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**C. SNAP agency case study interview discussion guide**

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**SNAP COVID-19 Study:** Case Study Discussion Guide

Introduction

My name is \_\_\_\_\_\_\_\_ and I work for Mathematica. Mathematica is an independent research firm that is conducting the “How Have State Supplemental Nutrition Assistance Program (SNAP) Agencies Shifted Operations in the Aftermath of COVID-19?” study on behalf of the Food and Nutrition Service (FNS) of the U.S. Department of Agriculture (USDA).

This study examines how State SNAP agencies shifted operations since the onset of the COVID-19 pandemic. It focuses on changes related to the core operations of SNAP application and recertification processes, case management, and benefit issuance. To provide a comprehensive picture of the adaptations made by State SNAP agencies to core operations, we’ve administered a web survey to 53 State SNAP agencies. We hope to complement the survey and gather additional insights about your State in particular through our conversation today. I want to start by thanking you for taking the time to speak with us. Your perspective and insights will be very helpful to the study.

We are interested in learning about your experiences with any operational changes undertaken while navigating the evolving pandemic. We are also interested in understanding the States’ decision-making processes for selecting and implementing changes both during and after the public health emergency. We will be asking questions about what happened before the public health emergency, during the public health emergency, and after. Please let us know if you are unable to provide responses to questions about what happened before the public health emergency.

Your participation in this interview is voluntary. Your responses will be kept private, except as required by law. We will not share the information you provide with anyone outside the study team. You may decline to answer any question, and you can stop the discussion at any time.

We will use the information you share in our report to FNS to describe each State’s experience during the pandemic. The report will list the names of States that contributed information, but we will not quote you or anyone by name or title. Because of the small number of States participating in the study, however, there is a possibility a response could be attributed directly to you.

Do you consent to participate in this interview?

We deeply value the information you will share with us and so, to ensure that we capture it all, we will take detailed notes during the interview. In addition, it would be helpful if we could record this discussion. No one outside the immediate study team will listen to the recording. We will destroy the recording after the study is complete. If you want to say something that you do not want recorded, please let us know, and we will be glad to pause the recorder.

Can we record our discussion?

I expect our discussion to take about 90 minutes. Before we begin, do you have any questions for me about the project in general or what we will be discussing today?

**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 average 1.5 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).

*[Interviewer note: we include respondents for each section of the discussion guide, but please further tailor this guide according to (1) the information learned from the survey submission and a review of other prior review of State changes and (2) the type of respondent that will be involved in each interview]*

1. Respondent background

*All respondents*

1. What is your official job title or position?
2. How long have you held this position?
3. What are your primary job responsibilities?
4. How long have you worked for the State?

B. Understanding the COVID-19 pandemic

*All respondents*

As I mentioned in my introduction, we are seeking to understand how your State responded to the pandemic. To guide our conversation, it would be helpful to get a sense of the timeline for the COVID-19 public health emergency in your State.

1. It’s our understanding, based on the survey responses, that your State started adapting SNAP operations in response to the COVID-19 pandemic in [Month/Year prefill from survey]. Does that sound accurate based on your experiences?
2. Why did your agency start adapting operations at that time? What circumstances influenced the decision to start operating differently?
3. Did the impact of the public health emergency on your program vary across your State? For example, was it different in certain areas compared to others?
4. How and why did it vary across the State?
5. It’s our understanding, based on the survey responses, that your State SNAP agency generally resumed “normal” operations in [Month/Year prefill from survey]. Does that sound accurate based on your experiences?
6. The U.S. Department of Health and Human Services ended the COVID-19 public health emergency on May 11, 2023. What circumstances influenced your agency’s decision to resume “normal” operations [earlier/later] than [Month/Year prefill with HHS public emergency end date]?

C. Approaches to staffing

In this section, we will ask questions about how your [State/local] SNAP agency approached staffing before, during, and after the public health emergency.

[*Interviewer note:* *please tailor this guide depending on the respondent and remind them to consider the timeline they described above when responding to questions about timeframes before, during, and after the public health emergency.* *If the State’s timeframe differs from the Federal public health emergency, note the timing and the reasons for that difference.]*

1. Staffing structure

*State SNAP directors, field operations managers, local administrators*

1. **Before the public health emergency** began, what did the staffing structure in your [State/local] SNAP agency look like?
2. Did you have dedicated SNAP staff? Did staff split time across programs? If so, how?
3. Did you have separate eligibility and case maintenance staff versus generalists? If so, how were their roles different?
4. Did your program utilize call center staff? If so, how?
5. How did your State provide training to onboard new staff?
6. What changes did your [State/local] SNAP agency make to its staffing structure **during the public health emergency**?
7. How did your [State/local] SNAP agency make decisions about staffing changes during the public health emergency?
8. How did operational changes related to staffing in other programs such as Pandemic Electronic Benefit Transfer (P-EBT) or Medicaid impact SNAP operations during the public health emergency?
9. How did the staffing approach shift at different points throughout the public health emergency (*example: at the beginning versus the end of the public health emergency*)? Why did it change?
10. How did your State change how it provided training to onboard new staff?
11. How is your [State/local] SNAP agency staffing the program **after the public health emergency**? [*Interviewer note: probe on specific changes discussed in the previous question and how/why they were sustained after the public health emergency.*]
12. Is this structure temporary or expected to be permanent?
13. If temporary, when, how, and why is the staffing structure expected to change? For any changes made **during or after the public health emergency**, what factors led to the decision to adapt the staffing structure in this way?
14. Who was involved in making these decisions?
15. Recruitment and retention

*State SNAP directors, State field operations manager, Local administrators*

1. **Before the public health emergency** began, how did you recruit and retain frontline staff?
2. What was the average length of employment for staff?
3. Which retention strategies *(examples: hiring/retention incentives such as bonuses, raises, time off, flexible work hours, etc.)* were most successful and why?
4. Which retention strategies *(examples: hiring/retention incentives such as bonuses, raises, time off, flexible work hours, etc.)* were least successful and why?
5. What were the most pressing recruitment and retention challenges you faced **during the public health emergency** *(examples: turnover or barriers to employment such as lack of funding, legislative/governor’s office requirements, and lack of interested and qualified applicants)*?
6. How did the number of staff and average length of employment change?
7. How much staff turnover did you experience during the PHE? How does this compare to prior to the PHE?
8. How did you address any challenges?
9. Did you implement any new hiring or retention practices? If so, what are they?
10. How did you experience and/or address different challenges at different points throughout the public health emergency (*example: at the beginning versus the end of the public health emergency*)?
11. How do you recruit and retain frontline **after the public health emergency**? [*Interviewer note: probe on specific changes discussed in the previous question and how/why they were sustained after the public health emergency.]*
12. Did you return to using the staff recruitment and retention strategies you used before the public health emergency?
13. Are changes made during the public health emergency related to staff recruitment and retention still in effect? Which ones and why?
14. Are you still experiencing any challenges such as turnover or lack of interested and qualified applicants?
15. Are you recruiting and retaining staff in an entirely new way following the public health emergency?
16. For any changes made **during or after the public health emergency**, what factors led to the decision to adjust existing or implement new recruiting and retention practices?
17. Who was involved in making these decisions?
18. Roles and responsibilities

*State SNAP directors, policy directors, field operations managers, staff responsible for systems and technology, local administrators, frontline staff*

1. Generally, what were your roles and responsibilities **before the public health emergency**?
2. Generally, in what ways did roles and/or responsibilities for everyone in your job position change **during the public health emergency**?
3. How did your personal roles and/or responsibilities change **during the public health emergency**?
4. How did these changes evolve throughout the public health emergency?
5. How did these changes impact your day-to-day work?
6. How did these changes affect how you serve participants or what is available to them?
7. How did caseload sizes change **during the public health emergency**?
   1. Did they increase or decrease?
   2. By how much?
   3. For how long?
8. What types of support besides technology did your [State/local] SNAP agency offer to help you navigate changes in your work **during the public health emergency** *(example: technical assistance, peer mentoring, mental health supports, etc.)*?
9. Which supports were most helpful as you navigated changes during the public health emergency and why?
10. Which supports were least helpful as you navigated changes during the public health emergency and why?
11. Which supports would you have liked to have as you navigated changes during the public health emergency and why?
12. How did you benefit more/less from these supports at different times during the public health emergency (*example: at the beginning versus the end of the public health emergency*)?
13. What do roles and responsibilities for your position look like **after the public health emergency**? [*Interviewer note: probe on specific changes discussed in the previous questions and how/why they were sustained after the public health emergency.*]
14. Did you return to pre–public health emergency staff roles and responsibilities?
15. Are changes made during the public health emergency related to staff roles and responsibilities still in effect? Which ones and why?
16. Are staff roles and responsibilities entirely new following the public health emergency?
17. Do you still have access to any supports that your agency offered to help you navigate any changes in roles or responsibilities *(example: technical assistance, peer mentoring, mental health supports, etc.)*? How does this impact your work?
18. How did your [State/local] SNAP agency change the way it provided training or technical assistance to staff **during or after the public health emergency**?
19. How did your [State/local] SNAP agency consider and support staff mental **health during or after the public health emergency**?
20. For any changes made, what factors impacted how roles and/or responsibilities were defined **during or after the public health emergency**?
21. Who was involved in making these decisions?
22. Telework

*Policy directors, field operations managers, staff responsible for systems and technology, local administrators, frontline staff*

1. How, if at all, did your [State/local] SNAP agency accommodate teleworking **before the public health emergency**?
2. What supports did your [State/local] SNAP agency provide to support telework for staff (*example:* *computer or other devices, high-speed internet, VPNs, and phones or phone software*)?
3. How did your [State/local] SNAP agency’s telework policies change **during the public health emergency**?
4. Did your [State/local] SNAP agency make any existing telework policies more flexible?
   * 1. What factors were considered when adding these flexibilities?
     2. What were the goals of the more flexible policies?
5. Did your [State/local] SNAP agency create any new telework policies?
   * 1. What were those policies and how were they developed?
6. How did telework policies change at different points throughout the public health emergency (*example: at the beginning versus the end of the public health emergency*)? Why did they change?
7. How did these policies impact participants’ access to services?
8. Were there any telework policies that you think would have been helpful but that your [State/local] agency did not implement?
   * 1. How might they have been helpful?
9. What new supports did your [State/local] SNAP agency provide to support telework for staff **during the public health emergency** (*example: computer or other devices, high-speed internet, VPNs, and phones or phone software*)?
10. How did your [State/local] SNAP agency decide which supports to offer?
11. Which ones were most useful in navigating the public health emergency and why?
12. Which ones were least useful in navigating the public health emergency and why?
13. Were there any supports that you think would have been helpful but that your [State/local] agency did not provide?
    * 1. How might they have been helpful?
14. How does your [State/local] SNAP agency accommodate teleworking **after the public health emergency**? [*Interviewer note: probe on specific changes discussed in the previous questions and how/why they were sustained after the public health emergency*.]
15. Did you return to pre–public health emergency telework policies?
16. Are changes made during the public health emergency related to telework policies still in effect? Which ones and why?
17. Are you implementing entirely new telework policies following the public health emergency?
18. For any changes made **during or after the public health emergency**, what factors led to the decision to adapt or implement new telework policies?
19. Who was involved in making these decisions?
20. Use of merit and non-merit staff

*Field operations managers, local administrators*

1. **Before the public health emergency** began, how did your [State/local] SNAP agency use merit versus non-merit staff?
2. How did your [State/local] SNAP agency change the way it used merit versus non-merit staff **during the public health emergency**?
3. How did the approach shift at different points throughout the public health emergency (*example: at the beginning versus the end of the public health emergency*)? Why did it change?
4. How does your [State/local] SNAP agency use merit versus non-merit staff **after the public health emergency**? [*Interviewer note: probe on specific changes discussed in the previous question and how/why they were sustained after the public health emergency*.]
5. Did you return to your pre–public health emergency use of merit versus non-merit staff?
6. Are changes made during the public health emergency related to how you use merit and non-merit staff still in effect? Which ones and why?
7. Are you using merit and non-merit staff in an entirely new way following the public health emergency?
8. For any changes made **during or after the public health emergency**, what factors led to the decision to use merit and non-merit staff in different ways?
9. Who was involved in making these decisions?
10. Use of call centers

*State SNAP directors, Field operations managers, staff responsible for systems and technology*

1. How did your [State/local] SNAP agency use call centers **before the public health emergency** began?
   1. Did your [State/local] SNAP agency use non-merit call centers? If so, how?
2. How did your [State/local] SNAP agency change the way it used call centers (using merit or non-merit staff) to support your work **during the public health emergency**?
3. How did the approach shift at different points throughout the public health emergency (*example: at the beginning versus the end of the public health emergency*)? Why did it change?
4. How does your [State/local] SNAP agency use call centers **after the public health emergency**? [*Interviewer note: probe on specific changes discussed in the previous question and how/why they were sustained after the public health emergency*.]
5. Did you return to your pre–public health emergency use of call centers (using either merit or non-merit staff)?
6. Are changes made during the public health emergency related to the use of call centers (using either merit or non-merit staff) still in effect? Which ones and why?
7. Are you using call centers (using either merit or non-merit staff) in an entirely new way following the public health emergency?
8. For any changes made **during or after the public health emergency**, what factors led to the decision to use call centers in different ways?
9. Who was involved in making these decisions?
10. Office closures

*State SNAP directors, field operations managers, local administrators*

1. Did your [State/local] SNAP agency suspend or stop in-person services **during the public health emergency**?
2. What was the duration?
3. How did this vary by local area?
4. How did the suspension of in-person interaction affect the type, amount, or quality of services the agency was able to provide?
   * 1. How did this change when in-person services resumed?
5. Which factors led to the decision to suspend or stop in-person services?
6. Who was involved in making these decisions?
7. Did your [State/local] SNAP agency implement new safety procedures for offices that remained open during the public health emergency?
8. What were the procedures (e.g. personal protective equipment and cleaning processes)?
9. How did this vary by local area?
10. Did your local SNAP agency close any offices permanently **during or** **after the public health emergency**?
11. How many offices were closed?
12. Where were they located?
13. Which factors led to the decision to close offices permanently?
14. Who was involved in making these decisions?
15. Equity considerations

*State SNAP directors, policy directors, field operations managers, local administrators, frontline staff*

President Biden’s [Executive Order](https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/) On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government called upon Federal agencies to recognize and work to address inequities in their policies and programs. By equity, we mean consistent and equitable access to services and systems, fair and just treatment to all participants and those who support them, and that all participants have opportunities to reach their full potential. This includes individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

1. How did the decision to suspend or stop in-person services **during the public health emergency**impact different groups?
2. Did you receive any questions or concerns about this decision from participants who are members of communities of color? Participants in rural communities? Tribal communities? Participants in urban areas? Individuals with disabilities? Older adults? Limited-English proficiency individuals? If so, what types of questions did you receive?
3. If you were able to conduct data analyses on how the transition to remote services affected different groups, which populations would you be most interested in examining?
4. When considering the locations of the offices that closed, how did the permanent closures of any local SNAP agencies **during or** **after the public health emergency** affect populations and their access to SNAP services differently?
   1. Did office closures impact communities of color or Tribal area more than others?
   2. Did office closures impact populations experiencing homelessness more than others?
   3. Were offices closed in remote areas making it more difficult for rural populations to access services?
   4. Did office closures create barriers for those without reliable access to transportation to access services? If so, how
   5. Did office closures have an impact on how non-English speakers could access services? If so, how?
5. How did the decision to implement or expand telework opportunities for staff **during the public health emergency**impact who could apply and work for the State (e.g., the expansion of more rural applicants)?
6. Challenges and lessons learned

*State SNAP directors, policy directors, field operations managers, staff responsible for systems and technology, local administrators, frontline staff*

1. What worked well when it comes to how your [State/local] SNAP agency approached staffing **during or after the public health emergency?** Why do you think it was successful?
2. Can you describe any roadblocks or unexpected consequences of the staffing changes your [State SNAP/local] SNAP agency made **during or after the public health emergency**? How did they impact your SNAP operations and how did you address them?
3. What lessons did you learn from your experiences with staffing **during or after the public health emergency** that your [State/local] SNAP agency will sustain or implement if there is another disruption?

D. Approaches to the use of technology

In this section, we will ask questions about how your [State/local] SNAP agency used technology to support your work before, during, and after the public health emergency.

[*Interviewer note: please tailor this guide depending on the respondent and remind them to consider the timeline they described above when responding to questions about timeframes before, during, and after the public health emergency. If the State’s timeframe differs from the Federal public health emergency, note the timing and the reasons for that difference.]*

1. Technology to manage workload

*Field operations managers, staff responsible for systems and technology, local administrators*

1. How did your [State/local] SNAP agency use technology to manage and reduce staff workload **before the public health emergency** *(examples: avoiding backlogs or reassigning staff as needed)*? For example:
2. Did you use bots? What for?
3. Did you use automated interfaces? What for?
4. Did you use automated appointment scheduling? For what types of appointments?
5. Did the system prefill application data from online applications or portals?
6. How did your [State/local] SNAP agency change the way it used technology to manage and reduce staff workload **during the public health emergency** *(examples: avoiding backlogs or reassigning staff as needed)*?
7. How did you change your use of bots? What did you want to achieve by making this change?
8. How did you change your use of automated interfaces? What did you want to achieve by making this change?
9. How did you change your use of automated appointment scheduling? What did you want to achieve by making this change?
10. How did you change how you used prefilled application data? What did you want to achieve by making this change?
11. How did operational changes related to technology in other programs such as P-EBT or Medicaid impact SNAP operations during the public health emergency?
12. How did the approach shift at different points throughout the public health emergency (*example: at the beginning versus the end of the public health emergency*)? Why did it change?
13. Were there any technology changes you wanted to make to help manage and reduce staff workload that you couldn’t pursue due to political reasons, human resources, funding, or other reasons? How did this impact your work?
14. How does your [State/local] SNAP agency use technology to manage and reduce staff workload **after the public health emergency** *(examples: avoiding backlogs or reassigning staff as needed)*? [*Interviewer note: probe on specific changes discussed in the previous question and how/why they were sustained after the public health emergency*.]
15. Did you return to your pre–public health emergency use of technology to manage and reduce staff workload?
16. Are changes made during the public health emergency related to the use of technology to manage and reduce staff workload still in effect? Which ones and why?
17. Are you using technology to manage and reduce staff workload in an entirely new way following the public health emergency?
18. For any changes made **during or after the public health emergency**, what factors led to the decision to use technology in different ways?
19. Who was involved in making these decisions?
20. Technology to support case management

*Field operations managers, staff responsible for systems and technology, local administrators, frontline staff*

1. How did your [State/local] SNAP agency use technology to support SNAP case management **before the public health emergency**? For example:
2. Did you use technology to complete verifications electronically?
3. Did you send notices to participants electronically? Which notices were sent electronically?
4. Did you share documents electronically among internal staff?
5. How did your [State/local] SNAP agency use technology to support SNAP case management **during the public health emergency**?
6. How did you change the way you used technology to complete verifications electronically?
7. How did you change the way you sent notices to participants electronically?
8. How did you change the way you shared documents electronically among internal staff?
9. How did the approach shift at different points throughout the public health emergency (*example: at the beginning versus the end of the public health emergency*)? Why did it change?
10. Were there any technology changes you wanted to make to support case management that you couldn’t pursue due to political reasons, human resources, funding, or other reasons? How did this impact your work?
11. How is your [State/local] SNAP agency using technology to help support SNAP case management **after the public health emergency**? [*Interviewer note: probe on specific changes discussed in the previous question and how/why they were sustained after the public health emergency*.]
12. Did you return to your pre-public health emergency use of technology to support SNAP case management?
13. Are changes made during the public health emergency related to using technology to support SNAP case management still in effect? Which ones and why?
14. Are you using technology to support SNAP case management in an entirely new way after the public health emergency?
15. For any changes made **during or after the public health emergency**, what factors led to the decision to use technology in different ways?
16. Who was involved in making these decisions?
17. Eligibility systems

*State SNAP directors, policy directors, staff responsible for systems and technology*

1. We understand from the survey that your State used a [legacy/integrated prefill from survey] eligibility system **before the public health emergency**. If needed, how did your [State/local] SNAP agency make changes to your eligibility system to issue benefits **during the public health emergency**?
2. What internal processes did your [State/local] SNAP agency follow to initiate and implement these changes?
3. What changes could not be streamlined using technology and still required manual intervention by staff?
4. How did any existing [State/local] SNAP agency processes to request and test updates to the eligibility system (*example: user design testing*) support or hinder making this change?
5. Which factors informed your [State/local] SNAP agency’s decision to make changes to the eligibility system **during the public health emergency**?
   1. Which new needs or requirements did the agency consider when making these changes?
   2. How were SNAP needs or requirements prioritized over needs or requirements from other programs?
   3. Who was involved in making these decisions?
6. Are changes made to the eligibility system still in effect **after the public health emergency**? Why or why not?
7. Technical assistance

*Field operations managers, local administrators, frontline staff*

1. What training or technical assistance did your [State/local] SNAP agency provide to help staff use technology in new ways **during or after the public health emergency**?
2. How was training provided (*example: in-person, Zoom, Webinars, etc.*)?
3. How often was training provided?
4. Did you feel that the training and/or technical assistance was sufficient to support staff as they navigated the changes? Why or why not?

What, if anything, would you have done differently to support staff as they adapted to new uses of technology and why?

1. Technology to communicate with participants

*Field operations managers, staff responsible for systems and technology, local administrators, frontline staff*

1. How did your [State/local] SNAP agency use technology to communicate with applicants and participants **before the public health emergency**? For example:
2. Did you disseminate pre-recorded messages? If so, how?
3. Did you communicate with applicants and participants via video or chat technology or text messages? How often did you use these technologies?
4. How did your [State/local] SNAP agency change the way it used technology to communicate with applicants and participants **during the public health emergency**?
5. How did you change the way you disseminated pre-recorded messages?
6. How did you change how often you communicated with applicants and participants via video or chat technology or text messages?
7. How did the approach shift at different points throughout the public health emergency (*example: at the beginning versus the end of the public health emergency*)? Why did it change?
8. Were there any technology changes you wanted to make to communicate with applicants and participants that you couldn’t pursue due to political reasons, human resources, funding, or other reasons? How did this impact your work?
9. How did any changes to applicant and participant communication improve participants’ access to SNAP?
10. How is your [State/local] SNAP agency using technology to communicate with applicants and participants **after the public health emergency**? [*Interviewer note: probe on specific changes discussed in the previous questions and how/why they were sustained after the public health emergency.]*
11. Did you return to your pre–public health emergency use of technology to communicate with applicants and participants?
12. Are changes made during the public health emergency related to the use of technology to communicate with applicants and participants still in effect? Which ones and why?
13. Are you using technology to communicate with applicants and participants in an entirely new way following the public health emergency?
14. For any changes made **during or after the public health emergency**, what factors led to the decision to use technology to communicate with participants in different ways?
15. Who was involved in making these decisions?

6. Technology to improve participants’ access

*Field operations managers, staff responsible for systems and technology, local administrators, frontline staff*

1. How did your [State/local] SNAP agency use technology to improve applicant and participants’ access to SNAP **before the public health emergency**? For example:
2. Did your [State/local] SNAP agency offer online applications?
3. Did your [State/local] SNAP agency use participant-facing benefit management tools/portals?
   * 1. What capabilities were available to applicants and participants through the benefit management tools/portals (*example: uploading required documents)?*
     2. What processes were not accessible outside the benefit management tools/portals?
4. Did your [State/local] SNAP agency accept telephonic signatures? For what types of documents?
5. Did your [State/local] SNAP agency have a mobile application or mobile-friendly website?
6. Did your [State/local] SNAP agency provide access to mobile devices such as phones?
7. How did your [State/local] SNAP agency change the way it used technology **during the public health emergency** to improve applicants’ and participants’ access to SNAP?
8. How did the use of online applications change?
9. How did the use of benefit management tools/portals change?
10. How did the use of telephonic signatures change?
11. How did the use of mobile devices change?
12. How did the approach shift at different points throughout the public health emergency (*example: at the beginning versus the end of the public health emergency*)? Why did it change?
13. Were there any technology changes you wanted to make to improve applicants’ and participants’ access to SNAP that you couldn’t pursue due to political reasons, human resources, funding, or other reasons? How did this impact your work?
14. How is your [State/local] SNAP agency using technology to improve applicants’ and participants’ access to SNAP **after the public health emergency**? [*Interviewer note: probe on specific changes discussed in the previous question and how/why they were sustained after the public health emergency*.]
15. Did you return to your pre–public health emergency use of technology to improve applicant and participant access to SNAP?
16. Are changes made during the public health emergency related to using technology to improve applicant and participant access to SNAP still in effect? Which ones and why?
17. Are you using technology to improve applicant and participant access to SNAP in an entirely new way following the public health emergency?
18. For any changes made **during or after the public health emergency**, what factors led to the decision to use technology in different ways to improve applicants’ and participants’ access to SNAP?
19. Who was involved in making these decisions?
20. Equity considerations around the use of technology

*State SNAP directors, policy directors, staff responsible for systems and technology, local administrators, frontline staff*

Our next section will include questions about equity considerations around the use of technology. Before we begin, would you like me to share the definition of equity with you again? [*Interviewer note: If respondents did not hear the definition previously, please jump into the definition without asking the above question. If respondents would like to be reminded of the definition, please read the definition again. If they decline, please proceed to question 1*.]

President Biden’s [Executive Order](https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/) On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government called upon Federal agencies to recognize and work to address inequities in their policies and programs. By equity, we mean consistent and equitable access to services and systems, fair and just treatment to all participants and those who support them, and that all participants have opportunities to reach their full potential. This includes individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

1. How did your [State/local] SNAP agency consider the implications of using technology for communication and case management for different populations such as participants in communities of color, participants experiencing homelessness, participants without reliable Wi-Fi for technological devices, or participants who are older adults?
2. Staff experiences with technology

*Frontline staff*

1. Other than what we’ve already discussed, can you describe how and when you used technology in your day-to-day responsibilities **before the public health emergency**?
2. Which systems or devices did you rely on to do your job well?
3. Other than what we’ve already discussed, how did you use technology differently **during the public health emergency**?
4. How did these changes make your work easier or more difficult?
5. What types of technological supports were most helpful for you and why?
6. Do you feel you received enough training or technical assistance to use technology in new ways to support your work? Why or why not?
7. Other than what we’ve already discussed, how and when are you using technology in your day-to-day work **after the public health emergency**? [*Interviewer note: probe on specific changes discussed in the previous question and how/why they were sustained after the public health emergency*.]
8. Which changes made during the public health emergency remain in effect? How does this impact your work?
9. Which temporary changes made during the public health emergency, if any, would you have wanted to remain in effect after the public health emergency and why?
10. Challenges and lessons learned

*State SNAP directors, policy directors, field operations managers, staff responsible for systems and technology, local administrators, frontline staff*

1. What worked well when it comes to how your [State/local] SNAP agency approached the use of technology **during or after the public health emergency**? Why do you think it was successful?
2. Were there any roadblocks or unexpected consequences of the technology-related changes your [State/local] SNAP agency made **during or after the public health emergency**? How did they impact your SNAP operations and how did you address them?
3. What lessons did you learn from your experiences with technology **during or after the public health emergency** that your [State/local] SNAP agency has put into action or will implement if there is another disruption?

E. Decision-making processes for policy and operational changes

In this section, we will ask questions about how your [State/local] SNAP agency made decisions about policy and operational changes during and after the public health emergency.

[*Interviewer note: please tailor this guide depending on the respondent and remind them to consider the timeline they described above when responding to questions about timeframes before, during, and after the public health emergency. If the State’s timeframe differs from the Federal public health emergency, note the timing and the reasons for that difference.]*

1. Use of waivers and State options

*State SNAP directors, policy directors*

1. We understand from the survey that your State received waiver(s) for [Extended certification periods and waived periodic reporting; Waived Face-to-Face interviews; Adjustment to verification requirements; Telephonic signatures] **during the public health emergency**. [*Interviewer note: please ask all questions below for each of the waivers listed above that is relevant for the State*]
2. What factors influenced your State’s decision to apply for the waiver(s)?
3. Which of these waivers did your State fully implement?
4. What factors facilitated or impeded your State’s ability to fully implement the waivers you adopted?
5. Which waivers were not implemented or terminated early? Why?
6. What types of waivers do you think should be offered permanently **after the public health emergency**? Why?
7. Which waivers would be most useful during future disruptions?
8. How do these waivers impact participants’ access to SNAP?
9. We understand from the survey that your State exercised the [Use periodic reporting procedures to recertify householders; and Waive initial and recertification interviews] option(s) **during the public health emergency**. [*Interviewer note: please ask all questions below for each of the options listed above that is relevant for the State*]
10. What factors influenced your State’s decision to implement these State options?
11. What factors facilitated or impeded your State’s ability to fully implement these State options?
12. What types of State options do you think should be offered permanently**after the public health emergency**? Why?
13. Which State options would be most useful during future disruptions?
14. How do these options impact participants’ access to SNAP?

2. Changes related to ABAWD time limits and student eligibility

*State SNAP directors, policy directors*

* 1. In response to federal requirements, how did your agency adjust operations for able-bodied adults without dependents (ABAWDs) **during the public health emergency**?
  2. Did your State suspend time limits for ABAWDs? Why or why not? For how long?
  3. Did your State offer slots in a work or workfare program and continue to enforce time limits if the ABAWD did not comply with the work program? Why or why not? For which time period?
  4. How did your State SNAP agency prepare ABAWDs for the transition back to normal operations before enforcement of time limits?
  5. In response to federal requirements, how did your agency adjust operations for students **during the public health emergency**?
  6. In what ways did your State expand student eligibility exemptions?
  7. How did your State SNAP agency prepare students for the transition back to normal operations before these exemptions expired?

1. What procedures did your State implement to apply changes to operations for ABAWDs and students (e.g. system updates)?
2. Use of emergency allotments.

*State SNAP directors, policy directors, staff responsible for systems and technology*

1. What factors facilitated or impeded your State’s ability to issue emergency allotments?
2. Internal agency communication and collaboration

*State SNAP directors, local administrators*

1. In general, how would you describe your State SNAP agency’s communication with FNS **before the public health emergency**?
2. In general, how would you describe your State SNAP agency’s communication with local offices **before the public health emergency**?
3. In general, how would you describe your State SNAP agency’s communication with FNS **during or after the public health emergency**?
4. What worked well and why?
5. What could have been improved?
6. In general, how would you describe your State SNAP agency’s communication with local offices **during or after the public health emergency**?
   1. What worked well and why?
7. What could have been improved?
8. How were staff included in making decisions about changes introduced **during or after the public health emergency**?
9. What worked well and why?
10. What could have been improved?
11. Communication and collaboration with other programs

*Field operations managers, local administrators, frontline staff*

1. How did your program interact or collaborate with other benefits programs, such as Temporary Assistance for Needy Families (TANF), Medicaid, or Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) specifically **before the public health emergency**, to coordinate operations to support participants?
2. How did your program change the way it interacted or collaborated with other benefits programs, such as TANF, Medicaid, or WIC specifically **during the public health emergency**, to coordinate operations to support participants?
3. How does your program interact or collaborate with other benefits programs, such as TANF, Medicaid, or WIC specifically **after the public health emergency**, to coordinate operations to support participants?
4. Did you return to the way you collaborated with other benefits program from before the public health emergency?
5. Are changes made during the public health emergency related to the way you collaborated with other benefits programs still in effect? Which ones and why?
6. Are you collaborating with other benefits programs in an entirely new way following the public health emergency?
7. How did your [State/local] SNAP agency change the way it partnered with community-based organizations to communicate with or support applicants and participants **during and/or after the public health emergency**?
   1. What worked well and why?
   2. What could be improved?
8. How did your [State/local] SNAP agency communicate policy and operational changes made **during and/or after the public health emergency** to community partners and providers?
9. What worked well and why?
10. What could be improved?

6. SNAP policy and operational changes

*State SNAP directors, policy directors, field operations managers, local administrators, frontline staff*

We’d like to learn more about important procedural changes your [State/local] SNAP agency made or sustained **after the public health emergency**. [*Interviewer note: probe as when any changes noted in this section occurred to better understand if the changes occurred during or after the public health emergency.*]

1. How did the application process change *after the public health emergency*?
2. What factors were considered when adopting the change(s)?
3. Who was involved in making these decisions?
4. When was the change(s) implemented?
5. How was the change(s) implemented? Did the change(s) affect the full SNAP population at once? Was the change(s) implemented on a rolling basis for families?
6. Would this change(s) have occurred in the absence of the public health emergency?
7. How did the initial application and certification process change *after the public health emergency*?
   1. What factors were considered when adopting the change(s)?
   2. Who was involved in making these decisions?
   3. When was the change(s) implemented?
   4. How was the change(s) implemented? Did the change(s) affect the full SNAP population at once? Was the change(s) implemented on a rolling basis for families?
   5. Would this change(s) have occurred in the absence of the public health emergency?
8. How did the recertification process change *after the public health emergency*?
   1. What factors were considered when adopting the change(s)?
   2. Who was involved in making these decisions?
   3. When was the change(s) implemented?
   4. How was the change(s) implemented? Did the change(s) affect the full SNAP population at once? Was the change(s) implemented on a rolling basis for families?
   5. Would this change(s) have occurred in the absence of the public health emergency?
9. How did the verification process change *after the public health emergency*?
   1. What factors were considered when adopting the change(s)?
   2. Who was involved in making these decisions?
   3. When was the change(s) implemented?
   4. How was the change(s) implemented? Did the change(s) affect the full SNAP population at once? Was the change(s) implemented on a rolling basis for families?
   5. Would this change(s) have occurred in the absence of the public health emergency?
10. How did the benefit issuance process change *after the public health emergency*?
    1. What factors were considered when adopting the change(s)?
    2. Who was involved in making these decisions?
    3. When was the change(s) implemented?
    4. How was the change(s) implemented? Did the change(s) affect the full SNAP population at once? Was the change(s) implemented on a rolling basis for families?
    5. Would this change(s) have occurred in the absence of the public health emergency?

7. Equity and inclusion considerations

*State SNAP directors, policy directors, field operations managers, local administrators, frontline staff*

Our next section will include questions about equity and inclusion considerations. Before we begin, would you like me to share the definition of equity with you again? [*Interviewer note: If respondents would like to be reminded of the definition, please read the definition again. If they decline, please proceed to question 1*.]

As a reminder, by equity, we mean consistent and equitable access to services and systems, fair and just treatment to all participants and those who support them, and that all participants have opportunities to reach their full potential. This includes individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

1. Which populations did your [State/local] SNAP agency have the most difficulty reaching **before the public health emergency**? Why?
2. Which populations did your [State/local] SNAP agency have the most difficulty reaching **during the public health emergency**? Why?
3. Were issues related to equity and access considered when determining changes to application, certification, recertification, verification, or benefit issuance **during the public health emergency**?
4. How did your [State/local] SNAP agency consider how these changes might impact participants in communities of color, participants experiencing homelessness, participants without reliable Wi-Fi for technological devices, or participants who are older adults?
5. How did your [State/local] SNAP agency attempt to address the challenges?
6. Which populations has your [State/local] SNAP agency had the most difficulty reaching **after the public health emergency**?
7. Were issues related to equity and access considered when determining changes to application, certification, recertification, verification, or benefit issuance **after the public health emergency**?
8. How did your [State/local] SNAP agency consider how these changes might impact participants in communities of color, participants experiencing homelessness, participants without reliable Wi-Fi for technological devices, or participants who are older adults?
9. How have federally required changes to the time limit for ABAWDs and the exemptions for students affected your State's ability to reach those groups?
10. How has your [State/local] SNAP agency attempted to address the challenges?

8. Special initiatives related to managing changes during the PHE (as applicable)

*Staff heading any special initiatives*

1. What was the primary focus of the initiative you worked on?
2. What challenge(s) were you trying to resolve?
3. Did you do anything similar **before the public health emergency** began? If yes, what?
4. Whom did you engage in your work?
5. What solutions did the initiative generate?
6. How were staff or relevant partners informed about solutions?
7. How did these solutions inform or affect changes made **during or after the public health emergency**?

9. Reflections and lessons learned

*State SNAP directors, policy directors, field operations managers, local administrators, frontline staff*

1. Which policy and operational changes have been most helpful to your [State/local] SNAP agency **after the public health emergency** and why?
2. Which policy or operational changes did your [State/local] SNAP agency decide *not* to retain after the public emergency? Why?
3. What factors led to this decision?
4. Who was involved in making these decisions?
5. Were there any roadblocks or unexpected consequences of the technology-related changes your [State/local] SNAP agency made during or after the public health emergency? How did they impact your SNAP operations and how did you address them?
6. Which changes would help your [State/local] SNAP agency navigate a future disruption?
7. If a future disruption occurs, do you feel that your [State/local] SNAP agency would you be able to quickly adapt operations again or would do you feel like you would be starting all over again? Why or why not?

F. Wrap-up

*All respondents*

1. Looking back, how would you change anything about how your [State/local] SNAP agency responded to the public health emergency?
2. What changes (related to staffing, technology, or policy/operations) made **during or after the public health emergency** were the most difficult to implement? Why?
3. From your perspective, how, if at all, have participant perceptions of the SNAP program changed as a result of the changes your [State/local] SNAP agency introduced during or after the public health emergency?
   1. Why do you think participant perceptions have changed?
4. Which changes do you think were most important to affecting participant perceptions? Why?
   1. Do you think different types of participants have different perceptions? How so?
5. What recommendations would you make to other [State/local] agencies based on your experience in responding to the public health emergency?
6. What should they consider implementing to improve “normal” operations or prepare for future disruptions? Why?
7. What additional resources or types of technical assistance would be helpful to help you carry out your “normal” operations even after the public health emergency or in response to other potential disruptions?
8. Other than what we have already discussed, is there anything else you think would be helpful for us to know regarding any changes or lack of changes to your [State/local] SNAP agency’s operations during or after the public health emergency?

Again, thank you so much for taking the time to meet with us today. We appreciate your perspective and your [State/local] SNAP agency’s important work in supporting SNAP participants. Please don’t hesitate to follow up with us if you have any questions or additional thoughts that you would like to share.