Appendix D. Final State SNAP Eligibility Workers Interview Guide

OMB No. 0584-[NEW]

*Assessing SNAP Participants’ Fitness for Work*

**Project Officer: Eric Sean Williams**

Office of Policy Support

SNAP Research and Analysis Division

Food and Nutrition Service

U.S. Department of Agriculture

1320 Braddock Place

Alexandria, VA 22314

703.305.2640

eric.williams@fns.usda.gov

# Interview Protocol for State Eligibility Staff

*This guide is designed for State staff who determine eligibility for SNAP and conduct eligibility interviews with applicants.*

*Guidance to interviewer:*

* *Make sure that State and/or local office leadership have seen this consent form. Eligibility workers may want to ensure that this has been approved by their supervisors prior to participation. This is likely to be the case based on our site visit schedule but interviewers should ensure this is the case.*
* *Use the local terminology for the State’s SNAP and SNAP E&T programs.*

## Introduction and Consent

See separate documented entitled “SNAP Fitness Introductory Script and Consent”

This information is being collected to assist the Food and Nutrition Service in understanding how States assess physical or mental limitations when screening for exemptions from work requirements or determining good cause. This is a voluntary collection and FNS will use the information to determine needs for technical assistance. This collection does not request any personally identifiable information under the Privacy Act of 1974. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-[xxxx]. The time required to complete this information collection is estimated to average 1.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22306 ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

## Background

To start, we would like to ask some background information about you and your role.

1. What is your job title?
2. How long have you been in this position?
3. What are your primary responsibilities?

## Section 1: Overview of Process

Now we would like to discuss the process by which individuals apply for SNAP and how you conduct the application process, including how you screen for exemptions from work requirements based on a physical or mental limitation. When we say “work requirements” during this interview, we are referring to work requirements for work registrants (i.e., general work requirements), ABAWD work requirements, and requirements for mandatory E&T participation [if applicable]. We’d like to understand how all of these requirements relate to your policies related to screening for exemptions due to physical and mental limitations and good cause.

1. To start, can you please walk us through the intake and eligibility processes for a new applicant?
	1. Probe on:
		1. The steps they take
		2. Procedures they are required follow
	2. What information do you enter into your State’s data system during this process? *Note to interviewer: You should already be aware of which data systems workers use from the conversations with State and/or local administrators. Tailor as needed.*
		1. Probe on:
			1. Types of information collected
			2. When data is entered
			3. Which systems they use
	3. Does your agency allow for telephonic interviews for applicants?
		1. If so, how is the process for telephonic interviews different from in-person interviews?
	4. How does this differ for different types of applicants?
		1. Probe on applicants applying to other programs (e.g., TANF), applicants already enrolled in other programs
2. Can you please describe the recertification process?
	1. Probe on:
		1. Frequency of recertification
		2. Process (e.g., steps the applicant must take, required verification)
		3. Methods (e.g., phone interview, in-person interview)
		4. How the process and frequency varies for different participants (general work registrants, ABAWDs)
3. Can you please walk us through the process for making a good cause determination?
	1. Probe on:
		1. Good cause for not meeting work requirements
		2. Good cause for voluntarily quitting a job

## Section 2: How Workers Determine if an Applicant/Participant is Exempt from Work Requirements due to a Physical or Mental Limitation

Now that we understand your general process, we would like to learn about how applicants and participants are screened for exemptions from work requirements due to physical or mental limitations.

1. How do you determine whether someone is exempt from ***general work requirements*** due to a physical or mental limitation? *Note to interviewer: Be sure to reiterate here that we are focused on work registrants or general work requirements and use the terminology that will be clearest for respondents.*
	1. Probe on:
		1. What questions they ask in the interview
		2. What documentation or verification is required
		3. What tools they use to determine whether someone is exempt from work requirements due to a physical or mental limitation (e.g., specific forms, existing information from the application, other tools)
		4. Whether they provide access to professionals (e.g., mental health providers, social workers) for assessment
2. How do you determine whether someone is exempt from ***ABAWD*** ***requirements*** due to a physical or mental limitation?
	1. Probe on:
		1. What questions they ask in the interview
		2. What documentation or verification is required
		3. What tools they use to determine whether someone is exempt from work requirements due to a physical or mental limitation (e.g., specific forms, existing information from the application, other tools
		4. Whether they provide access to professionals (e.g., mental health providers, social workers) for assessment
3. Are there approval or review processes required before a determination can be finalized?
	1. [IF YES] What are these processes?
		1. Are these approval processes for all types of exemptions or only exemptions due to a physical or mental limitation?
4. Can applicants or participants appeal if they are denied an exemption from work requirements based on a physical or mental limitation?
	1. [IF YES] Please describe the steps in the appeals processes.
		1. How often would you estimate that appeals by applicants or participants are successful?

We are also interested in how you refer individuals to SNAP E&T and communicate with SNAP E&T providers, if at all.

1. [IF MANDATORY E&T STATE] How do you screen individuals to determine if they should be required to participate in E&T? *Note to interviewer: Tailor depending on the structure of SNAP E&T in the State.*
	1. How does this vary if applicants are enrolled in or meeting requirements of other programs?
	2. [IF CONDUCT TELEPHONIC INTERVIEWS] How does this differ, if at all, between in-person and telephonic interviews?
2. [IF NON-MANDATORY STATE] What criteria do you use to determine if an individual should be referred to SNAP E&T?
	1. Can you please describe the process by which you refer an individual to SNAP E&T?
	2. How do you screen individuals to determine who should be referred to SNAP E&T?
3. If you do not refer them to SNAP E&T, what are the next steps?
4. What steps do you take when an E&T provider makes a provider determination?
	1. How do you determine whether a provider determination should lead to an exemption from work requirements due to a physical or mental limitation?
	2. What other information do you consider?
5. If a SNAP E&T case manager communicates to you that he/she thinks a good cause determination or exemption from work requirements due to a physical or mental limitation may be appropriate, what do steps do you take?
	1. How do you work with the E&T case manager (or other staff)?
		1. Probe on:
			1. Communication with E&T staff
			2. Relationship (if any) with SNAP E&T case managers
			3. How the eligibility worker and/or SNAP E&T case manager engage the applicant or participant
			4. What additional verification may be needed
			5. Whether this varies if the participant is a work registrant or ABAWD or a mandatory SNAP E&T participant
		2. Does this vary for different SNAP E&T providers?
			1. [IF YES] How so?

Now that we understand the process, we would like to hear from you about how you make these determinations and your decision-making.

1. How much flexibility do you have in determining whether an applicant/participant should be exempt from work requirements due to a physical or mental limitation??
	1. Does this vary for general work registrants or ABAWDs?
	2. Probe on:
		1. Flexibility in determining which criteria to use to make determination
		2. Flexibility in how to apply the existing criteria to make the determination
		3. Policies, guidelines, and/or SOPs they must follow and whether/how/when they can deviate
		4. Tools/forms they must use and how they use them
		5. Whether they need approval or oversight when deviating
		6. How they adapt the criteria by local circumstances, caseloads, or other factors
	3. Can you please give some examples of when you have used this flexibility?
	4. Would it be helpful to have more flexibility? Less flexibility?
		1. [IF YES] How so?
2. Is it always clear how to proceed in determining whether someone is able to work and should be subject to work requirements?
	1. [IF NO] Please describe the gray areas you encounter.
3. What do you do if you are unsure or have questions about whether an applicant or participant should have an exemption from the work requirements due to a physical or mental limitation?
	1. Can you give me some examples of when this has occurred?
		1. How did you handle this situation?
	2. Whom do you ask for assistance?
	3. What resources do you consult?
	4. How do you consider cultural differences related to mental illness in assessing whether an applicant/participant may be in need of an exemption from work requirements for a mental limitation?

## Section 3: Situations that May Lead to Changes to Exemptions

Now we would like to understand situations which may lead to a change to a participant’s exemption (or lack of an exemption), including recertifications and good cause determinations.

### Recertifications

1. *Note to interviewers: Some of these questions may have been answered in the background section. Tailor as needed.* We’ve discussed the general process for recertifications. Can you please describe the process for recertifications if a participant is exempt from the work requirements due to a physical or mental limitation.
	1. Probe on:
		1. Frequency of recertification
		2. Process (e.g., steps the applicant must take, required verification)
		3. Methods (e.g., phone interview, in-person interview)
		4. How the process varies for different participants
2. How is the process you have described different for participants who are *not* exempt from work requirements due to a physical or mental limitation?
	1. How does this vary for general work registrants, ABAWDs, and mandatory E&T participants (if applicable)?
3. How do you screen for whether an individual should be newly considered exempt due to a physical or mental limitation during the recertification process?
	1. How does this vary for general work registrants, ABAWDs, and mandatory E&T participants (if applicable)?

### Good Cause

Now we would like to talk a bit more about the process surrounding good cause determinations, especially as they relate to inability to work due to physical or mental limitations. *Note to interviewers: Some of this may have been covered in Section 1. Tailor accordingly.*

1. Can you please describe the process for determining good cause?
	1. What are the good cause reasons that a participant may have for not meeting work requirements? For voluntarily quitting a job?
		1. Probe on reasons related specifically to mental or physical limitations
		2. How does your State apply good cause to ABAWDs?
	2. What happens if a participant is not complying with general work requirements? If a participant is not complying with ABAWD work requirements? Mandatory E&T?
	3. How do you learn about whether a participant might have good cause for not fulfilling the work requirements? For voluntarily quitting a job?
		1. Probe on:
			1. Non-compliance
			2. Contact with participants
			3. Contact by SNAP E&T staff
	4. How do you identify the reasons for good cause?
		1. Probe on communication with participants and/or E&T staff
	5. What verification is required for granting a good cause determination based on a physical or mental limitation?
	6. How long would a good cause determination granted for physical or mental limitations last?
	7. How often would you estimate that you grant good cause for physical or mental limitations as compared to how often you grant good cause for other reasons?
2. [IF SNAP E&T IS APPLICABLE] If necessary, how do you work with E&T staff to determine whether a good cause determination may be warranted?
	1. Probe on:
		1. What happens when the SNAP E&T staff member contacts eligibility worker
		2. How they work together and communicate
		3. Who communicates with the participant
		4. What information eligibility worker needs from the SNAP E&T staff member to make the determination
		5. How the eligibility worker gets the information they need
3. What happens if you determine that a good cause determination is warranted?
	1. Probe on:
		1. Communication with participant
		2. Next steps related to screening for an exemption from work requirements due to a physical or mental limitation, if applicable
	2. How does this differ for work registrants, ABAWDs, and E&T participants (if applicable)?
4. What happens if you determine that a good cause determination is *not* warranted?
	1. How does this differ for work registrants, ABAWDs, and E&T participants (if applicable)?
	2. Probe on:
		1. What happens to recipients’ SNAP benefits
		2. Steps recipient must take
		3. Steps eligibility worker must take
		4. Steps SNAP E&T staff must take
5. In what situations would a good cause determination related to physical or mental limitations result in a revised assessment of whether they should be exempt from work requirements due to a physical or mental limitation?
	1. Can you please describe the process for revising whether a participant should be exempt from work requirements due to a physical or mental limitation based on findings of good cause?
		1. Does this vary for work registrants, ABAWDs, or mandatory SNAP E&T participants (if applicable)? If so, how?
6. How much flexibility do you have in making a good cause determination related to a participants’ mental or physical limitation that may make them unable to meet the applicable work requirements?
	1. What do you look for in determining good cause as it relates to a participants’ ability to meet the applicable work requirements?
		1. Please provide some examples of situations in which you exercised discretion in making a good cause determination.
		2. Probe as needed based on previous responses and understanding of the good cause determination process discussed earlier.

## Section 5: Training and Guidance

*Site visitors should tailor as needed based on the available documents or other resources described by State and local administrators, especially in reference to specific documents or resources. Note that some of these documents or resources may already have been discussed earlier in the interview. Tailor as needed.*

Now we would like to hear about the training, guidance, and information you receive from [State/County] administrators on implementing determinations for whether applicants are subject to work requirements and good cause determinations.

1. What resources do you have access to that provide information on determining whether a participant should be exempt from work requirements due to a physical or mental limitation?
	1. Do you find them helpful? Why or why not?
	2. How do you use these resources?
	3. Probe on guidance, manuals, notifications.
	4. Probe on whether this information also includes information on making good cause determinations, as it relates to participants’ ability to work.
2. Can you please describe the training you receive on how to assess whether a participant should be exempt from work requirements due to a physical or mental limitation?
	1. How often do you receive this training?
	2. What does the training consist of?
		1. Probe on training related to implicit bias and/or racial disparities, cultural differences related to mental health barriers.
	3. Was the training helpful to you?
	4. What could have the training included to make it more helpful?
	5. Probe on whether the trainings also includes information on making good cause determinations, as it relates to participants’ ability to work.
	6. [IF STATE POLICIES HAVE CHANGED IN LAST FEW YEARS] Did you receive new training when policies related to exempting individuals from work requirements due to a physical or mental limitation changed?
	7. [DEPENDING ON TENURE OF STAFF PERSON] Did you receive training related to the final rule from January 2021 related to provider determinations and good cause?
		1. *Note to interviewer: If needed, provide additional context on the changes from the final rule.*

## Section 6: Data Systems

*Note to interviewer: We expect these will be discussed earlier in the interview when describing the process for making determinations. If these have not been answered, please walk through the questions in this question. If they have, please skip to Section 7.*

We are also interested in how you enter information about exemptions from work requirements due to physical or mental limitations and good cause determinations in your system(s).

1. Can you walk me through how you enter information about applicants, exemptions from work requirements, and good cause?
	1. Probe on:
		1. Access to systems
		2. Types of information collected
		3. When data is entered
2. What guidance or training do you receive on tracking information related to participants’ exemptions from work requirements due to a physical or mental limitation? Related to good cause?

## Section 7: Challenges, Lessons Learned, and Other Helpful Information

Finally, we would like to hear from you about your experiences implementing policies related to screening for exemptions from work requirements due to a physical or mental limitation and good cause policies, including challenges, successes, lessons learned, and what other types of information might be helpful for you.

1. In addition to any challenges you’ve described earlier, can you discuss the challenges that you face in assessing whether an individual should be exempt from work requirements due to a physical or mental limitation?
	1. Probe on:
		1. Challenges in conducting the process as required
		2. Challenges in verifying or reviewing exemptions from work requirements due to a physical or mental limitation or good cause determinations
		3. Challenges related to decision-making
		4. Challenges related to training or guidance
		5. Challenges in communication or partnership (e.g., with State/County staff, SNAP E&T case managers)
		6. Challenges with data entry
		7. COVID-specific challenges
		8. Challenges specific to certain groups (e.g., work registrants, ABAWDs, E&T participants, if applicable)
2. From your experience, what do you think is challenging for clients/applicants/participants about the process for screening for an exemption due to a physical or mental limitation?
	1. What do you think works well?
3. What lessons learned do you have to share about implementing your State’s policies related to making determinations for whether individuals should be exempted from work requirements and/or receive good cause?
	1. What has worked for you? What has not?
	2. What lessons learned or insights would you share with other eligibility workers on this topic? With other States implementing these policies?
4. Do you have recommendations for how the policies/guidance from the State could be altered to better fit the applicants and participants you screen?
	1. [IF YES] What recommendations do you have?
		1. Why do you think these changes would be better for the applicants or participants you screen?
5. What additional information or guidance would be helpful for you in making determinations for whether individuals should be subject to work requirements? Good cause determinations?
	1. Probe on:
		1. What type of information would be helpful
		2. Why it would be helpful
6. Do you have any other thoughts on determinations related to work requirements or good cause determinations that you would like to share?

**Thank you for your time.**