Appendix E. Final SNAP E&T Provider 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 SNAP E&T Staff

*This guide is designed to address questions related to the following:*

* *How case managers (or other E&T staff roles, if appropriate) may or may not work with eligibility workers if an E&T participant they are working with may have a physical or mental limitation that makes them unable to work*
* *How SNAP E&T providers make provider determinations*

*The agency for which these staff work will vary depending on the structure of the SNAP E&T program in the State visited. We would like to interview staff who, as part of their role, might communicate with State/local eligibility workers about participants’ ability to work, provider determinations, and/or possibly screening for an exemption. This may mean we have to speak to more than a single staff person or role from E&T. We expect that the staff members most appropriate for this protocol will be supervisors/team leaders and/or case managers or other direct-service staff.*

*Site visitors should tailor the guide beforehand based on the type of organization that the staff are a part of (e.g., a local community-based organization, a contracted service provider). The protocol is designed to be flexible, depending on the role or agency of the respondent, the type of interaction the respondent has with the eligibility worker (e.g., whether they make provider determinations or communicate about screening for a possible exemption), and the extent of the interaction that the respondent has with participants.*

## 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 1.00 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, your role, your organization/agency, and the SNAP E&T program/component that your organization/agency provides. *Note to interviewers: Tailor these background questions depending on whether the respondent is employed by the State/county agency or a third-party provider.*

1. What is your job title?
2. How long have you been in this position?
3. What are your primary responsibilities?
4. Can you please provide some background on your office/organization/agency?
   1. Probe on:
      1. Overview of organization’s mission and services
      2. Overview of SNAP E&T services
         1. Probe on specific requirements or characteristics of individuals served, specific types of training or services provided
      3. Structure of SNAP E&T program and staff roles
      4. Pathways of entry into the program (e.g., directly from eligibility workers, reverse referrals)

*Note to interviewers: If the only component offered is job search, it may be the case that additional questions and/or probes in this protocol are not relevant. Tailor the rest of this guide accordingly.*

## Section 1: Process

*Note to interviewers: Please tailor this guide depending on the structure of the SNAP E&T program/component you are visiting, as well as the level of interaction the respondent has with E&T participants and eligibility workers.*

To begin, we would like to get a sense of how you work with E&T participants in your component.

1. Can you please describe your initial steps and intake processes when working with new clients who have been referred to SNAP E&T?
   1. Probe on:
      1. Referral and information received from eligibility worker or other State agency staff and how information is received (e.g., through a data system, automated referral)
      2. Initial contact with participant
      3. Orientation or other initial activities
      4. Initial assessment, assessment tools used, topics covered
      5. Ongoing case management
      6. Other services/components provided
      7. Supervised job search only
      8. How this varies by volunteer, ABAWD, mandatory participant (if mandatory E&T is applicable)
   2. What happens if an individual who has been referred does not participate in initial SNAP E&T activities?
      1. What happens if they do not participate in the component?
      2. [IF MANDATORY STATE] At what point do you consider a referral to be non-compliant?
      3. Probe on communication with eligibility worker, required steps the SNAP E&T case manager must take, how this varies by volunteer/ABAWD if not a mandatory State, what documentation may be required or information to they may need to provide

## Section 2: Communication with Eligibility Workers

1. First, we would like to learn about what, if anything, you do if you believe a participant may be unable to work due to a physical or mental limitation. **To start, do you communicate with eligibility workers as part of your role?**
2. IF THEY **DO NOT** COMMUNICATE WITH ELIGIBILITY WORKERS:
   1. We’re interested in the reasons behind different communication approaches, as we recognize different states, counties, and providers do different things. Can you share with us why you don’t communicate with eligibility workers as part of your role?
   2. Can you please walk me through what you do if you think a participant should possibly be screened for an exemption from work requirements by the State/local eligibility worker due to a physical or mental limitation?
      1. Probe on whether this differs for ABAWDs, volunteers, mandatory E&T participants (for mandatory E&T only)
      2. What alerts you to the possibility that the participant has a mental or physical limitation and should possibly be screened for an exemption from work requirements?
         1. Probe on challenges the participant may experience, participant behavior, lack of participation
   3. *Then skip to Section 3.*
3. IF THEY **DO** COMMUNICATE WITH ELIGIBILITY WORKERS:
   1. Can you please walk me through what you do if you think a participant should possibly be screened for an exemption from work requirements by the State/local eligibility worker due to a physical or mental limitation?
      1. Probe on whether this differs for ABAWDs, volunteers, mandatory E&T participants (for mandatory E&T only)
      2. What alerts you to the possibility that the participant has a mental or physical limitation and should possibly be screened for an exemption from work requirements?
         1. Probe on challenges the participant may experience, participant behavior, lack of participation
   2. How do you communicate with State/local eligibility workers if you think a participant should be screened for an exemption from work requirements, if at all?
      1. How often do your participants who are rescreened for a physical or mental limitation based on information you provided receive an exemption from work requirements?
   3. Now we would like to learn about how you communicate with State/local eligibility workers about good cause determinations, if at all.
      1. What is your understanding of the allowable reasons for good cause?
         1. In what situations does a participants’ possible physical or mental limitation lead you to question whether the individual should be screened for an exemption from work requirements, as opposed to when such limitations might lead to only a good cause determination?
            1. Probe on:

Types of limitations

Severity of limitation

Permanency and/or time to recovery

* + - 1. Recognizing that you do not make good cause determinations, what steps do you take if you believe a good cause determination may be considered?
         1. How do you communicate with the eligibility worker if you think a good cause determination may be considered?

Probe on:

When SNAP E&T staff communicates with eligibility worker

How they communicate

What the State/local eligibility worker asks the SNAP E&T case manager for (documentation, verbal confirmation)

If documentation is needed, the SNAP E&T staff’s role in acquiring/providing documentation

* + - 1. How often do your participants receive good cause based on information you provided?
         1. How often do your participants receive good cause based on information you provided specifically for a physical or mental limitation?
      2. How often do your participants who receive good cause for a mental or physical limitation based on information you provided also receive an exemption from work requirements?
  1. In what other instances, if any, do you communicate with State/local eligibility workers?
  2. How would you describe your relationship with the State/local eligibility workers?
     1. Probe on quality of collaboration, communication, etc.

## Section 3: Provider Determinations

*Note to interviewer: If the respondent makes provider determinations, ask the questions in this section. Determine ahead of time or at the beginning of the interview whether that is the case. This may be an instructor or staff person in a specific E&T component or it could be a case manager at that component. They may be with third-party providers or the State SNAP agency. Tailor this section depending on the respondents’ agency/organization and relationship to the State SNAP agency.*

1. Can you please describe the process for making a provider determination?
   1. Probe on:
      1. Steps the SNAP E&T staff person must take
      2. How this process may differ depending on whether the provider determination occurs during initial assessment or later in service provision
   2. Do you communicate with [staff at the State SNAP agency/State/local eligibility workers] when making a provider determination? *Note to interviewer: Tailor this and following questions depending on the organization of the respondent and their relationship to the State SNAP agency or eligibility worker*
      1. [IF YES] What type of information do you provide to the State/local eligibility worker and/or SNAP agency when you make a provider determination?
   3. How does this process work specifically for instances where you believe a participant has a physical or mental limitation that affects their ability to work?
   4. Once you make the provider determination, what happens next?
      1. Probe on:
         1. Next steps for communication with the State/local eligibility worker and/or SNAP agency [*Note to interviewer: Tailor depending on the agency that the respondent works for]*
         2. What type of information the SNAP E&T staff person may need to provide
         3. Next steps for working with the participant
   5. What alerts you to the possibility that a provider determination may be warranted?
      1. Probe on challenges the participant may experience, participant behavior, lack of participation
   6. What information do you use to understand whether a provider determination may be warranted?
      1. Probe on:
         1. Communication with the participant
         2. Communication with employers or other SNAP E&T staff
         3. Documentation or verification
   7. Are there internal steps you must take before you communicate with State/local eligibility staff?
      1. Probe on:
         1. Supervisor review or approval
      2. [IF YES] Please describe these processes.
   8. [IF NOT ASKED ABOVE] How would you describe your relationship with the State/local eligibility workers?
      1. Probe on quality of collaboration, communication, etc.
   9. How often would you say your coordination with eligibility workers and/or the State SNAP agency around a participant’s ability to work and/or provider determinations results in that participant receiving an exemption from work requirements?

## Section 4: Training and Guidance

*Note to interviewer: Tailor these questions based on the role of the respondent. A respondent who can speak to training and guidance on provider determinations may not receive guidance on exemptions from work requirements or good cause. Similarly, different staff roles may speak more to guidance or training from different sources, so interviewer should be sure to understand who provides the training discussed in this section.*

We would also like to learn about any information, guidance, and/or training you receive related to policies about provider determinations, screening for exemptions from work requirements, and good cause determinations. Even though you do not make good cause determinations or grant exemptions, we are interested in learning what type of information you receive, given your interaction with SNAP E&T participants.

1. What resources or information, if any, do you receive about procedures or policies about exemptions from work requirements due to a physical or mental limitation?
   1. What resources or information do you receive about good cause?
   2. What resources or information do you receive about making provider determinations?
2. Do you receive any training on these topics?
   1. [IF YES] Who provides this guidance? Training?
      1. What does it include?
      2. How often is it provided?
      3. Who provides it?
         1. Probe on State, SNAP E&T organization staff, other
   2. Was the training useful?
      1. [IF YES] How so?
      2. [IF NO] What would have made it more useful?
   3. What other information, training, guidance, or resources would be useful to you?
      1. Probe on resources for working with participants with limited English proficiency

## Section 5: Data Systems

1. Do you have access to the data system(s) that the State SNAP agency uses to track information on SNAP participants? *Note to interviewer: Tailor with specifics of the system(s) if known.*
2. How do you track information on SNAP E&T participants and the services they receive?
   1. Probe on:
      1. The tool (e.g., Excel spreadsheet) or system they use
      2. What type of data they collect
      3. Who enters the data
3. [IF RESPONDENT HAS ACCESS TO THE STATE SYSTEM(S)] Can you please describe how you interact with the State system(s) for SNAP? *Note to interviewer: Probe on specific systems based on previous conversations and knowledge of the State systems, including eligibility systems, payment systems, and other systems designed to track information on SNAP applicants and participants. These questions may not be appropriate for third-party providers. Tailor accordingly based on their response to the first question in this section.* 
   1. How does your organization’s system interact with the State system, if at all?
   2. Do you receive information from the eligibility worker through the system?
   3. Are you responsible for entering information about participants into the system?
      1. [IF YES] What information are you responsible for entering into the State system about participants or their ability to work?
         1. Probe on access to systems, types of information collected, when data is entered
         2. What guidance or training do you receive on tracking information related to determinations about a participant’s ability to work? Related to good cause?

## Section 6: Challenges, Lessons Learned, and Other Helpful Information

*Note to interviewers: Tailor these questions according to the respondent’s role, as describe above.*

Before we conclude, we would like to hear from you about your experiences working with SNAP participants, working with the State agency staff, and your experience with the implementation of policies related to work requirements and ability to work and good cause.

1. Recognizing that you do not grant exemptions from work requirements or make good cause determinations, what challenges, if any, do you face related to participants’ ability to work and/or good cause determinations in your work with SNAP participants?
2. [IF RESPONDENT MAKES PROVIDER DETERMINATIONS] What challenges, if any, do you face related to making provider determinations?
   1. Probe on:
      1. Communication/collaboration with State staff
      2. Communication with participants, including participants with limited English proficiency
      3. Understanding the policies and/or guidance
      4. Reflections on implementing this determination with the new final rule as of October 2021
3. What do you think has been successful?
   1. Probe on:
      1. Communication/collaboration with State staff
      2. Working with participants around possible screenings for exemptions due to ability to work or good cause
      3. Understanding the policies and/or guidance
      4. Implementing fixes and/or responses to challenges described above
4. Would you recommend any changes to the policies or procedures related to work requirements (due to inability to work due to a mental or physical limitation) or good cause?
   1. If so, what changes would you like to see?
5. Do you have anything else you would like to share before we finish that we have not yet discussed today?

**Thank you for your time.**