## Pre-Waiver/Post-Waiver Comparison

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 bel implemented. For the pre-ESAP period, the State shall identify all households comprised or members with no earned income who were participating in SNAP in **[Month]**. These house research cohort for the pre-ESAP comparison period. For each case identified, the State wil information in the template below for each month between **[Month]**:

Elderly and/or Disabled Households with No Earned Income before ESAP Implementation

Table A: Elderly and/or Disabled Households with No Earned Income before ESAP I				
	Month 1	Month 2	Month 3	
Total Cases in [Month 1]:		This r	number would not c	
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 comparing a months after the start of the Project. The State w

data points, with the exception of data about interim reporting, since this requirement is wai ESAP cases that close due to failure to recertify, the State will need to follow the ESAP coh implementation.

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

Elderly and/or Disabled Households with No Earned Income after ESAP Implementation Te

Table B: Elderly and/or Disabled Households with No Earned Income After ESAP II				
	Month 1	Month 2	Month 3	
Total Cases in [insert Month that is 4 Months after ESAP Implementation]	This number would no			
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				

<sup>\*</sup>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 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 OMB No.0584-NEW. The time required to complete this information collection is estimated to average 2 hours per response.

### articipation

fore the ESAP is aly of elderly and/or disabled sholds will become the l provide the following 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.

## Template

Template					
mplementation					
Month 4	•••	Final Month			
hange over time					

arison. The ESAP cohort rill collect the same monthly

2mplate

plementation				
Month 4	•••	Final Month		
hange ove	r time			

ect comes up for renewal.

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

Sertifications Tieser tification	riop or tirity romprete			
Table 1: Certification/Recertification Data (All ESAP applications for l				
	Approved Den			
	Interviewed Not Interviewed Interviewed			
Initial Certification		NA		
Recertification				
Total				

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

F <b>Y</b> )
nied
Not Interviewed

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

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

- 1. The State will randomly sample 200 active ESAP cases. The State will review the applications 1
- 2. The State will randomly sample 100 denied and terminated ESAP applications, and review the  $\epsilon$
- 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 disspreadsheet. 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 proven verification or additional information) or client ineligibility (due to income, fleeing felon, drug corresources).
- 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	on error threshold)		Underpayment (Based on error thres		
			Number of Cases	Aver Amo	
Value					
Cause of Error	Overpayment (Number of Cases)		Underpayme (Number		
Household Composition					
Medical Deduction Error					
Shelter Deduction Error					
Earned Income*					
Unearned Income					
Total Number of Errors					

<sup>\*</sup> 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 (Number of Cases)	Recertification (Nu Cases)
Procedural Denial		
Incomplete Application		
Failure to Provide Verification		
Ineligibility Denial		
Income		
Fleeing Felon		
Drug Felony		
Lottery/Gambling Winnings		
Resources		
Client Request		
Alien Status		
ESAP Ineligible (e.g. not a senior, has earned income)*		

<sup>\*</sup> Number of ESAP ineligible cases which were then processed under "normal" progr

# Payment Variance Worksheet

Payment Variance Worksheet case where the client received an over or underpayment of any amount.

	Type of Case	Client Contact	Overpa or Underp	ayment ayment	Cau
Client	Certification or Recertificatio n C/R	Interviewed Y/N	Over or Under	i Dollar I	Househ old Compo sition
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

#### **Notes on Variance Worksheet:**

PII).

for payment accuracy. applications for the negative error rate.  $\ensuremath{k}\xspace.$ 

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

10ld)	Total Payment on error t	t Error (Based hreshold)
age \$	Number of	Average \$
ount	Cases	Amount
)	Total Errors of Ca	(Number ases)

Periodic Report (Number of Cases)	Cert/Recert/Periodic Report (Number of Cases)	Total

am rules:

			Include any
se of Err		k all that appl	y)
Medica l Deduct ion Error	Shelter Deduction Error	Earned Income	Unearned Income

## **Timeliness:** (broken out by fiscal year)

Please note: 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 nur type 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 star.

Timeliness Reporting Template

Table 4: Initial 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)

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)

mber of each
ıdards.