	10/2011					2
Washington	✓	6/2013	✓	12/2001							2
West Virginia											0
Wisconsin											0
Wyoming					✓	1/2006					1
<b>Total</b>	<b>8</b>		<b>17</b>		<b>19</b>		<b>8</b>		<b>2</b>		

Sources: SNAP Policy Database, SNAP State Options Report, SNAP Current and Historical Waiver Databases, USDA Support for Older Americans Fact Sheet, and communication with FNS

Key	✓	Intervention in place in this state
	✓*	Modified CAP in place in this state
	✘	Intervention no longer in place
	—	Intervention start date unavailable

### Exhibit B2: Other State Interventions

State	Community Partner Interviewer Demonstration		Telephone Interviews in Lieu of Face-to-Face		Call Centers		Online Applications		Benefits Data Trust State		Total State Interventions
	In Place	Start Date	In Place	Start Date	In Place	Start Date	In Place	Start Date	BDT Center	Launch Year	
Alabama			✓	7/2009	✓	—	✓	—			3
Alaska			✓	6/2009	✗	8/2010	✓	—			2
Arizona			✓	4/2004	✓	7/2006	✓	12/2008			3
Arkansas			✓	6/2010			✓	—			2
California			✓	7/2009	✓	6/2007	✓	10/2007			3
Colorado			✓	6/2010	✓	12/2008	✓	10/2011	✓	2015	4
Connecticut				8/2005	✓	11/2009	✓	—			2
Delaware			✓	3/2007	✓	10/2008	✓	8/2005			3
District of Columbia			✓	10/2008	✓	9/2004					2
Florida	✓	6/2009	✓	10/2005	✓	8/2004	✓	4/2005			4
Georgia			✓	6/2009	✓	7/1998	✓	9/2008			3
Hawaii			✓	10/2009			✓	—			2
Idaho			✓	5/2009	✓	12/2008	✓	—			3
Illinois			✓	10/2010	✓	11/2001	✓	1/2009			3
Indiana			✓	3/2007	✓	10/2007	✓	11/2007			3
Iowa			✓	3/2010	✓	10/2006	✓	5/2007			3
Kansas			✓	7/2009			✓	9/2003			2
Kentucky			✓	12/2010	✓	—	✓	—			3
Louisiana			✓		✓	—	✓	5/2010			3
Maine			✓	10/2010	✓	—	✓	10/2011			3
Maryland			✓	5/2009	✓	1/2002	✓	12/2006	✓	2012	4
Massachusetts			✓	12/2006	✓	7/2007	✓	7/2006			3
Michigan			✓	9/2009	✗	3/2008	✓	8/2009			2
Minnesota	✓	8/2009	✓	9/2009	✗	11/2009	✓	—			3
Mississippi			✓	7/2012							1

State	Community Partner Interviewer Demonstration		Telephone Interviews in Lieu of Face-to-Face		Call Centers		Online Applications		Benefits Data Trust State		Total State Interventions
	In Place	Start Date	In Place	Start Date	In Place	Start Date	In Place	Start Date	BDT Center	Launch Year	
Missouri			✓	9/2015	✓	—					2
Montana			✓	10/2013			✓	3/2011			2
Nebraska			✓	9/2008	✓	—	✓	9/2008			3
Nevada	✓	8/2009	✓	5/2009	✓	9/2004	✓	10/2011			4
New Hampshire			✓	3/2009	✓		✓	10/2011			3
New Jersey			✓	10/2007			✓	6/2004			2
New Mexico			✓	2/2008	✓	12/2008	✓	—			3
New York			✓	7/2006	✗	12/2008	✓	9/2004	✓	2014	3
North Carolina			✓	7/2005	✓	—	✓	—			3
North Dakota							✓	3/2011			1
Ohio			✓	8/2008	✗	7/2000	✓	10/2010			2
Oklahoma			✓	9/2008	✓	12/2008	✓	—			3
Oregon			✓	2/2008	✓	1/2000	✓	—			3
Pennsylvania			✓	6/2009	✓	6/2005	✓	4/2002	✓	2008	4
Rhode Island			✓	3/2009	✓	—	✓	10/2007			3
South Carolina			✓	6/2002	✓	6/2007	✓	12/2009	✓	2015	4
South Dakota			✓	4/2010			✓	—			2
Tennessee			✓	10/2006	✓	11/2004	✗	10/2007			2
Texas	✓	2/2010	✓	5/2005	✓	1/2006	✓	1/2006			4
Utah			✓	6/2003	✓	7/1998	✓	10/2007			3
Vermont			✓	1/2007	✗	11/2009	✓	10/2010			2
Virginia			✓	3/2009	✗	7/2001	✓	4/2005			2
Washington			✓	12/2003	✓	9/2000	✓	1/2002			3
West Virginia			✓	7/2009	✓	7/2000	✓	6/2003			3
Wisconsin			✓	10/2007	✓	7/2003	✓	6/2006			3
Wyoming			✓	9/2010							1
<b>Total</b>	<b>4</b>		<b>49</b>		<b>35</b>		<b>46</b>		<b>5</b>		

Sources: SNAP Policy Database, SNAP State Options Report, SNAP Current and Historical Waiver Databases, and communication with FNS

Key	✓	Intervention in place in this state
	✗	Intervention no longer in place
	—	Intervention start date unavailable



### Exhibit B3: Total Interventions, by State

State	Total Elder-Targeted Interventions	Total Non-Elder-Targeted Interventions	Total State Interventions
Alabama	2	3	5
Alaska	0	2	2
Arizona	1	3	4
Arkansas	2	2	4
California	0	3	3
Colorado	1	4	5
Connecticut	1	2	3
Delaware	0	3	3
District of Columbia	0	2	2
Florida	2	4	6
Georgia	2	3	5
Hawaii	0	2	2
Idaho	1	3	4
Illinois	0	3	3
Indiana	0	3	3
Iowa	1	3	4
Kansas	2	2	4
Kentucky	1	3	4
Louisiana	2	3	5
Maine	0	3	3
Maryland	2	4	6
Massachusetts	3	3	6
Michigan	1	2	3
Minnesota	0	3	3
Mississippi	2	1	3
Missouri	2	2	4
Montana	0	2	2
Nebraska	1	3	4
Nevada	0	4	4
New Hampshire	1	3	4
New Jersey	1	2	3
New Mexico	1	3	4
New York	1	3	4
North Carolina	1	3	4
North Dakota	1	1	2
Ohio	0	2	2
Oklahoma	1	3	4
Oregon	1	3	4
Pennsylvania	2	4	6
Rhode Island	1	3	4
South Carolina	3	4	7
South Dakota	2	2	4
Tennessee	0	2	2
Texas	3	4	7
Utah	0	3	3
Vermont	1	2	3
Virginia	2	2	4
Washington	2	3	5
West Virginia	0	3	3
Wisconsin	0	3	3
Wyoming	1	1	2

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## Appendix C: Methodology Used to Calculate SNAP Participation Rates

We derived estimates for elder individuals and all eligible people for each State in each of the five fiscal years FY 2010 to FY 2014 using empirical Bayes shrinkage estimation methods. Specifically, we used a shrinkage estimator that optimally averaged direct estimates of SNAP participation rates with predictions from a regression model. We obtained the direct estimates by applying SNAP eligibility rules to households in the Current Population Survey Annual Social and Economic Supplement (CPS ASEC) to estimate numbers of eligible people and used SNAP Quality Control (QC) data to estimate numbers of participating people. The regression predictions drew on data from the American Community Survey (ACS), Internal Revenue Service individual income tax data obtained from the Census Bureau's Small Area Estimation Branch, population estimates, and administrative records.

This procedure, summarized by the flow chart in Figure 1, has the following four steps:

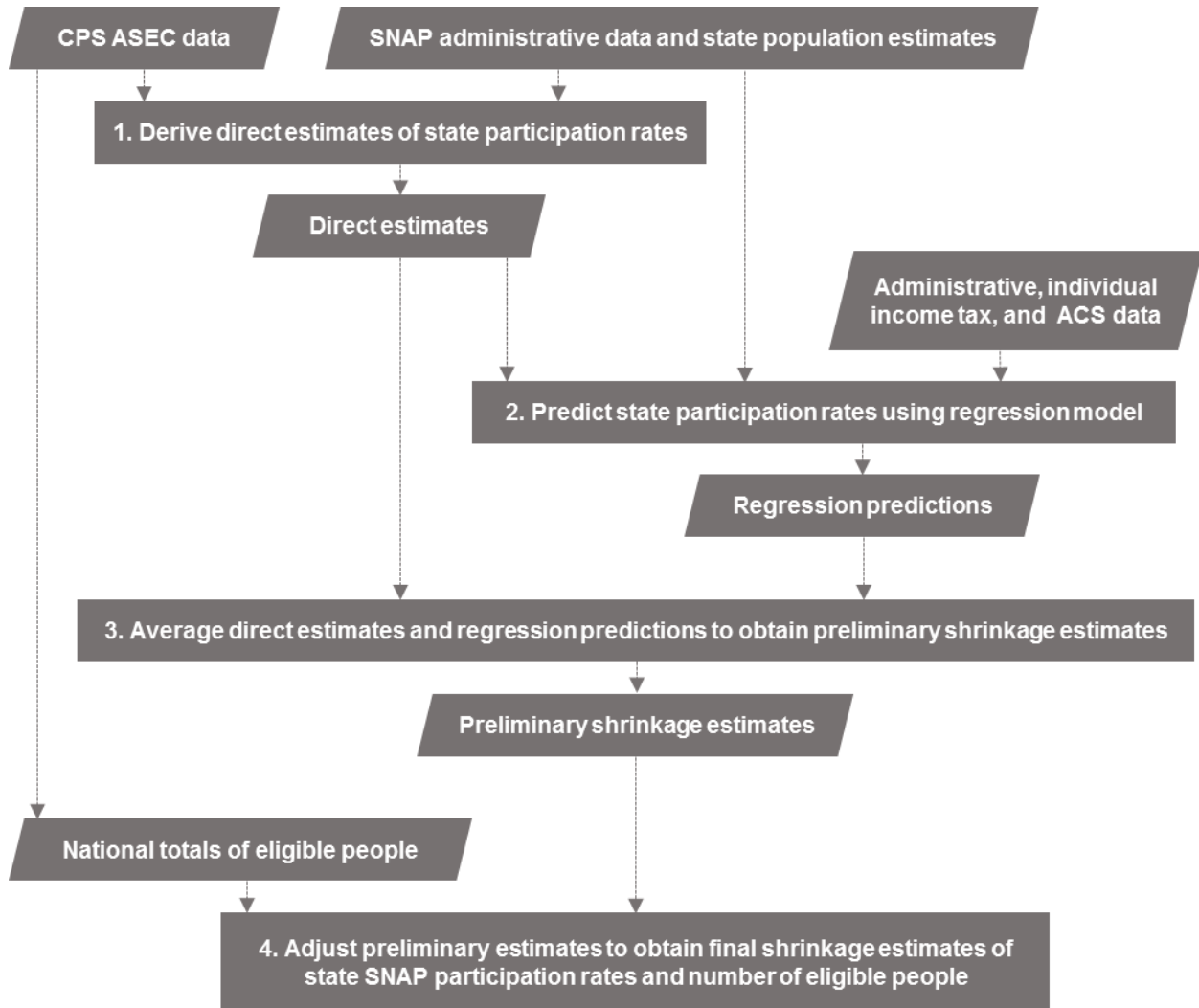
1. From CPS ASEC data, SNAP administrative data, and population estimates, derive direct estimates of State SNAP participation rates.
2. Using a regression model and the direct estimates derived in Step 1, predict State SNAP participation rates based on SNAP administrative, individual income tax, and ACS data and population estimates.
3. Using a shrinkage estimator, average the direct estimates from Step 1 and the regression predictions from Step 2 to obtain preliminary shrinkage estimates of State SNAP participation rates.
4. Adjust the preliminary shrinkage estimates from Step 3 using national estimates of eligible people derived from the CPS ASEC to obtain final shrinkage estimates of State SNAP participation rates.

Each step is described in the remainder of this section.

### **1. From CPS ASEC data and SNAP administrative data, derive direct estimates of State SNAP participation rates.**

The first step is to directly estimate SNAP participation rates by dividing an estimate of the number of people participating in SNAP by an estimate of the number of people eligible for SNAP, with the resulting ratio expressed as a percentage. To derive a participation rate for elder individuals, we divided the number of elder participants by the number of eligible elder individuals. We used SNAP QC data to estimate numbers of participants in an average month in the

**Figure 1. The Estimation Procedure**



fiscal year and CPS ASEC data to estimate numbers of eligible people in an average month. The CPS ASEC collects income data by calendar year, so we used two years of CPS ASEC data for each set of fiscal year estimates. For example, we obtained estimates of eligible people in FY 2014 (October 2013 through September 2014) from the 2014 and 2015 CPS ASEC. For details on how we derived the direct estimates, see Farson Gray and Cunyningham (2014), who used the same methodology to estimate national SNAP participation rates.

**2. Using a regression model, predict State SNAP participation rates based on administrative, ACS, and other data.**

The second step was to use data from outside the CPS ASEC to estimate a regression model and formulate a prediction for each group (elder individuals and all eligible people) in each

State in each year. Our regression model consisted of ten equations, with five predicting SNAP participation rates for eligible elder individuals in fiscal years 2010, 2011, 2012, 2013, and 2014, and five predicting SNAP participation rates for all eligible people in fiscal years 2010, 2011, 2012, 2013, and 2014. The ten equations were estimated jointly, and the values of the regression coefficients could vary from equation to equation. The seven predictors used were (in addition to an intercept):

- Percentage of the population receiving SNAP benefits according to administrative data and population estimates
- Percentage of SNAP participants who are elderly according to SNAP QC data
- Percentage of renter occupied housing units that spent 30 percent or more of household income on rent and utilities according to ACS one-year estimates
- Percentage of households with a female householder, no husband present, and related children under age 18 according to ACS one-year estimates
- Percentage of occupied housing units that are owner occupied according to ACS one-year estimates
- Median adjusted gross income according to individual income tax data
- Percentage of all people not claimed on tax returns according to individual income tax data and population estimates

In addition to the predictors that we selected for our model, we considered many other potential predictors. All of the predictors considered had three characteristics: (1) it is plausible that they are good indicators of differences among States in SNAP participation rates; (2) they could be defined and measured uniformly across states; and (3) they could be obtained from nonsample or highly precise sample data—such as the ACS or administrative records data—and, thus, measured with little or no sampling error.

### **3. Using shrinkage methods, average the direct estimates and regression predictions to obtain preliminary shrinkage estimates of State SNAP participation rates.**

To derive preliminary estimates of state SNAP participation rates, we averaged the direct estimates calculated in Step 1 and the regression predictions from Step 2 using an empirical Bayes shrinkage estimator. We call the estimates from this step “preliminary” because we make some fairly small adjustments to them in the next step.

**4. Adjust the preliminary shrinkage estimates to obtain final shrinkage estimates of State SNAP participation rates and numbers of eligible people.**

We adjusted the preliminary shrinkage estimates of participation rates so that the counts of eligible people implied by the rates sum to the national count of eligible people estimated directly from the CPS ASEC. This adjustment was carried out separately for each year and for the two groups (elder individuals and all eligible people). To implement the adjustment, we calculated preliminary estimates of the numbers of eligible people from the preliminary estimates of participation rates derived in Step 3 and the administrative estimates of the numbers of SNAP participants obtained in Step 1. Using the FY 2014 estimates for eligible elder individuals as an example, the State estimates summed to 10,071,353 and the national total estimated directly from the CPS ASEC was 9,867,805. To obtain estimated numbers of eligible elder individuals for States that sum (aside from rounding error) to the direct estimate of the national total, we multiplied each of the State preliminary estimates of eligible people by  $9,867,805/10,071,353$  ( $\approx 0.9798$ ). Such benchmarking of estimates for smaller areas to a relatively precise estimated total for a larger area is common practice. Applying this adjustment, we obtained our final shrinkage estimates of the numbers of people eligible for SNAP. From those estimates and our administrative estimates of the numbers of SNAP participants, we derived final shrinkage estimates of participation rates.