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 beform implemented. For the pre-ESAP period, the State shall identify all households comprised on disabled members with no earned income who were participating in SNAP in **[Month]**. The become the research cohort for the pre-ESAP comparison period. For each case identified, t provide the following information in the template below for each month between **[Month]** a

Table A: Elderly and/or Disabled Households with No Earned Income before ESAP				
	Month 1	Month 2	Month 3	Month 4
Total Cases in [Month 1] :	r	This numb	oer 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				

Elderly and/or Disabled Households with No Earned Income before ESAP Implementation 7 Table A: Elderly and/or Disabled Households with No Earned Income before ESAP. In

Post Implementation ESAP Cohort

Once the ESAP is in effect, the State will identify an ESAP cohort for the post-ESAP compa cohort will include all ESAP cases participating 4 months after the start of the Project The State St

the same monthly data points, with the exception of data about interim reporting, since this r waived. In order to capture ESAP cases that close due to failure to recertify, the State will n ESAP cohort for at least 3 years after implementation.

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

Table B: Elderly and/or Disabled Households with No Earned Income After ESAP Implementation Te					
		Month 2			
Total Cases in [insert Month that is 4 Months after ESAP Implementation]		This numb	er would	not change	
Number of households that left SNAP in reporting month due to:	1 2				
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					

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

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

rticipatior

ore the ESAP is ly of elderly and/or se households will he State will nd **[Month]**: 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.

ſemplate					
nplementation					
•••	Final Month				
e over time					

rison. The ESAP State will collect

olementation				
•••	Final Month			
e over time				
	· · ·			

Month 1 = 4 months after ESAP implementation

ct comes up for renewal.

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 D				
	Interviewed	Not Interviewed	Interviewed		
Initial Certification		NA			
Recertification					
Total					

Total Number of ESAP Participants (in fiscal year):

FY)	I
nied	I
Not Interviewed	I
	I
	I
	I

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

- 1. The State will randomly sample 200 active ESAP cases. The State will review the applications f
- 2. The State will randomly sample 100 denied and terminated ESAP applications, and review the $\boldsymbol{\epsilon}$
- 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 descripti

5. The State will also provide information on all active cases where a variance in payment was disc 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 proverification or additional information) or client ineligibility (due to income, fleeing felon, drug cor resources).

7. The State may conduct these reviews via telephone.

8. The State should report on all errors by case.

Error Rule Reporting Tempi					
Table 2: Active Error Rate (n = 200 active cases)					
Active Cases	Overpayment (Based Underpayment on error threshold) (Based on error thresh				
	Number of Cases	Average \$ Amount	Number of Cases	Aver Ame	
Value					
Cause of Error	Overpayme (Number	ent of Cases)	Underpayme (Number		
Household Composition					
Medical Deduction Error					
Shelter Deduction Error					
Earned Income*					
Unearned Income					
Total Number of Errors					

Error Rate Reporting Template

* 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)*			

* Number of ESAP ineligible cases which were then processed under "normal" progr

Payment Variance Workshee case where the client received		rpavment of a	ıv amou	nt.	
	Type of Case	Client	Overpa or	ayment Dayment	Cau
Client	Certification or Recertificatio n C/R	Interviewed Y/N	Over or Under	Dollar Amoun t	Househ old Compo sition
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Payment Variance Worksheet

Notes on Variance Worksheet:

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 avict, alien status, and self-reported

ıold)	Total Payment Error (Based on error threshold)				
age \$ ount	Number of Cases	Average \$ Amount			
	Total Errors	(Number			
)	of Ca	ases)			
)	of Ca	ases)			
)	of Co	ases)			
)	of Co	ases)			
)	of C.	ases)			
)	of Co	ases)			

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

am rules:

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

Timelin Please not

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 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.

