**B. SNAP agency survey instrument and document request**

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SNAP COVID-19 Survey

August 7, 2023

**Welcome to the SNAP COVID-19 Survey**

* You may complete the whole survey in one session or save your responses and come back to it later. Responses for each section of the survey will not be submitted until you click “submit” at the end of each section. Please note that after you click “submit” you will not be able to review your responses.
* **Please use the EXIT button at the bottom of the page when you want to exit your survey.**
* Please use the buttons and links on each page to move through the survey. Using Enter or your browser’s Back function may cause errors.
* If you’d like to review the questions before you start the survey, click here for a PDF version of the full survey.
* If you have trouble accessing the survey or if you have questions, please contact us at [[STUDYADDRESS]@mathematica-mpr.com](mailto:SNMCS@insightpolicyresearch.com) or [study toll-free telephone number].

**Public Burden Statement**

This information is being collected to assist the Food and Nutrition Service in examining how State SNAP agencies shifted operations since the onset of the COVID-19 pandemic. This is a voluntary data collection and FNS will use the information to describe how State agencies shifted operations during and after the public health emergency and identify best practices and lessons learned. 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 and Expiration Date XX-XX-20XX. The time required to complete this information collection is estimated to take 1.25 hours per response. 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).

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**Overview**

Welcome to the SNAP COVID-19 survey! This web survey aims to provide a comprehensive, nationwide picture of the adaptations SNAP State agencies have made in response to the COVID-19 public health emergency. Specifically, we want to know about: (1) changes related to staffing, (2) changes in use of technology, (3) decision-making processes for making policy and operational changes, and (4) lessons States learned during COVID-19 public health emergency that could increase preparedness for any future disruptions that affect service delivery.

This survey is part of an exploratory study. Mathematica, an independent research and consulting company, is conducting the study on behalf of the United States Department of Agriculture (USDA), Food and Nutrition Service (FNS). FNS is sponsoring the study to better understand how SNAP State agencies shifted operations since the onset of the COVID-19 public health emergency, focusing on changes related to SNAP application and recertification processes, case management, and benefit issuance.

Also, the focus of this survey is on SNAP policies and operations and while other programs, like Pandemic-EBT (P-EBT), have impacted SNAP the questions in **this survey will not focus on P-EBT**.

This survey is not part of any FNS monitoring or auditing activities. The results of the survey will be used for research purposes only. Most of the information collected about each SNAP State agency in the survey will be publicly reported. The information will not be directly tied to any individual survey respondents, however, and information about the respondents will not be made public. After data collection is complete, the study team may follow up with your State if they need to clarify any of your survey responses.

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| IF Hvfirstpasscomplete =1 THEN DO NOT DISPLAY |

The survey will take about 35 minutes. After you complete the survey, we will ask you for copies of documents about your State or Territory’s COVID-19 public health emergency policies and procedures. Hereafter we refer to States or Territories as “States.” Gathering the documents will take about 30 minutes. To answer the questions in this survey, staff will need to know about the policies and procedures in place before, during and after the public health emergency. We understand that staff may have changed positions since the beginning of the public health emergency. In this situation, you may answer these questions to the best of your understanding, or you may assign sections in the survey to others who may know the relevant information.

**Assigning Sections**

While the sections of the survey were designed so that hopefully only one staff person needs to answer the section, you may reassign the sections to the appropriate staff at any point in the assignment module. **There is only one survey link per State and so the survey link that you received may be forwarded to anyone on your team.** The sections are:

1. Staffing
2. Operations
3. Benefit issuance
4. Participant case management and communication
5. Technology and data systems

You may complete the main survey sections yourself or assign other agency staff to complete them. In the introductory section, you can provide contact information for the person in your agency who is the best person to complete each of the other sections. We will send notifications to those people to ask them to complete their assigned sections.

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Personally identifiable information (PII) will not be used to retrieve survey records or data.

**For more information**

If you have any questions or concerns about the survey, please contact the Mathematica study team at [fill study email address] or the FNS project officer, Amanda Wyant, at [Amanda.Wyant@usda.gov](mailto:eric.williams@fns.usda.gov).

Thank you in advance for your help in completing this survey.

By proceeding to the next page of the survey, you are acknowledging your understanding of the study and consenting to participate.

**SNAP COVID-19 Survey**

**Introduction Section**

First, please answer some background questions about your SNAP State agency.

NOTE: I1A. IS ONLY FOR THE HARD COPY. IF THE RESPONDENT SAYS YES THEN THEY SHOULD GO TO I1b. OTHERWISE, IF THEY ARE NOT COUNTY-ADMINISTERED, THEY SHOULD GO TO I2. ONLY I1b WILL BE ASKED IN THE WEB SURVEY.

I1a. Is your SNAP State program county-administered?

m Yes 1

m No 0

|  |
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| IF Agency is administered at the county level |

I1b. [WEB VERSION: Our records indicate that your State is county-administered.] Are your policies, procedures, and operations related to the public health emergency consistent at the county level across the entire State?

m Yes 1

m No 0

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| All |

I2. In this survey we will refer to the time periods before, during and after the Federal public health emergency. We recognize that States may define the timeframe of the COVID-19 public health emergency differently than how it is defined at the Federal level.

When did your SNAP State agency begin adapting SNAP operations to respond to the public health emergency?

[[DEFINITION OF BEFORE, DURING AND AFTER THE PUBLIC HEALTH EMERGENCY WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

MONTH YEAR

Did not adapt SNAP operations 98

|  |
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| All |

I3. When did your SNAP State agency resume "normal" operations? By “normal” operations we mean the time when your State’s public health emergency declaration ended.

MONTH YEAR

Have not yet resumed normal operations 98

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| --- |
| all |

Next, please review the topics covered in each of the SNAP COVID-19 survey sections in the following table and indicate who will respond to each section. You can indicate that you will respond to the questions in the section yourself or designate someone else to respond to these sections.

You may delegate only one person per section; however, you can edit the section designee at any time before the section has been completed and submitted. You may click here to view a pdf of the survey questions before designating respondents.

*Please designate only State-level or Territory-level SNAP staff to complete survey sections*. Please do not designate local office or provider staff; we are seeking a State-level perspective.

| Section name | Topics covered | Examples of staff who might be able to respond | I will complete this section | I will designate someone else to complete this section |
| --- | --- | --- | --- | --- |
| **a. Section A:  Staffing** | * Telework and remote work policies * Information about offices open to the public * Staffing challenges | * SNAP director * SNAP deputy director * SNAP policy staff | 1 m | 2 m |
| **b. Section B:  Operations** | * Use of COVID-19 waivers * Operational changes (e.g., application processing, certification and recertification, verification procedures) made during the public health emergency that will be continued * Reasons for not continuing operational changes made during the public health emergency | * SNAP director * SNAP deputy director * SNAP field operations director | 1 m | 2 m |
| **c. Section C:  Benefit issuance** | * Changes to the SNAP benefit amount made during the public health emergency (Emergency Allotments and 15% increase) * Operational updates (e.g., how to issue emergency benefits) that would be useful in future disruptions * Changes to electronic benefit issuance systems | * SNAP director * SNAP deputy director * SNAP field operations director * IT director | 1 m | 2 m |
| **d.** **Section D:**  **Participant case management and communication** | * Changes made to case management during the public health emergency * Strategies used to communicate the availability of SNAP assistance and how to apply for SNAP * Communication strategies continued after the public health emergency * Types of partnerships used to communicate with participants and those that will be continued after the public health emergency | * SNAP director * SNAP deputy director * SNAP policy staff | 1 m | 2 m |
| **e. Section E: Technology and data systems** | * Legacy systems * Integrated eligibility systems for SNAP * Important technology updates for the future to help prepare for future disruptions | * SNAP director * IT director | 1 m | 2 m |

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| --- |
| IF SECTION A = 2 |

SECTION A STAFFING

i5. Please provide contact information for the person in your agency who will complete Section A on staffing.

First name:

Last name:

Agency:

Title:

Email address:

Telephone number:

Cell phone number:

|  |
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| IF SECTION B = 2 |

SECTION B: OPERATIONS

I6. Please provide contact information for the person in your agency who will complete Section B on operations.

First name:

Last name:

Agency:

Title:

Email address:

Telephone number:

Cell phone number:

|  |
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| IF SECTION C = 2 |

SECTION C: BENEFIT ISSUANCE

I7. Please provide contact information for the person in your agency who will complete Section C on benefit issuance processes.

First name:

Last name:

Agency:

Title:

Email address:

Telephone number:

Cell phone number:

|  |
| --- |
| IF SECTION D = 2 |

SECTION D: PARTICIPANT CASE MANAGEMENT AND COMMUNICATION

I8. Please provide contact information for the person in your agency who will complete Section D on participant case management and communication.

First name:

Last name:

Agency:

Title:

Email address:

Telephone number:

Cell phone number:

|  |
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| IF SECTION E = 2 |

SECTION E: TECHNOLOGY AND DATA SYSTEMS

I9. Please provide contact information for the person in your agency who will complete Section E on technology and data systems.

First name:

Last name:

Agency:

Title:

Email address:

Telephone number:

Cell phone number:

**SNAP COVID-19**

**Section Status Page**

The below table shows the person who will complete each section. To reassign a section to a different person, click the link in the Reassign column next to the person’s name. The last column shows whether the section has been started, completed, or not started. To access a section that has not been completed, click the link in the Go to Section column. If a section has been completed, the answers in that section cannot be changed. If you wish to make a change to your survey responses after submitting, please contact [[STUDYADDRESS]@mathematica-mpr.com](mailto:SNMCS@insightpolicyresearch.com) or [study toll-free telephone number].

| Survey Section | Person who will complete section | Reassign | Go to section | Section status |
| --- | --- | --- | --- | --- |
| Section A:  Staffing | Programmer: Fill SNAP director name unless section is assigned to another person, then fill with that name. | Programmer: Link to make the reassignment. | Programmer: Link to the beginning of relevant section. | [Not started; Started; Completed]  Programmer: If not started status as Not started; If partially completed status as Started; If the section is completed and submitted, status as Completed.  If submitted, the respondent cannot access the section again. |
| Section B: Operations | Programmer: Fill SNAP director name unless section is assigned to another person, then fill with that name. | Programmer: Link to make the reassignment. | Programmer: Link to the beginning of relevant section. | [Not started; Started; Completed]  Programmer: If not started status as Not started; If partially completed status as Started; If the section is completed and submitted, status as Completed.  If submitted, the respondent cannot access the section again. |
| Section C: Benefit issuance | Programmer: Fill SNAP director unless section is assigned to another person, then fill with that name. | Programmer: Link to make the reassignment | Programmer: Link to the beginning of relevant section. | [Not started; Started; Completed]  Programmer: If not started status as Not started; If partially completed status as Started; If the section is completed and submitted, status as Completed.  If submitted, the respondent cannot access the section again. |
| Section D:  Participant case management and communication | Programmer: Fill SNAP director name unless section is assigned to another person, then fill with that name. | Programmer: Link to make the reassignment. | Programmer: Link to the beginning of relevant section. | [Not started; Started; Completed]  Programmer: If not started status as Not started; If partially completed status as Started; If the section is completed and submitted, status as Completed.  If submitted, the respondent cannot access the section again. |
| Section E: Technology and data systems | Programmer: Fill SNAP director name unless section is assigned to another person, then fill with that name. | Programmer: Link to make the reassignment. | Programmer: Link to the beginning of relevant section. | [Not started; Started; Completed]  Programmer: If not started status as Not started; If partially completed status as Started; If the section is completed and submitted, status as Completed.  If submitted, the respondent cannot access the section again. |

**If you’d like to review the questions in your section before you start, click here for a PDF version of the full survey.**

**If you have any questions about this survey or would like to complete it over the telephone, please call us at [fill toll-free number].**

Section A. Staffing

This section has questions about your SNAP State agency's staffing changes made in reaction to the COVID-19 public health emergency. As a reminder, the focus of this survey is on SNAP policies and operations. Although other programs, like Pandemic-EBT (P-EBT), have impacted SNAP the questions in this survey will not focus on P-EBT. [IF County administered: You should answer all questions about what is generally done in your State.]

When asking questions about your State's policies before, during and after the COVID-19 public health emergency, we will use timeframes defined by the time period of the Federal public health emergency.

“Before the public health emergency” refers to the time period from March 2018 to March 2020.

“During the public health emergency” refers to the time period from March 2020 to May 2023.

We understand that SNAP operations may have changed multiple times within this period, but when answering questions about what happened during the public health emergency, please include adaptations or changes that were made, or situations that occurred at any point during this period, even if they did not continue for the full public health emergency.

“After the public health emergency” refers to the time period beginning the first full month after the Federal public health emergency ended in May 2023.

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| ALL |

A1. During the public health emergency, did your SNAP State agency make any of the following adaptations to help frontline staff manage their workloads?

*Frontline staff are all staff who work directly, both verbally and electronically, with applicants and SNAP participants. Case managers are one example, but there are also other frontline staff who work directly with applicants and participants such as customer service representatives.*

[DEFINITION OF DURING PUBLIC HEALTH EMERGENCY AND FRONTLINE STAFF WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

Select all that apply

o Yes, we redeployed staff from other units within SNAP 1

o Yes, we redeployed staff from other State, county, or city programs 2

o Yes, we rehired employees or hired other temporary staff 3

o Yes, we expanded use of non-merit staff 4

o Yes, we expanded use of overtime to cover increased workloads 5

o Other (SPECIFY) 99

Specify (STRING (NUM))

m No, we did not make adaptations 0

|  |
| --- |
| ALL |

A2. Thinking about the time period during the public health emergency, was recruiting and retaining qualified frontline staff ever difficult?

[DEFINITION OF DURING PUBLIC HEALTH EMERGENCY AND FRONTLINE STAFF WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

Select one only

m Yes 1

m No 0

|  |
| --- |
| IF A2 = 1 |

A3. Thinking about the time period during the public health emergency, how strongly do you agree or disagree about the following statements related to staffing difficulties? When answering these questions please think about frontline staff.

[DEFINITION OF DURING THE PUBLIC HEALTH EMERGENCY AND FRONTLINE STAFF WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

PROGRAMMER: CODE ONE PER ROW

Select one per row

|  | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Don’t know |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Recruiting qualified frontline staff was difficult because State wages are not competitive with pay for other jobs in the area. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | D 🔾 |
| 1. SNAP offices were not able to recruit enough frontline staff to cover the increased workload. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | D 🔾 |
| 1. Retaining frontline staff during the public health emergency was more difficult than before public health emergency. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | D 🔾 |

|  |
| --- |
| ALL |

A3a. During the public health emergency, how strongly do you agree or disagree about the following statement related to staffing difficulties?

We had to downsize our frontline staff due to cuts to the State’s SNAP budget

*Select one only*

m Strongly agree 1

m Agree 2

m Neither agree nor disagree 3

m Disagree 4

m Strongly disagree 5

m Don’t know D

|  |
| --- |
| ALL |

**A4. During the public health emergency, did the SNAP frontline staff support *only your State’s SNAP program*? We are interested in knowing whether frontline staff work exclusively on SNAP or if they also support other programs outside of SNAP.**

[DEFINITION OF DURING THE PUBLIC HEALTH EMERGENCY AND FRONTLINE STAFF WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

*Select one only*

m Yes, all SNAP frontline staff were dedicated only to SNAP 1

m No, only some of the SNAP frontline staff were dedicated only to SNAP 2

m No, all of the SNAP frontline staff worked for SNAP in addition to other programs 3

|  |
| --- |
| A4= 2 OR 3 |

**A5. What other programs did the frontline staff support?**

*Select all that apply*

o Pandemic EBT (P-EBT) 1

o Medicaid 2

o Temporary Assistance for Needy Families (TANF) 3

o The Special Supplemental Nutrition Program for Women, Infants,   
and Children (WIC) 4

o The Low Income Home Energy Assistance Program (LIHEAP) 5

o Refugee Medical and/or Cash Assistance 6

o Other (SPECIFY) 99

Specify (STRING 200)

o None of the above 0

|  |
| --- |
| ALL |

A6. Does your SNAP State agency currently have more, fewer, or about the same number of SNAP offices open to the public compared with the period from March 2018 to March 2020?

Select one only

m More 1

m Fewer 2

m About the same 3

|  |
| --- |
| ALL |

A6a. How would you describe the SNAP offices that you have currently open to the public?

Select all that apply

o These offices are all fully open to the public 1

o These offices are open but by appointment only 2

o Some other type of office set up (SPECIFY) 99

Specify (STRING 300)

|  |
| --- |
| ALL |

A7. Thinking about the time period during the public health emergency, did any SNAP offices, including call centers, have to close permanently?

Select one only

m Yes 1

m No 0

|  |
| --- |
| IF A7 = 1 |

A8. Which of the following types of offices closed permanently during the public health emergency?

Select all that apply

o Rural offices 1

o Urban offices 2

o Suburban offices 3

o Offices that were difficult to staff 4

o Offices serving under a specified number of participants 5

o Offices with under a specified number of employees 6

m None of these 7

o Other types of offices (SPECIFY) 99

Specify (STRING 300)

|  |
| --- |
| ALL |

A9.1. Were any of the adaptations to SNAP program staffing in place directly before the public health emergency began in March 2020? (This question applies to the first column in the grid below.)

A9.2. Did your State [FILL “make” if A9.1x = 0 OR M] [FILL “accelerate or expand” if A9.1x = 1 OR 98] the following adaptations to SNAP program staffing during the public health emergency? (This question applies to the second column in the grid below).

[DEFINITION OF BEFORE AND DURING PUBLIC HEALTH EMERGENCY WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM IN HEADERS]

PROGRAMMER: CODE ONE PER ROW

Select one per row

9.1 9.2

|  | Adaptation made **before the public health emergency** | | | Adaptation [made / accelerated or expanded] during the public health emergency | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | Yes | No | IF I1a = 1: There was variation in the use of this adaptation across counties within our State | Yes | No | IF I1a = 1: There was variation in the use of this adaptation across counties within our State |
| a. Allow staff to telework or work remotely | 1 🔾 | 0 🔾 | 98 🔾 | 1 🔾 | 0 🔾 | 98 🔾 |
| b. Offer flexible staff working hours | 1 🔾 | 0 🔾 | 98 🔾 | 1 🔾 | 0 🔾 | 98 🔾 |
| c. Utilize non-merit staff in the eligibility determination process | 1 🔾 | 0 🔾 | 98 🔾 | 1 🔾 | 0 🔾 | 98 🔾 |
| d. Expand use of call centers | 1 🔾 | 0 🔾 | 98 🔾 | 1 🔾 | 0 🔾 | 98 🔾 |

|  |
| --- |
| IF a9.1a = 1 or 98 |

A10. Before the public health emergency, how often were the following staff able to work remotely?

[DEFINITION OF BEFORE PUBLIC HEALTH EMERGENCY WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

[DEFINITION DISPLAYS WHEN RESPONDENT HOVERS OVER UNDERLINED TERM:

* Administrative staff: Including State leadership staff and local level administrators, policy staff, data management and IT staff
* Frontline staff: Including eligibility, case management and call center staff
* Managerial staff: Including field operations managers and training managers

PROGRAMMER: FILL A-D

PROGRAMMER: CODE ONE PER ROW

Select one per row

|  | Regularly as schedule permitted | Irregularly as needed | Remote work was not permitted | Other (please explain) |
| --- | --- | --- | --- | --- |
| a. Administrative staff | 1 🔾 | 2 🔾 | 3 🔾 |  |
| b. Frontline staff | 1 🔾 | 2 🔾 | 3 🔾 |  |
| c. Managerial staff | 1 🔾 | 2 🔾 | 3 🔾 |  |

|  |
| --- |
| ALL |

A11. This next question asks about the proportion of staff who currently work remotely in comparison to before the public health emergency.

Would you say that the proportion of the following staff who currently work remotely is more, less, or about the same as what it was before the public health emergency?

[DEFINITION OF BEFORE PUBLIC HEALTH EMERGENCY, ADMINSTRATIVE STAFF, FRONTLINE STAFF, MANAGERIAL STAFF, AND LEADERSHIP STAFF WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

PROGRAMMER: FILL A-D

PROGRAMMER: CODE ONE PER ROW

Select one per row

|  | More | Less | About the same |
| --- | --- | --- | --- |
| a. Administrative staff | 1 🔾 | 2 🔾 | 3 🔾 |
| b. Frontline staff | 1 🔾 | 2 🔾 | 3 🔾 |
| c. Managerial staff | 1 🔾 | 2 🔾 | 3 🔾 |
|  |  |  |  |

|  |
| --- |
| ALL |
| FILL A9.2 A-D = 1 OR 98 |

A12. We want to understand how many of the newly implemented or expanded changes made by your program during the public health emergency are still in place and whether they are likely to stay in place in the foreseeable future.

We understand circumstances change all the time; however, to the best of your ability, please indicate whether you expect to continue the following operations, policies, or activities for the foreseeable future.

**[FILL POLICY WHERE A9.2a-d= 1]**

[DEFINITION OF DURING THE PUBLIC HEALTH EMERGENCY WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

Select one only

m No longer in place 1

m Currently in place, but not likely to be continued 2

m Currently in place and likely to be continued 3

m IF I1a = 1: There was variation in the continuation of this policy across counties within our State 98

|  |
| --- |
| ALL |
| fill IF A12a-D = 3 |
| IFCOUNTY ADMINISTERED Display item f |

A13. For each of the policies you selected, please indicate if the following was a large factor, small factor, or not a factor in your decision to continue this policy for the foreseeable future. How big a factor was each of the following in your decision to continue [FILL POLICY].

PROGRAMMER: CODE ONE PER ROW

[DEFINITION OF FRONTLINE STAFF AND SNAP STATE LEADERSHIP WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM. THE DEFINITION FOR STATE LEADERSHIP: *SNAP State leadership includes staff whose role it is to oversee large programs or agencies*.]

Select one per row

|  | Large factor | Small factor | Not a factor | Unsure |
| --- | --- | --- | --- | --- |
| a. Frontline staff prefer this policy | 1 🔾 | 2 🔾 | 0 🔾 | DK 🔾 |
| b. SNAP State leadership prefers this policy | 1 🔾 | 2 🔾 | 0 🔾 | DK 🔾 |
| c. Policy allows for greater administrative efficiency | 1 🔾 | 2 🔾 | 0 🔾 | DK 🔾 |
| d. Policy improves access to SNAP for historically underserved populations | 1 🔾 | 2 🔾 | 0 🔾 | DK 🔾 |
| e. The policy was supported/encouraged to continue for political reasons. | 1 🔾 | 2 🔾 | 0 🔾 | DK 🔾 |
| IF COUNTY ADMINISTERED: f. County leadership prefers this policy | 1 🔾 | 🔾 | 0 🔾 | DK 🔾 |

|  |
| --- |
| ALL |
| fill IF A12a-D =1 OR 2 |
| IF cOUNTY ADMININSTERED Display item H |

A14. For each of the policies you selected, please indicate if the following was a large factor, small factor, or not a factor in your decision NOT to continue this policy for the foreseeable future. How big a factor was each of the following in your decision NOT to continue [FILL POLICY].

[DEFINITION OF FRONTLINE STAFF AND SNAP STATE LEADERSHIP WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

PROGRAMMER: CODE ONE PER ROW

Select one per row

|  | Large factor | Small factor | Not a factor |
| --- | --- | --- | --- |
| a. Frontline staff did not prefer this policy | 1 🔾 | 2 🔾 | 0 🔾 |
| b. SNAP State leadership did not prefer this policy | 1 🔾 | 2 🔾 | 0 🔾 |
| c. The policy reduced administrative efficiency | 1 🔾 | 2 🔾 | 0 🔾 |
| d. The policy reduced access to SNAP for historically underserved populations | 1 🔾 | 2 🔾 | 0 🔾 |
| e. Policy required resources, such as staffing or new technology, that were unavailable long-term | 1 🔾 | 2 🔾 | 0 🔾 |
| f. State budget does not allow this change in the long run | 1 🔾 | 2 🔾 | 0 🔾 |
| g. The policy was not supported an/or encouraged to continue for political reasons. | 1 🔾 | 2 🔾 | 0 🔾 |
| IF COUNTY-ADMINISTERED: h. County leadership does not prefer this policy | 1 🔾 | 2 🔾 | 0 🔾 |
|  |  |  |  |

|  |
| --- |
| ALL |

A15. This next question asks how you believe the transition to remote services affected participants’ access to SNAP services.

**We understand that some agencies only transitioned to remote services for a short period of time during the public health emergency. For this question, please think about this period of time where your agency was offering predominantly remote services.**

**Based on your impression, did the transition from predominately in-person to remote services improve, reduce, or have no effect on access to SNAP services for each of the following types of participants. Your best estimate is fine.**

🔾 Please select here if your agency did not transition to remote services at all during the public health emergency 🡪 GO TO A16

PROGRAMMER: CODE ONE PER ROW

Select one per row

|  | Improved access | Had no effect on access | Reduced access | Our agency does not have enough information to provide an estimate | IF I1a = 1: Changes in access varied by county for these participants |
| --- | --- | --- | --- | --- | --- |
| a. Most participants | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |  |
| b. Participants without reliable Wi-Fi | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. Participants of color | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| d. Participants in rural communities | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| e. Participants in tribal communities | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| f. Participants in urban areas | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| g. Disabled participants | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| h. Participants experiencing homelessness | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| i. Older adults | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| j. Participants with limited-English proficiency | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| ALL |

A16. Do you have informational documents that describe staffing changes made during or as a result of the public health emergency (for example, information about office closures, telework, remote or hybrid working policies, etc. ?

These should be documents that are readily available for your State to share. If there are a lot of potential documents that could be sent, you may choose the most relevant ones or contact the help desk at [[STUDYADDRESS]@mathematica-mpr.com](mailto:SNMCS@insightpolicyresearch.com) for further guidance.

*Select all that apply*

o These materials are available publicly on our website 1

o These materials are not on our website, but I can email them 2

o These materials are not on our website, but I can upload them to a secure site 3

m Yes, but I cannot provide these documents Please explain 4

(STRING 300)

m No, we do not have documents like this 5

m Don’t know d

|  |
| --- |
| IF A16=1 |

**A17. Would you please share the URL(s) where we can find the informational documents that describe staffing changes made during or as a result of the public health emergency (for example, information about office closures, changes in the days or hours of operation, etc.)?**

(STRING 1000)

|  |
| --- |
| ALL |

**A\_END. Thank you for completing this section. If you have more information you would like to share about staffing changes related to COVID-19 public health emergency in your State or Territory, please share it below.**

(STRING 1000)

Section B. Operations

This section has questions about changes your State made to SNAP operations during COVID-19. As a reminder, the focus of this survey is on SNAP policies and operations. Although other programs, like Pandemic-EBT (P-EBT), have impacted SNAP the questions in this survey will not focus on P-EBT. [IF County administered: You should answer all questions about what is generally done in your State.]

When asking questions about your State's policies before, during and after the COVID-19 public health emergency, we will use time frames defined by the time period of the Federal public health emergency.

“Before the public health emergency” refers to the time period from March 2018 to March 2020.

“During the public health emergency” refers to the time period from March 2020 to May 2023.

We understand that SNAP operations may have changed multiple times within this period, but please consider if adaptations or changes were made, or situations occurred at any point during this period, even if they did not continue for the full public health emergency.

“After the public health emergency” refers to the time period beginning the first full month after the Federal public health emergency ended in May 2023.

|  |
| --- |
| ALL |

B1.1. Had your State made any of the following adaptations to SNAP operations before the public health emergency? The study team has pre-populated your answers based on information in the 2017 State Options report. Please review and make any necessary changes.

Please select ‘yes’ even if the adaptation was made temporarily, for certain cases, or in limited geographic areas.

[DEFINITION OF BEFORE THE PUBLIC HEALTH EMERGENCY WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM; 2017 STATE OPTIONS REPORT WILL BE HYPERLINKED]

B1.2. Did your State [FILL “make” if B1.1x= 0 or M] [FILL “Accelerate or expand” if B1.1x = 1 OR 98] the following adaptation to SNAP operations during the public health emergency? [FILL if B1.1x= 0 “Please select ‘yes’ even if the adaptation was made temporarily, for certain cases, or in limited geographic areas.”]

The study team has pre-populated your answers based on what was available on the FNS website. Please review and make any necessary changes.

[DEFINITION OF DURING THE PUBLIC HEALTH EMERGENCY WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

[DEFINITION DISPLAYS WHEN RESPONDENT HOVERS OVER UNDERLINED TERM:

* Extended certification periods: This waiver allowed States to keep SNAP cases active without additional certification or verification.
* Adjusted periodic reporting requirements: This waiver allowed States to extend periodic reports, with FNS guidance recommending a 6-month extension period.
* Suspended face-to-face interviews when requested: This waiver allowed States to not to offer the option to hold face-to-face interviews with applicants.
* Suspended initial and/or recertification interviews: This waiver allowed States to approve benefit receipt without an interview when the identity of the recipient had been verified.
* Postponed expedited service interviews: This waiver allowed States to suspend the requirement for an interview prior to the issuance of expedited benefits so long as identity has been verified.
* Allowed certain community partners or individuals to sign an application as an authorized representative of a household verbally: This waiver allowed States to accept application signatures from certain community partners and advocates as an authorized representative of a household based on the household's verbal assent.
* Accepted telephonic signatures: This waiver allowed States to document the verbal attestation of a participant in place of an audio-recorded verbal attestation of a participant.]

PROGRAMMER: First column for b1.1, second column for b1.2

PROGRAMMER: ANSWERS WILL BE PREFILLED AND LOADED IN WITH THE SAMPLE FILE.

PROGRAMMER: CODE ONE PER ROW

Select one per row

B1.1 B1.2

|  | Adaptation made before the public health emergency | | | Adaptation [made / accelerated or expanded] during the public health emergency | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | Yes | No | IF I1a = 1: There was variation in the use of this adaptation across counties within our State | Yes | No | IF I1a = 1: There was variation in the use of this adaptation across counties within our State |
| a. Extended certification periods | 1 🔾 | 0 🔾 | 98 🔾 | 1 🔾 | 0 🔾 | 98 🔾 |
| b. Adjusted periodic reporting requirements | 1 🔾 | 0 🔾 | 98 🔾 | 1 🔾 | 0 🔾 | 98 🔾 |
| c. Suspended face-to-face interviews when requested | 1 🔾 | 0 🔾 | 98 🔾 | 1 🔾 | 0 🔾 | 98 🔾 |
| d. Suspended initial and/or recertification interviews | 1 🔾 | 0 🔾 | 98 🔾 | 1 🔾 | 0 🔾 | 98 🔾 |
| e. Postponed expedited service interviews | 1 🔾 | 0 🔾 | 98 🔾 | 1 🔾 | 0 🔾 | 98 🔾 |
| f. Allowed certain community partners or individuals to sign an application as an authorized representative of a household verbally | 1 🔾 | 0 🔾 | 98 🔾 | 1 🔾 | 0 🔾 | 98 🔾 |
| g. Accepted telephonic signatures | 1 🔾 | 0 🔾 | 98 🔾 | 1 🔾 | 0 🔾 | 98 🔾 |
| h. The use of periodic reports for recertifications | 1 🔾 | 0 🔾 | 98 🔾 | 1 🔾 | 0 🔾 | 98 🔾 |

|  |
| --- |
| IF B1.2a-g = 1 OR 98; DO NOT ASK IF B1.2h=1 SINCE THIS IS NOT APPLICABLE |

B2. We want to understand how many of the newly implemented or expanded changes made by your program during the public health emergency are still in place and whether they are likely to stay in place in the foreseeable future.

We understand that circumstances change all the time; however, to the best of your ability, please indicate of the following changes you expect to be sustained or continued for the foreseeable future?

[FILL WAIVER IF B1.2x=1]

Select one only

m No longer in place 1

m Currently in place, but not likely to be continued 2

m Currently in place and likely to be continued 3

m IF I1a = 1: There was variation in the use of this adaptation across counties within our State 98

|  |
| --- |
| IF B2a-g = 1 |

B3. For policies that were implemented or expanded during the public health emergency, but that are no longer in place, we want to understand how your State transitioned back to normal operations. For the following change, how did your State transition caseloads off this flexibility?

[FILL WAIVER IF [B1.2a-g=1 AND B1.2a-g=1] OR B1.2A-G=1]]

Select one only

m Reduced the number of households affected by this policy over time 1

m Ended the flexibility for all households at the same time 2

m Did something else 99

Specify (STRING 300)

m IF I1a = 1: There was variation in the use of this adaptation across counties within our State 98

|  |
| --- |
| ALL |
| FILL POLICY B1.2A-G = 1 OR 98 |

B4. Would you like to see the following change as a State option and/or codified for future emergencies?

PROGRAMMER: FILL POLICY

Select one only

m Available as a State option 1

m Codified for future emergencies 2

m Both available as a State option and codified for future emergencies 3

m Our State does not need this as a State option or codified for future emergency 4

m This policy is already codified for future emergencies 5

m This policy is already available as a State option 6

|  |
| --- |
| B4a-g=1,2,3, 5OR 6 |
| IF B4 = 1 or 6 FILL LANGUAGE, “available as a State option”?  IF B4=2 or 5 FILL LANGUAGE, “codified for future emergencies”?  IF B4=3 FILL LANGUAGE, “available as both a State option and codified for future emergencies” |

B5. What do you consider to be the benefits of having the following policy [FILL LANGUAGE]?

Select all that apply

o Employees prefer this policy 1

o Participants prefer this policy 2

o Policy allows for greater administrative efficiency 3

o Policy creates improved access to SNAP for historically underserved   
populations 4

o State leadership prefer this policy 5

o Other (SPECIFY) 99

Specify (STRING (NUM))

|  |
| --- |
| IF B1.1a =1 ,98 OR B1.2a = 1, 98 |

B6. When given the choice, how did your SNAP State agency choose to implement extended certification periods?

[DEFINITION OF DURING THE PUBLIC HEALTH EMERGENCY WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

Select one only

m Extended all cases for the same amount of time 1

m Staggered extensions 2

m Extended only for certain cases 3

m Our State did not have a choice in how to implement extended certification periods 98

|  |
| --- |
| IF B1.1d = 1, 98 OR B1.2d = 1, 98 |

B7a. Thinking about the suspension of initial application interviews, which of the following did your SNAP State agency choose to implement?

Select one only

m Waive all initial application interviews 1

m Waive initial application interviews for only certain populations 2

m Waive initial application interviews for only certain cases 3

m We did not waive initial application interviews for any cases 4

|  |
| --- |
| IF B1.1d = 1, 98 OR B1.2d = 1, 98 |

B7b. Thinking about the suspension of recertification interviews, which of the following did your SNAP State agency choose to implement?

Select one only

m Waive all recertification interviews 1

m Waive recertification interviews for only certain populations 2

m Waive recertification interviews for only certain cases 3

m We did not waive recertification interviews for any cases 4

|  |
| --- |
| B1.2g=1 or 98 |

B8. The next question asks about how the use of telephonic signatures affected access to SNAP services. How much do you agree that during the public health emergency, the expanded use of telephonic signatures improved access to SNAP services for…

PROGRAMMER: FILL a-C

PROGRAMMER: CODE ONE PER ROW

Select one per row

|  | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Not applicable |
| --- | --- | --- | --- | --- | --- | --- |
| a. Most people living in rural communities relative to other participants | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |  |
| b. Most people living in tribal communities relative to other participants | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | NA 🔾 |
| c. Most families with children relative to other participants | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |  |

|  |
| --- |
| ALL |

**The next questions ask about how your State SNAP agency implemented policies that changed eligibility for able-bodied adults without dependents (ABAWDs) and college students during the public health emergency.**

B9a. Did your State SNAP agency suspend time limit disqualifications for ABAWDs during the public health emergency?

Select one only

m Yes 1

m No 0

|  |
| --- |
| B9a = 0 |

B9b. Did your State SNAP agency offer ABAWDs slots in work or workfare programs during the public health emergency?

m Yes 1

m No 0

|  |
| --- |
| ALL |

**B9c. We want to understand how your State prepared to transition back to normal operations before temporary student exemptions expired at the end of the federal public health emergency. Did your State…**

Select all that apply

o Conduct or support outreach to institutions of higher education about the expiration of temporary student exemptions 1

o Conduct or support outreach to students affected by the expiration of temporary student exemptions 2

o Provide refresher training to staff on regular student eligibility rules 3

o Post messages to social media platforms to inform students about changes to student exemptions 4

o Other (SPECIFY) 99

Specify (STRING 500)

|  |
| --- |
| ALL |

B10.1. Had your State made any of the following adaptations to application certification, recertification, and verification processes before the public health emergency began in March 2020?

B10.2. Did your State [FILL “make” if B7.1x = 0 OR M] [FILL “accelerate or expand” if B7.1x = 1 OR 98] the following adaptation to application certification, recertification, and verification processes during the public health emergency?

Please include any newly implemented or expanded changes you have made even if you would consider it to be a small change.

PROGRAMMER: CODE ONE PER ROW

Select one per row

B10.1 B10.2

|  | Adaptation made before the public health emergency | | | Adaptation [made / accelerated or expanded] during the public health emergency | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | Yes | No | IF I1a = 1: There was variation in the use of this adaptation across counties within our State | Yes | No | IF I1a = 1: There was variation in the use of this adaptation across counties within our State |
| a. Use of machine reading, intelligent scanning, or bots/robotic process automation for applications or recertifications | 1 🔾 | 0 🔾 | 98 🔾 | 1 🔾 | 0 🔾 | 98 🔾 |
| b. Use of third-party payroll sources to verify information provided by participants | 1 🔾 | 0 🔾 | 98 🔾 | 1 🔾 | 0 🔾 | 98 🔾 |
| c. Use of remote application and verification assistance. For example, use of chatbot technology. | 1 🔾 | 0 🔾 | 98 🔾 | 1 🔾 | 0 🔾 | 98 🔾 |

|  |
| --- |
| B10.2=1 OR 98 |
| FILL IF B10.2=1 OR 98 |

B11. We want to understand how many of the newly implemented or expanded changes made by your program during the public health emergency are still in place and whether they are likely to stay in place in the foreseeable future.

We understand that circumstances change all the time; however, to the best of your ability, please indicate which of the changes you expect to continue for the foreseeable future?

[FILL CHANGE IF B10.2=1 OR 98]

[DEFINITION OF DURING THE PUBLIC HEALTH EMERGENCY WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

Select one only

m No longer in place 1

m Currently in place, but not likely to be continued 2

m Currently in place and likely to be continued 3

m IF I1a = 1: There was variation in the use of this adaptation across counties within our State 98

|  |
| --- |
| B11A-c = 1 or 2 |
| FILL where B11a-C = 1 OR 2 |

B12. For each of the changes you selected, please indicate if the following was a large factor, small factor, or not a factor in your decision NOT to continue this change for the foreseeable future.

How big a factor was each of the following for your decision NOT to continue [FILL POLICY]?

PROGRAMMER: FILL POLICY

PROGRAMMER: CODE ONE PER ROW

Select one per row

|  | Large factor | Small factor | Not a factor |
| --- | --- | --- | --- |
| a. Change not approved by FNS | 1 🔾 | 2 🔾 | 0 🔾 |
| b. Technological resources are unavailable in the long-term | 1 🔾 | 2 🔾 | 0 🔾 |
| c. Change increased demand on staff | 1 🔾 | 2 🔾 | 0 🔾 |
| 1. There are financial challenges to implementing this change | 1 🔾 | 2 🔾 | 0 🔾 |
| 1. Other (specify) | 1 🔾 | 2 🔾 | 0 🔾 |

The next questions are related to how your State shares data across programs.

|  |
| --- |
| ALL |

B13.1. Had your State used any of the following methods of data sharing across programs before the public health emergency?

B13.2. Did your State [FILL “use” if B13.1x = 0 ORM] [FILL “accelerate or expand use of” if B13.1x = 1] any of the following methods of data sharing across programs during the public health emergency?

[DEFINITION OF DATA SHARING HUB WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM. THE DEFINITION OF DATA SHARING HUB IS: A data hub is a center of data exchange that is supported by data science, data engineering, and data warehouse technologies to interact with endpoints such as applications.]

PROGRAMMER: CODE ONE PER ROW

Select one per row

|  | This method of sharing data was implemented before the public health emergency | | This method of sharing data was [made / accelerated or expanded] during the public health emergency | |
| --- | --- | --- | --- | --- |
|  | Yes | No | Yes | No |
| a. A data sharing hub | 1 🔾 | 0 🔾 | 1 🔾 | 0 🔾 |
| b. Memorandums of Agreements/Understanding (MOA/MOU) | 1 🔾 | 0 🔾 | 1 🔾 | 0 🔾 |
| c. Interagency working groups | 1 🔾 | 0 🔾 | 1 🔾 | 0 🔾 |

|  |
| --- |
| B13.1a-c OR B13.2a-c = 1 |

B14. During the public health emergency, how important was data sharing in increasing access to SNAP?

Select one only

m Not important 1

m Slightly important 2

m Important 3

m Fairly important 4

m Very important 5

|  |
| --- |
| ALL |

B15. When thinking about technology upgrades to make in the future, what do you think are the three most important improvements to make to technology that will help prepare for a future disruption?

Programmer: limit to three responses

Select top three responses

o Modernize eligibility systems 1

o Improve data sharing across programs 2

o Increase the IT staff 3

o Expand online purchasing program 4

o Invest in virtual payment systems 5

o Streamline participant communications 6

o Other (SPECIFY) 99

Specify (STRING 500)

|  |
| --- |
| ALL |

B16. What was the most helpful change you made to SNAP operations during the public health emergency?

[DEFINITION OF DURING THE PUBLIC HEALTH EMERGENCY WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

(STRING 1000)

|  |
| --- |
| ALL |

B17. What was the most helpful lesson you learned about operating SNAP during the public health emergency?

[DEFINITION OF DURING THE PUBLIC HEALTH EMERGENCY WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

(STRING 1000)

|  |
| --- |
| ALL |

B18. Do you have procedural instructions and/or manuals related to operating SNAP during the public health emergency?

These should be documents that are readily available for your State to share. If there are a lot of potential documents that could be sent, you may choose the most relevant ones or contact the help desk at [[STUDYADDRESS]@mathematica-mpr.com](mailto:SNMCS@insightpolicyresearch.com) for further guidance.

*Select one only*

m These materials are available publicly on our website 1

m These materials are not on our website, but I can send email them 2

m These materials are not on our website, but I can upload them to a secure site 3

m Yes, but I cannot provide these documents. Please explain 4

(STRING 300)

m No, we do not have any documents like this 5

m Don’t know d

|  |
| --- |
| IF B18=1 |

B19. Would you please share the URL(s) where we can find procedural instructions and/or manuals related to operating SNAP during the public health emergency?

(STRING 1000)

|  |
| --- |
| ALL |

B20. Do you have any supplementary materials for implementing policies related to operating SNAP during the public health emergency? For example, an FAQ document for staff.

These should be documents that are readily available for your State to share. If there are a lot of potential documents that could be sent, you may choose the most relevant ones or contact the help desk at [[STUDYADDRESS]@mathematica-mpr.com](mailto:SNMCS@insightpolicyresearch.com) for further guidance.

*Select one only*

m These materials are available publicly on our website 1

m These materials are not on our website, but I can email them 2

m These materials are not on our website, but I can upload them to a secure site 3

m Yes, but I cannot provide these documents. Please explain 4

(STRING 300)

m No, we do not have any documents like this 5

m Don’t know d

|  |
| --- |
| IF B20=1 |

B21. Would you please share the URL(s) where we can find supplementary materials for implementing policies related to operating SNAP during the public health emergency?

(STRING 1000)

|  |
| --- |
| ALL |

B22. Do you have any documentation like State guidance, policy, or informational documents related to the public health emergency’s policies and/or operations that have been continued, revised, or dropped?

These should be documents that are readily available for your State to share. If there are a lot of potential documents that could be sent, you may choose the most relevant ones or contact the help desk at [[STUDYADDRESS]@mathematica-mpr.com](mailto:SNMCS@insightpolicyresearch.com) for further guidance.

*Select one only*

m These materials are available publicly on our website 1

m These materials are not on our website, but I can email them 2

m These materials are not on our website, but I can upload them to a secure site 3

m Yes, but I cannot provide these documents. Please explain 4

(STRING 300)

m No, we do not have any documents like this 5

m Don’t know d

|  |
| --- |
| IF B22=1 |

B23. Would you please share the URL(s) where we can find documentation like State guidance, policy, or informational documents related to the public health emergency’s policies and/or operations that have been continued, revised, or dropped?

(STRING 1000)

|  |
| --- |
| ALL |

B\_END. Thank you for completing this section. If you have more information you would like to share about operational changes made to SNAP during the COVID-19 public health emergency in your State or Territory, please share it below.

(STRING 1000)

Section C. Benefits issuance

This section has questions about changes your State may have made to benefits issuance during the public health emergency. As a reminder, the focus of this survey is on SNAP policies and operations. Although other programs, like Pandemic-EBT (P-EBT), have impacted SNAP the questions in this survey will not focus on P-EBT. [IF County administered: You should answer all questions about what is generally done in your State.]

When asking questions about your State's policies before, during and after the COVID-19 public health emergency, we will use timeframes defined by the time period of the Federal public health emergency.

“Before the public health emergency” refers to the time period from March 2018 to March 2020.

“During the public health emergency” refers to the time period from March 2020 to May 2023.

We understand that SNAP operations may have changed multiple times within this period, but please consider if adaptations or changes were made, or situations occurred at any point during this period, even if they did not continue for the full public health emergency.

“After the public health emergency” refers to the time period beginning the first full month after the Federal public health emergency ended in May 2023.

PROGRAMMER: PUT THIS TEXT ABOVE ON SEPARATE SCREEN FROM THE TEXT BELOW.

This next series of questions are about issuing the Emergency Allotment benefit.

The Emergency Allotment benefit was issued as part of the Families First Coronavirus Response Act (FFCRA; P.L. 116-127, enacted March 18, 2020). The Emergency Allotment benefit was the temporary SNAP benefit increase made during the public health emergency. This provision applies only when (1) a public health emergency under Section 319 of the Public Health Service Act has been declared and (2) a State emergency has been declared.

PROGRAMMER: PUT THIS TEXT ABOVE ON SEPARATE SCREEN FROM THE TEXT BELOW.

|  |
| --- |
| ALL |

C1. During the public health emergency, how did your SNAP State agency issue the Emergency Allotments?

[DEFINITION OF DURING PUBLIC HEALTH EMERGENCY AND EMERGENCY ALLOTMENTS WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

Select one only

m This benefit was issued with the regular SNAP benefit each month 1

m This benefit was issued on a different day than the regular SNAP benefit   
each month 2

m The time when this benefit was issued varied depending on the month 3

m Other (SPECIFY) 99

Specify (STRING 500)

|  |
| --- |
| ALL |

C2. Approximately how much advance notice did your State need to make changes to eligibility systems to initially issue Emergency Allotments?

[DEFINITION OF EMERGENCY ALLOTMENTS WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

Select one only

m One day or less 1

m 2-7 days 2

m 8-14 days 3

m 15 days to one month 4

m More than one month 5

|  |
| --- |
| ALL |

C3. Did your State need to make changes to the eligibility system each month to issue Emergency Allotments?

[DEFINITION OF EMERGENCY ALLOTMENTS WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

Select one only

* Yes 1
* No 0

|  |
| --- |
| C3=1 |

C3a. Approximately how much advance notice did your State need to make changes to eligibility systems to issue Emergency Allotments every month?

[DEFINITION OF EMERGENCY ALLOTMENTS WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

Select one only

m One day or less 1

m 2-7 days 2

m 8-14 days 3

m 15 days to one month 4

m More than one month 5

This next question is about issuing the 15 percent increase to maximum monthly benefits.

The FY2021 Consolidated Appropriations Act provided the authority and funding for a 15 percent increase to FY2021 maximum SNAP benefit amounts for January through June 2021. The American Rescue Plan Act (ARPA) of 2021 extended this increase through September 2021. This temporary increase was then made permanent when the Thrifty Food Plan was updated so that benefits were increased for FY2022 and future years.

|  |
| --- |
| ALL |

C4. During the public health emergency, how did your SNAP State agency issue the 15 percent increase to maximum monthly benefits?

[DEFINITION OF DURING THE PUBLIC HEALTH EMERGENCY AND 15% INCREASE TO MAXIMUM MONTHLY BENEFITS WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

Select one only

m This benefit was issued with the regular SNAP benefit each month 1

m This benefit was issued on a different day than the regular SNAP benefit   
each month 2

m The timing of when this benefit was issued varied depending on the month 3

m Other (SPECIFY) 99

Specify (STRING (NUM))

|  |
| --- |
| ALL |

C5. If another disruption like the COVID-19 public health emergency were to happen in the future, would your SNAP State agency prefer to choose how to issue benefits like the Emergency Allotments and the 15 percent increase to maximum monthly benefits each month?

[DEFINITION OF EMERGENCY ALLOTMENTS AND TEMPORARY 15% INCREASE TO MAXIMUM MONTHLY BENEFITS WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

m Yes 1

m No 0

|  |
| --- |
| ALL |

C6. How would your SNAP State agency prefer to issue benefits like the Emergency Allotments if there were another disruption?

[DEFINITION OF EMERGENCY ALLOTMENTS WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

Select one only

m Issue the benefit once a month with the regular SNAP benefit 1

m Issue the benefit once a month on a different day than the regular   
SNAP benefit 2

m Issue the benefit more than once a month 3

m Other (SPECIFY) 99

Specify (STRING (NUM))

|  |
| --- |
| ALL |

C6a. How would your SNAP State agency prefer to issue benefits like the 15 percent increase to maximum monthly benefits if there were another disruption?

[DEFINITION OF TEMPORARY 15% INCREASE TO MAXIMUM MONTHLY BENEFITS WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

Select one only

m Issue the benefit once a month with the regular SNAP benefit 1

m Issue the benefit once a month on a different day than the regular   
SNAP benefit 2

m Other (SPECIFY) 99

Specify (STRING (NUM))

The next questions are about how challenging it was for your State to process SNAP applications and issue benefits in a timely manner.

|  |
| --- |
| ALL |

C7. How strongly do you agree with the following statement? During the public health emergency, processing SNAP applications within 30 days of the application being submitted was more difficult than it was before the public health emergency.

**We are interested in your experience processing SNAP applications throughout the public health emergency. We understand that initially, there may have been immediate challenges, but please answer this question with the entire period of time from March 2020 to May 2023 in mind.**

[DEFINITION OF DURING PUBLIC HEALTH EMERGENCY WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

Select one only

m Strongly disagree 1

m Disagree 2

m Neither agree nor disagree 3

m Agree 4

m Strongly agree 5

m IF I1a = 1: There was variation in how difficult processing SNAP applications was in counties within our State 98

|  |
| --- |
| ALL |

C8. How strongly do you agree with the following statement? During the public health emergency, issuing SNAP benefits to SNAP recipients on time was more difficult than it was before the public health emergency.

**We are interested in your experience issuing SNAP benefits throughout the public health emergency. We understand that initially, there may have been immediate challenges, but please answer this question with the entire period of time from March 2020 to May 2023 in mind.**

[DEFINITION OF DURING PUBLIC HEALTH EMERGENCY WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

Select one only

m Strongly disagree 1

m Disagree 2

m Neither agree nor disagree 3

m Agree 4

m Strongly agree 5

m IF I1a = 1: There was variation in how difficult issuing benefits was in counties within our State 98

|  |
| --- |
| ALL |

C9. What were the top three challenges to issuing benefits in a timely manner for your SNAP State agency?

PROGRAMMER: ALLOW ONLY THREE TO BE SELECTED

Select top three challenges

o Staff availability 1

o Technological challenges 2

o Office closures and reduced hours 3

o Mailing delays 4

o Timeliness of approvals 5

* Other (SPECIFY) 99

Specify (STRING 300)

The next series of questions are related to the technological updates and challenges in delivery benefits to SNAP participants.

|  |
| --- |
| ALL |

C10. The American Rescue Plan Act (ARPA) of 2021, provided $25 million to the USDA, with funds available through 2026 to make technological improvements. Has your SNAP State agency received any ARPA funding to make technological improvements related to delivering benefits to SNAP participants?

m Yes 1

m No 0

|  |
| --- |
| C10=1 |

C11. What types of technological improvements related to delivering benefits is your SNAP State agency making with these ARPA funds?

Select all that apply

o Expanding use of mobile wallets (for example, Apple Pay, Google Pay,   
Samsung Pay, and Android Pay) 1

o Facilitating technology upgrades for retailers (for example, expanding the use of mobile POS systems, like Square) 2

o Using mobile apps for SNAP benefit redemption 3

o Using mobile apps to apply for SNAP benefits 4

o Using Europay, MasterCard and Visa (EMV) CHIP cards   
(cards that are "dipped" rather than swiped at the register) 5

o Expanding the number of retailers who can accept SNAP online purchases 6

o Implementing multiple benefits on a single card 7

o Other (SPECIFY) 99

Specify (STRING 300)

|  |
| --- |
| ALL |

C12. During the public health emergency, what other technological improvements did your State invest in to help deliver benefits to SNAP participants? Please do not include the technological improvements you made with funding through ARPA.

[DEFINITION OF DURING THE PUBLIC HEALTH EMERGENCY WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

PROGRAMMER: CODE ONE PER ROW

Select one per row

|  | No | Yes, change fully implemented before the public health emergency | Yes, change accelerated and/or expanded during the public health emergency | Yes, change newly implemented in response to the public health emergency |
| --- | --- | --- | --- | --- |
| a. Expanding use of mobile wallets (for example, Apple Pay, Google Pay, Samsung Pay, and Android Pay) | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| b. Facilitating technology upgrades for retailers (for example, expanding the use of mobile POS systems, like Square) | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| c. Using mobile apps for SNAP benefit redemption | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| d. Using mobile apps to apply for SNAP benefits | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| e. Using Europay, MasterCard and Visa (EMV) CHIP cards (cards that are "dipped" rather than swiped at the register) | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| f. Expanding the number of retailers who can accept SNAP online purchases | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| g. Implementing multiple benefits on a single card | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| h. Other (specify) | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| (STRING (NUM)) |  |  |  |  |

|  |
| --- |
| ALL |

C13. In the next five years, how important do you think it is for your State to invest or continue to invest in the following types of technological improvements?

PROGRAMMER: CODE ONE PER ROW

Select one per row

|  | Not at all important | Slightly important | | Important | Fairly important | Very important |
| --- | --- | --- | --- | --- | --- | --- |
| a. Expanding the use of mobile wallets (for example, Apple Pay, Google Pay, Samsung Pay, and Android Pay) | 1 🔾 | 2 🔾 | | 3 🔾 | 4 🔾 | 5 🔾 |
| b. Facilitating technology upgrades for retailers (for example, expanding the use of Mobile POS systems, like Square) | 1 🔾 | 2 🔾 | | 3 🔾 | 4 🔾 | 5 🔾 |
| c. Using mobile apps to for SNAP benefit redemption | 1 🔾 | 2 🔾 | | 3 🔾 | 4 🔾 | 5 🔾 |
| d. Using mobile apps to apply for SNAP benefits | 1 🔾 | 2 🔾 | | 3 🔾 | 4 🔾 | 5 🔾 |
| e. Using Europay, MasterCard and Visa (EMV) CHIP cards (cards that are "dipped" rather than swiped at the register) | 1 🔾 | 2 🔾 | | 3 🔾 | 4 🔾 | 5 🔾 |
| f. Expanding the number of retailers who can accept SNAP online purchases | 1 🔾 | 2 🔾 | | 3 🔾 | 4 🔾 | 5 🔾 |
| g. Implementing multiple benefits on a single card | 1 🔾 | 2 🔾 | | 3 🔾 | 4 🔾 | 5 🔾 |
| h. Other (specify) | 1 🔾 | 2 🔾 | | 3 🔾 | 4 🔾 | 5 🔾 |
| (STRING (NUM)) |  | |  |  |  |  |

|  |
| --- |
| ALL |

**C\_END. Thank you for completing this section. If you have more information you would like to share about benefits issuance in your State or Territory, please share it below.**

(STRING 1000)

Section D. Participant case management and communication

This section has questions about your State’s communications and case management processes, and how they were affected by the public health emergency. As a reminder, the focus of this survey is on SNAP policies and operations. Although other programs, like Pandemic-EBT (P-EBT), have impacted SNAP the questions in this survey will not focus on P-EBT. [IF County administered: You should answer all questions about what is generally done in your State.]

When asking questions about your State's policies before, during and after the COVID-19 public health emergency, we will use timeframes defined by time period of the Federal public health emergency.

“Before the public health emergency” refers to the time period from March 2018 to March 2020.

“During the public health emergency” refers to the time period from March 2020 to May 2023.

We understand that SNAP operations may have changed multiple times within this period, but please consider if adaptations or changes were made, or situations occurred at any point during this period, even if they did not continue for the full public health emergency.

“After the public health emergency” refers to the time period beginning the first full month after the Federal public health emergency ended in May 2023.

|  |
| --- |
| ALL |

D1.1. Had your State used any of the following methods to communicate the availability of SNAP assistance to prospective participants before the public health emergency began in March 2020?

D1.2 Did your State need to [FILL “establish” if D1.1x=0 OR M] [FILL “accelerate or expand” if D1.1x=1 OR 98] use of the following methods to communicate the availability of SNAP assistance to prospective participants during the public health emergency?

[DEFINITION OF BEFORE AND DURING THE PUBLIC HEALTH EMERGENCY WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM AND, IN THE HEADERS,]

PROGRAMMER: CODE ONE PER ROW

Select one per row

1.1 1.2

|  | This method of communication was used before the public health emergency | | | This method of communication was [established/ accelerated or expanded] during the public health emergency | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | Yes | No | IF I1a = 1: There was variation in the use of this adaptation across counties within our State | Yes | No | IF I1a = 1: There was variation in the use of this adaptation across counties within our State |
| a. Text messaging | 1 🔾 | 0 🔾 | 98 🔾 | 1 🔾 | 0 🔾 | 98 🔾 |
| b. Integrated Voice Response (IVR)/Automated phone calls | 1 🔾 | 0 🔾 | 98 🔾 | 1 🔾 | 0 🔾 | 98 🔾 |
| c. Live chat feature for online communication | 1 🔾 | 0 🔾 | 98 🔾 | 1 🔾 | 0 🔾 | 98 🔾 |
| d. Online or e-mail inquiry form | 1 🔾 | 0 🔾 | 98 🔾 | 1 🔾 | 0 🔾 | 98 🔾 |
| e. SNAP call centers | 1 🔾 | 0 🔾 | 98 🔾 | 1 🔾 | 0 🔾 | 98 🔾 |
| f. Social media posts | 1 🔾 | 0 🔾 | 98 🔾 | 1 🔾 | 0 🔾 | 98 🔾 |
| g. Flyers | 1 🔾 | 0 🔾 | 98 🔾 | 1 🔾 | 0 🔾 | 98 🔾 |
| h. Webinars with community-based organizations | 1 🔾 | 0 🔾 | 98 🔾 | 1 🔾 | 0 🔾 | 98 🔾 |
| i. News releases/newsletters | 1 🔾 | 0 🔾 | 98 🔾 | 1 🔾 | 0 🔾 | 98 🔾 |
| j. In-person outreach at community organizations (for example: hospital, WIC office, public housing, etc.) | 1 🔾 | 0 🔾 | 98 🔾 | 1 🔾 | 0 🔾 | 98 🔾 |
| k. Other (SPECIFY) | 1 🔾 | 0 🔾 | 98 🔾 | 1 🔾 | 0 🔾 | 98 🔾 |
| (STRING (NUM)) |  |  |  |  |  |  |

|  |
| --- |
| ALL |
| FILL IF D1.1x= yes OR D1.2x=yes |

D2. We want to understand the how many of the SNAP assistance communication methods used by your program are still in place and whether they are likely to stay in place for the foreseeable future.

We understand that circumstances change all the time; however, to the best of your ability, please indicate which of the above-listed communication strategies you expect to continue for the foreseeable future?

[FILL WIH COMMUNICATION STRATEGIES IF D1.1x= yes OR D1.2x=yes)

Select one only

m No longer in place 1

m Currently in place, but not likely to be continued 2

m Currently in place and likely to be continued 3

m IF I1a = 1: There was variation the use of communication methods in counties within our State 98

The next series of questions are about how the public health emergency impacted operational changes to your agency's case management strategies.

|  |
| --- |
| ALL |

D3. On average, during the public health emergency, did the frequency of case managers’ communication with SNAP participants increase, stay the same, or decrease?

[DEFINITION OF DURING THE PUBLIC HEALTH EMERGENCY WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

Select one only

m Increase 1

m Stay the same 2

m Decrease 3

|  |
| --- |
| ALL |

D4. During the public health emergency, did your SNAP State agency make any of the following changes to its staffing model for determining eligibility and case management?

[DEFINITION OF DURING THE PUBLIC HEALTH EMERGENCY AND CASE BANKING MODEL WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM. THE DEFINITION OF CASE BANKING MODEL IS: A task-based approach, in which staff are assigned to different parts of the eligibility determination process—such as intake, interviews, and document processing— on a daily rotating basis]

Select all that apply

o Transitioned to a first available worker model (as opposed to assigning a dedicated case manager) 1

o Transitioned to call centers having more responsibility 2

o Used a case banking model 3

o No change 0

o IF I1a = 1: There was variation in how staffing models for determining eligibility and case management were used in counties within our State 98

o Other (SPECIFY) 99

Specify (STRING (NUM))

|  |
| --- |
| ALL |

D5. Before the public health emergency, what were the top three modes of communication case managers used to conduct case management with SNAP participants?

[DEFINITION OF BEFORE THE PUBLIC HEALTH EMERGENCY WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

PROGRAMMER: LIMIT TO TOP THREE

Select top three modes of communication

o In-person meetings in the case manager's office/in a SNAP center 1

o In-person meetings in the participant's home 2

o In-person meetings in a community location 3

o Calling a general call center line 4

o Calling a direct line of a worker 5

o Videoconferencing 6

o Text messages 7

o Online chat software 8

o Email 9

o Other (SPECIFY) 99

Specify (STRING (NUM))

|  |
| --- |
| ALL |

D6. During the public health emergency, what were the top three modes of communication case managers used to conduct case management with SNAP participants?

PROGRAMMER: LIMIT TO TOP THREE

Select top three modes of communication

o In-person meetings in the case manager's office/in a SNAP center 1

o In-person meetings in the participant's home 2

o In-person meetings in a community location 3

o Calling a general call center line 4

o Calling a direct line of a worker 5

o Videoconferencing 6

o Text messages 7

o Online chat software 8

o Email 9

o Other (SPECIFY) 99

Specify (STRING (NUM))

|  |
| --- |
| ALL |

D7. Currently, what are the top three modes of communication case managers use to conduct case management with SNAP participants?

PROGRAMMER: LIMIT TO TOP THREE

Select top three modes of communication

o In-person meetings in the case manager's office/in a SNAP center 1

o In-person meetings in the participant's home 2

o In-person meetings in a community location 3

o Calling a general call center line 4

o Calling a direct line of a worker 5

o Videoconferencing 6

o Text messages 7

o Online chat software 8

o Email 9

o Other (SPECIFY) 99

Specify (STRING (NUM))

|  |
| --- |
| ALL |

D8. The next question asks about the partnerships your SNAP State agency has used before, during and after the public health emergency.

Please specify if you had an established partnership before the public health emergency, used the partnership during the public health emergency, and if you expect to continue the partnership after the public health emergency.

[DEFINITION OF BEFORE DURING AND AFTER THE PUBLIC HEALTH EMERGENCY WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM AND IN THE COLUMN HEADERS]

PROGRAMMER: CODE ONE PER ROW

Select ALL THAT APPLY

|  | Established partnership before the public health emergency | Used partnership during the public health emergency | Plan to continue partnership after the public health emergency |
| --- | --- | --- | --- |
| a. State and local agencies | 1 🔾 | 2 🔾 | 3 🔾 |
| b. Advocates | 1 🔾 | 2 🔾 | 3 🔾 |
| c. Healthcare centers | 1 🔾 | 2 🔾 | 3 🔾 |
| d. Employers | 1 🔾 | 2 🔾 | 3 🔾 |
| e. Community and faith-based organizations | 1 🔾 | 2 🔾 | 3 🔾 |
| f. Senior centers | 1 🔾 | 2 🔾 | 3 🔾 |
| g. Food banks | 1 🔾 | 2 🔾 | 3 🔾 |
| h. Workforce development organizations | 1 🔾 | 2 🔾 | 3 🔾 |
| i. Community colleges | 1 🔾 | 2 🔾 | 3 🔾 |
| j. Local housing authorities | 1 🔾 | 2 🔾 | 3 🔾 |
| k. Schools and/or childcare centers | 1 🔾 | 2 🔾 | 3 🔾 |
| l. Professional membership associations | 1 🔾 | 2 🔾 | 3 🔾 |
| m. Other (SPECIFY) | 1 🔾 | 2 🔾 | 3 🔾 |
| (STRING (NUM)) |  |  |  |

|  |
| --- |
| ALL |

**D9. Do you have any training materials for frontline staff related to providing SNAP services during the public health emergency? These materials may include any documents related to training sessions.**

**These should be documents that are readily available for your State to share. If there are a lot of potential documents that could be sent, you may choose the most relevant ones or contact the help desk at** [[STUDYADDRESS]@mathematica-mpr.com](mailto:SNMCS@insightpolicyresearch.com) **for further guidance.**

*Select one only*

m These materials are available publicly on our website 1

m These materials are not on our website, but I can email them 2

m These materials are not on our website, but I can upload them to a secure site 3

m Yes, but I cannot provide these documents. Please explain 4

(STRING 300)

m No, we do not have any documents like this 5

m Don’t know d

|  |
| --- |
| IF D9=1 |

**D10. Would you please share the URL(s) where we can find any training materials for frontline staff related to providing SNAP services during the public health emergency?**

(STRING 1000)

|  |
| --- |
| ALL |

**D\_END. Thank you for completing this section. If you have more information you would like to share about participant case management and communication in your State or Territory, please share it below.**

(STRING 1000)

Section E. Technology and data systems

This section has questions about changes your State may have made to technology and data systems during the public health emergency. As a reminder, the focus of this survey is on SNAP policies and operations. Although other programs, like Pandemic-EBT (P-EBT), have impacted SNAP the questions in this survey will not focus on P-EBT. [IF County administered: You should answer all questions about what is generally done in your State.]

When asking questions about your State's policies before, during and after the COVID-19 public health emergency, we will use timeframes defined by the time period of the Federal public health emergency.

“Before the public health emergency” refers to the time period from March 2018 to March 2020.

“During the public health emergency” refers to the time period from March 2020 to May 2023.

We understand that SNAP operations may have changed multiple times within this period, but please consider if adaptations or changes were made, or situations occurred at any point during this period, even if they did not continue for the full public health emergency.

“After the public health emergency” refers to the time period beginning the first full month after the Federal public health emergency ended in May 2023.

|  |
| --- |
| ALL |

E1. Does your SNAP State agency currently use a legacy system for SNAP?

A legacy system is an outdated computing software or hardware that is still in use.

m Yes, we currently use a legacy system 1

m Yes, we are in the process of transitioning from a legacy system   
to a modernized system 2

m No, we use a modernized system 0

|  |
| --- |
| E1 = 2 or 0 |

E2. [FILL IF E1 = 0: When did your SNAP State agency fully adopt a modernized system?]

[FILL IF E1=2: When did your SNAP State agency start the process of transitioning from a legacy system to a modernized system?]

Select one only

m Before March 2020 1

m After March 2020 but before May 2023 2

m After May 2023 3

|  |
| --- |
| E1 = 1 |

E3. Has your SNAP State agency considered adopting a modernized system?

m Yes 1

m No 0

|  |
| --- |
| ALL |

E3a. What have been the challenges to adopting a modernized system?

Select all that apply

o Our staff do not have the time to make the transition 1

o Our State does not have enough Federal funding 2

o Our State does not have enough State funding 3

o Coordination across programs or agencies is too complicated 4

o Other (SPECIFY) 99

Specify (STRING 300)

|  |
| --- |
| ALL |

E4. Does your State currently use an integrated eligibility system for SNAP?

An integrated eligibility system creates joint administration and management across human services programs.

Select one only

m Yes, we use an integrated eligibility system 1

m Yes, we are in the process of transitioning to an integrated eligibility   
system 2

m No, we do not use an integrated eligibility system 0

m Other (SPECIFY) 99

Specify (STRING 300)

|  |
| --- |
| E4 = 1 |

E5. [FILL IF E4 = 1: When did your State fully implement an integrated eligibility system for SNAP?

[FILL IF E4 = 2: When did your State start the process of transitioning to an integrated eligibility system?]

[DEFINITION OF AN INTEGRATED ELIGIBILITY SYSTEM WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

Select one only

m Before March 2020 1

m After March 2020 but before May 2023 2

m After May 2023 3

|  |
| --- |
| E5=1 |

E6. Before the public health emergency, which programs were jointly processed with SNAP under the integrated eligibility system?

[DEFINITION OF BEFORE THE PUBLIC HEALTH EMERGENCY AND INTEGRATED ELIGIBILITY SYSTEM WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

For Medicaid, if part of Medicaid was jointly processed with SNAP under the integrated eligibility system, then you should select it. For example, if MAGI Medicaid is in the integrated eligibility system and non-MAGI Medicaid is still in a legacy system, then select Medicaid.

Select all that apply

o Medicaid 1

o Temporary Assistance for Needy Families (TANF) 2

o The Special Supplemental Nutrition Program for Women, Infants,   
and Children (WIC) 3

o The Low Income Home Energy Assistance Program (LIHEAP) 4

o Refugee Medical and/or Cash Assistance 5

o Other (SPECIFY) 99

Specify (STRING 300)

m None of the above 0

|  |
| --- |
| E5= 2 |

E7. During the public health emergency, which programs were jointly processed with SNAP under the integrated eligibility system?

[DEFINITION OF DURING THE PUBLIC HEALTH EMERGENCY AND INTEGRATED ELIGIBILITY SYSTEM WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

For Medicaid, if part of Medicaid was jointly processed with SNAP under the integrated eligibility system, then you should select it. For example, if MAGI Medicaid is in the integrated eligibility system and non-MAGI Medicaid is still in a legacy system, then select Medicaid.

Select all that apply

o Medicaid 1

o Temporary Assistance for Needy Families (TANF) 2

o The Special Supplemental Nutrition Program for Women, Infants,   
and Children (WIC) 3

o The Low Income Home Energy Assistance Program (LIHEAP) 4

o Refugee Medical and/or Cash Assistance 5

o Other (SPECIFY) 99

Specify (STRING (NUM))

m None of the above 0

|  |
| --- |
| E5= 3 |

E8. Currently which programs are jointly processed with SNAP under the integrated eligibility system?

[DEFINITION OF INTEGRATED ELIGIBILITY SYSTEM WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

For Medicaid, if part of Medicaid was jointly processed with SNAP under the integrated eligibility system, then you should select it. For example, if MAGI Medicaid is in the integrated eligibility system and non-MAGI Medicaid is still in a legacy system, then select Medicaid.

Select all that apply

o Medicaid 1

o Temporary Assistance for Needy Families (TANF) 2

o The Special Supplemental Nutrition Program for Women, Infants,   
and Children (WIC) 3

o The Low Income Home Energy Assistance Program (LIHEAP) 4

o Refugee Medical and/or Cash Assistance 5

o Other (SPECIFY) 99

Specify (STRING 200)

m None of the above 0

**During the public health emergency many States had challenges with staffing because of the need to share staff with other programs. These next questions are about IT staffing during the public health emergency.**

|  |
| --- |
| ALL |

**E9. During the public health emergency, did the SNAP IT staff support only your State’s SNAP program? We are interested in knowing about the staff who do not support any other programs outside of SNAP.**

**IT staff includes staff who develop and manage computer-based information systems, including eligibility systems, frontline staff equipment, and data systems.**

[DEFINITION OF DURING THE PUBLIC HEALTH EMERGENCY AND AN INTEGRATED ELIGIBILITY SYSTEM WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

*Select one only*

m Yes, all SNAP IT staff were dedicated only to SNAP 1

m No, only some SNAP IT staff were dedicated only to SNAP 2

m No, all of the SNAP IT staff worked for SNAP in addition to other programs 3

|  |
| --- |
| E9 = 2 OR 3 |

**E10. What other programs did the SNAP IT staff support?**

*Select all that apply*

o Pandemic EBT (P-EBT) 1

o Medicaid 2

o Temporary Assistance for Needy Families (TANF) 3

o The Special Supplemental Nutrition Program for Women, Infants,   
and Children (WIC) 4

o The Low Income Home Energy Assistance Program (LIHEAP) 5

o Refugee Medical and/or Cash Assistance 6

o Other (SPECIFY) 99

Specify (STRING 200)

m None of the above 0

|  |
| --- |
| E9 = 2 OR 3 |

**E11. During the public health emergency, about what percentage of the SNAP IT department's time is spent on supporting SNAP versus other programs? Your best estimate is fine.**

[DEFINITION OF DURING THE PUBLIC HEALTH EMERGENCY AND AN INTEGRATED ELIGIBILITY SYSTEM WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

*Select one only*

m 1-24% 1

m 25-49% 2

m 50%-74% 3

m 75-100% 4

|  |
| --- |
| ALL |

**E\_END. Thank you for completing this section. If you have more information you would like to share about data systems and technology in your State or Territory, please share it below.**

(STRING 1000)