

V. Pretest Protocol

eHIP Pre-Test Protocol

Thank you for taking the time to meet with us. The purpose of this call is to go over the administrative cost workbook and the incentive report together. We are interested in identifying any items that are unclear in the workbooks, any items that you were unsure that you would be able to collect, and any items that you thought we might want to collect that aren't in the workbooks. We are currently refining the instruments before they are submitted to OMB. Our discussion today will help us to make changes to the workbooks and hopefully make it easier for you during data collection (starting in 2025).

We'll go through each workbook. I'll start by asking you about your overall impressions of the workbook, before asking you about individual worksheets and items. Remember that there aren't any right or wrong answers; we're looking for your impressions so that we can improve these workbooks.

[ASK TO RECORD THE PRE-TEST]

Do you have any questions before we start?

Administrative Cost Workbook

The administrative cost workbook is designed to capture the administrative costs of eHIP. We'll be asking for quarterly data on these items. You will not have to fill out these workbooks--if it's easier, you can submit to us other worksheets, reports, or files that capture this information, and we can input the items we need.

- I. Overall Comments
 - a. What is your overall impression of the administrative cost workbook?
 - b. Do you have any broad concerns about this workbook?
 - c. How long do you estimate it would take you to complete this workbook or to pull the information for this workbook (if submitting other files)?
- II. Table of Contents

- a. Do you have any questions about this tab?

III. Quarterly Expenses

- a. Do you have any overall comments about this tab?
 - i. How does the information requested in this tab align with your records (either your records now or the records you anticipate having)?
- b. Looking at the top row of instructions: Do the instructions seem clear? Do you have any questions about the instructions?
Probe if needed:
 - i. Is it clear that all available non-personnel costs should be reported regardless of whether they are funded by the grant or other sources?
- c. Looking at the column headers:
 - i. Do you have any questions about any of the column headers? (Grant funds, SNAP funds, State funds, other funds, Notes)
 - ii. What types of information would you include in each column?
- d. Looking at the rows:
 - i. Do you have any questions about any of the rows?
 - ii. What types of information would you include in “Fringe benefits”? How would you determine the fringe benefits—as a percentage, or dollar per FTE, or something else?
 - iii. What types of information would you include under “Contractual expenses”?
 - 1. What types of information would you include under “State MIS”?
 - 2. What types of information would you include under “Technical assistance to retailers by contractor”?
 - 3. Are there other categories of “Contractual expenses” that you think we should include?
 - iv. What types of information would you include under “Materials, postage and other communications”?
 - v. Do you have any questions about “Incentives redeemed (exclude incentives earned but not redeemed)”?
 - vi. What would you include under “Indirect expense (based on standard percentage or cost per FTE for overhead or general administration, or cost allocation plan—explain method in notes)”?
- e. Looking at the lower row of instructions: Do the instructions seem clear? Do you have any questions about the instructions?

- f. Do you have any questions about the “Other sources of funds”?
- g. What sorts of information would you include under “Other sources of funds”?
- h. Is there any information asked for in this tab that you think you will have difficulty providing?
 - i. [if yes] Why is that?
 - ii. [if yes] Do you have data in a different format, or on a different basis, that you would be able to provide? If so, what would it look like?

IV. Activities

- a. Do you have any overall comments about this tab?
- b. Are there any activities that your State has undertaken or is undertaking that you weren’t sure where they would belong?
- c. Are there any activities that we didn’t include that you think we should?

V. Personnel Hours by Activity

- a. How are you tracking personnel hours spent on eHIP?
- b. Do you have any overall comments about this tab?
- c. Looking at the instructions: Do the instructions seem clear? Do you have any questions about the instructions?

Probe if needed:

- i. Is it clear that we would like staff who work on multiple tasks to be listed multiple times, with each entry corresponding to one activity?
- ii. Is it clear that we would like time to be reported either in hours or in percent of FTE?
- iii. Is it clear that we would like you to be as precise as possible with numbers reported?
- iv. Is it clear that times can be combined for multiple staff in the same personnel category or title doing the same type of activity?
- v. Is it clear that all available non-personnel costs should be reported regardless of whether they are funded by the grant or other sources?
- d. Do the column headings seem clear?

Probe if needed:

- i. Do you have any questions about “Personnel category/title”?
- ii. Do you have any questions about “Activity”?
- iii. Do you have any questions about “Period”?

- iv. Do you have any questions about “# of periods worked in quarter”?
- v. Do you have any questions about “Avg. Hours per period”?
- vi. Do you have any questions about “% of FTE”?
- e. Is there any information asked for in this tab that you think you will have difficulty providing?
 - i. [if yes] Why is that?
 - ii. [if yes] Do you have data in a different format, or on a different basis, that you would be able to provide? If so, what would it look like?

VI. Salaries

- a. Do you have any overall comments about this tab?
- b. Looking at the top instructions: Do the instructions seem clear? Do you have any questions about the instructions?
Probe if needed:
 - i. Is it clear that the staff categories listed in the “Personnel Hours by Activity” tab should also be listed here?
 - ii. Is it clear that pay rate is the amount paid per period, where the period is specified in “Basis paid”?
 - iii. What is your understanding of “Basis of fringe rate”?
- c. Looking at the lower instructions: Do the instructions seem clear? Do you have any questions about the instructions?
Probe if needed:
 - i. What is your understanding of “overhead/indirect rate”?
 - ii. What is your understanding of “loaded rate inclusive of pay, fringe benefits, and overhead/indirect rate cost (if applicable)”?
- d. Is there any information asked for in this tab that you think you will have difficulty providing?
 - i. [if yes] Why is that?
 - ii. [if yes] Do you have data in a different format, or on a different basis, that you would be able to provide? If so, what would it look like?

VII. Non-Personnel Costs by Activity

- a. Do you have any overall comments about this tab?
- b. Looking at the instructions: Do the instructions seem clear? Do you have any questions about the instructions?
Probe if needed:
 - i. Is it clear that descriptions of the activities are given in the “Activities” tab?

- ii. Is it clear that all available non-personnel costs should be reported regardless of whether they are funded by the grant or other sources?
 - c. What types of “other direct expenses not listed elsewhere” would you include?
 - d. Is there any information asked for in this tab that you think you will have difficulty providing?
 - i. [if yes] Why is that?
 - ii. [if yes] Do you have data in a different format, or on a different basis, that you would be able to provide? If so, what would it look like?
- VIII. Final thoughts
- a. Do you have any final thoughts on this workbook?
 - b. How long do you estimate it would take you to complete this workbook or to pull the information for this workbook (if submitting other files)?

Incentive Report

The incentive report is designed to capture the incentive costs of eHIP, including incentives earned/issued and incentives redeemed, as well as number of transactions earning incentives. We’ll be asking for incentive data on a monthly basis, because this aligns with the incentive data you will be receiving from the EBT processors and submitting to FNS. You may submit these monthly data to us each month or send us batches of monthly data each quarter. You will not have to fill out these workbooks--if it’s easier, you can submit to us other worksheets or files that capture this information, and we can input the items we need.

- I. Overall Comments
 - a. What is your overall impression of the incentive report template?
 - b. Do you have any broad concerns about this workbook?
 - c. How long do you estimate it would take you to complete this workbook or to pull the information for this workbook (if submitting other files)?
- II. Table of Contents
 - a. Do you have any questions about this tab?
- III. Summary
 - a. Do you have any overall comments about this tab?
 - b. Looking at the instructions: Do the instructions seem clear? Do you have any questions about the instructions?

Probe if needed:

- i. Is it clear that items marked with an asterisk are only required to be completed if we cannot calculate them from other information you provide?
 - ii. What is your understanding of how we want averages to be calculated?
 - c. Looking at column A:
 - i. Are any items unclear?
 - ii. Is it clear that items with a tan background are optional?
 - iii. What is your understanding of “Total \$ of transactions earning incentives (if this is gross before refunds, provide value of refunds of these transactions)”?
 - iv. What is your understanding of the difference between “total \$ of transactions earning incentives” and “total \$ of eligible foods in transactions earning incentives”?
 - d. Is there any information asked for in this tab that you think you will have difficulty providing?
 - i. [if yes] Why is that?
 - ii. [if yes] Do you have data in a different format, or on a different basis, that you would be able to provide? If so, what would it look like?
- IV. Retailer list: We will be asking for this list once at the beginning of data collection, and then the list only needs to be updated if retailers or their individual outlets stop participating or new retailers or outlets start participating. [If needed: outlets include stores, mobile vendors, and other places where food is sold.]
- a. Do you have any overall comments about this tab?
 - b. Looking at the instructions: Do the instructions seem clear? Do you have any questions about the instructions?
 - i. Is it clear that we would like one line per retailer outlet?
 - c. Looking at column headers:
 - i. Is it clear that the store ID provided in column B should match the store ID provided in the “Retailer-level incentives” tab?

- ii. For any given retailer, what date would you provide for the eHIP start date? The date it started providing incentives? The date any agreements were signed? Other?
 - iii. There are three choices for Implementation Method: Integrated POS/automated; Stand-beside POS/manual; and other. What is your understanding of these terms?
 - iv. Are any other headers unclear?
- d. Is there any information asked for in this tab that you think you will have difficulty providing?
 - i. [if yes] Why is that?
 - ii. [if yes] Do you have data in a different format, or on a different basis, that you would be able to provide? If so, what would it look like?

V. Retailer-level incentives

- a. Do you have any overall comments about this tab?
- b. Looking at the instructions: Do the instructions seem clear? Do you have any questions about the instructions?

Probe if needed:

- i. Is it clear when the retailer total line should be used?
 - ii. What is your understanding of “please report net amounts after deducting refunds and associated incentives”? How does this align with your approach for handling incentives that are associated with refunds?
- c. Looking at column headings:
 - i. Is it clear that reporting SNAP transactions with eligible foods is optional?
 - ii. What is your understanding of “outlet type (SM, GS, FM, etc.)”? How does this align with the retailer information you have? [We only need this information once, so it may be easier for us to include this in the retailer list tab instead.]
- d. Is there any information asked for in this tab that you think you will have difficulty providing?
 - i. [if yes] Why is that?
 - ii. [if yes] Do you have data in a different format, or on a different basis, that you would be able to provide? If so, what would it look like?

VI. Final thoughts

- a. Do you have any final thoughts on this workbook?
- b. How long do you estimate it would take you to complete this workbook or to pull the information for this workbook (if submitting other files)?

This information is being collected to provide the Food and Nutrition Service (FNS) with key cost information on Electronic Healthy Incentives Projects conducted by SNAP State agencies. This is a voluntary collection, and FNS will use the information to examine costs of Electronic Healthy Incentives Projects for SNAP. This collection requests 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-NEW. The time required to complete this information collection is estimated to average 1.5 hours (90 minutes) 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 22314 ATTN: PRA (0584-NEW). Do not return the completed form to this address. If you have any questions, please contact the FNS Project Officer for this project, Kathleen Patton, at Kathleen.patton@usda.gov or 703-305-2813.