

## Pre-Waiver/Post-Waiver Comparison

OMB

The State will compare two groups of specific SNAP participants to assess the changes in pa

### *Pre-ESAP Research Cohort*

The research cohort includes all households that meet ESAP criteria and received SNAP before ESAP implementation. For the pre-ESAP period, the State shall identify all households comprised of members with no earned income who were participating in SNAP in [Month]. These households will form the research cohort for the pre-ESAP comparison period. For each case identified, the State will collect the following information in the template below for each month between [Month] and [Month]

#### *Elderly Households with No Earned Income before ESAP Implementation Template*

<b>Table A: Elderly Households with No Earned Income before ESAP Implementation</b>				
	Month 1	Month 2	Month 3	Month 4
Total Cases in [Month 1]:	This number would not change			
Number of households that completed the periodic report				
Number of households that left SNAP in reporting month due to:				
Failure to return periodic report				
Failure to recertify				
Ineligibility (death)				
Ineligibility (other)				
Number of closed cases that return to SNAP in reporting month				
Average months off program				
Closure Reason for reopened cases				
Failure to return periodic report				
Failure to recertify				
Ineligibility (other)				
Number of cohort cases on SNAP in reporting month				

### *Post Implementation ESAP Cohort*

Once the ESAP is in effect, the State will identify an ESAP cohort for the post-ESAP comparison period. The cohort will include all ESAP cases participating 4 months after the start of the Project. The State will collect the same monthly data points, with the exception of data about interim reporting, since this requirement is waived. In order to capture ESAP cases that close due to failure to recertify, the State will maintain the ESAP cohort for at least 3 years after implementation.

FNS recommends collecting this data for all households, not a sample of 200.

*Elderly Households with No Earned Income after ESAP Implementation Template*

**Table B: Elderly Households with No Earned Income After ESAP Implementation**

	Month 1	Month 2	Month 3	Month 4
Total Cases in [insert Month that is 4 Months after ESAP Implementation]	This number would not change			
Number of households that left SNAP in reporting month due to:				
Failure to recertify				
Ineligibility (death)				
Ineligibility (other)				
Number of closed cases that return to SNAP in reporting month				
Average months off program				
Closure Reason for reopened cases				
Failure to recertify*				
Ineligibility (other)				
Number of cohort cases on SNAP in reporting month				

\*This data will not be available until the earliest SNAP case that was transferred to the Proje

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person i respond to, a collection of information unless it displays a valid OMB control number. The valid OMB contr information collection is OMB No.0584-NEW. The time required to complete this information collection is esti hours per response.

No.0584-NEW

Participation

Before the ESAP is  
fully implemented, the  
elderly population  
holds will become  
will provide the  
:

Note: For the Pre-ESAP cohort, we are looking for about 24-28 months of data from the time period immediately before the ESAP is implemented. Insert appropriate dates to the left and in the template.

...	Final Month
Time over time	

Comparison. The ESAP  
State will collect  
requirement is  
needed to follow the

...	<b>Final Month</b>
e over time	

ct comes up for renewal.

is not required to  
ol number for this  
mated to average 81

Month 1 = 4 months after ESAP  
implementation

**Certifications/Recertification (broken out by fiscal year):**

- For all Project applications, the State shall provide:
- 1. Number of initial certification applications approved.
  - 2. Number of initial certification applications denied.
  - 3. Number of recertification applications approved.
  - 4. Number of recertification applications denied.
  - 5. How many of the above recertifications required an interview.
  - 6. The total number of ESAP participants.

*Certification/ Recertification Reporting Template*

Table 1: Certification/Recertification Data (All ESAP applications for 1			
	Approved		Der
	Interviewed	Not Interviewed	Interviewed
Initial Certification		NA	
Recertification			
Total			

**Total Number of ESAP Participants (in fiscal year):**

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collection of information unless it displays a valid OMB control number. The valid OMB control numb  
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Not Interviewed

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verage 81 hours per response.

## Quality Control and Error Rates: (broken out by fiscal year)

**Please note:** When submitting reports to FNS, do NOT include clients' Personally Identifiable Information (PII)

1. The State will randomly sample 200 active ESAP cases. The State will review the applications for
2. The State will randomly sample 100 denied and terminated ESAP applications, and review the a
3. The State shall perform a full quality control review based on the Quality Control 310 Handboo
4. For active error rates, the State will provide payment accuracy information with a brief descript
5. The State will also provide information on all active cases where a variance in payment was dis  
spreadsheet. Unlike the error threshold (FY 2019 = \$37) used in the calculation of the active error  
over or under the true benefit the household should have received. Additional rows may be added
6. For negative cases, the State will provide the CAPER rate, and the reason for denial, as either p  
verification or additional information) or client ineligibility (due to income, fleeing felon, drug co  
resources).
7. The State may conduct these reviews via telephone.
8. The State should report on all errors by case.

### Error Rate Reporting Template

**Table 2: Active Error Rate (n = 200 active cases)**

Active Cases	Overpayment (Based on error threshold)		Underpayment (Based on error threshold)	
	Number of Cases	Average \$ Amount	Number of Cases	Average \$ Amount
Value				
Cause of Error	Overpayment (Number of Cases)		Underpayment (Number of Cases)	
Household Composition				
Medical Deduction Error				
Shelter Deduction Error				
Earned Income*				
Unearned Income				
Total Number of Errors				

\* Also ineligible for Project, error calculated according to normal program rules.

**Payment Error Rate for ESAP cases (in fiscal year):**

**CAPER Rate for ESAP cases (in fiscal year):**

### Quality Control Reporting Template

**Table 3: Quality Control Summary (n = 100 negative cases)**

Cases Denied & Terminated	New Certification	Recertification	(Nu
---------------------------	-------------------	-----------------	-----

Cases Denied & Terminated	(Number of Cases)	Cases)
Procedural Denial		
Incomplete Application		
Failure to Provide Verification		
Ineligibility Denial		
Income		
Fleeing Felon		
Drug Felony		
Resources		
Client Request		
Alien Status		
ESAP Ineligible (e.g. not a senior, has earned income)*		

\* Number of ESAP ineligible cases which were then processed under “normal” program

### *Payment Variance Worksheet*

Payment Variance Worksheet					
Include any case where the client received an over or underpayment of any amount.					
Client	Type of Case	Client Contact	Overpayment or Underpayment		Cause of
	Certification or Recertification C/R	Interviewed Y/N	Over or Under	Dollar Amount	Household Composition
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**Notes on Variance Worksheet:**

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 collection of information is 0704-0188.



OMB No.0584-NEW

PII).

for payment accuracy.  
applications for the negative error rate.  
k.  
ion of the source of the error.

covered in the below payment variance  
rate, payment variance is any amount  
, if needed.

rocedural (e.g. failure to provide  
nvict, alien status, and self-reported

hold)	Total Payment Error (Based on error threshold)	
age \$ ount	Number of Cases	Average \$ Amount
)	Total Errors (Number of Cases)	

umber of	Periodic Report	Total



**Timelin**  
**Please not**

Accord  
respond  
informati

**ess: (broken out by fiscal year)**

**e:** When submitting reports to FNS, do NOT include clients’ Personally Identifiable Information (PII).

For the 200 active cases:

- 1. The State should differentiate between expedited and regular 30-day applications and indicate the number of application processed within the statutory requirements for application processing.
- 2. The State should report the percent of all Project participants processed within current timeliness standards.

*Timeliness Reporting Template*

Table 4: Timeliness (n = 200)
Number of normal applications process within 30 days
Number of expedited application processed within 7 days
Percent of all cases processed within statutory timeframes (APT rate for ESAP cases)

Table 5: Recertification Timeliness (n = 100)
Number of normal applications process within 30 days
Number of expedited application processed within 7 days
Percent of all cases processed within statutory timeframes (APT rate for ESAP cases)

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