



United States Department of Agriculture

*Evaluation of the Effectiveness of Pilot
Projects in Increasing Supplemental Nutrition
Assistance Program (SNAP) Participation
among Medicare's Extra Help Population:
Executive Summary*

USDA is an Equal Opportunity Provider



*Evaluation of the Effectiveness of Pilot
Projects in Increasing Supplemental
Nutrition Assistance Program (SNAP)
Participation among Medicare's Extra
Help Population: Executive Summary*

Authors:

Emily Sama-Miller
Libby Makowsky
Gretchen Rowe
Elizabeth Brown
Elizabeth Clary
Laura Castner
Miki Satake

Submitted by:

Mathematica Policy Research
1100 1st Street, NE
12th Floor
Washington, DC 20002-4221
Telephone: (202) 484-9220
Facsimile: (202) 863-1763
Reference Number: 06843.160

Project Director:

Emily Sama-Miller

Submitted to:

Office of Policy Support
Food and Nutrition Service
3101 Park Center Drive
Alexandria, VA 22302-1500

Project Officer:

Bob Dalrymple

This study was conducted under Contract number AG-3198-D-10-0079 with the Food and Nutrition Service, United States Department of Agriculture.

This report is available on the Food and Nutrition Service website: <http://www.fns.usda.gov>

Suggested Citation:

Sama-Miller, Emily, Libby Makowsky, Gretchen Rowe, Elizabeth Brown, Elizabeth Clary, Laura Castner, and Miki Satake. *Evaluation of the Effectiveness of Pilot Projects in Increasing Supplemental Nutrition Assistance Program (SNAP) Participation among Medicare's Extra Help Population: Executive Summary*. Prepared by Mathematica Policy Research for the U.S. Department of Agriculture, Food and Nutrition Service, F gego dgt 2014.

EXECUTIVE SUMMARY

Participation in the Supplemental Nutrition Assistance Program (SNAP) has historically been and remains lower among elderly individuals than the rest of the population. Studies conducted during the past three decades (Hollenbeck and Ohls 1984; Bartlett et al. 1992; Ohls and Beebout 1993; Ponza and McConnell 1996; Cody and Ohls 2005; and Zedlewski and Rader 2005) attribute this phenomenon to mobility challenges, misinformation about eligibility rules and application procedures, stigma associated with participating in the program, and a mistaken belief that their SNAP participation would take benefits away from others they perceive as needing them more than they do.

In 2010, the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS) funded pilot projects in three States (New Mexico, Pennsylvania, and Washington) to explore the issue of low participation among the elderly. The aim of the pilots was to expand access to SNAP for a narrowly defined group of people who were already seeking to connect to public assistance programs for specific medical costs. The States linked SNAP caseload data to medical assistance program data to identify potentially eligible people who were not yet enrolled in SNAP. The States then worked with these clients to help them access SNAP by (1) assisting them with SNAP applications and/or (2) simplifying enrollment procedures. The pilots focused mainly on reaching elderly clients,¹ but some also served people with disabilities who were enrolled in programs to cover their medical costs. To evaluate the effects of the pilots on SNAP participation, FNS contracted with Mathematica Policy Research to conduct a multiyear, multimode study.

Study background and objectives

Many low-income elderly individuals and people with disabilities who qualify for public programs that help cover some of their medical costs are also eligible for SNAP. The interplay of these projects created a policy context for the pilots, and FNS' desire to ensure that elderly clients have access to nutritious food motivated both these pilot projects and this evaluation. We review the important underlying policies below before summarizing the pilot efforts and the objective of the evaluation.

Policy background

Two medical programs are the focus of the pilot projects. Both programs have tiered levels of assistance based on client need and circumstances. An understanding of these programs, as well as Medicare and Medicaid more generally, is helpful for understanding the pilots and their effects.

- **Medicare.** People who are elderly or have a disability recognized by the Social Security Administration (SSA) are eligible for health insurance through Medicare. Health services and medications are provided under three Medicare parts: Part A covers inpatient care, Part B covers many outpatient services, and Part D covers prescription drugs.² Enrollees pay

¹ The pilot projects and evaluation defined anyone age 60 or older as elderly, in alignment with the SNAP definition for elderly.

² Part C, known as Medicare Advantage, offers private plans that must be at least equivalent to Parts A and B.

premiums and co-payments. Medicare is administered by the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services, using funds from two designated trust funds held by the U.S. Treasury. People may apply online, in person, or at an SSA office.

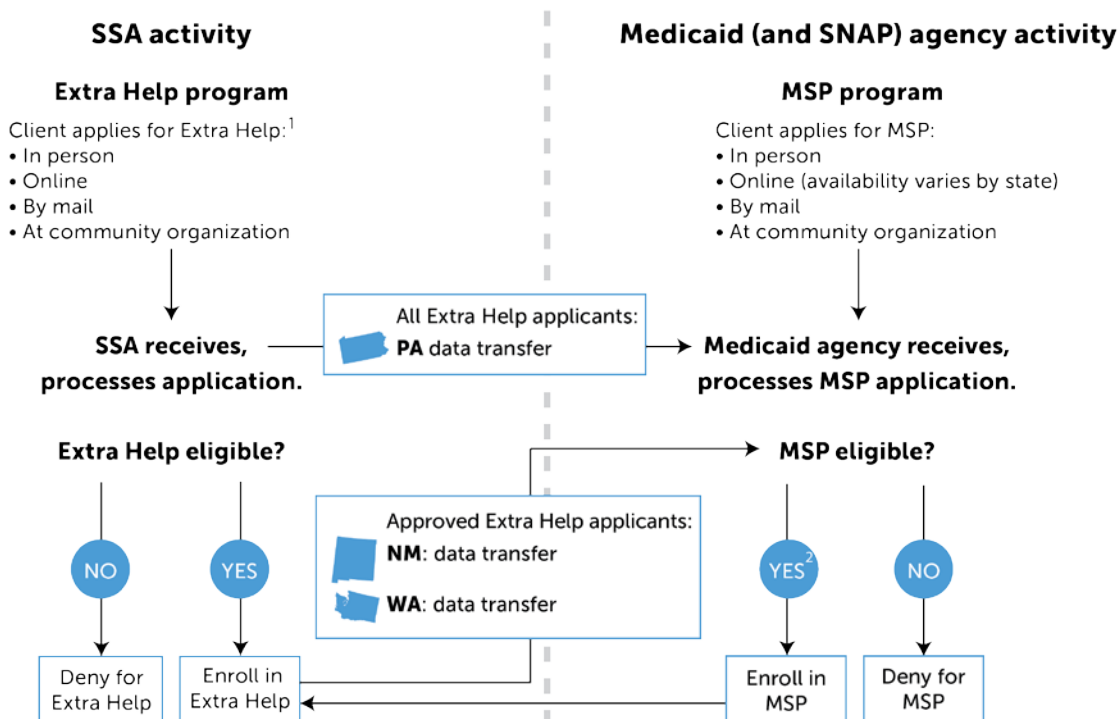
- **Medicaid.** Certain low-income elderly people and people with disabilities may qualify for Medicaid. Medicaid application procedures and eligibility rules vary by State. Each State determines eligibility (within federal guidelines) based on household income, assets, and other characteristics. State agencies administer this program and share responsibility with the federal government for its costs.
- **Extra Help** (also known as the Low Income Subsidy, or LIS) helps eligible individuals pay for Medicare Part D; it is federally funded and administered by CMS. People eligible for both Medicare and Medicaid (including those who qualify for an MSP) are automatically deemed eligible for Extra Help. Other people may apply to SSA or their State Medicaid agency.
- **Medicare Savings Programs (MSPs)** are administered by State Medicaid agencies, and the cost of benefits is shared between the federal and State governments. They assist elderly, low-income individuals in paying for Part A, B, and D premiums, and sometimes deductibles and co-payments. People who qualify for an MSP are deemed automatically eligible for Extra Help, but not all those who are eligible for Extra Help are eligible for MSPs.

The Medicare Improvements for Patients and Providers Act (MIPPA) requires SSA, beginning in January 2010, to send Extra Help application data to State Medicaid agencies. The agencies then assess whether Extra Help applicants may also qualify for an MSP.

The pilots were based on the premise that data from the MIPPA transfer listing Extra Help applicants, or from each State's own records of current MSP participants, could also identify people who might qualify for SNAP because eligibility for the medical programs is means tested, as it is for SNAP. MSP and SNAP eligibility are determined by the same agency in most States (the agency that receives data from the MIPPA transfer), which further supported the feasibility of the pilots. Figure ES.1 shows how SSA and Medicaid agencies were processing and sharing application data before the pilots began.

Individuals who apply for an MSP and/or Extra Help can be exposed to SNAP at varying levels aside from the pilot efforts, depending on their application method. First, clients may apply for SNAP and MSP at the same location, because the "front door" that clients access to submit both SNAP and Medicaid (MSP) applications often is the same. In all three pilot States, the same staff determine eligibility for MSP and SNAP (although in the absence of the pilots, the State does not consider an applicant's eligibility for both programs unless the client applies to both). Second, clients may apply for Extra Help directly to SSA (online or via paper application) or through a partner that will pass on the application to SSA. SSA makes Extra Help data available to State Medicaid agencies due to MIPPA, but the Medicaid agency normally does not determine SNAP eligibility for clients when considering their eligibility for MSPs.

Figure ES.1. SSA and Medicaid agency application processing and data sharing



- Notes:
1. In 1–2 percent of cases (Lipson et al. 2007), State Medicaid agencies also accept and process Extra Help applications. Thus, they already have the application data and will not have to wait for the MIPPA-mandated transfer to receive the data.
 2. Medicare enrollees who also receive Medicaid or participate in an MSP are automatically eligible for Extra Help. Because of the focus of the pilot projects, we show only the interaction between Extra Help and the MSP portion of Medicaid-funded services.

Extra Help and MSP eligibility rules align closely with each other due to additional requirements under MIPPA; they are not perfectly synchronized, however, because States have flexibility to alter certain MSP rules (for instance, increasing the maximum income or assets allowable to qualify for benefits). Both programs have elements that differ from SNAP rules. Understanding two important differences—how each program defines a household unit and what limits the programs use to decide whether applicants qualify, based on household income and perhaps resources—is essential for interpreting the effects of these pilots.

- **Defining a household.** Extra Help and MSP may define a household (and therefore count its income) differently, so the two programs may not agree about whether the same person is eligible for assistance from each program. Unlike for Extra Help (and sometimes MSPs), people who live in a SNAP household and contribute to its income need not be related to one another. For SNAP, a household is a group of co-resident people who purchase and prepare food together. Cohabiting couples need not be married to apply together, but cohabiting spouses are automatically counted in the same household. Co-resident children younger than age 22 are automatically included in a SNAP household even if they do not financially depend on their parent(s). The income and assets of everyone in the SNAP household counts when assessing program eligibility. Elderly SNAP applicants who have

disabilities may be able to qualify as their own SNAP household, independent of other people with whom they live.

- **Maximum income and assets to qualify for assistance.** Extra Help and MSP have nearly identical, federally set limits on the household income and assets allowable for someone to qualify for assistance. Federal net income limits for SNAP are lower than for Extra Help and MSP but allow applicants to deduct additional expenses, and States have the flexibility to set higher limits for SNAP. None of the pilot States had a SNAP asset test when the pilots began because they had flexibility to disregard assets under broad-based categorical eligibility rules; however, Pennsylvania’s asset test was reinstated while the pilot was operating.

In practice, the pilot programs and eligibility rules interacted in different ways in the three States, so the differences across pilots were due to the State in which it occurred, the approach to defining and serving pilot-eligible clients, and the policies that surrounded the projects. Extra Help, MSP, and SNAP define households differently and calculate net income using different deductions. Pilots in New Mexico and Pennsylvania used Extra Help data from the MIPPA transfer to help determine SNAP eligibility. In New Mexico, people in the target population who applied to SNAP first had to qualify for an MSP before their SNAP case was considered. In Washington, they had to be approved for an MSP to enter the target population for the SNAP pilot project (they could have applied directly for an MSP regardless of their Extra Help status or have an application opened for them if their Extra Help application was approved).

Pilot projects

FNS awarded pilot grants to the three States to test the effects of an additional transfer of MIPPA data from a State’s Medicaid agency to its SNAP agency so as to identify elderly individuals potentially eligible for SNAP and invite them to apply. Each pilot served a relatively small and specifically defined group of people, and the evaluation assessed effects in only a small number of counties for a short time; both points are important to remember when examining these effects. Each State used a different approach, as described below; Table ES.1 summarizes additional aspects of the three states’ approaches:

- **Simplified application and deemed information, with standardized benefit levels (New Mexico Human Services Department [HSD]).** New Mexico targeted newly approved Extra Help applicants, both elderly people and people with disabilities, using MIPPA data to identify those not already participating in SNAP. HSD sent them a combined MSP/SNAP application that was shorter than the single application for either program and used MIPPA data to pre-populate part of the shortened application. The State deemed this information as verified by SSA and did not conduct additional accuracy checks under the pilot. Applicants completed the remaining fields and submitted the application to HSD for eligibility determination. People confirmed eligible for an MSP were considered for SNAP, and those applicants determined to be SNAP eligible received an Electronic Benefit Transfer (EBT) card with one of four SNAP standardized benefit amounts that depended on income and shelter expenses. (After the first year of the pilot, HSD revised the standardized benefit amounts in response to concerns that initial amounts were not cost neutral—the average initial levels were higher than what the same population would have received under normal SNAP rules.) During the pilot period, 349 people met the criteria for being served by the

pilot in the 10 New Mexico counties included in the evaluation. New Mexico operated the pilot in one additional county for which we could not identify a suitable comparison, but no one there met the definition for the target population during the pilot period.

- **Outreach and assistance with simplified application and process, using deemed information (Pennsylvania Department of Public Welfare [DPW], partnering with Benefits Data Trust [BDT]).** DPW used MIPPA data on all elderly Extra Help applicants to identify SNAP nonparticipants who appeared to be eligible for SNAP based on income. Those who met the criteria for the pilot target population also were eligible for a simplified application process and could file a shortened SNAP application by telephone. Income and other relevant information from their Extra Help applications were deemed verified for the SNAP eligibility-determination process. DPW contracted with BDT to send outreach mailings to this contact list, offer SNAP application assistance by telephone to those who qualified for the pilot, and help them submit their application and any additional verification required. County DPW offices determined SNAP eligibility after receiving the application and issued the appropriate benefit (calculated in the same manner as for all SNAP applicants). In the months that the pilot operated, 4,431 people fit the criteria for the Pennsylvania pilot project in the 10 counties included in the evaluation. Pennsylvania operated the pilot in 31 additional counties, and the contractor reported serving a total of 25,256 unique households across all 41 pilot counties during the pilot period.
- **Targeted outreach, simplified application, and SNAP awareness campaign (Washington Department of Social and Health Services [DSHS], partnering with People for People and South Sound Outreach Services).** Washington identified elderly people and people with disabilities who had been recently approved for an MSP but were not receiving SNAP (regardless of whether they came to an MSP through the MIPPA data transfer or by applying directly to the Medicaid agency). DSHS contracted with a service provider in each of two pilot counties to mail SNAP informational materials and a shortened application to people on this target list, and offered information and application assistance. DSHS and the contractors also conducted a more general SNAP awareness campaign in the pilot counties, including advertising through local media and participating in resource fairs and other community events. In Washington's two pilot counties, 6,132 people met the pilot criteria of being recently approved for an MSP and not yet enrolled in SNAP during the months the pilot operated.

Each pilot may have reached some people not within its target population. All States filtered current SNAP clients out of their target population; some filtered based on other criteria (Table ES.1). People not defined by these criteria may have been affected directly or indirectly by the pilots, but the evaluation focuses specifically on pilot effects on the people in the narrowly defined target populations, not on these spillover effects.

Table ES.1. Summary of pilot approaches and target populations, by State

Research question	New Mexico	Pennsylvania	Washington
What was the pilot effort?	Shortened MSP/SNAP combined application, deemed verification, and standardized benefit	Shortened SNAP application, deemed verification, and application assistance	Shortened SNAP application, targeted outreach, and general SNAP awareness campaign
How was the pilot target population defined?			
Extra Help applicants (MIPPA list)	✓ Approved only	✓ All applicants	✓ Only approved Extra Help for those also MSP approved
MSP applicants	✓ Approved only; must also have been in target population and on MIPPA list		✓ Approved only; on MIPPA list or direct MSP applicants
People who lived in a pilot county and were not currently enrolled in SNAP	✓	✓	✓
Elderly (60+)	✓	✓	✓
People with disabilities	✓		✓
Additional income criteria	No earned income	Gross income under 200% of federal poverty level (FPL)	None
Additional household criteria	No dependents; not an institutionalized Medicaid client	No household members under age 60; no household members other than the spouse	None
How many pilot counties were evaluated?	10	10	2
Who ran the pilot?	SNAP agency	Contracted partner	Contracted partners (targeted outreach); SNAP agency (awareness campaign)
When did the pilot cases apply for a medical program?	July 1, 2011–November 30, 2012 (17 months)	October 1, 2010–September 13, 2013 (35.5 months)	July 1, 2011–August 30, 2013 (26 months)
How many people were on the targeted contact list in these counties during the pilot?	349	4,431	6,132
Of the people on the list, what percentage was elderly?	73%	100%	64%

Note: New Mexico operated the pilot in one additional county (Los Alamos) for which we could not identify a suitable comparison, but no one there met the definition for the target population during the pilot period. Pennsylvania operated the pilot in 31 additional counties, and the contractor reported serving a total of 25,256 unique households across all 41 pilot counties during the pilot period.

Study objectives

The overarching goal of the evaluation was to understand how the pilot programs operated; who they served; how much they cost; and the extent to which they generated any measurable effects on applications, participation, program accuracy, and SNAP benefits. We examined nine evaluation objectives and specific research questions under these goals. These were to (1) provide a detailed description of each pilot project; (2) describe the processes involved in implementing the pilot projects; (3) assess the effect of each project on SNAP applications and participation among the target population; (4) assess the effect of each project on SNAP benefits; (5) assess the costs of each pilot project, including implementation and operational costs; (6) assess the pilot experience among SNAP participants and nonparticipants within the target group; (7) assess the effect of each pilot project on SNAP case errors; (8) assess the sustainability, scalability, and replicability of each project; and (9) assess and compare the relative promise of alternative models.

Evaluation approach

The study used a difference in differences design to calculate program effects, comparing the pilot counties to a group of similar comparison counties in the same States over time. This required a careful selection of comparison counties that matched each pilot county so we could approximate what would have occurred in the absence of the pilot. We interviewed staff and observed operations to provide descriptions of the pilot approaches and reactions to them, and context for interpreting the effects we calculated; gathered information about the cost of operating the pilot; and collected client feedback through a survey about the pilots and SNAP more generally. With administrative data from the States, we calculated the effects of the pilot on SNAP behavior among the target population. We also examined the case error rate and cost neutrality of the pilots in a sample of cases from each State.

Selecting comparison sites

Using public data sources, we compiled county-level characteristics into an index that quantified the similarity of every county in each evaluation State to each of the pilot counties on a series of demographic factors, and then consulted with State staff to select the best available comparison counties. A great deal of similarity between comparison sites and their corresponding pilot sites heightened confidence that the effects we observed could not be explained by differences already existing between them. To rule out, or at least account for, such differences, we selected comparison counties and collected baseline data for pilot and comparison counties before the pilot period began. As the evaluation progressed, we confirmed the validity of the pairings through telephone interviews with officials from pilot and comparison counties that we then used to document any changes in county SNAP outreach efforts, availability of community services, and economic conditions. Our confidence in the validity of the selected comparison counties was generally high.

Documenting pilot implementation, operations (including costs), and client experiences

To document the implementation, operations, and costs of the pilots, we relied on document reviews and discussions with State SNAP and MSP policy staff, local SNAP agency staff, and any contractor or partner organizations involved in pilot implementation. We conducted telephone interviews with staff at all levels of the pilots' operations, and at SNAP offices and

partner organizations in pilot and comparison counties. These took place both before the pilots began and again after they concluded so we could capture any changes over time in either type of site. In pilot counties, we also made two multiday site visits to gather more details about pilot implementation and operations, and observe pilot activities. We summarized the qualitative information across all respondents and documents for each round of interviews in each site and State, identifying themes and resolving discrepancies in follow-up conversations.

Our analysis of implementation and operations included a focus on pilot costs. A main topic of interviews and follow-up questions was the cost of the projects, including both labor hours and other direct costs, such as travel; purchased equipment; office computers, communications, and support; and vendor or partner payments. When possible, we supplemented or confirmed the cost information that staff reported with documents the States used to track their costs. We focused on operational costs per person in the target population, recognizing that (1) implementation costs varied by model and the existing State infrastructure, (2) and pilot projects incurred costs to reach clients who neither applied for nor were approved for SNAP.

We also surveyed everyone who met the pilot criteria during the final year of pilot operations in two of the three states, regardless of their SNAP participation status, to learn about perceptions of and experiences with SNAP among this group. The survey, conducted via telephone by trained interviewers, operated for the final nine months of the pilot in Pennsylvania and Washington.³ Topics for the survey included the following: reasons for applying for SNAP, experiences with the SNAP application process, SNAP participation experience, knowledge of SNAP, reasons for not applying to SNAP, experiences with the pilot, demographics, and household food security. The total number of survey respondents was 2,406 SNAP participants and nonparticipants within the target population in both pilot and comparison counties (679 respondents in Pennsylvania and 1,727 in Washington). Contacting this vulnerable population proved extremely difficult; more than one-quarter of them could not be located when we used contact information provided by State agencies, and an additional one-third did not respond to the survey once we located them. (Pilot staff reported similar challenges in contacting people on their targeted lists.)

Calculating pilot effects and accuracy

Each State provided several Statewide administrative data files that covered some months before the pilot started and after it ended for the purposes of evaluation. The data included information from the Extra Help or MSP applications that the State used to identify the target population. (We call both of these “medical program applications” for ease of reference.) States also provided data on SNAP applications, participation, and EBT card usage. The administrative data did not allow us to distinguish pilot-specific from any other SNAP applications filed by target population individuals in pilot counties. That is, if a person filed a shortened, specialized, or pre-filled SNAP application, the SNAP data did not identify that applicant as being different. Therefore, any effects we calculated about SNAP behavior were for SNAP overall but included pilot-specific SNAP applications for people applying during the pilot period in pilot counties.

³ These data collection efforts did not occur in New Mexico because the pilot in that State ended earlier than planned and before the survey was approved to begin.

To calculate pilot effects, we began by defining a baseline period (at least six months) and a pilot period (set by the State) for observing SNAP behaviors after the medical program application that triggered, or would have triggered, pilot involvement. We constructed an analysis file with information about each person's medical program application, prior or subsequent SNAP application and participation, and EBT usage. We then applied the State's criteria to the administrative data to identify people in the target population for each pilot. For each of these people, we focused our analysis on the 90 days following the event that would trigger the pilot activities (the person's medical program application date or the approval date, depending on the State). We tallied people who applied to SNAP in that time frame, comparing the monthly average both across baseline and pilot periods and across pilot and comparison counties. We also checked whether the applications to SNAP were approved, and whether approved applicants used their EBT cards.

Our approach to calculating effects had some limitations. First, the pilots operated in different contexts, so we cannot be certain that the effects we observed in them would be observed if the pilots were replicated. Second, we do not know which aspect(s) of each pilot project explains the observed effects.

The pilot projects modified SNAP application procedures and (in New Mexico and Pennsylvania) benefit calculation rules, so we undertook two additional types of benefit analysis: (1) quality control (QC)-like reviews for eligibility and benefit errors, and (2) cost neutrality of pilot benefits as compared to regular SNAP. The error analysis (QC-like reviews) was similar to that used in FNS' QC reviews for calculating the official State case error rates each year: the number of error cases found divided by the number of sample cases. The cost neutrality analysis was the same as that used for other pilot projects: checking that costs of benefits under the pilot remain similar, on average, to what costs would be under normal program rules. We did not perform cost neutrality analysis in Washington, where the pilot SNAP application process was very similar to the regular application process. We requested that each grantee collect data for a sample of households enrolled through the pilots using forms similar to the FNS-380, which is used to collect data for FNS' QC reviews each year.

Findings

The pilot projects in all three States had positive effects on SNAP applications and approvals among the target population. The effects varied widely in percentage point magnitude because of a wide range in the size of the target populations (during the pilot period, from 349 in New Mexico to 6,132 in Washington). Thus, the effects were small in real terms—only about 10 people per month in the pilot counties in each State decided to apply for SNAP because of the pilot. The cost of serving these populations also had a wide range. Finally, the evaluation in all three States generated concrete lessons about (1) identifying and reaching a targeted group for SNAP access through data-matching strategies; (2) understanding the interplay of policy and program rules among programs; and (3) sharing information about SNAP with seniors and people with disabilities, and streamlining the SNAP application process.

Pilot context

Three factors related to community context were especially important in shaping the circumstances in which each pilot project operated:

1. **Population density.** New Mexico (which is sparsely populated in general) and Washington each had a mix of rural and suburban counties as their pilot and comparison sites. In Pennsylvania, pilot and comparison counties were predominantly rural.
2. **Demographics.** New Mexico and Washington pilots served both elderly clients and people with disabilities, and both States had evaluation counties adjacent to American Indian tribal reservations.
3. **Existing outreach activities.** In New Mexico, almost no outreach activities for SNAP or Extra Help took place independent of the pilot, but pilot contractors in the other two states were concurrently providing outreach for several programs, including the MSP.

The policy setting for the pilot projects also varied by program and State, and that affected not only which people were included in the target populations but also the likelihood that the people in those target populations would qualify for SNAP. The most important differences involved who was in the household (according to each program's definition of a household) and how the income for those people related to the program's income limit. We identified three important aspects of the policy context as we contrasted the pilot projects in the three States:

- **Pennsylvania and New Mexico addressed the misalignment between the Extra Help and SNAP household definitions when identifying the target population for the pilot; New Mexico also dealt with the household definition for an MSP.** New Mexico required that people be approved for Extra Help to enter the pilot's target population and that they then be approved for an MSP before their SNAP case could be considered under the pilot. Normally, New Mexico defined an MSP household (the applicant, spouse, and any co-resident minor children under 18 years old) differently from the federal definition of an Extra Help household (the applicant, co-resident spouse, and co-resident dependent relatives of any age). However, for the pilot, the State filtered out people on the MIPPA list who had co-resident dependent relatives. That is, rather than aligning the definition of a household and its income across the two medical programs, New Mexico restricted the list to include only cases that would have had the same treatment for both Extra Help and MSP—only those people could also apply to receive SNAP under the pilot. Pennsylvania took a similar approach, filtering out any person on the MIPPA list who had household members who were neither elderly nor the spouse of that person. Washington's pilot application for SNAP asked clients to provide all information about the SNAP household that would not have been captured on their MSP application.
- **Washington took a different approach than New Mexico in addressing the difference between medical program and SNAP definitions for a household when implementing its pilot.** A person's household, as defined by SNAP, may be larger and have more people contributing to income and assets than that same person's household under the Extra Help or MSP definition. To address this, a policy waiver in New Mexico allowed HSD to focus only on the Extra Help applicant and spouse when defining the SNAP household, considering income, and assigning a SNAP benefit (i.e., workers could ignore other people in the household). In Washington, people approved for an MSP might not qualify for SNAP because of the definition differences. The shortened SNAP application in Washington asked the people in the target population who had already been approved for an MSP to list everyone who resided in the household, and the income for each. DSHS considered that

information when determining SNAP eligibility. Pennsylvania's strategy for filtering its target population list (described above) meant that no additional steps were necessary.

- **New Mexico used a different strategy than Pennsylvania to handle the misalignment between Extra Help and SNAP income limits.** New Mexico included in its pilot list only people with no earned income and drew only from lists of Extra Help-approved people whose incomes SSA had already verified to be accurate. Pennsylvania filtered its target list to include only people whose income would qualify them for SNAP (under 200 percent of FPL, according to broad-based categorical eligibility rules), and included all Extra Help applicants (not just those approved) in the target population. Washington did not filter its target list based on income, but also did not use the medical program data for deemed SNAP eligibility (i.e., Washington collected income information on its pilot SNAP application).

Pilot impacts, costs, and accuracy

The pilot projects were small relative to the size of their respective States. Moreover, the size of the target populations differed across States. Thus, correctly interpreting the results required that we consider the magnitude of effects of the percentage point increases in SNAP applications and approvals, as well as the additional people who applied and were approved under the pilot. Examining effects as both percentage points and numbers of people can show what the effects meant in real terms for clients and SNAP office staff. To summarize the key findings, Table ES.2 presents the pilot effects for all three States. The effects presented here are, for the pilot alone, both direct and indirect effects; that is, we used the information from the baseline period and the comparison counties to net out changes in SNAP behavior that we expected would have occurred in the absence of the pilot. It is important to note that these results are unique to the circumstances of a particular set of purposively selected counties operating a particular pilot project in a particular pre-existing context (see Table ES.1). The results are generalizable neither to other parts of the same State nor to other States. Also, we still do not know, nor can the study design allow us to answer, whether the magnitudes of effects on each State differed because of differences in list-filtering strategies, medical and SNAP policy alignment, pilot approaches, or some combination of the three.

All three pilots had positive effects on the percentage of people in the target population who applied for SNAP and the percentage in the target population who applied and were approved, but the magnitude varied. The size of the SNAP effects on applications submitted ranged from 4 percentage points in Washington to 46 percentage points in New Mexico. Examining the percentage of the target population that filed *approved* SNAP applications can help us understand the extent to which the pilots might reach the SNAP-eligible population. This effect ranged from 2 percentage points in Washington to 12 percentage points in New Mexico. Despite this range, the number of additional applicants and approved applicants in each pilot month did not vary much across States because there was so much variation in the size of the underlying target populations: 10 to 13 new SNAP applicants, 6 to 9 of which were approved.⁴

⁴ In New Mexico, a change to the standardized benefit during the pilot meant that some people previously approved for SNAP under the pilot subsequently lost benefits. If this revised benefit had been in place from the start, New Mexico would have experienced an effect on approved applications of 12 percentage points (about 3 new participants per month), rather than the 30 percentage points that was the actual average over the entire pilot period.

We cannot conclude that the magnitudes of pilot effects on SNAP applications varied solely because of the strategies each pilot used because each pilot also targeted a differently defined group of vulnerable people not enrolled in SNAP. New Mexico and Pennsylvania restricted the size of their target populations through multistage efforts to construct the target population list, beginning with MIPPA data and then applying filters based on income and household composition. New Mexico also required that people in the target population first be approved for Extra Help and that they be approved for an MSP before any SNAP application was considered. Washington simply used a list of recently approved MSP clients to identify people not enrolled in SNAP, placing no restrictions regarding household income or composition. (Target population sizes in each State are somewhat related to overall population size in the States as well.) As a result, the target populations across States included people with differing characteristics.

Table ES.2. Review of pilot effects, by State

Research question	New Mexico	Pennsylvania	Washington
How much did the pilot increase SNAP applications for people in the target population?	46 percentage points (10 people per month)	11 percentage points (13 people per month)	4 percentage points (11 people per month)
How much did the pilot increase approved SNAP applications filed within 90 days for people in the target population?	12 percentage points (3 people per month)	7 percentage points (9 people per month)	2 percentage points (6 people per month)
What was the most common SNAP denial reason for people on the list?	MSP application denied (62%)	Voluntary withdrawal (31%), failure to provide information or verification (28%)	Failure to keep appointment (45%)
How much did the pilot cost to operate per person on the list?	\$462	\$33	\$73
Were there more SNAP errors under the pilot?	No	No	No in the first year, possibly in the second year
Was the pilot cost neutral?	No	Yes	n.a.*

Notes: Results reported in this table (approval rates for pilot cases and effects comparing pilot cases to others) are for people in the target population who did not apply to or participate in SNAP in the three months before their medical program application, and focus on counties in the evaluation only. SNAP outcomes are for the first (if any) SNAP application filed in the 90 days after the medical program application. Results in New Mexico calculate the effect that would have been observed if a revised set of standardized benefit rules had been in place since pilot inception. Costs include operational costs only (not implementation costs) and in Pennsylvania this includes the costs of serving clients in non-evaluation counties.

*n.a. = not applicable because SNAP application processing rules were no different for Washington pilot cases than for regular SNAP cases.

Relatively more SNAP applicants from the target population were approved in Pennsylvania than in the other States, but the Pennsylvania pilot did not necessarily do a better job of targeting eligible nonparticipants than Washington or New Mexico. We must consider whether the pilots succeeded in reaching people who were eligible for SNAP but not enrolled—the main objective of the FNS grants. Comparing the ratio of approved SNAP

applications from people from the target population to all SNAP applications from the same group can help us understand to what extent the pilot efforts reached people eligible for SNAP. At first glance, it appears that about two-thirds of applications from the target populations in Pennsylvania were approved, compared to about one-half in Washington and about one-quarter in New Mexico. Looking at these numbers, we might be tempted to conclude that Pennsylvania was better at targeting a population underserved by SNAP. For two reasons, however, we must be cautious about drawing this conclusion:

1. People within the Washington and Pennsylvania target populations often are denied for SNAP because they do not complete all parts of the application process (including verification documents and an interview), and we do not know if these individuals would have been eligible if they had completed the process.
2. Target population clients in New Mexico may have been denied for pilot SNAP either because they did not first qualify for an MSP or did not qualify for SNAP based on the deemed MIPPA data, but some of these clients may have been eligible for regular SNAP if they had applied.

Common denial reasons for pilot SNAP applications varied by State and were related to the design of each pilot project. In New Mexico, the pilot required that people be approved for an MSP before their SNAP case could be considered, and the most frequent SNAP denial reason was that the person's MSP application was denied. In Pennsylvania, typical denial reasons were that SNAP applicants did not provide complete verification or voluntarily withdrew their application. In Washington, SNAP denials among the target population occurred most often because the applicant did not complete the interview.

Per capita costs for operating the pilot were lowest in Pennsylvania and highest in New Mexico. The pilot States used different strategies for operating their projects and had target populations of very different sizes, so variation in operational costs was expected. We calculated the cost of ongoing pilot operations for each State and then identified the cost per pilot population member. The costs varied considerably: \$33 in Pennsylvania, \$73 in Washington, and \$462 in New Mexico. These include the costs of serving people who neither applied for nor enrolled in SNAP. This may suggest something about economies of scale: perhaps the marginal cost of serving people on each list is low after a certain point. (Although Washington had the largest target population for the evaluation, Pennsylvania's pilot and operational costs included 31 counties that were not part of our effect calculations, so that State had the largest target population list overall.) Because its target population was so large, perhaps Pennsylvania was able to spread the costs more widely. New Mexico had the highest operational costs per capita. A key element of that State's pilot approach was assigning two State workers to the pilot. The target population for the pilot, as well as the share of those who applied to SNAP, was far below what the State anticipated. The workers were available to serve a larger target population if more people had been identified by the list-filtering strategy, and interviews with these staff suggested they were capable of serving more people than they did (which could have reduced the operational cost per person).

Conclusions

This evaluation found a range in the effectiveness that these pilots demonstrated in reaching potentially eligible SNAP nonparticipants. There was also a range in the cost and complexity of doing so. An important point is that two of the three pilot States contracted the bulk of their pilot activities out to organizations that had expertise in contacting and assisting the population the pilots hoped to serve. The States' strategies appeared effective—in the contexts in which they operated—for identifying a group of nonparticipants, informing them about SNAP, and offering application support. Any decision to replicate or expand efforts like these also should take context into account, including the level of resources available to support the approach, the ease of accessing and filtering medical program application data, and the availability of waivers from FNS. Factors such as the age of an eligibility system, size of a State, existing SNAP rules, and availability of and relationships with trusted partners in the community would be important considerations as well.

Lessons learned across pilot efforts

From examining the approaches, effects, and challenges across all three States, we can distill some lessons about preparing a target population list, establishing good communication among and reasonable expectations by stakeholders, and sharing information with and assisting clients.

A clear and early understanding of who is in the target population and what connections they already have to SNAP may help set realistic expectations. In New Mexico, the target population was much smaller than the State anticipated, but the State made no efforts to estimate precisely how many people would be reached until late in the planning stage. A small target population means, of course, that only a small number of people could potentially be served by a pilot project. This may be an important consideration for States with a small population. In contrast, Washington had a less complex filtering strategy and calculated more precisely how many people the pilot might touch.

Who is being targeted is as relevant to the effects we measure for a pilot project as how the pilot changed their behavior. A project's effect on SNAP applications or approvals in percentage-point terms depends on activities geared toward influencing application behavior (the numerator) and the approach to defining the target population (the denominator). The criteria for filtering the lists of medical program applicants were more restrictive in New Mexico and Pennsylvania than in Washington. This affected the size of the target population but also defined who the pilot reached. Filters applied to a broad list can narrow the target population to a group most likely to be eligible for SNAP. This was Pennsylvania's approach in setting a gross income filter on the MIPPA list that aligned to the gross income limit for SNAP. This approach can also define a target population so narrowly that, even though a large share of the target population likely would be eligible, few people might actually be enrolled. New Mexico's pilot considered SNAP only for cases that were first approved for an MSP, and many people from the target population were denied for SNAP because they did not qualify for an MSP. We cannot know whether these cases would have been eligible for SNAP on their own. (When calculating effects, we focused on the first SNAP application a person in the target population filed.)

Good communication, sharing data, and matching data across agencies are all challenging but essential to effectively collaborating when sharing clients across the

programs those agencies administer. Pennsylvania’s pilot effort, because of the SNAP agency’s collaboration with a contractor, required considerable communication and additional approvals from SSA before the Extra Help application data that clients submitted to SSA could be shared with the contractor. The pilot program began later than planned for this reason, so building time into the schedule for such communication would be essential for any replication effort. In Washington, the agency that administers SNAP also processes Medicaid applications, so it already had the MSP application data necessary to identify its target population. However, the planning stages of the pilot did not include early conversations with staff who could have offered different perspectives, and the effort to establish whether clients might already know something about SNAP was not exhaustive. Thus, it was not until the pilot was already operating that the contractors learned that their contacts with MSP applicants were not the first time those people had received information about SNAP, but the third.

Extra Help application data were sometimes not adequate for determining SNAP eligibility, due to differences in how the programs define a household and its income, and differences in the MIPPA data file structure. Pilot staff in New Mexico and Pennsylvania found that the data received from SSA (as directed by MIPPA) did not always meet their needs for determining SNAP eligibility. There were several reasons for this:

- Some sources of income were often missing (such as a pension or interest on a savings account).
- Extra Help used a different household definition; its data did not identify all household members and sometimes did not even list the person’s spouse.
- Data sometimes combined all income for the household.

In Pennsylvania, as part of pilot activities, BDT asked people in the target population about their household composition and helped them with a regular SNAP application if BDT determined they did not meet the criteria for the pilot (which BDT estimated happened about 60 percent of the time). The people who filed regular SNAP applications were not able to have their Extra Help data deemed as verified for SNAP, but their SNAP application and its outcome were captured in our effect calculations.

Staff in both New Mexico and Pennsylvania reported that the MSP eligibility process sometimes uncovered certain implications of using the MIPPA data (with its occasional missing information and focus on households rather than individuals) when processing an MSP application, but this may have occurred after people in the target population had already applied for SNAP. Because of deemed eligibility for both an MSP and SNAP using MIPPA data, sometimes clients’ specific situations were not examined until one year later—during their MSP recertification. Answers to (perhaps differently phrased) questions about household composition, income, and resources at this point could have ended a person’s eligibility for MSP, and perhaps also for SNAP, even though his or her initial certification period for SNAP had not yet ended.

Low-income elderly and disabled people need and request more help with SNAP applications; tailored messaging and debunking myths may help. New Mexico opted to use its own State staff to implement the pilot and reported that people in the target population often required help even though the application had been modified to be simpler. Dedicated pilot

workers provided this assistance but they suggested that staff in county offices would not be able to devote much time to helping clients apply. Pennsylvania and Washington relied on contractors with experience in working with the target population to provide help with SNAP applications. All contractors reported that it was essential to have staff with the patience and time to assist people, answer their questions about SNAP eligibility, and help them understand what their benefit level might be and how it could be used. Pilot staff also explained some SNAP facts to people in the target population, such as clarifying that owning a home does not automatically make someone ineligible for SNAP.

Streamlined application processes and more information about the program may spur SNAP applications, but some people still will not want to participate. In Washington and Pennsylvania, survey respondents not participating in SNAP and with no SNAP application experience lacked information about the application process but reported they might apply if the application were simpler or if they had more information about their eligibility. Targeted outreach and application streamlining efforts might be effective in reaching some underserved SNAP nonparticipants, but some groups might not be interested in the program regardless of adjustments to the application process. In both States, survey respondents not participating in SNAP reported significantly better levels of food security on all measures than SNAP participants. All survey respondents otherwise met the pilot criteria of being low income and eligible for other means-tested programs, suggesting that those not enrolled in SNAP generally perceive themselves to have less need for help with food.

REFERENCES

- Bartlett, Susan, Nancy R. Burstein, Gary Silverstein, and Dorothy Rosenbaum. "The Food Stamp Application Process: Office, Operations and Client Experiences." Cambridge, MA: Abt Associates Inc., April 1992.
- Cody, Scott, and James Ohls. "Reaching Out: Nutrition Assistance for the Elderly. Volume I: Evaluation Findings." Evaluation of the USDA Elderly Nutrition Demonstrations. Washington, DC: Mathematica Policy Research, May 2005.
- Hollenbeck, Darrell, and James Ohls. "Participation Among the Elderly in the Food Stamp Program." *Gerontologist*, vol. 24, no. 6, June 1984, pp. 616–624.
- Lipson, Debra, Angela Merrill, Allison Barrett, and Noelle Denny-Brown. "Doors to Extra Help: Boosting Enrollment in the Medicare Part D Low-Income Subsidy." Washington, DC: AARP Public Policy Institute, September 2007.
- Ohls, James, and Harold Beebout. "The Food Stamp Program: Design Tradeoffs, Policy, and Impacts." Washington, DC: Urban Institute Press, April 1993.
- Ponza, Michael, and Sheena McConnell. "Reaching the Working Poor and Poor Elderly: Interim Report on Focus Groups." Princeton, NJ: Mathematica Policy Research, December 1996.
- Zedlewski, Sheila R., and Kelly Rader. "Have Food Stamp Program Changes Increased Participation?" *Social Service Review*, vol. 79, no. 3, 2005, pp. 537–561.

This page has been left blank for double-sided copying.

