Evaluation of Alternatives to Improve Elderly Access to SNAP

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Executive Summary

Historically, only about a third of the eligible elderly population (defined as 60 years of age and older) has participated in the Supplemental Nutrition Assistance Program (SNAP), the largest of the domestic nutrition assistance programs administered by the Food and Nutrition Service (FNS) of the U.S. Department of Agriculture (USDA). In response to the low participation levels and unique economic circumstances of elderly households, FNS has implemented specific eligibility criteria for elderly households, and has developed several demonstration projects and opportunities to waive federal regulations that seek to address elderly access to SNAP. FNS awarded a contract to Social Policy Research Associates and Mathematica Policy Research (the research team) to conduct an evaluation to better understand how some of these interventions are implemented and to understand their potential effects. The evaluation focused on how nine States implemented five demonstration projects and waivers (Exhibit ES-1) that are specifically targeted to increase elderly access to the program: Elderly Simplified Application Project (ESAP); Combined Application Project (CAP); Standard Medical Deduction (SMD); Elderly and Disabled Recertification Interview Waiver; and 36-Month Certification Demonstration.

Exhibit ES-1: Study States with Interventions

Study States	ESAP	CAP	SMD	Recertification Interview Waiver	36-Month Certification
Alabama	✓		✓		
Arkansas			✓	✓	✓
Florida	✓	✓			
Massachusetts		✓	✓	✓	
Nebraska				✓	
New York		✓			
North Dakota			✓		
Pennsylvania	✓	✓		✓	
Washington	✓	✓			

Key Research Findings

The evaluation combined findings from a qualitative analysis of how the interventions were implemented and how elderly participants experienced SNAP with findings from a quantitative analysis of each intervention's effects using State administrative data. Evidence from this evaluation suggests that when interventions designed to increase elderly access are implemented with high fidelity and consistency, they generally have positive effects on measures of SNAP participation among the elderly, including SNAP caseloads, new applications, and rates of churning.

Elderly Perspectives on SNAP

The research team gathered data from 267 elderly informants through interviews and focus groups, which revealed that low-income elderly individuals confront numerous challenges in their everyday lives. Many elderly study respondents had recently experienced one or more life crises—often major health crises—that compromised their ability to work and to afford or access food. Increasing access to SNAP is an important strategy to improve health and quality of life for a vulnerable group in great need of assistance.

Combined Application Project

The Combined Application Project (CAP) simplifies the SNAP application and benefits allotment process by allowing the elderly (and people with disabilities) who are applying for Supplemental Security Income (SSI) to simultaneously apply for SNAP, thereby reducing the administrative burden on both SNAP recipients and program staff. CAP implementation is intended to increase elderly access by bringing additional eligible individuals into SNAP and, by lengthening certification periods, reducing churn.

- **Implementation of a CAP was associated with increases in elderly caseloads and new elderly applications**. In general, the findings corroborate previous research showing that adoption of a CAP is associated with an increase in SNAP participation.

- **The largest increases in SNAP caseloads among study States appear to have come from mass enrollment of eligible individuals who already received SSI.** CAP implementation contributed to increases in new elderly applications and subsequent increases in elderly SNAP participation in the three States that focused on enrolling SSI recipients who were eligible but not yet enrolled in SNAP.

- **CAP streamlined processes and created efficiencies for both elderly individuals and SNAP staff.** Elderly CAP recipients valued having a "one-stop" experience where they could receive SNAP benefits together with SSI with no additional effort. Generally, elderly respondents spoke positively of single-entry points that combined enrollment in benefit programs (e.g., Medicaid and SNAP).

Standard Medical Deduction

The Standard Medical Deduction (SMD) is a demonstration project that simplifies the SNAP rules for deducting medical expenses for elderly and disabled applicants. The SMD can increase elderly access in three ways: (a) reducing the burdens associated with claiming a medical expense deduction; (b) increasing elderly participants' SNAP benefit amounts by reducing the net income used to calculate their benefit amount, and (c) bringing new eligible individuals into SNAP by reducing the net income amount used to calculate their eligibility.

- **In the year following implementation of the SMD, elderly SNAP caseload size increased in two of the three States examined (Arkansas and North Dakota), and median benefit amounts increased in Massachusetts relative to what would have been expected in the absence of the intervention.** The lack of increased benefit amounts in the 12 months following implementation in the other States may be the result of implementation challenges, such as insufficient staff training or lack of clarity in communications to elderly participants about the availability of medical deductions.
- **State and local SNAP staff reported that the SMD simplified the medical deduction process for participants while reducing staff burden and errors.** However, they also acknowledged that there was some inconsistency in implementation and that not all caseworkers were equally thorough in probing participants about their medical expenses. This may have stemmed in part from differences in staffing levels and training over time.
- **Elderly SNAP recipient respondents in States with the SMD tended to have more awareness about the option to deduct their medical expenses compared to those in States without the SMD.** Although elderly participants in States with the SMD were not explicitly familiar with how it worked, they were more likely to say they deducted medical expenses. However, even within SMD States, the elderly appeared to need significant assistance to claim the deduction, and many were unsure which medical expenses qualified for the deduction.

ESAP and its Components

The Elderly Simplified Application Project (ESAP) allows States the flexibility of choosing from a bundle of options aimed at making it easier to apply for SNAP and to process elderly SNAP applications. These policies include a streamlined elderly SNAP application form; a waiver of the recertification interview; a lengthened certification period; and self-declaration of certain demographic and financial information. Initially, FNS also allowed ESAP States to waive the initial certification interview but reinstated this requirement starting in 2016.

- **States primarily implemented an ESAP (or its components) to simplify administrative processes and reduce administrative costs, most often as part of a larger effort to**

modernize systems or re-engineer business processes. This context may have clouded analyses of the States' administrative data by capturing the effects of significant administrative disruption and re-organization along with intervention effects.

- **The most common policy change that States adopted under ESAP was the waiver of the recertification interview.** Another common feature was to allow for self-declaration of unearned income, household size, residency, and shelter expenses (unless deemed questionable).
- **Evidence from Alabama suggests that removing required annual reporting requirements contributed to lower churn and higher caseloads, while reinstating this requirement (along with the initial interview) reversed those effects.** Alabama implemented all ESAP components—and did so with a high level of consistency—through the creation of a designated ESAP unit.

Policy Recommendations

Based on the key findings, the research team makes four high-level recommendations for SNAP policy changes that FNS might consider to increase access to SNAP among the elderly population.

1. **Change the CAP from a demonstration project to standard policy for all States** so that all eligible SSI recipients can access SNAP benefits through the SSI enrollment process. This project has been in place successfully for many years, and this study and previous research have demonstrated that it increases access for very low-income elderly individuals. Further, it minimizes transaction costs for staff and recipients, creates efficiencies, and streamlines program operations. This change would require legislative action to amend the federal statutes and regulations.
2. **Change the SMD from a demonstration project to standard policy for all States** so that more elderly recipients can deduct their medical expenses in a manner that is more efficient for SNAP staff. By removing the cost neutrality requirement for this policy, local SNAP staff would be able to more fully realize the efficiencies that it creates. Making the SMD standard policy would also likely result in more consistent application and understanding of the policy, which would likely increase the number of elderly recipients who receive the highest medical deduction to which they are entitled. This change would require legislative action to amend the federal statutes and regulations.
3. **Create a stronger ESAP demonstration project** that requires States to implement all the components: a simplified application (with self-declaration for most expenses), an extended certification period (with limited interim reporting), and no recertification interview. As suggested by the Alabama results, a comprehensive version of the ESAP

showed promise to increase elderly participation, decrease churn, and create administrative efficiencies for States. The current findings indicate that a piecemeal version of the ESAP, or one in which there are still multiple administrative hoops to jump through, is less likely to be effective.

4. **Remove interim reporting requirements for elderly recipients with no earned income.** Generally, the population targeted for longer certification periods is on a fixed income with very little variation, and electronic verification is available for these income streams (mostly through SSA). Elderly recipients should still have the option to report increased expenses (e.g., medical or shelter) to increase their benefits, but an arbitrary check-in point appears to be counterproductive for elderly access and inefficient for SNAP administration.

I. Introduction

Many older Americans have trouble accessing a nutritious diet (Ziliak & Gundersen, 2018). The Supplemental Nutrition Assistance Program (SNAP) is the largest of the domestic nutrition assistance programs administered by the Food and Nutrition Service (FNS) of the U.S. Department of Agriculture (USDA), but historically, only a third of the eligible elderly population (defined as 60 years of age and older) has participated. FNS conducted a multi-year evaluation (2016–2019) to better understand how various interventions aimed at improving program access for elderly individuals are implemented and to understand their potential effects. The evaluation was carried out by a team of researchers from Social Policy Research Associates and Mathematica Policy Research. This report presents the findings from this evaluation. This introductory chapter provides context for the evaluation and an overview of the research questions and methodology.

The *Evaluation of Alternatives to Improve Elderly Access to SNAP* combines findings from a qualitative analysis of how the interventions were implemented and how elderly individuals experienced SNAP with findings from a quantitative analysis of each intervention's effects. The evaluation had four key components:

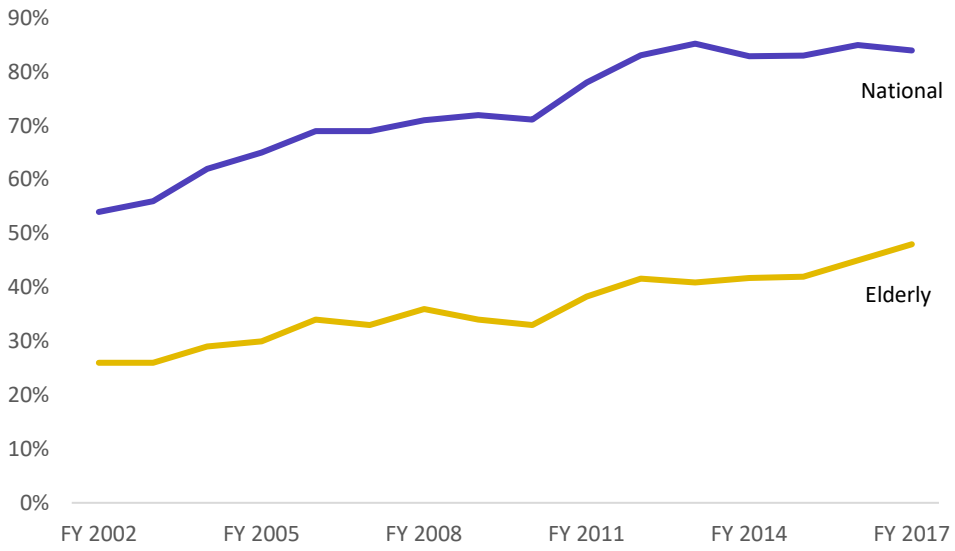
- an exploratory study consisting of a review of the existing literature, summary of SNAP quality control (QC) data on trends in elderly SNAP participation, and interviews with FNS National Office staff, SNAP directors from all seven of the FNS Regional Offices, and individuals from five key national organizations[1] about current knowledge on elderly access to SNAP;
- a Study of State Interventions based primarily on interviews with SNAP staff members and administrators from nine States about the implementation of the interventions;
- a Study of Elderly Participant Perspectives based on interviews and focus groups with elderly SNAP participants and eligible non-participants in the same States; and
- a Study of Intervention Effects on SNAP caseloads, applications, churning, and, in some cases, median benefit amounts using quantitative data from State SNAP administrative records.

[1] The five national organizations were the AARP Foundation, the Benefits Data Trust, the Center on Budget and Policy Priorities, the Massachusetts Law Reform Institute, and the National Council on Aging.

Framing the Problem

Low participation rates,[2] especially among eligible elderly individuals, are one of SNAP's most enduring challenges. Historically, only about a third of eligible elderly individuals have participated in SNAP (Cunnyngham, 2010), while the national participation rate among eligible people of all ages has been about twice as high (Cunnyngham, Castner, & Sukasih, 2012; Eslami, Leftin, & Strayer, 2012). Although between 2002 and 2017 the participation rate among the eligible elderly population grew from 26 to 48 percent (Exhibit I-1), it remained at only a little over half of the participation rate for the eligible population as a whole, which stood at 84 percent in Fiscal Year 2017 (Vigil, 2019).

Exhibit I-1: SNAP Participation Rates Among Eligible Individuals, Fiscal Years 2002–2017



Sources: Cunnyngham (2018); Eslami, Leftin, & Strayer (2011); Vigil (2019).

Low participation in SNAP among eligible elderly individuals is cause for public concern. Without SNAP, low-income elderly individuals may be unable to meet their nutritional needs (Cody & Ohls, 2005). Diet insufficiency has been connected to poorer mental and physical health outcomes in the elderly as well as increased strain on caregivers (Fuller-Thompson & Redmond, 2008). With fewer resources to purchase food, low-income elderly households

[2] Calculated as the percentage of individuals eligible for SNAP who enroll in the program.

without SNAP benefits may forgo medicine for food (Sattler & Lee, 2013) or leave themselves unable to pay utility bills or to secure safe, stable housing (O'Brien, Wu, & Baer, 2010).

Previous research suggests that SNAP not only increases food access and reduces food insecurity (Gundersen, Kreider, & Pepper, 2017), but also has significant positive effects on household incomes (LeBlanc, Lin, & Smallwood, 2006) among all SNAP households. According to one analysis, SNAP raised over eight million recipients out of poverty in 2015 (Center on Budget and Policy Priorities, 2018). Because SNAP participation leads to improved nutrition and decreased financial strain, it has also been associated with improved health outcomes, such as better self-assessed health and decreased hospitalization (Gregory & Deb, 2015) and lower cost-related medication nonadherence (Srinivasan & Pooler, 2018). Thus, increasing SNAP participation among elderly individuals would appear to yield positive benefits for society by improving food security, financial security, and well-being for many elderly individuals living on limited incomes.

Although the problem of low take-up of government assistance programs is not restricted to SNAP (Currie, 2004), numerous studies have assessed the possible causes of low enrollment that are specific to SNAP. Traditionally, this literature has framed the low SNAP-participation rate from the perspective of market failures—as the result of either imperfect information or cost–benefit calculations—but has also documented other factors, such as physical and cognitive limitations and complex social factors.

Imperfect information

Some economic literature cites a lack of information about SNAP or its specific eligibility requirements among eligible individuals as a reason for low take-up (Currie, 2004; Dickert-Conlin, Fitzpatrick, & Tiehen, 2012). Research has also shown that as many as three quarters of individuals who are eligible for the program but have not applied do not believe they are eligible (Ponza, Ohls, Moreno, Zambrowski, & Cohen, 1999; Bartlett & Burstein, 2004). The program's complex income eligibility calculations cause confusion, and those who are closer to the eligibility cut-off tend to be less sure they would qualify than those who are well under it (Bartlett, Burstein, Hamilton, & Kling, 2004). In addition, elderly individuals may not realize they are subject to different income eligibility criteria than the larger population (Ponza et al., 1999). Many believe they are ineligible because they have assets or they do not have dependent children living with them; some do not know how to apply for benefits or how to gain this knowledge (Bartlett & Burstein, 2004; Cody & Ohls, 2005; Gabor, Bellamy, & Hardinson, 2002; McConnell & Ponza, 1999). An experiment conducted in Pittsburgh found that possessing accurate information about SNAP eligibility increased the probability of participation (Daponte, Sanders, & Taylor, 1999).

Cost–benefit calculations

Another strand of the literature examines SNAP enrollment from the perspective of individuals' cost–benefit calculations. According to this perspective, individuals may decide not to enroll in SNAP because the perceived benefits are too low (many elderly individuals believe they will only qualify for the minimum benefit amount), the costs associated with participation are too high, or both.

- **The size of the expected benefit**. Several studies (e.g., Blank & Ruggles, 1996; Gabor et al., 2002; McGarry, 1996) have found that the probability of participation increases with the size of the expected benefit.
- **Transaction costs**. Chief among the costs of SNAP participation are its transaction costs—that is, factors that create significant inconveniences for participants or prospective participants. For SNAP, various rules and processes exist that can be perceived as onerous. Research has documented, for example, that elderly individuals often perceive application requirements as time consuming and difficult to understand, required documentation of income and assets as burdensome and an invasion of privacy, and interactions with SNAP personnel as unpleasant (AbuSabha, Shackman, Bonk, & Samuels, 2011; Cody & Ohls, 2005; Gabor et al., 2002). Moreover, elderly individuals may find it difficult to get to the SNAP office because of lack of transportation or mobility, and they may not be aware of or be able to access options to complete an application online or conduct an interview and "sign" the application over the phone (Bartlett & Burstein, 2004; Bartlett et al., 2004; Cody & Ohls, 2005; Gabor et al., 2002). Additionally, because of the fragmented nature of the U.S. social safety net, consisting of many (often overlapping) programs, many eligible SNAP participants are confronted with the need to apply for multiple benefit programs. Given the time and burden involved in providing the same information time and again to different agencies—and the different program rules with which participants must comply—many eligible individuals do not believe that applying to and participating in all programs to which they are entitled is worth the effort (Nicholl, 2014).
- **Stigma**. Another explanation for low SNAP enrollment is the perceived social cost. Research suggests that, for some individuals, the fear that others will judge them negatively if they receive SNAP benefits deters them from participating (Moffitt, 1983). Although Ponza et al. (1999) found that only seven percent of eligible non-participating households gave the fear of being stigmatized as their main reason for non-

participation, half indicated that it was one of their reasons.[3] Program participants have reported trying to hide the electronic benefits transfer (EBT) card (Nicholl, 2014), suggesting that stigma continues to be an important factor in assessing the costs of participation.

Cognitive limits

Even when people have all the relevant information, their decision-making can be affected by cognitive limitations, and the limited amount of time they may have to make a decision. An experiment by Mani et al. (2013) found that financial stress lowered the cognitive performance of low-income study participants. Other studies have shown that, in situations of scarcity, people often focus intensively on short-term needs at the expense of future needs. For instance, they may stand in line at a food bank, which could provide access to food temporarily, instead of standing in line to apply for SNAP benefits, which could provide access to food more regularly. When attention is focused on immediate needs, such as hunger, individuals sometimes make less-than-optimal decisions (Mullainathan & Shafir, 2013; Shah et al., 2012). This issue may be especially prevalent for the elderly since, as Herd (2015) suggested, aging is associated with cognitive decline. Therefore, complex decisions in which the elderly must navigate a maze of complex requirements—such as those needed to apply for SNAP—may be an especially powerful deterrent to participation, especially for older elderly individuals.[4]

Complex social factors

A wide range of studies from social science literature suggest that participation in SNAP is a complex social phenomenon that transcends simple cost–benefit calculations and often hinges on social perceptions of one's identity with a specific socioeconomic class and cultural norms. For example, to apply for SNAP, people must first see themselves as needing the program. However, the perception of need is often not based on objective indicators, such as income or food insecurity standards (Fong, Wright, & Wimer, 2016). Rather, the perception of need tends to be mediated by other beliefs, such as whether social welfare programs in general are beneficial to society and how individuals have situated themselves in terms of social class and status for most of their lives. Those who have spent most of their lives in the middle class may be less inclined to realize that SNAP is an option once they retire or can no longer work.

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[3] Ponza et al (1999) used an index of stigma calculated from four survey behavioral questions to measure how nonparticipants would react if they received food stamps: doing things to hide that they receive food stamps; shopping at a store where no one knows them; avoiding telling other people that they receive food stamps; and being treated disrespectfully when they told people they received food stamps.

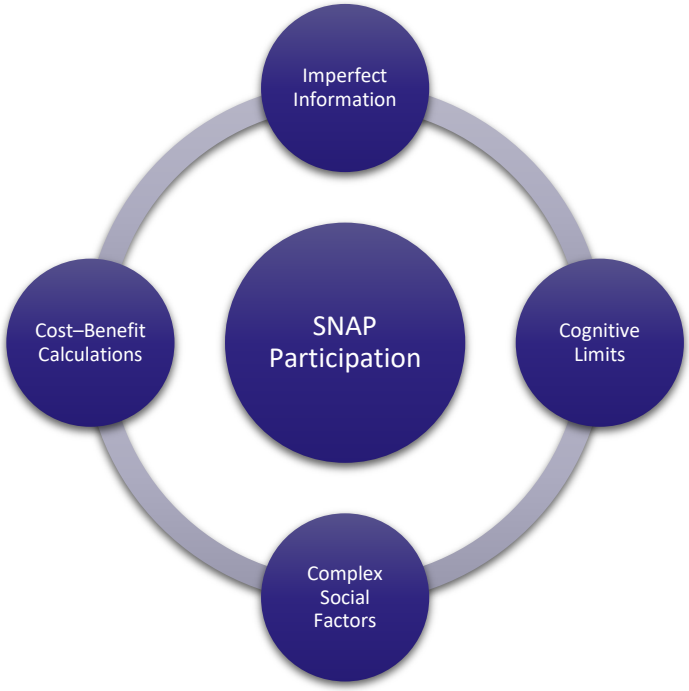
[4] In a study conducted by Fuller-Thompson and Redmond (2008), people 85 years of age and above were three times less likely to be enrolled in SNAP compared to the 65–74 age group.

Alternatively, for those who believe strongly in the value of self-reliance, applying to a government program may not feel relevant or may not occur to them.

In a recent study, survey respondents who held strong negative views of welfare programs in general were also less likely to apply for SNAP (Brizmohun & Duffy, 2016). Indeed, research has documented that some individuals feel they should not need SNAP, that others are needier, or that their participation would displace other needy people (Bartlett & Burstein, 2004; Mack & Paprocki, 2016). Some low-income elderly individuals are more comfortable obtaining food assistance from other sources that they feel are less stigmatizing, such as subsidized and congregate meals, food banks, and senior centers (Fitzpatrick, Greenhalgh-Stanley, & Ver Ploeg, 2015; Gabor et al., 2002; Oemichen & Smith, 2016; Wu, 2009).

This conceptual framework (Exhibit I-2) summarizes the main findings from the literature review. As discussed in this section, the exhibit depicts the decision to participate in SNAP as a result of a complex set of interrelated factors that both frame and mediate the decision.

Exhibit I-2: Conceptual Framework of Low Elderly Participation in SNAP



Increasing Elderly Access to SNAP

Given the potential positive effect of SNAP participation on the well-being of low-income elderly individuals, FNS has implemented a variety of policies to increase the eligible elderly SNAP participation rate. In addition to implementing specific eligibility criteria for elderly households (see text box below), the agency has developed a number of demonstration

projects and opportunities to waive SNAP federal law and/or regulation, collectively referred to hereafter as interventions, that specifically address elderly access to SNAP. These interventions aim to promote participation by addressing one or more of the barriers to participation mentioned above. Each State decides whether to apply for these projects or waivers.

Because these interventions waive requirements of the Food and Nutrition Act or existing SNAP regulations, they require approval from FNS and additional State reporting responsibilities. Demonstrations that impact household benefits must also be deemed cost-neutral. Over the years, FNS has monitored the waivers and demonstrations and made adaptations to increase their effectiveness based on those observations. Besides waivers and demonstrations, States also have the flexibility to adopt other policy options that do not require prior approval from FNS.

FNS eligibility criteria for applicants who are 60 years or older, in all States:

- Households only need to meet the net income test, which calculates income after deductions are applied, rather than both the net and gross income tests.
- Households can deduct elderly individuals' medical expenses in excess of $35 a month when calculating net income.
- Households may have a higher amount of countable resources (currently $3,500 versus $2,250 for households without members who are elderly or have a disability).
- Household can deduct all shelter costs over half of the household's income.

See SNAP Special Rules for the Elderly or Disabled: https://www.fns.usda.gov/snap/eligibility/elderly-disabled-special-rules

Interventions

Through SNAP's statutes, regulations, and waivers, States have various policy options that enable them to adapt their programs to meet the unique needs of the States. This evaluation focuses on the five demonstration projects and waivers that are specifically targeted to increase elderly access to the program: Elderly Simplified Application Project (ESAP); Combined Application Project (CAP); Standard Medical Deduction (SMD); Elderly and Disabled Recertification Interview Waiver; and 36-Month Certification Demonstration[5].

[5] At the time of this report, FNS was in the process of phasing out the 36-month certification demonstrations and converting them to ESAPs.

These interventions attempt to increase the number of eligible elderly households that apply for and participate in SNAP, raise the benefit amount for the elderly, and/or streamline administrative processes and reduce churn (when a household joins SNAP, exits, and then returns to the program in a short timeframe, frequently due to challenges with eligibility or recertification requirements). The interventions are briefly summarized in Exhibit I-3 and described in further detail in later chapters of this report.

Exhibit I-3: Interventions to Increase Elderly SNAP Access

Intervention	Number of States Implementing as of 2019	Overall Goal(s) of Intervention	Obstacles Intervention is Designed to Overcome
Elderly Simplified Application Project (ESAP) May include streamlined application form, data matching to verify information, 36-month certification period, waiver of recertification interview	9	Increase the number of elderly participants; decrease churn; simplify administrative processes	Complexity and time involved with application and recertification processes; transaction costs
Combined Application Project (CAP) Partnership with Social Security Administration; "standard CAP" involves joint application for SSI and SNAP, "modified CAP" involves targeting Supplemental Security Income applicants for SNAP	17	Increase the number of elderly participants; simplify administrative processes	Fragmented social safety net; imperfect information; cognitive limits; transaction costs
Standard Medical Deduction (SMD) Standard deduction for households with elderly or disabled members with documented medical expenses over $35 per month	21	Increase the benefit amount for elderly participants; simplify administrative processes	Cost–benefit calculations; transaction costs
Elderly and Disabled Recertification Interview Waiver	11	Decrease churn; simplify administrative processes	Transaction costs
36-Month Certification Demonstration Extends SNAP certification period for certain eligible recipients	2	Decrease churn; simplify administrative processes	Transaction costs

Sources: SNAP policy database; SNAP *State Options Report*; SNAP current and historical waiver databases; communication with FNS; site visit interviews during the Study of State Interventions.

The *Evaluation of Alternatives to Improve Elderly Access to SNAP* built upon the existing knowledge base in several ways. Although the literature on the effects of specific State policies on SNAP enrollment is extensive (e.g., Ganong & Liebman, 2013; Heflin & Mueser, 2010; Klerman & Danielson, 2009; Mabli et al., 2009; Ratcliffe, McKernan, & Finegold, 2007; Rutledge & Wu, 2014), few studies have focused on elderly enrollment specifically. Those studies that do exist suggest that State-level policies may lead to increases in elderly caseloads, such as CAP increasing SNAP participation (Dorn, Minton, & Huber, 2014) and SMD increasing average program benefit amounts (Adams, Lee, Bhargava, & Super, 2017). In contrast, Heflin and Mueser (2010) found that modernization (e.g., shifting to electronic applications and eligibility determination processes) was associated with a decrease in elderly caseloads in Florida.

A limitation of prior studies is that their findings are based on administrative data only; without qualitative data on the context of implementation and how the interventions were operationalized, it is difficult to thoroughly assess effectiveness. Among studies that employed a mixed-methods approach to evaluate demonstration projects, Cody and Ohls (2005) evaluated a simplified application model used in two counties in Florida as part of the USDA Elderly Nutrition Demonstrations, and Kauff et al. (2014) assessed projects that targeted elderly individuals and used a simplified application process in Michigan and Pennsylvania. Both found that the demonstrations increased elderly SNAP participation. However, research on demonstration projects is likely to be inconclusive given the limited duration and reach of the interventions (Cody & Ohls, 2005).

Overview of Research Questions and Study Methodology

This section describes the main research questions employed for the evaluation, explains how States were selected to participate, and provides an overview of the main evaluation components—the Study of State Interventions, the Study of Elderly Participant Perspectives, and the Study of Intervention Effects.

Research Questions

The research questions guiding the evaluation aligned with its key objectives. These objectives were:

1. presenting a coherent narrative about elderly SNAP participation, historically and in the recent past;
2. understanding barriers to elderly participation in SNAP;
3. reviewing the interventions designed to improve elderly access to SNAP;

4. understanding what effect, if any, single interventions or interventions in combination had on elderly participation in SNAP;

5. and determining which of the interventions studied had the most promising effects related to increasing older adults' participation in SNAP and other outcomes.

The research questions are listed in Exhibit I-4, organized by objective. For each question, the exhibit specifies the component of the evaluation that addressed the question and notes what sources of data were used.

Exhibit I-4: Evaluation Objectives, Research Questions, and Data Sources

Objectives and Research Questions	Research Activities and Data Sources								
	Exploratory Study			Study of State Interventions		Study of Elderly Participant Perspectives			Study of Intervention Effects
	Literature review	Key informant	SNAP QC data	State and local administrator interviews	Local organization interviews	Discussions with elderly SNAP participants and non-participating applicants		Discussions with elderly SNAP-eligibles	Administrative records
1. Present a coherent narrative about elder SNAP participation, historically and in the recent past.									
What do existing data reveal about trends in SNAP participation for elderly individuals? How do measures of elderly participation vary across States and over time?	✓		✓						
2. Understand barriers to elder participation in SNAP.									
What elements of SNAP may serve as barriers? What are common perceptions of barriers? How do barriers vary among elderly groups?	✓	✓				✓		✓	
What challenges have other assistance programs faced in serving elderly individuals?	✓	✓							
What are some of the partnerships in place that aim to better serve elderly clients?	✓	✓							
How important are different factors in elderly individuals' SNAP participation decision?	✓	✓				✓		✓	
3. Review the interventions designed to improve elderly access to SNAP.									
What is the purpose of each intervention? How is it meant to address barriers identified under Objective 2? What are the key elements?	✓	✓		✓	✓				
Which States have implemented interventions? What are the reporting requirements? Have multiple interventions been implemented?	✓	✓		✓	✓				
What are the variations in program design? How well have intended designs been implemented?	✓	✓		✓	✓				
How aware are elderly individuals of specific policies, and how accurate is their understanding?				✓	✓	✓		✓	

Objectives and Research Questions	Research Activities and Data Sources								
	Exploratory Study			Study of State Interventions		Study of Elderly Participant Perspectives		Study of Intervention Effects	
	Literature review	Key informant	SNAP QC data	State and local administrator interviews	Local organization interviews	Discussions with elderly SNAP participants and non-participating applicants	Discussions with elderly SNAP-eligibles	Administrative records	
4. Measure the impact of each intervention on elders' participation in SNAP.									
Did interventions affect elderly applications, participation, participation rates, or churning?						✓	✓	✓	
Did interventions reduce barriers? Did they successfully address other goals?						✓	✓	✓	
Were there unanticipated consequences?						✓	✓	✓	
Were there interaction effects from multiple interventions?								✓	
Are there confounders that affect the association between interventions and outcomes?								✓	
5. Determine which of the interventions studied have the most promising impacts related to increasing the participation of older adults in SNAP.									
Highlight interventions shown to improve elderly SNAP participation or achieve other goals.					✓	✓	✓	✓	
Provide recommendation to improve existing interventions					✓	✓	✓	✓	

Overview of Methodology

This section describes the methodology for the three evaluation components that involved primary data collection: the Study of State Interventions, the Study of Elderly Participant Perspectives, and the Study of Intervention Effects.

State Selection

Based on the exploratory study, which was completed in early 2017, the research team identified criteria that could be used to assess the value of each State's inclusion in subsequent components of the study. The goal was to select a group of States that captured both variation in the types and number of interventions implemented and variation in State characteristics and participation rates. Overall, the research team considered the following when selecting States:

- **Adoption of at least one of the five interventions with potential to increase elderly SNAP access.** This consideration included States that had adopted two or more of the interventions and others that had adopted only one.

- **Program participation rates**, including participation trends. The team wanted to include States with higher elderly SNAP participation rates, lower elderly SNAP participation rates, rates that were trending higher, and rates that were staying constant.
- **Diverse State characteristics**, such as geographic distribution, population, and whether SNAP was operated at the State or county level.

Exhibit I-5 lists the nine States ultimately selected for inclusion in the evaluation and the interventions that each implemented during the evaluation period.[6] Appendix A contains profiles of each of the nine States, including contextual information, details about their State SNAP programs, and a timeline of the interventions each implemented.

Exhibit I-5: Interventions in Each Study State

Study States	ESAP	CAP	SMD	Recertification Interview Waiver	36-Month Certification
Alabama	✓		✓		
Arkansas			✓	✓	✓
Florida	✓	✓			
Massachusetts		✓	✓	✓	
Nebraska				✓	
New York		✓			
North Dakota			✓		
Pennsylvania	✓	✓		✓	
Washington	✓	✓			

[6] The original plan was to include 10 States in the evaluation, but one State ultimately was not able to approve data collection in order to participate.

Within each selected State, the research team selected two counties to include in the Study of State Interventions and the Study of Elderly Participant Perspectives. These counties were chosen to capture potential variation in the implementation of interventions or community circumstances that might have had implications for outcomes and the experiences of elderly individuals. To facilitate site-visit logistics, the research team selected counties within about a two-hour driving distance of the State capitals. To maximize variability in county characteristics, the following criteria were also considered:

- **Urbanicity.** The research team aimed to include counties that were rural, suburban, and urban, defined by the U.S. Census as noncore, micropolitan, and metropolitan, respectively.
- **Race and ethnicity.** The research team aimed to select counties that had varying percentages of African American, Asian American, American Indian, and Latino/a residents.
- **Elderly population.** The research team aimed to select counties with both larger and smaller populations of elderly individuals.

In addition to including a selection of counties balanced on these criteria, the research team sought counties that had at least one community-based organization (CBO) providing services to the elderly. Such CBOs assisted with recruitment for the Study of Elderly Participant Perspectives and provided insight into the area's SNAP and broader food access context (see Appendix B for a list of selected counties).

Study of State Interventions

The Study of State Interventions documented the design, implementation, and operation of the five interventions intended to increase access to SNAP among the elderly population in the nine study States. It aimed to provide a comprehensive understanding of the interventions, help in the interpretation of findings from the Study of Intervention Effects, draw lessons on how aspects of the interventions could have been improved, and assess whether the interventions, if implemented in other locations or contexts, might have yielded similar outcomes.

Data were primarily drawn from three-day site visits to the selected States. Site visits occurred between May 2018 and April 2019. For each State, two members of the research team typically spent about one day in the State capital and one day in each of the two selected counties. During the site visits, the research team conducted one-on-one and small-group interviews with key stakeholders. Most of the interviews were conducted with State or local SNAP staff members. To obtain a variety of perspectives, the research team interviewed staff members at various levels (including administrators, supervisors, and front-line staff members) and those responsible for the design, initial implementation, and operations of each intervention. The

team also interviewed representatives of CBOs that may have referred elderly individuals to SNAP or provided them with supplemental or alternative support, such as meals or food baskets. Additionally, Social Security Administration (SSA) administrators involved in CAPs were interviewed by phone.

A document review—which included available training manuals, policy guidance or directives issued for SNAP program staff, waiver applications, cost neutrality or other reports required by FNS, and other formal communication with FNS regarding the interventions—supplemented the site-visit data. The documents served as a key source of information on intervention design and on formal changes to policy and procedure. The research team compared the qualitative information collected about how (and how well) interventions were implemented, as well as the contexts in which they were implemented, within and across States.

Study of Elderly Participant Perspectives

The Study of Elderly Participant Perspectives gathered direct input from elderly individuals about their awareness of SNAP, perceptions of the program, and experiences applying for and receiving SNAP benefits. Between July 2018 and April 2019, a team of two researchers conducted visits (each lasting between one and one-and-a-half days) to the selected counties in the nine States. The researchers documented field observations while on site and conducted semi-structured, in-person interviews (lasting 30 to 60 minutes each) with 193 elderly individuals across the States. They also conducted nine focus groups (one per State, lasting 90 minutes each) in which themes that emerged during the interviews were explored in greater depth. The interviews and focus groups included three types of individuals:

- **SNAP participants**: Individuals age 60 and over who were enrolled in SNAP and receiving benefits at the time of their participation in an interview or focus group.
- **Non-participating applicants** (hereafter "applicants"): Eligible individuals age 60 and over who had attempted to apply for SNAP but had not succeeded, or eligible individuals age 60 and over who had enrolled in SNAP after reaching age 60 but were no longer participating at the time of the interview or focus group.
- **Non-participants**: Individuals age 60 and over who were eligible for SNAP but had not applied since reaching age 60.

While the overarching goal guiding the recruitment of these individuals was to maximize diversity in the sample, the research team did not intend to achieve a representative sample. Instead, the aim was to gather extensive information from a small sample that was roughly in balance with the demographics of the eligible elderly population in selected counties while

minimizing the exclusion of certain subpopulations that tend to be very hard to reach or less inclined to participate in research.[7]

The research team audio-recorded all interviews and focus groups. Recordings were transcribed in preparation for coding and analysis using NVivo qualitative data analysis software. Exhibit II-1 in Chapter II summarizes the number of respondents across interviews and focus groups.

Study of Intervention Effects

The Study of Intervention Effects used SNAP administrative data from the nine States to quantitatively assess the effects of the interventions on key program outcomes among the elderly population, including caseload size, applications, and rates of churning. This study also assessed average and median benefit for the two interventions (CAPs and SMDs) that addressed benefit amounts. The analysis was based on SNAP administrative data from each State for a period of time before and after the implementation of each intervention and included three subcomponents, described next.

Analysis of individual intervention effects. For each State and intervention, we estimated the effect of the intervention using interrupted time series (ITS) or difference-in-difference (DiD) models. ITS models assume that an outcome would continue to follow the trend it followed before an intervention, had the intervention never been implemented. A change in the trend reflects the estimated effect of the intervention. This estimate may be biased, however, if other factors that also influence the outcome (such as economic factors that affect SNAP eligibility rates) changed after the intervention began. To help ensure that the estimated effect reflects the impact of the intervention alone, comparative interrupted time series (CITS) models add a comparison group to control for such potentially confounding events. The model still calculates how the observed outcome deviates from the predicted outcome (based on the trend before the intervention), but it does this separately for the group affected by the intervention (the treatment group) and for a group not affected by the intervention (the comparison group). The model calculates the estimated intervention effect by subtracting the comparison group deviation from the treatment group deviation. The underlying assumption of a CITS model is that the confounding event (which occurred after the intervention began) affected the treatment and comparison groups similarly. Under that assumption, subtracting the comparison group deviation from the treatment group deviation removes the effect of the confounding event. Where it was possible to identify a comparison group that was highly comparable to the treatment group, the research team applied a CITS model; otherwise, the research team applied an ITS model.

[7] For example, hard- to- reach subpopulations included individuals who struggle to leave their homes (those with certain disabilities or health issues) and homeless individuals without a fixed address.

The research team used each intervention's eligibility criteria and administrative data on each household's characteristics at the time of the most recent SNAP application (initial or recertification) to define treatment and comparison groups specific to each outcome within each State intervention. The team first identified households that were eligible for the intervention and assigned them to the treatment group. Because the interventions were not mandatory, the treatment group includes eligible households that did and did not participate in them. The research team then defined up to five potential comparison groups not eligible for the intervention for each outcome we analyzed, beginning with the group of households that was most similar to the eligible population in terms of composition, age of household members, and presence of earned income, and moving to broader definitions. The team selected the comparison group that was large enough for analysis and whose outcome (e.g., trend in new applications, caseload, churning or benefit levels) was most similar to the treatment group's outcome before the intervention was implemented. Similar pre-intervention trends indicate that the two groups responded similarly to economic factors in the past, increasing the probability that they would respond similarly again to any confound that occurred during implementation of the intervention. Appendix D and exhibits within Chapters III-V specify the treatment and comparison group definitions for each State intervention and outcome.

In some cases, because data received from a State did not contain sufficient time periods before an intervention was implemented to allow the precise estimation of pre-intervention trends, the research team resorted to a DiD approach, whereby pre–post differences in average outcomes between treatment and comparison groups were compared. DiD is a simplified version of CITS that relies on only two measurement points (before and after the intervention) for each group.

Analysis of interaction effects. The research team estimated the combined effect of two or more interventions implemented simultaneously. This analysis employed a series of models that used a treatment group (households with at least an elderly member) and a comparison group (non-elderly households not affected by interventions) to assess whether caseloads, the number of new applications, the number of churners, and average benefit amounts had a different rate of change for treatment groups when two interventions operated at the same time compared to before any intervention existed.

Descriptive analysis. This component tabulated data on the characteristics of elderly SNAP participants and new applicants before and after the implementation of each intervention (see Appendix E). The descriptive analysis assessed individual-level demographic characteristics—such as age, gender, race, and marital status—as well as household characteristics, such as benefit level, income, medical expenses and deduction, household size and composition, and participation in other assistance programs (such as Temporary Assistance for Needy Families [TANF], Medicaid, and Supplemental Security Income). The results were used to determine

whether characteristics changed after the implementation of an intervention, though changes could not be attributed to the intervention.

Limitations of the Research

The evaluation explored in depth five interventions that are specifically targeted to the elderly but did not examine others that are not specifically targeted to the elderly but may influence their access to SNAP. Examples include vehicle exemption policies, call centers, online applications, and application assistance from community-based organizations. In addition, although two types of CAPs exist, all study States implemented a standard CAP so the evaluation could not assess a modified CAP.

Given the number of States and the study resources available, the research team could only spend limited time in each site. It is likely that the research data collected directly from elderly respondents may have underrepresented the perspectives of those who are more socially isolated (especially in rural areas), those who have had difficulty applying for SNAP, and men.[8]

The administrative data analysis in this evaluation was designed to assess the effects of policy interventions one year after they were implemented. A major reason for doing so was to avoid over-burdening participating States with onerous data requests. However, time-series-based analyses, such as the ones conducted for this evaluation, benefit from numerous data points both before and after an intervention is implemented to estimate trends precisely. In addition, analyzing data for additional years beyond the initial implementation period would have given the interventions a chance to become more mature, and would have arguably provided more evidence of effectiveness.

Overview of the Report

The chapters that follow describe the research team's findings, synthesizing across the Study of State Interventions, the Study of Elderly Participant Perspectives, and the Study of Intervention Effects. Broadly, the report starts with the elderly informant perspective, covers each of the interventions in turn, and then provides an analysis of how the interventions worked together. Finally, the report offers overall conclusions and policy recommendations.

Specifically, the remainder of the report is organized as follows:

[8] For additional details on the demographic characteristics of our elderly respondents, refer to Exhibits II-1 and II-2 in Chapter II.

- **Chapter II** reports findings from the Study of Elderly Participant Perspectives, including an overview of the barriers elderly individuals face accessing food and SNAP and their experiences applying for and receiving benefits.
- **Chapter III** focuses on the CAP, including a description of the policy; how it was implemented across study States; perceptions of the CAP from State staff, SSA staff, CBO staff, and elderly individuals; and findings about the CAP's impact on elderly SNAP access and elderly benefit levels.
- **Chapter IV** addresses the SMD, including a description of the policy; how it was implemented across study States; perceptions of the SMD from State staff, CBO staff, and elderly individuals; and findings about the SMD's impact on elderly SNAP access and elderly benefit levels.
- **Chapter V** explores the ESAP and its component waivers (the recertification interview waiver and the 36-month certification period), including a description of the policy; how it was implemented across study States; perceptions of the ESAP from State staff, CBO staff, and elderly individuals; and findings about the ESAP's impact on elderly SNAP access.
- **Chapter VI** describes cross-intervention effects—that is, whether and how the interventions to improve elderly access minimize or enhance their influence when implemented together.
- **Chapter VII** offers conclusions and policy recommendations based on findings from the earlier chapters.

II. Elderly Experiences and Perceptions of SNAP

To understand how elderly individuals make decisions about participating in SNAP, it is necessary to first understand how they perceive food access in the broader context of their everyday lives and as one among several basic needs, such as housing, health, and security. Previous research suggests that SNAP is just one of a range of options low-income elderly individuals have for accessing food (Fitzpatrick et al., 2015; Gabor et al., 2002; Oemichen & Smith, 2016; Wu, 2009). The Study of Elderly Participant Perspectives gathered rich qualitative information about elderly individuals' perceptions of and experiences with SNAP and other sources of food support. The research team conducted interviews in senior centers, senior housing facilities, community centers, libraries, and in the homes of respondents. Focus groups took place in senior centers or similar community-based facilities. Also, each site visitor documented field observations daily. This chapter summarizes these results and provides important context for the following chapters on the interventions.

Summary of Informant Characteristics

The research team gathered data from a total of 267 elderly individuals through interviews and focus groups. In addition, the research team completed field notes after each day of interviews to record observations about the local context and emerging research themes in real-time. The analysis in this chapter focuses on interview data, as focus group data were largely used to validate interview findings. Before shifting to that analysis, this section provides an overview of the demographics of the interview sample and, to a lesser extent, the focus group sample.

Overall Sample

Exhibit II-1 shows data collected from elderly respondents. The research team compared this data to SNAP administrative data for the selected counties. Overall, the respondent sample had a higher share of individuals who identified as female (59 percent vs. 75 percent, respectively). Thus, women were overrepresented.[9] Compared to interview participants, focus group participants were more likely to be African American and less likely to be White, and they tended to have higher incomes.

[9] In general, women tended to express less shame about participating in government programs. As such, gender norms are one likely explanation for why women were more willing than men to participate in the study. In addition, all interviewers were female, and it is possible that men were more reluctant to participate in research about experiences of poverty and food assistance with someone of a different gender.

Exhibit II-1: Characteristics of Elderly Study Respondents by Data Source[10]

	Interviews	Focus Groups
Sample Size	193	74
SNAP Participation		
Participants	128 (66%)	25 (34%)
Non-participants	48 (25%)	33 (45%)
Applicants	17 (9%)	3 (4%)
No Answer	0 (0%)	13 (18%)
Average Household Size	1.4 (N=191)	1.4 (N=73)
Female	75%	73%
Race		
American Indian or Alaska Native	2%	0%
Asian	3%	0%
Black or African American	32%	50%
Native Hawaiian or Other Pacific Islander	1%	0%
White	51%	32%
Mixed Race	2%	3%
No Answer	9%	15%
Ethnicity		
Hispanic or Latino/a	10%	7%
Not Hispanic or Latino/a	68%	54%
No Answer	22%	39%
Individuals Living Alone	71%	73%
Monthly Household Income (Individuals living alone)		
Under $1,000	50%	43%
Under $1,500	82%	61%
Disability Status		
Yes, I have a disability	59%	42%
No, I do not have a disability	37%	39%
No answer	4%	19%

Fifty-seven percent of respondents were SNAP participants, 30 percent were non-participants, and 9 percent were applicants (who were either waiting to hear about their eligibility status,

[10] Each item on the demographic information sheet was voluntary; "no answer" represents respondents who elected not to respond to that item.

had applied but been denied, or had been enrolled in SNAP after reaching age 60 but were no longer participating at the time of the interview or focus group).[11] Applicants tended to have smaller households and were more often White and not Hispanic or Latino/a (Exhibit II-2).

Exhibit II-2: Characteristics of Study Respondents by Type

	All Elderly Respondents	SNAP Participants	Non-Participants	Applicants
Sample Size	267	153	81	24
Average Household Size	1.4 (N=264)	1.4 (N=152)	1.5 (N=80)	1.2 (N=24)
Female	75%	75%	79%	67%
Race				
American Indian or Alaska Native	1%	1%	3%	0%
Asian	2%	1%	5%	4%
Black or African American	37%	36%	43%	25%
Native Hawaiian or Other Pacific Islander	1%	1%	1%	0%
White	46%	48%	36%	63%
Mixed Race	3%	3%	3%	4%
No Answer	11%	12%	9%	4%
Ethnicity				
Hispanic or Latino/a	9%	10%	5%	4%
Not Hispanic or Latino/a	64%	63%	68%	79%
No Answer	27%	27%	26%	17%
Monthly Household Income (Individuals living alone)				
Under $1,000	48%	63%	24%	26%
Under $1,500	76%	88%	59%	58%
Disability Status				
Yes, I have a disability	54%	65%	34%	58%
No, I do not have a disability	38%	28%	58%	42%
No answer	8%	8%	8%	0%

[11] The original target was for the interview sample to be 50 percent SNAP participants, 20 percent non-participants, and 30 percent applicants. Based on administrative data, the final interview sample was 66 percent SNAP participants, 25 percent non-participants, and 11 percent applicants. It was easier to recruit non-participants and more difficult to recruit applicants than anticipated. See Appendix C for more detail on recruitment.

Interview Sample

In general, the elderly individuals who participated in the interviews tended to live alone and have low education levels and a high prevalence of disabilities. Almost three-quarters of interview respondents (71 percent) lived alone, and half of those who lived alone reported a monthly income below $1,000. Over two-thirds (70 percent) had a high school education or less, and 11 percent had not completed eighth grade. Almost two-thirds (59 percent) of the interview sample reported having a disability, and in many cases the elderly interviewees discussed how their disabilities prevented them from being able to work. There were 12 veterans in the interview sample (six percent).

The interview sample was relatively well-balanced in terms of race and ethnicity when compared to the demographics in the administrative data. The sample was 51 percent White, 32 percent African American, three percent Asian, two percent American Indian or Alaska Native, one percent Native Hawaiian or Pacific Islander, and two percent mixed race. Nineteen respondents (10 percent) identified as Hispanic or Latino/a. The interview sample included a relatively balanced share of respondents from all age categories in the study, although individuals in the interview sample were older than the population in the administrative data, on average (Exhibit II-3).

Exhibit II-3: Age Distribution of Elderly Study Respondents

Age Category	State Administrative Data	All Elderly Respondents	Interview Respondents	Focus group Respondents
60-64	37%	21%	23%	15%
65-69	25%	23%	25%	16%
70-74	16%	21%	21%	22%
75-79	10%	19%	17%	27%
80+	13%	15%	14%	19%
No answer				1%
Sample size	42,216	267	193	74

Source: Informant demographic information forms and case files from counties used for interview recruitment.

The research team was able to gather data from a diverse cross-section of SNAP-eligible elderly respondents from varied regions and settings, but there are limitations to the study. In particular, the research team experienced more difficulty than expected in reaching applicants who were having difficulty with the application process. As such, the findings may over-represent the experiences of successful applicants and should be interpreted in that light.

Understanding the Context: The Everyday Lives of Low-Income Elderly People

Despite receiving critical income and healthcare supports from the government on a regular basis, the everyday lives of low-income elderly people are quite precarious. Many elderly respondents had recently experienced one or more crises that affected their ability to afford food. This section describes these shocks and ongoing stressors that contributed to economic insecurity, as well as the supports respondents said they relied on to compensate.

Factors Contributing to Economic Insecurity and Well-being

Overall, elderly individuals reported a wide range of ongoing challenges and significant life disruptions, some of which were a routine part of the aging process, such as declining health. Others stemmed from misfortune, systemic or historical inequities, or problematic life decisions. Most often, elderly individuals reported the following types of experiences:

- **Financial crises.** Among the most common sources of instability, respondents frequently reported a sense of ongoing stress over their finances given their typically fixed income. It was rare for them to report working (even part-time), in most cases because they were not able to do so. Aside from a handful of exceptions, they generally relied on fixed amounts from Social Security, SSI, disability, or other retirement benefits to cover monthly expenses. It was also common for respondents, especially men, to express a desire to work—and a frustration that they could not. In addition, a small number had significant outstanding financial obligations, such as debt or overpayment of SSI or SNAP benefits that they had to pay back. For these few respondents, paying back this money to SSA or SNAP was a significant burden. Generally, most respondents felt that they had to pay their bills first, and could then spend whatever was left on food. Those with extensive medical bills not covered by Medicare or Medicaid struggled with these unexpected costs. They also tended to be unaware that they could report unexpected costs to SNAP for reconsideration of their benefit level. Applicants were more likely than SNAP participants and non-participants to describe general economic insecurity, loans, or other unmet financial obligations.
- **Health problems.** Many respondents reported experiencing a major health crisis that compromised their ability to work. Those younger than age 65 who had experienced a health crisis also struggled with healthcare-related debt because they were not yet eligible for Medicare, and some were uninsured or underinsured when the event took place. Many who had not experienced a crisis struggled with various disabilities or chronic health issues, which tended to compromise their ability to earn income and function in everyday life. Applicants were more likely than participants or non-participants to report having had a recent health crisis.

Nancy is a White female SNAP participant in her early 60s. She has been singing Gaelic and Celtic music her whole life and likes spending her time with other musicians. She lives with her spouse, her elderly mother-in-law, and her dogs. She has diabetes and multiple sclerosis, so she has difficulty walking long distances. She has a graduate degree but has struggled to hold down a job due to flare ups of multiple sclerosis. Her income is less than $1,000 per month, but she has a car and internet access at home.

She has had negative experiences with SNAP staff in another State. "I don't want to reveal myself as…on the dole, so to speak, because it takes a lot away from your dignity. And I really get tired of being reminded. And then, people look down on you and pity you."

She finds it hard to afford food for a diabetic diet. "You can't really buy what you need to eat healthy. As a diabetic, believe me, I've tried it, and it would take my whole check the first day I went down there….So we have society saying, 'Those people buy junk. They don't buy real food.' Well, we can't afford it. So I'm really mad about that. Oh, $170 or $140 looks like a lot—until you're buying the lettuce, tomatoes, and your salad, and non-sugar things because you're diabetic."

- **Death, loss, and depression.** The death of a spouse or other loved one often led respondents into a living situation that was more unstable, socially isolated, and emotionally challenging to navigate while grieving. Some explicitly shared that they struggled with depression, and a handful said that they or someone they knew had contemplated suicide.
- **Unexpected life events or trauma.** Some respondents reported experiencing major life events—including accidents, natural disasters (such as a fire or hurricane), lawsuits, abusive relationships, mental health or substance abuse problems, job loss, or being the victim of a crime—that destabilized their life and led them into a situation of poverty and food insecurity.

Eloise is a White woman in her early 80s. She describes herself as a farmer's daughter, and she has lived in her suburban area for more than 50 years. She lives alone in senior housing, and her income is less than $1,000 per month. She likes getting out to take a walk in the neighborhood every morning. She does not have a car and takes a taxi to the grocery store, which costs her about $20 round trip. Eloise has an associate degree and is a retired librarian.

Eloise shared that she ended up in poverty after the death of her husband, whose business ventures had not gone well. She explained that she relies heavily on SNAP, and doesn't know how she would manage without it and other benefits: "I can't imagine, without Medicare and Food Stamps, what would I do? What would I do? Especially now that I don't see well, I don't hear well. I'd have to depend on myself. And where would that money come from?"

She continued: "I definitely need help. I'd have to go to my children, and I only have two. One is not here, one is here, but I can't lay this on them. I have thought about suicide—I can't say that I haven't—But, I wouldn't do that to God and I wouldn't do that to my children."

- **Housing instability and homelessness.** Although many interview respondents had secured stable housing in affordable housing units or senior housing facilities, others reported experiencing eviction, displacement, homelessness, and high levels of housing stress (paying more than one-third of their monthly income on rent). Housing instability, homelessness, and relocation can be very disruptive to food access because of the loss of support networks for receiving food assistance, a lack of familiarity with resources in a new community, and a lack of cooking facilities for the homeless. Moreover, respondents experiencing housing stress often reported sacrificing meals or the quality of their meals to pay the rent.
- **Limited transportation and mobility.** Only about one-third of respondents reported having access to a car. Many who did not have a car also reported declining physical abilities, so they were not able to walk or use a bicycle. Public transportation was often absent or very limited in rural and suburban areas, although it was more widely available in urban areas. Few could afford taxis, and few were aware that ridesharing or food delivery options were available on mobile platforms in urban areas. Respondents without reliable transportation were generally less able to control when they had access to food and what quality or type of food they could get. It was common for respondents without a car to rely on friends or family members to take them to a grocery store. Some reported skipping meals or even eating pet food when they ran out of food.

Transportation Barriers

Across SNAP participants, applicants, and non-participants, respondents widely reported that transportation was a major barrier to accessing SNAP (and food in general). About one-third of the interview respondents reported having a car that they could drive. Those who did not own a car said they relied on friends or family for rides to the grocery store or food pantry, took the bus, used shuttles or paratransit services, walked, or simply missed out on certain food resources.

While respondents appreciated rides from family and friends, some also felt constrained by having to rely on someone else's availability. For example, one respondent explained that, "Yes, the food bank's been helpful. Now, I used to go pretty regular because I had my sister and her sister-in-law. We used to go. But now, I don't have anybody to take me, so I haven't been there in a while." Another had a friend who drove her to the food bank, but that friend's work schedule changed, and it now conflicts with the food bank's limited hours, so she now has no way of going.

Many respondents who reported taking the bus, paratransit, or shuttles mentioned challenges, such as long wait times for buses, slow rides, inconvenient or limited schedules, and difficulty carrying grocery bags on the ride back. For example, respondents in North Dakota said that bus service in their area had been cut back; an elderly respondent in Pennsylvania complained that her bus stopped running at 6pm.

A few reported walking to grocery stores. This meant they could only access what was nearby and had to deal with inclement weather. Further, given the difficulty carrying heavy packages home, walking was only realistic for small purchases. Respondents in two States noted that they would like to visit farmers' markets for fresh produce, but they had no way to get there.

Support Networks for Accessing Food

Elderly study respondents relied on an array of support networks to access food. Aside from SNAP benefits, the most common sources of food support (from highest frequency to lowest) were food banks and CBOs, faith-based organizations, family and friends, and (to a lesser extent) community gardens and farmers' markets.

- **Food banks and CBOs.** Two-thirds of respondents reported that food banks and other senior-serving CBOs were available as a resource for those who could not afford food. However, some were reluctant to use them because they felt judged "just by walking in the door." Some expressed that the food pantries and senior-center meals were an essential element of their day-to-day food routines. However, others raised concerns that food pantries were difficult to get to, often ran out of food, offered poor quality food or a limited selection, or did not meet their dietary needs. For example, multiple respondents reported receiving or eating expired food. One described meat she had received: "I'm sure it's been expired.…It just smells funny, even when you open it. You fry it, and it just has *this much* fat over it, and you can't drain it enough. I got sick from it." A respondent receiving meals from a meal service also reported getting meat with "black spots on it." Some who had received

expired food from a program or food pantry said the experience was dehumanizing or harmful to their sense of self-worth.

- **Faith-based organizations.** In some counties, faith-based organizations were highly active in supporting the elderly with access to food and nutrition; in others they appeared to have a more limited presence. Elderly respondents in communities with active faith-based organizations—including those who were part of a religious congregation or just part of the same community—could access free meals, food pantries, and volunteers who could help them get groceries. Churches in some communities also offered assistance to the elderly in paying their bills. Faith-based sources of food support were most common in Alabama, Arkansas, Nebraska, and North Dakota.

Elisha is an African American woman in her early 70s. She lives alone in a large affordable-housing complex in a midsized metro area. She sees her role as making sure that seniors and others in her community have what they need. For example, she is working with the county jail to help people recently released obtain employment, housing, clothing, and food. As she said, "Somebody had to do something." She has a bachelor's degree and uses the internet on her home computer. Her income is below $1,000 per month and she does not have a car.

Elisha feels that the biggest challenge for elderly SNAP access in her community is that the office is too difficult for them to get to (it requires two buses), and she has not been able to successfully get through using the call center. "You can't do it on the phone. You can't get [ahold of] them. That's why I tell [others], 'Call your senator and they can work on that. She gets anything fast.' My son got the application one day. She sent it the next day. I sent it back. [The senator] faxed it in, and my son got emergency stamps. I have to go through my senator to get everything."

- **Family, friends, and neighbors.** Some respondents appeared well-connected to their families, friends, and neighbors, and said they received a high level of support from them to access food. One common way that these social networks provided support was by offering regular trips to the grocery store on a monthly or weekly basis. It was fairly common for family and friends to provide shared meals on a regular basis. In some cases, family, friends, and neighbors shared food that they grew themselves. SNAP participants and non-participants were more likely than applicants to report receiving this type of assistance to access food. As described in more depth later in the chapter, assistance from a family member was very important for helping well-connected respondents successfully navigate not only the SNAP application process but also the process of applying for other benefits and services, such as senior housing, Medicare, and Social Security.

Rural Food Deserts

Approximately 14 percent of the interview respondents were living in rural areas. Compared to respondents in urban areas, they were more likely to report having trouble accessing fresh produce. They also spoke more often about the challenges of finding food they could afford. For example, several respondents from a rural area of North Dakota said it was difficult to access fresh produce in their small town, except for local fruit in the summer.

Elderly respondents in a rural area of Arkansas highlighted similar challenges. While the one grocery store in town sold fresh produce, respondents reported that it was expensive and not very fresh—one noted that the produce typically went bad after only one day. Elderly respondents in both areas indicated that part of the reason for their high food prices was lack of competition. In Arkansas, for example, the second area grocery store had recently closed, and the small convenience store in the small North Dakota town was struggling to stay open.

While rural respondents struggled to purchase the food they wanted in stores, they were also more likely than their urban counterparts to report the availability of food support from churches or faith-based organizations. Respondents from rural areas of both Arkansas and Nebraska listed various local churches that provided food support, such as food pantries, meals, and food boxes.

- **Community gardens and farmers' markets.** Less than a quarter of respondents reported that they got fresh vegetables from a farmers' market, community garden, friend's garden, or their own garden. Some liked the idea of going to the farmers' market, but they noted that it was hard to get there, it was only seasonal, or they were unaware that EBT cards were accepted. However, respondents who did report using these sources for food valued the ability to access fresh vegetables at an affordable price. A handful expressed a strong desire to garden but said they were no longer able to handle the physical labor. One elder respondent lamented that he used to garden in his senior center complex, but management had decided to pave over the space to add more parking. Another woman in the same complex had taken it upon herself to plant vegetables in the flowerbeds along the side of the building because she said that the vegetables she had purchased at Walmart were full of chemicals that made her break out in hives. Some respondents who received the minimum SNAP benefit reported that the amount was too low to allow them to eat as much healthy food as they would have liked: "Yes, I eat less [produce]. I really eat more junk than anything. I know I need vegetables, and I love greens and okra."

In general, as is well established in the elderly well-being literature (Cornwell & Waite, 2009; Okun, Yeung, & Brown, 2013), elderly individuals who were more socially connected—whether with family, friends, neighbors, or community organizations—tended to report higher levels of well-being. Respondents who were caring for others, whether in their own family or serving their community in some capacity, also appeared to have a more positive outlook on their situation, even if their economic or health situation appeared to be very challenging.

Sam is an African American man in his late 60s. He was raised on a farm and grew up training horses and herding cattle. He doesn't have a car, but he has four bicycles. He rides around town on a bike equipped with baskets that allow him to carry groceries from the store or the food pantry. He is a handyman, and because of that, he says "everyone knows me." People in the community often ask him for help fixing things.

"My SNAP like I said is only 16 dollars so if you really take that into consideration with the cost of meat whether its beef or anything, that really doesn't go very far. But it helps, there's no question about it, it helps." To make ends meet, Sam prepares game that he hunts locally. "I do go hunting sometimes...[We hunt] deer, squirrel, rabbits, and all that stuff there. I got a deer just this season. Some of it I give to my friends; I keep a ham, a shoulder, a back strap. My deep freeze is kinda small."

Sam has less than an eighth-grade education, so he gives his letters from the SNAP office to his sister to read for him, and his goddaughter helps him with the paperwork. She also helped him get into subsidized housing, where he lives alone. He reported that he rarely or never uses the internet, and his income is less than $1,000 per month.

As can be expected with age, many respondents required special diets due to chronic health problems, such as heart disease or diabetes. Many struggled to find food that met their doctors' recommendations (e.g., low-sugar, low-carbohydrate, and low-salt diets high in fresh vegetables and high in low-fat sources of protein) at food pantries or senior centers. For example, one elder respondent said she had started eating at the senior center more often but reversed course when her doctor recommended she cut back because she was gaining too much weight.

Respondents frequently reported that quality produce or protein was unavailable or extremely expensive. For example, some mentioned only buying meat on sale, going to certain stores that had deals for meat, buying only "cold" meat, and taking supplements for their health since they do not eat much meat. "The meats are very expensive, so you kind of substitute for stuff," one noted. "You won't go get a steak. You get some cubed steak or something like that." Several also noted the lack of meat options at food pantries.

Barriers to SNAP Access

Many study respondents were not participating in the program due to perceived barriers and challenges they experienced applying for and maintaining benefits. This section summarizes the most common barriers and challenges, using the framework described in Chapter I.

Awareness and Understanding of SNAP: Imperfect Information

Although almost all the elderly in this study were aware of SNAP, they usually referred to it as "food stamps" and had the misconception that the program was only for families. Some respondents assumed they would not qualify because they did not think of themselves as among the most in need. Perhaps not surprisingly, non-participants and applicants were more likely to lack awareness of the program and its requirements. Below are some representative quotes expressing this sentiment.

> *Well, I do pretty good now. It's just me. And I do pretty good with my income. So I figured, the people that really needs them, let them get them. 'Cause I'm doing fine without them.*
>
> *I said, "No there's kids out there that need it worse than I do." Well, finally, a week or two ago, I finally signed up on the program.*
>
> *It's not pride. I just don't like taking something if somebody else needs it. You know what I mean? I mean, whether I need it or not, that's fine….I'll make do. But there are people that really, really need it that are making $500 a month and have to eat there and they have to go to a Rescue Mission.*

Oswald is a White man in his late 60s. He lives alone in an apartment in a large city and spends over half of his income on rent. While he is the sole lease holder, a friend drops by frequently and has a room that he keeps personal belongings in. Oswald cannot use his bathtub or shower because the drain no longer works, and his landlord has not responded to his requests to fix it. He has less than an eighth-grade education and is not able to read. He reported receiving less than $1,000 per month in income (from SSI), and he does not have a car. Because his rent is such a high percentage of his income, Oswald struggles to cover his needs. "I try to stretch it as much as I can, but I can't because I paid my rent, I paid my light bill, I got other bills to pay. I just don't know what to do anymore, so I just let it alone. I go broke, I go broke."

Oswald applied for SNAP benefits and thought he would automatically qualify based on his income. However, he was denied and did not know why, and he was reluctant to ask. When Oswald was a child, he was in an accident that left him with mild brain damage. Because of that, he has trouble advocating for himself and reported that he sometimes ends up saying things he does not mean or coming across as more argumentative than he intends. A staff person at a local multiservice center, with whom he was close, had left her job and he did not feel welcome at the center any longer. However, he has a strong support network of local friends and family and often eats dinner at their houses, which seems to be the only way that he can afford to live on his income.

Many respondents expressed confusion about what the program's income limits were, what factors were considered in the eligibility process, and what influenced the level of benefits they were likely to receive. Applicants appeared to report more confusion about eligibility requirements compared to SNAP participants and non-participants, and—perhaps unsurprisingly—they were more likely to report that the process was onerous. Across the three types of respondents interviewed, applicants were the most likely to suggest additional publicity and outreach.

Although respondents in general reported many challenges getting information about eligibility guidelines, more highly educated respondents reported more instances of accessing the Internet to find information about eligibility guidelines or applications. In fact, 72 percent of elderly interview respondents with less than a high school diploma or GED reported "rarely or never" using the Internet, compared to 39 percent of elder interview respondents with a high school education or higher. Notably, internet access was negatively correlated with age: elderly interview respondents age 60–64 were much less likely to report "rarely or never" using the Internet access than those over age 75 (27 percent vs. 63 percent, respectively). Overall, even within the group that said they use the Internet, very few reported first hearing about SNAP online.

Cognitive Limits

Because many respondents were also enrolled in other benefit programs—from disability to Social Security to Medicare—they generally found it confusing to figure out how to decide the set of programs and benefits in which they would enroll. Also, many struggled to understand how their fluctuating medical expenses and combination of healthcare coverage plans affected their SNAP benefits. They were frequently unaware that they could contact a caseworker to have their benefit amounts re-assessed if their medical expenses increased; in fact, some told us that their caseworkers informed them they could not report changes until their recertification interviews. Applicants were more likely than SNAP participants and non-participants to report confusion about eligibility rules and to describe negative experiences applying; there did not appear to be many differences across participant types with respect to general confusion about SNAP policies, as about half of respondents in each group reported confusion.

Elderly Internet Access

The most common ways that respondents reported accessing the internet was through their mobile phones (31 percent) or their own computers (27 percent); only 10 percent reported accessing the internet through a library or community center. However, internet access in the interview sample was very limited—almost half (46 percent) of the respondents reported that they rarely or never use the internet. Given that many States and local areas increasingly rely on online platforms to distribute information and process SNAP applications, these findings suggest that online and mobile methods of administering SNAP may be inadequate for reaching low-income elderly individuals.

Overall, respondents found SNAP eligibility and program rules hard to interpret in relation to their own specific circumstances. They often expressed feeling overwhelmed by the amount of documentation required for the SNAP application and were concerned about the amount of private information they had to provide. Respondents sometimes found the SNAP application wording confusing, such as not knowing what certain questions were asking for or whether reporting assistance from a family member with things such as meals or dental costs could lead to a determination of ineligibility for SNAP.

In field notes, site visitors observed that respondents with lower education levels or low literacy rates appeared to struggle more with completing SNAP applications, and low self-confidence appeared to make them less likely to challenge or question a determination. In addition, many respondents noted that the letters notifying them of changes in their SNAP program status or benefit amount were hard to understand and often lacked a satisfying explanation for the changes, so it felt arbitrary to them.

Social Norms and Beliefs about SNAP Participation

In interviews and focus groups, the research team heard about some of the complex social factors which effected elderly perceptions of SNAP. While there were multiple areas visited where SNAP participation was perceived as common and socially acceptable, many respondents held reservations about participating.

The research team found that socially isolated elderly respondents generally had lower levels of awareness about SNAP and other food assistance options in their area, and they were more likely to express apprehension about what staff members or the community would think about them. They were also less likely to know about other food supports in the area, such as commodity boxes or food banks. When asked about other sources of support in their area, they tended to express a reluctance to ask for help, as shown in the representative quotes below.

> *I think it's kind of hard for me to figure out [what's available to me] just based on who I am. I don't like to ask a lot of questions or for help. I'm very bad about that.*

Unfortunately, that would be helpful, you know, to know all of my resources, and I really don't.

I don't call on no one, because I'm very independent.

Isolated individuals were more likely than connected ones to learn about the program from caseworkers or doctors who identified them to community caseworkers. For example, one respondent learned about the program through a flyer on a wall. These findings suggest that more isolated elderly individuals may benefit from concerted efforts by peripheral contacts (like doctors) to promote the program, or well-located marketing materials. Some isolated respondents expressed reluctance to go into the SNAP office because they felt ashamed and did not want to be judged. For example, an immigrant respondent related an experience where a SNAP staff member asked if he was a newcomer, and the question made him reluctant to go back for help:

I'm ashamed, because they think I'm homeless. Mission is for a homeless, whatever those people who have mental problem, whatever like that. That's why the old ladies look at me like…maybe they think that we are [homeless].

How Elderly People Weigh the Costs and Benefits of SNAP

As discussed in Chapter I, existing research emphasizes that elderly individuals make judgments comparing the benefits they expect to receive from SNAP participation with both the effort required to participate and the possible negative consequences from doing so. Interview respondents often made their decision about whether to participate based on this type of judgment.

The Costs: Factors that Discourage SNAP Participation

Elderly respondents reported a wide range of factors that tended to discourage them from participating in SNAP. This section summarizes the most common factors they considered to be costs of or deterrents to participation.

Perceptions of SNAP Benefit Levels

Many respondents (especially SNAP participants) felt that SNAP benefit levels were unfair and offensively low. Almost half of SNAP participants in the interview sample reported receiving the minimum benefit level of $15 per month, which they often said was completely inadequate for meeting their food needs, and their benefits ran out quickly. Many suspected that the low benefit levels were a likely deterrent for the elderly to apply in the first place, because they

perceived that it was not worth the trouble of applying and sharing so much personal information.

> *They gave my sister $16 a month….$16 a month, what can you do with $16 a month?*

Non-participants and applicants were more likely than participants to report that the benefit amounts for SNAP were too low to make it worth the trouble of applying. For example, one non-participant emphasized how much of a hassle it was for so little money:

> *Don't say easier. 'Cause you know what? When you [are] getting something they consider free, it ain't gonna make it easy on you.…If you're gonna get something free, you gonna go through a lot of changes to get it. So, that's why a lot of seniors just say, "I'm not, I ain't gonna do it."*

Burdens Associated with Applying for and (Re)enrolling in SNAP

In addition to low expected benefits, many respondents found the application and (re)enrollment processes burdensome.[12] They related many challenges applying in person in a SNAP office, mailing in an application, or applying online. In general, many seemed to prefer being able to get assistance for mailed-in applications over the phone because it was convenient. That said, respondents in some States were frustrated by long call center wait times, which some reported to be several hours. Those who applied in person tended to cite difficulty finding transportation to the office, long wait times to see staff, and negative experiences with staff as their main challenges.

> *Just basically the reason, why go through all, giving all your personal information when you really don't get that much? It's not worth the time to go down there and have to wait for a while to go in the back, and/or you just have to do too much for an older person, I think.*

Online applications seemed to present the most challenges for respondents (unless they received assistance), most likely due to limited access to the internet and low levels of digital literacy. Even some who appeared more computer savvy mentioned having difficulty navigating State SNAP websites and feeling concerned about sharing their personal information online. Respondents also noted factors such as forms that were hard to understand, long wait times, long lag times from initial application to receiving benefits, and difficulty staying on top of the paperwork and documentation required. Others noted that they had grown frustrated after submitting paperwork, only to be told later that the office had lost it and they needed to resubmit. As one elder said,

[12] These burdens are typically referred to in the SNAP research literature as "transaction costs."

There were seven of us the day I took my paper, went out there to take my receipt out there last year. There were seven of us in line, all of us women. And they had lost every one of our papers. Every one of us [that] were there.

Although there were many respondents who said that they found the application relatively easy, or they did not even remember whether it was easy or difficult, others shared that unexpected life events, difficult circumstances, or feeling discouraged made it harder for them to navigate the SNAP application process. Applicants were more likely than SNAP participants to report that the application experience was negative or that it was onerous, and they were not sure how to apply. For example, a hospitalization could lead an elder to miss a recertification interview, and the prospect of subsequently re-applying was often overwhelming. Many respondents, especially those who were homeless or who had been displaced, reported challenges finding necessary documentation or being able to receive communications from the program because of a lack of a stable address.

Overall, respondents found all methods of applying for SNAP challenging to get through without assistance. As such, even though many felt it was understandable for a government program to require paperwork and documentation, the processes did not appear to be very user-friendly. Only about 11 percent of SNAP participants indicated receiving a high level of staff assistance in the application process; about 5 percent reported receiving little or no staff assistance.[13] Nearly a quarter of respondents said they received one-on-one assistance from someone other than SNAP staff, such as a family member or a social worker.

Burdens Associated with Stigma

As noted in Chapter I, existing evidence suggests that social norms and beliefs about SNAP often stigmatize those who participate in the program. As such, we examined the extent to which study respondents either experienced shame or anxiety about participating or reported these experiences among their peers as a barrier to participation. When site visitors asked elderly respondents why people over age 60 may not participate in the program, about one-quarter (across all participant types) cited shame or pride as a top reason.

A lot of people have a pride problem, okay? I used to, but one day someone said to me, "Well, you gonna stay out there in the rain, or you gonna come into the shelter?" You know, meaning a roof over my head. I said, "Well, I think I'm gonna come in out of the rain."

[13] Note: most elderly respondents received assistance with their application, such as from a family member or social worker. The information presented only pertains to staff assistance.

One focus group participant talked explicitly about feeling ashamed that he couldn't provide for himself as a man:

> *A man thinks different. Because that's why you use the program, you know? You the head of the house, you the breadwinner, you this and you that, and you ain't supposed to cry.…I cried one time. But [the staff in the SNAP office] kinda looked at me funny. You know, because women and child.…Now, anybody can go in and get the food, but when a man comes in there, he already feels kinda bad. I do. I feel kinda bad going in there. I've been taking care of myself here since I was 12. And I feel bad going in there, but I need to eat some food.*

There were differences in the level of stigma and shame across States, with elderly respondents from Midwestern States generally reporting higher levels of stigma than those in Northeast, South, or Northwest States. For example, in North Dakota, the State SNAP administrator attributed low participation to the cultural prevalence of "prairie pride." She explained that people in North Dakota tend to think of themselves as tough and capable of surviving harsh conditions, so asking for assistance can be culturally perceived as a sign of weakness.

Many respondents described experiences with SNAP staff in which they felt treated poorly, judged negatively, or disrespected. About half of respondents reported that they or elderly friends or relatives felt anxiety or some other form of emotional stress related to applying for SNAP, such as lacking confidence to apply or feeling dehumanized, embarrassed, or depressed. Applicants were more likely than other types of participants to express a lack of confidence about their ability to navigate the application process successfully. Some respondents noted that staff didn't listen or take time to explain things thoroughly. For example, one SNAP participant described going into the SNAP office as "preparing for battle."

Although some respondents still reported feeling judged by grocery store workers or people in line while using EBT cards, many felt that switching from paper stamps to EBT cards was a positive step toward reducing stigma.

> *People are looking at you…it bothers a lot of people that they have to hand them this booklet; then, the clerk is right in front of a whole line of people, and they're tearing off the amount you have to pay for. Now you just stick the card in the reader, and they don't know if it's a debit card, … a credit card or the food stamp card.*

Elderly respondents reported additional factors that contributed to more negative experiences with SNAP application and recertification processes. Below are some of the themes that emerged frequently.

- **Inconsistent caseworkers.** Respondents were sometimes frustrated that they had to explain their situation repeatedly because they saw different caseworkers each time

they went to the office. Others lamented that they missed a particular caseworker with whom they had a strong relationship but who was no longer in their job.

- **The overwhelming amount of documentation required.** Some respondents noted that it was sometimes hard to keep up with documents; others said that the envelopes that they were sent to submit documentation were too small to put everything in.
- **Concerns about sharing personal or private information.** Respondents frequently expressed anxiety about the information they were asked to share, describing it as invasive. Some said they were nervous about accepting financial help from family members because, if their bank account showed income, it could cause their benefit amounts to go down.
- **Perceived lack of transparency.** Respondents widely reported instances of benefits being cut without notice, or general confusion about why benefit amounts went up or down. This lack of clarity around benefits changes appeared to lead some elderly individuals to mistrust their SNAP offices and to give rise to the perception that the program was unfair or arbitrary.

The Benefits: Factors that Motivate SNAP Participation

This section provides an overview of the value proposition for participating in SNAP from the elderly perspective, as well as common factors that helped boost their ability to overcome the "costs" of participating.

Value Derived from SNAP Participation

Respondents commonly framed the advantages of SNAP participation in terms of how it helped them afford food that they otherwise could not and, in so doing, helped them achieve a certain level of economic stability. For example, some discussed how SNAP brought them a sense of peace of mind.

> *I love it. I love it. Love it. If it wasn't for that, we would literally be starving, you know? I mean, it don't buy steak, it don't buy shrimp, it don't buy, you know....But it'll buy fish sticks, and it'll buy hamburger, and it'll buy taters and fruit.*
>
> *I also tell people that, once you turn 60, it's a slippery slide. The body changes, everything changes. So, along with those changes, I'm happy to have this to rely on.*

Respondents who had received increases in their benefits were especially appreciative of how SNAP helped them overcome difficult circumstances. For example, one participant reported that the SNAP office notified her that her benefits would increase to $135: "I was just ecstatic

because I thought, 'Gosh, I'll be able to get back on my feet again.' All my wages go to pay off credit cards and debts right now."

Despite a preponderance of elderly respondents who critiqued SNAP benefit amounts, many were extremely grateful for receiving any benefit at all. The quotes below exemplify this perspective.

> *Sometimes I do, I just be waiting for my little $15 to come, because at least you can get you some bread, some juice, some milk, some cereal.*
>
> *I could probably be happy with more but, yeah, I'm pleased that they're even giving 'em to me. I'm just happy because I'd really be sunk if it wasn't for them.*

Many reported that SNAP helped them afford more fresh produce—for example: "I just thought, 'Well, I can get along without [SNAP].' I mean, I could probably get along, but, like I said, I don't think I'd buy all the fruit and all the vegetables that I do." Others noted that SNAP benefits allowed them to afford some healthier foods, such as quality meats, even if many said it was still not as much as they need in order to eat as much healthy food as they would prefer.

> *It's just wonderful to be able to go into the store—and I have very good eating habits. I don't buy junk, I don't eat chips, I don't eat all that crap. And I pride myself on the diet that I have.*

Factors that Facilitate Positive SNAP Experiences

The research team analyzed the facilitators of positive application and recertification experiences with SNAP. Common factors were receiving assistance with the application (from an eligibility worker, social worker, a family member, or someone else), having a simplified application process (one of the interventions studied in this report), and higher education and self-confidence levels. Participants were also more likely than applicants to report receiving higher levels of staff assistance in applying for SNAP.

Approximately 10 percent of interview respondents specifically mentioned having a telephone interview as part of the SNAP application process (with this percentage increasing to closer to 20 percent if recertification interviews are also included). Nearly all of them expressed positive feelings about the telephone interview experience, noting that it saved them the effort of trying to get to an office. Multiple respondents described the phone interview as "easy" and said that interviewers were "polite" or "nice."

Access to effective support with the application process appeared to be a very important driver of a positive experience accessing SNAP. SNAP eligibility workers provided one-on-one assistance with the application and recertification process for elderly study respondents, both on the phone and in person. Although mixed in their feedback about whether interactions with

staff were positive or negative, respondents were very clear that positive experiences with staff were often very meaningful, not only for the practical purpose of navigating the process, but also because they appeared to have positive effects on elderly individuals' self-esteem and self-worth.

Although, as seen in sections above, many respondents thought that SNAP workers could have been more welcoming, some reported feeling welcomed, understood, and supported by staff in a way that they had not felt before.

> *They were all really, even now, they are so friendly, so willing to help you. You know, when you get older, you just don't understand everything. So we called them up and they'd tell us.*

SNAP participants who did not report receiving assistance from a SNAP staff member generally received assistance from someone else, such as a family member, friend, social worker in another setting (e.g., in a hospital), healthcare provider, or CBO. It was rare for respondents to report completing the SNAP application without any assistance at all. This is potentially due in part to the complexity of the process, especially as it relates to or affects other benefits they may be receiving (e.g., healthcare or disability benefits). It may also be due to a limited capacity to process the information available to them when applying and to adequately understand how to respond, such as having forms or letters that use words they do not understand.

Some participants reported that their thinking about the benefits and the process changed after they went through it, either because the process was easier than they had imagined or because they ended up receiving a higher benefit amount than anticipated once their expenses were fully incorporated into their application. For example, the daughter of a participant stated:

> *[My mother] just got accepted two years ago for food stamps. To begin with, they were only giving her $20 a month. I was like, "That's not right, because you have such a strict diet." She went to, I don't know where, somebody got her in touch with somebody from the senior center, maybe a social worker, and she gets more than that now.*

Recommendations for Increasing Access

Elderly respondents themselves offered us recommendations and ideas for improving elder SNAP participation rates. One of the most common suggestions was for the SNAP office to send letters to the elderly. For example, one respondent recommended that SNAP send out letters to everyone once they turn 65 to let them know what programs they may qualify for, including SNAP, but also other programs, such as the Low Income Home Energy Assistance Program

(LIHEAP). He added that the outreach should be, “Step-by-step, like you’re talking to a two-year-old, you know what I mean? Got to make it simple.”

Other ideas that respondents frequently mentioned were:

- Have SNAP staff speak at senior centers, food pantries, free community meals, and other places low-income elderly people go to access food;
- Hold meetings and workshops at public housing and senior housing complexes;
- Distribute flyers that target the elderly, especially door-to-door in remote areas to reach those who may be more socially isolated; and
- Conduct outreach at churches and schools (especially in rural areas).

Analysis of interview and focus group data suggests the following additional recommendations for increasing access not only to SNAP but also to nutritious food through other means, as well as to housing and transportation:

- Provide additional case management support and more streamlined administrative processes;
- Use simplified language and more targeted program outreach, especially to reach those with the greatest need;
- Make a concerted effort to ensure that application and recertification processes are user-friendly, and make staff more available for help with questions or confusing aspects; and
- Integrate user research to help craft targeted messaging about who is eligible, how benefit amounts are calculated, why changes to participation status or benefit levels are made, and how to get help with applications and recertifications.

III. Combined Application Project

This chapter examines the Combined Application Project (CAP), an intervention that allows the elderly (and people with disabilities) who are applying for Supplemental Security Income (SSI) to simultaneously apply for SNAP. CAP reduces administrative burden on both SNAP recipients and program staff by simplifying both the SNAP application and benefit determination process. CAP implementation is intended to increase elderly access by bringing additional eligible individuals into SNAP and by decreasing the frequency of churn by lengthening the certification period.

Key Findings about CAP

- **Implementation of a CAP was associated with increases in elderly caseloads and new elderly applications**. In general, the findings corroborate previous research showing that adoption of a CAP is associated with an increase of caseloads.
- **The largest increases in SNAP caseloads among study States appear to have come from mass enrollment of eligible individuals who already received SSI.** CAP implementation contributed to increases in new elderly applications in the three States that focused on enrolling SSI recipients who were eligible but not yet enrolled in SNAP.
- **CAP streamlined processes and created efficiencies for both elderly individuals and SNAP staff.** Elderly CAP participants valued having a "one-stop" experience where they could receive SNAP benefits together with SSI with no additional effort.

How a CAP Works

CAPs were implemented for the first time in 1995 and they are currently in place in 17 States. As suggested by its name, a CAP requires a partnership between the State SNAP agency and the Social Security Administration (SSA). By federal law, all SSI applicants are required to have the opportunity to apply for SNAP when they apply for SSI. However, without a CAP, the application process does not always happen jointly or work smoothly (Dorn et al., 2014). In addition to streamlining the application process, a CAP typically lengthens the SNAP certification period and calculates benefits differently than would normally be done in SNAP.

There are two types of CAPs:

- A "standard CAP," which involves a simplified joint application for SSI and SNAP that waives an application interview with the SNAP administering agency; and

- A "modified CAP," where SSI application data are used to target eligible SNAP non-participants and encourage them to apply.

Generally, households[14] eligible for a CAP are those in which all members are elderly or disabled and receiving SSI. Some States limit eligibility to single-person households, and some require that the household has no earned income. When SSA staff interview an applicant for SSI benefits, they ask whether the applicant wants to apply for SNAP. In the case of a standard CAP (which all States in the study implemented), if the answer is yes, they typically ask one or two additional questions about the applicant's shelter (housing) costs that are necessary for determining benefits under CAP. The information is transferred to the SNAP system through the State Data Exchange (SDX), which automatically generates a case in the State SNAP agency system.[15] After confirming there is no existing regular SNAP file (to prevent duplicate benefits), the system calculates and issues benefits to the individual.

CAPs vary in how they determine benefit amounts.[16] Typically, a State determines two or more standard benefit amounts based on applicants' level of shelter costs, using at least two levels (e.g., high and low shelter costs). For instance, Pennsylvania gives one of four standardized benefit levels based on whether the household has unearned income other than SSI and whether the household has high or low shelter expenses. Some States, however, derive a net monthly income, as they would in the regular SNAP benefit calculation, using high or low standardized shelter cost deductions in place of the typical shelter expense deduction. For example, Washington calculates a monthly net income based on gross unearned income minus a standard deduction and standardized shelter deduction, then calculates the benefit from the resultant amount; the minimum and maximum benefit amount an individual can receive in WASHCAP is the same as on regular SNAP.

Benefits provided through a CAP must achieve cost neutrality, as is required for all demonstration projects and policy waivers. Approximately every 18 months, the State agency must gather the information necessary to perform a regular SNAP benefit calculation for a sample of CAP cases to determine if CAP benefit levels in aggregate are similar to what they would have been under regular SNAP rules. If they are not, FNS and the State determine how to adjust CAP standardized deductions, benefits, or other factors to establish cost neutrality.

[14] In this report, the term "household" refers to a person living alone or a group of people living together who buy food and make meals together.

[15] The SDX is a batch data exchange that provides Title 16 data to States that administer federally funded income and/or health maintenance programs (see https://www.ssa.gov/dataexchange/applications.html).

[16] For more detailed federal guidance, see FNS's *Combined Application Projects: Guidance for States developing projects* (https://fns-prod.azureedge.net/sites/default/files/caps.pdf).

A CAP case typically has a certification period of at least 36 months. Recertification can be processed through SSA or the SNAP agency.[17] Recertification through SSA typically entails an interview since one is required for SSI recertification; recertification for the two programs occurs concurrently. Recertification through SNAP typically does not require an interview; rather, the recipient must complete a recertification form indicating any changes in circumstances, and the SNAP agency verifies SSI and other unearned income through the SDX.

Previous Research

CAPs have been an option for over two decades, and this has allowed researchers to examine their role in increasing SNAP access. Early findings were promising. A survey of States that had CAPs in 2008 found that all States and 65 percent of local offices believed that having a CAP increased participation among elderly individuals (Rowe et al., 2010). Another study reported that, from 2000 to 2008, "CAP states experienced a 48 percent increase in SNAP participation levels among 1-person SSI households, at a time when such households' enrollment in other states saw little change" (Dorn et al., 2014). However, a report from 2015 was more mixed about the role of CAPs over time, finding that the percentage of elderly SNAP participants who were eligible for SNAP through a CAP fell from 14 percent in 2009 to 8 percent in 2013. Further, the study found significant variation across States: five CAP States enrolled fewer than 10 percent of elderly SNAP participants through a CAP, while five others enrolled over 20 percent through a CAP (Eslami, 2015).

According to previous research, one potential drawback to CAPs is that they can make it harder for applicants with high medical or shelter costs to receive the full benefit amounts they would be entitled to if their full expenses were deducted from their income. This problem occurs because, in order to meet the needs of the simplified application process and to comply with the cost neutrality requirement, CAPs use standardized benefit amounts that do not incorporate medical expense deductions or very high shelter costs. Applicants are supposed to be notified that they can contact the SNAP administering agency about the option to have eligibility and benefits calculated under regular SNAP rather than a CAP (which could potentially increase their benefit level), but participants may not always be notified or they may not understand the notices (Dorn et al., 2014).

[17] This process varies in different CAPs; it is determined by each State in consultation with FNS and SSA and is outlined in each individual waiver agreement.

Implementation Across Study States

Five States in this study implemented a standard CAP—Florida, Massachusetts, New York, Pennsylvania, and Washington. Exhibit III-1 displays the dates of implementation and key aspects of the CAP in each State. Each State has its own unique name for its CAP, and these are also listed in the exhibit.

Exhibit III-1: Key Characteristics of Study States' CAPs

State	Florida	Massachusetts	New York	Pennsylvania	Washington
Name of program	SUNCAP	Bay State CAP	NYSNIP	PA CAP	WASHCAP
Implementation date	January 2005	February 2005	December 2003	January 2007	December 2001
Certification period	48 months	36 months	48 months	36 months	36 months
Eligible population	Single-member units without earned income	Single-member units without earned income	Single- or multiple-member units	Single-member units receiving the maximum SSI/SSP benefit of $650.40, or the maximum combined $670.40 in SSI/SSP and other SSA benefits*	Single-member units; after becoming eligible, the unit cannot have earned income for more than three consecutive months to remain eligible
Entity managing case	SUNCAP unit	Local SNAP offices	Local SNAP offices	Local SNAP offices	WASHCAP unit
Agency responsible for SNAP recertification	SSA or SNAP	SSA or SNAP	SNAP	SSA	SSA or SNAP

* SSP = State Supplementary Payment

Florida and New York have 48-month recertification periods, while the other States have 36-month recertification periods. New York has the most flexible eligibility for its CAP (open to single- or multiple-member households, including those with earned income), while the other States restrict theirs to single-member households along with additional restrictions. In Florida,

Massachusetts, and Washington, elderly individuals participating in a CAP can re-certify with either their SNAP agency or with SSA; in New York they must recertify only through SNAP, and in Pennsylvania only through SSA.

In all States, except New York, initial CAP benefits are contingent on shelter expense data collected by SSA during the SSI application process. In these States, standardized benefits are determined based on deductions from the gross SSI and other unearned income of high or low shelter expenses and a standard utility allowance. Participants have the option to request a regular SNAP application with potential to receive a higher benefit level, for instance due to medical expenses over $35 per month or very high shelter costs. In New York, a CAP case is automatically opened with a $15 benefit for each eligible household in the SDX that is not already receiving SNAP; recipients may communicate with the SNAP office to adjust their benefits based on their expenses.

Implementation Context

State SNAP administrators who were interviewed for the evaluation reported that the main goals for implementing a CAP were to streamline program administration (reducing administrative costs and staff time) and to improve access to SNAP for elderly and disabled individuals. In some States, such as Massachusetts, CBOs also advocated for implementation due to low elderly participation rates. In general, all States saw having a CAP as a "win–win–win proposition," whereby they could meet federal requirements, create efficiencies for State agencies, and make it easier for eligible individuals to access benefits.

Implementation Process

While there were similarities in the implementation of the CAPs across the five States, there were also some significant differences. New York's CAP implementation was different from those in the other study States because the SSA data system could not be adjusted to work with its CAP.[18] New York's solution was to program its SNAP data system to automatically obtain information from the SDX and identify SSI recipients who were eligible for SNAP but not receiving it. The system then automatically opened a CAP case and issued a standardized benefit.

States built their CAP caseloads at initial implementation using three methods: (1) converting to CAP all existing SNAP cases that met the criteria at that time; (2) enrolling into the CAP eligible

[18] In New York, SSA was unable to change its application process and data system to obtain information about shelter expenses. That meant that the State SNAP agency was not able to calculate tiered benefits using a simplified application process as it originally had intended.

applicants as they entered the SSI system; and (3) enrolling into the CAP existing SSI recipients who were eligible for but not receiving SNAP.

Initial implementation in each State involved the conversion of elderly cases that were already enrolled in both programs. Typically, these SNAP clients were sent letters informing them of the new program featuring a longer certification period and less contact with SNAP; unless they opted out, their case was converted. For example, the Florida State agency sent letters to the approximately 18,000 elderly individuals who were already receiving SSI and SNAP benefits during the first three months of CAP implementation. While these individuals were given the option to opt out, most were converted to the CAP. In most States, this first method of CAP enrollment was done before the second method, where new cases were brought into the CAP as they enrolled in SSI.

The third method of enrollment—pursued by all States except Florida —involved conducting large outreach efforts to the eligible elderly on SSI who were not already enrolled in SNAP. In Massachusetts, Pennsylvania and Washington, the State sent letters to SNAP-eligible SSI recipients inviting them to apply; Washington also included simplified WASHCAP applications in the mailing. In New York, beginning nine months after the implementation of its CAP, the State agency began auto-opening CAP cases for eligible individuals on SSI who were not already receiving SNAP. They opened these cases in a staggered approach, over a six-month period. This mass enrollment of elderly SSI recipients not already on SNAP was completed approximately 15 months after initial implementation.

In New York, new CAP participants received their SNAP benefits on an EBT card and had to access their benefits within 90 days of the case opening. If no SNAP benefits were redeemed within 60 days, the State Office of Temporary and Disability Assistance (OTDA) sent a reminder notice urging the individual to use their SNAP benefits within the next month. The reminder had a list of community agencies that CAP recipients could call for assistance. At the end of the 90 days, if the person still had not accessed any SNAP benefits, OTDA closed the CAP case. These individuals then had to go through the regular SNAP application process to rejoin NYSNIP or to participate in SNAP.

Agency Leadership and Communication

State SNAP leadership around the time of CAP implementation was generally strong. In New York, the research team noted that State SNAP leadership staff continued to be invested in the CAP implementation. Having worked with the State for over 30 years, New York's State SNAP director possessed significant expertise in SNAP policy and procedures. In contrast, other States had much newer SNAP leadership staff in place at the time of the research team visits, who were not involved in CAP implementation and had not focused on the program as much.

Current leadership in these States generally were not very focused on CAP, and official State communications about the program had not recently been issued.

In all but New York, SSA was an important partner during planning and early implementation of each CAP. Over time, however, SSA became less engaged in multiple States, which resulted in some challenges, such as the need for SNAP staff to conduct more recertifications because of SSA timeliness issues, or the lack of an identified SSA staff liaison to contact with questions. In the case of New York's CAP, there had been no involvement with SSA since early efforts to adjust their systems for initial implementation had failed.

Staffing and Structural Support

State SNAP and SSA administrators generally reported that few structural supports were needed for the program, other than the data systems that had to be implemented at both the SNAP and SSA programs. Some State SNAP administrators expressed that the program "ran itself" due to its automated nature. However, there were reported challenges related to cost neutrality record keeping and reporting. For example, some SNAP staff respondents noted that when SSA staff members interviewed an SSI applicant, they indicated whether the applicant should get the low or high shelter deduction but did not record exact shelter costs because they were not required to collect this level of detail for the SSI application. Therefore, SNAP staff had to contact clients themselves to verify whether they were receiving the appropriate deductions and SNAP benefits, and it was difficult to find time for this task.

The two States that established specialized CAP units with call centers, Florida and Washington, reported fewer challenges with implementation. These units were self-contained, with cases kept separate from other SNAP cases in the system, so that only the CAP workers could access them. CAP clients used a separate toll-free number to contact the unit if they had questions about their benefits or recertification. State SNAP staff in both of these States felt that this was a successful element of their program because it allowed them to streamline administrative costs and improve customer service through specialized staff. As such, these States could ensure a high level of training for staff handling CAP cases.

Other States experienced more difficulty achieving consistent staff training because cases were handled in county offices with varying degrees of staff resources and somewhat different levels of staff training and rates of staff turnover. Lack of training for SNAP eligibility workers, who handled few or no CAP cases, resulted in frontline staff sometimes not being sure of how to handle client requests (such as address changes or changes in shelter costs). This meant clients had to call SSA to get issues addressed; in some cases, the clients did not receive assistance at all.

Elderly access to Information and Staff Assistance

Some State SNAP staff members reported confusion among elderly SSI recipients who were being automatically enrolled in, or switched from SNAP to the CAP, during initial implementation. The confusion led to a high call volume, but this subsided after the initial implementation period. Elderly individuals interviewed for the study, especially in States without dedicated CAP call centers, reported that phone communication could be challenging for them. Some talked about waiting on hold for a long time, having trouble with automated commands, having hearing loss that made it hard to communicate, never speaking to the same person more than once, or not receiving a return phone call.

Most elderly CAP recipients who were interviewed characterized their benefits as part of a one-stop experience where they received SSI and SNAP. Many described it as something that they just started receiving when they got SSI, rather than as a separate program. For example, one elderly SSI recipient explained that while she didn't request her SNAP benefits, she was told she qualified for them by SSA: "They called me, that I qualified for the food stamps. But, like, me going to the welfare office to request them? No." More widely, elderly recipients spoke positively of single entry points that combined enrollment, such as Medicaid with SNAP or SSI with SNAP. As one senior explained, "Well, when I went to [the office] for Medicare and Medicaid, they automatically filled out the paperwork for me there. And I applied. So, they approved it.…For me, that's a blessing. A blessing."

The CAP process differed from some elderly individuals' prior experiences on regular SNAP. As one elder described, the CAP process simplified the recertification process:

> *When I first started with the food stamps, I had to go over there and go through the process of filling out forms, seeing social workers, bringing a lot of identifications. Now it's gotten to the point where they send me the application and then I send them copies of certain things, so I don't have to go over there and go through the process of getting scanned…before you actually get in there*.

During and since implementation, New York partnered with a network of CBOs that conducted outreach and enrollment assistance to the elderly and other populations as part of the Nutrition Outreach and Education Program (NOEP).[19]

[19] See https://hungersolutionsny.org/what-we-do/our-programs/nutrition-outreach-and-education-program-noep/

Effects on Access to SNAP

The research team completed an analysis of SNAP administrative data for four of the five CAP States that looked at the effect of CAP implementation on caseloads, new applications, and churn.[20] This analysis found that, across these States, the estimated effect of CAP on the caseload and on new applications was significantly positive (on average across the States, the monthly caseload increased by 644 households and monthly applications increased by 77). CAP's effect on churning was opposite the desired effect, however; the number of churners across the States increased significantly (by an average of 219 per month). Below, we summarize the effects across these dimensions, by State. Because States calculate cost neutrality by comparing benefits under CAP to what benefits would have been under SNAP for a sample of CAP-eligible households, we would not expect CAP to change median benefits. Therefore, we do not present the effects by State on median benefits. The effect on median monthly benefits overall across States was a $3 increase.

Caseloads

CAPs have the potential to increase SNAP caseloads in three ways. First, by targeting SSI applicants and recipients not already on SNAP, CAPs could attract to the program eligible households that might not have known about SNAP or been inclined to apply. Second, by simplifying application procedures, CAPs should be expected to increase the likelihood that those who apply will successfully complete the process. Third, through extended certification periods and minimal recertification requirements, CAPs could conceivably reduce the likelihood that elderly households will exit the program. The study estimated that CAP increased the SNAP caseload, on average, in three of the four CAP study States. Among these, the caseload change among the treatment group relative to its pre-period trend compared to the caseload change among the comparison group relative to its pre-period trend ranged from 3 percent in Massachusetts to 14 percent in New York (Exhibit III-2). New York has a very large SNAP caseload compared to other States, so although its increase in raw numbers is almost 30 times that of Washington, its increase in percentage terms is only about two and a half times larger. Generally, the findings corroborate the previous research discussed earlier in the chapter, which showed that CAPs are associated with increased caseloads.

[20] Data limitations prevented an analysis of Pennsylvania's CAP data. For a full discussion, see Appendix D.

Exhibit III-2: CAP Effects on Caseload

	Average Monthly Effect on SNAP Cases (Number and Percentage) among Treatment Group Relative to Comparison Group			
State	**Florida**	**Massachusetts**	**New York**	**Washington**
Estimated effect	-9,057 -7.1%***	576 3.1%*	25,280 13.5%***	858 5.1%***

Source: State administrative data

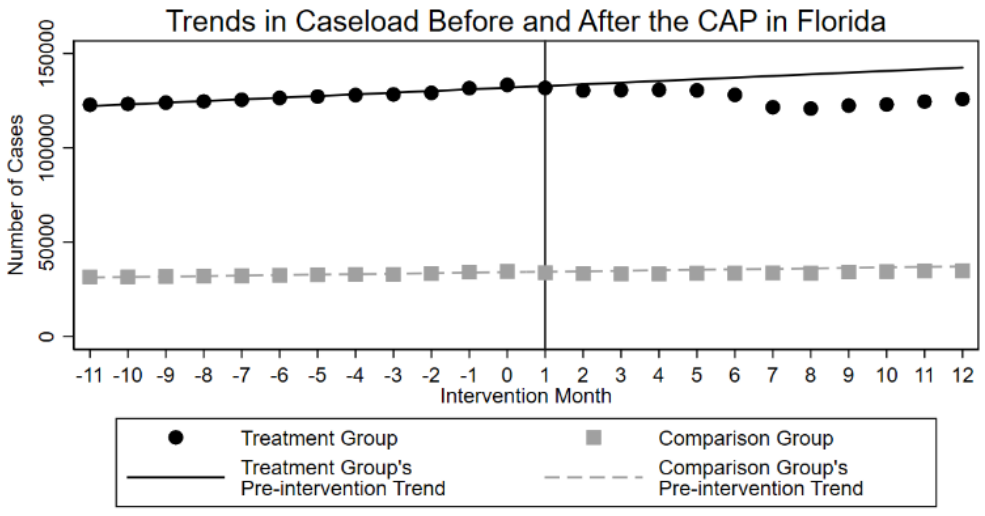
*Significantly different from zero at the .10 level, two-tailed test.

**Significantly different from zero at the .05 level, two-tailed test.

***Significantly different from zero at the .01 level, two-tailed test.

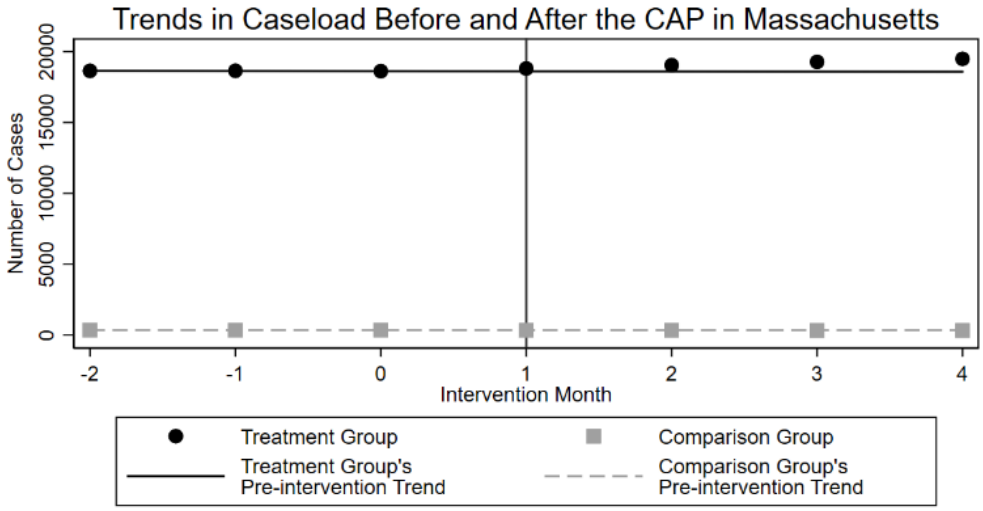
Exhibit III-3 shows the trends in caseloads before and after the adoption of CAP, for both the treatment group (households that fit CAP eligibility criteria, shown in black circles) and the comparison group (households not eligible for CAP but with similar characteristics to eligible households, shown in grey squares). It visually illustrates that in the three States with positive effects, the treatment group caseload grew more in the period after CAP implementation (to the right of the vertical line) relative to its pre-period trend (to the left of the vertical line) than the comparison group relative to its pre-period trend.

Exhibit III-3: Trends in Caseloads Over Time



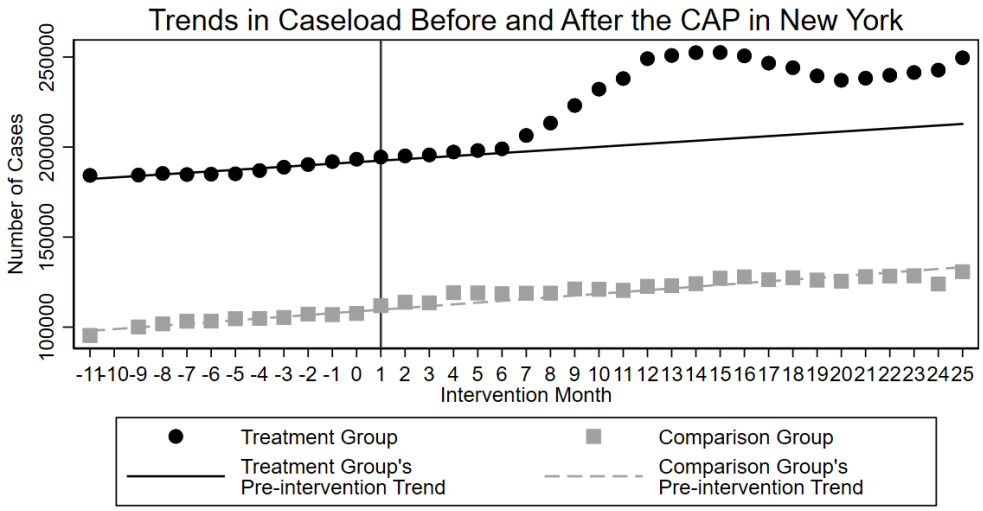
Note: The vertical line indicates the month in which the State introduced the intervention (January 2005)

Treatment group: Single-member units with an elderly member and no earned income.
Comparison group: Single-member units with an elderly member with earned income; units with (1) multiple elderly members (regardless of the presence of non-elderly members) or (2) one elderly member and at least one non-elderly member.



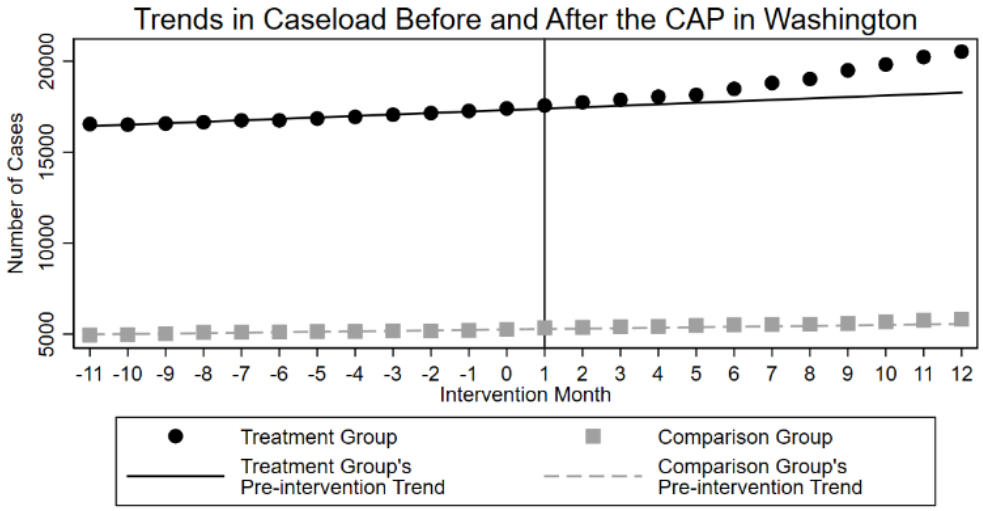
Note: The vertical line indicates the month in which the State introduced the intervention (February 2005)

Treatment group: Single-member units with an elderly member and no earned income.
Comparison group: Single-member units with an elderly member with earned income.



Note: The vertical line indicates the month in which the State introduced the intervention (December 2003)

Treatment group: Units with at least one elderly member and no nondisabled non-elderly members.
Comparison group: Units with at least one elderly member and at least one nondisabled non-elderly member; and units with only non-elderly members without any earned income, excluding units with only disabled members.



Note: The vertical line indicates the month in which the State introduced the intervention (December 2001)

Treatment group: Single-member units with an elderly member and no earned income.

Comparison group: Single-member units with an elderly member with earned income, and, for cases that were WASHCAP-eligible at their last application, single-member units with an elderly member with earned income in the last four consecutive months (including the current month); and units with (1) multiple elderly members (regardless of the presence of non-elderly members) or (2) one elderly member and at least one non-elderly member.

Source: State administrative data[21]

Findings suggest that the initial enrollment of large numbers of elderly individuals who were on SSI but not already enrolled in SNAP at the time of CAP implementation may account for a substantially greater share of the increase in caseload than rolling enrollments in CAP of *new* SSI applicants. In Washington, during the first three months of implementation, the State was only auto-opening CAP cases for new SSI applicants who said they were interested in applying. There was a greater increase in the fourth month, after the State started sending outreach materials to existing SSI recipients not on SNAP to encourage them to enroll in the CAP. The SNAP agency sent streamlined WASHCAP applications to 5,000 individuals each month for a total of six months.

Similarly, for the first six months of CAP implementation, New York only converted existing SNAP cases to CAP cases when eligible. Beginning in the ninth month of implementation, New York auto-opened CAP cases for all SSI recipients who were not already enrolled in SNAP. The

[21] We analyzed 25 months of post-period data in New York because the State started implementing the CAP in December 2003 and did not reach full implementation until January 2005.

caseload increased substantially during this window. After the first year, the State auto-opened CAP cases for new SSI applicants.

Massachusetts conducted outreach to 60,000 SSI recipients not already on SNAP, but not until the sixth month after implementation, so the analysis does not capture the increase in caseload we would expect at that time. The elderly caseload rose during the early months of implementation due to the State auto-opening CAP cases for SSI recipients already on SNAP, but the increase is more modest than the increases likely attributable to the mass enrollment of elderly SSI recipients not already on SNAP in other States.

In Florida, which did not attempt to enroll elderly individuals already on SSI who were not already enrolled in SNAP at initial implementation, the CAP appears to have had a negative effect on caseload size. The decrease is also likely related to other factors affecting SNAP administration during the analysis period. Notably, at the time that SUNCAP was being implemented, the State was undergoing an aggressive modernization effort that involved computerization of the eligibility process as well as the closure of many local offices. These closures led to a significant reduction in State SNAP staff, from 7,000 full-time equivalents (FTEs) to 4,109 FTEs.[22]

New Applications

Each time the SDX in the study States identifies a new SSI recipient who has indicated interest in receiving SNAP, the system automatically generates a SNAP application. As noted above, all study States but Florida engaged in initial enrollment into CAP large numbers of elderly who were on SSI but were not already enrolled in SNAP at the time of CAP implementation. These efforts also generated large batches of SNAP applications within a short window of time. The study estimated that CAP implementation was indeed associated with an increase in new elderly applications in all four States for which data were available.

Exhibit III-4: CAP Effects on New Applications

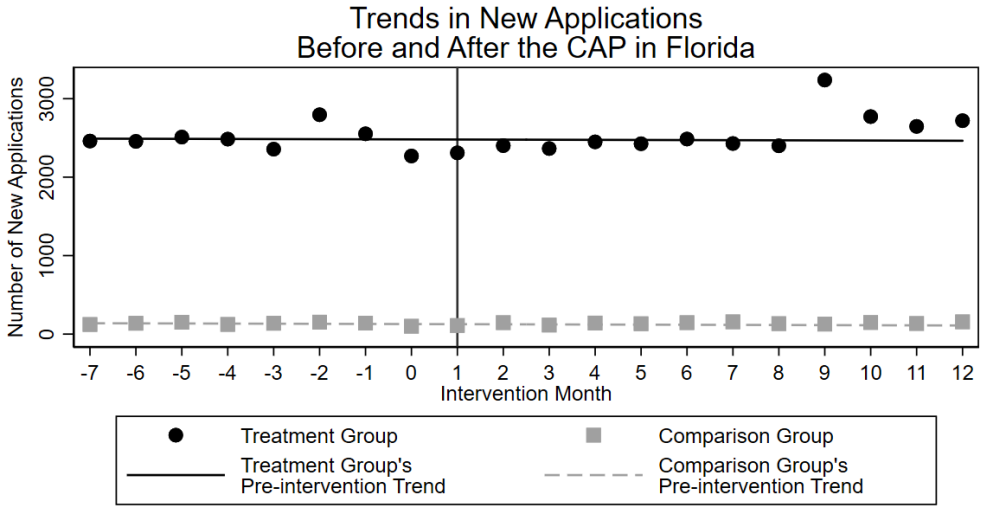
	Average Monthly Increase in SNAP Applications (Number and Percentage) among Treatment Group Relative to Comparison Group			
State	**Florida**	**Massachusetts**	**New York**	**Washington**
Estimated effect	63 2.5%	164 45.2%	2,154 81.2%	53 15.1%

Source: State administrative data

[22] For a more detailed analysis of these changes, see S. Cody, R. Nogales, & E. S. Martin (2008), *Modernization of the food stamp program in Florida* (https://fns-prod.azureedge.net/sites/default/files/FloridaModern.pdf).

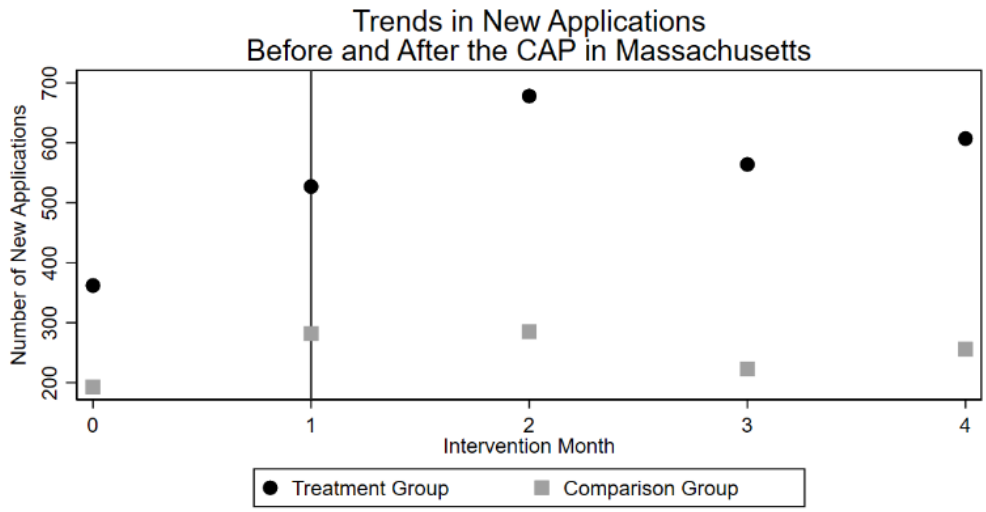
The large increase in new applications seen in New York corresponds to the period of mass enrollment of elderly individuals already on SSI but not previously enrolled in SNAP and auto enrollment of new SSI applicants (Exhibit III-5). The conversion of current SNAP cases to CAP would not be expected to have an effect on new applications, as the conversion simply entailed recalculating benefits under CAP and revising the certification period.

Exhibit III-5: Trends in New Applications



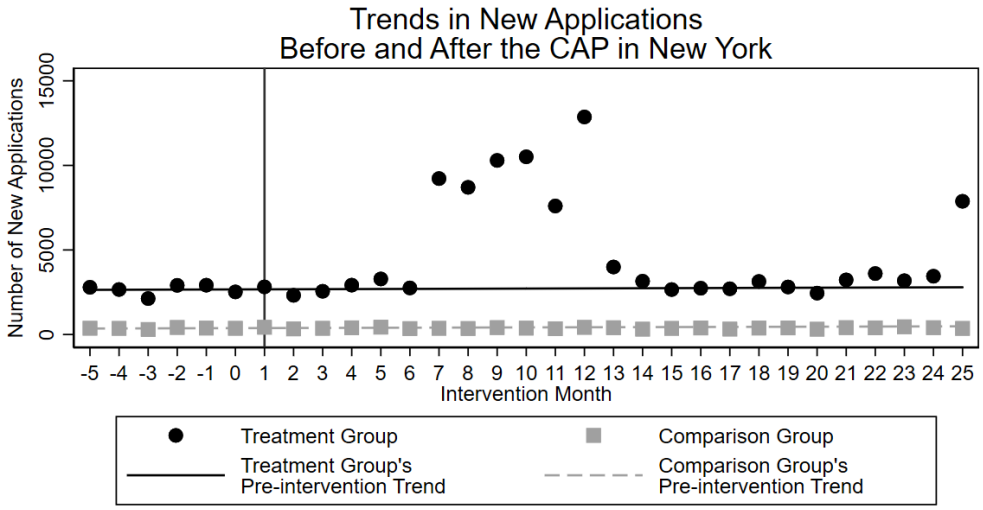
Note: The vertical line indicates the month in which the State introduced the intervention (January 2005)

Treatment group: Single-member units with an elderly member and no earned income.
Comparison group: Single-member units with an elderly member with earned income.



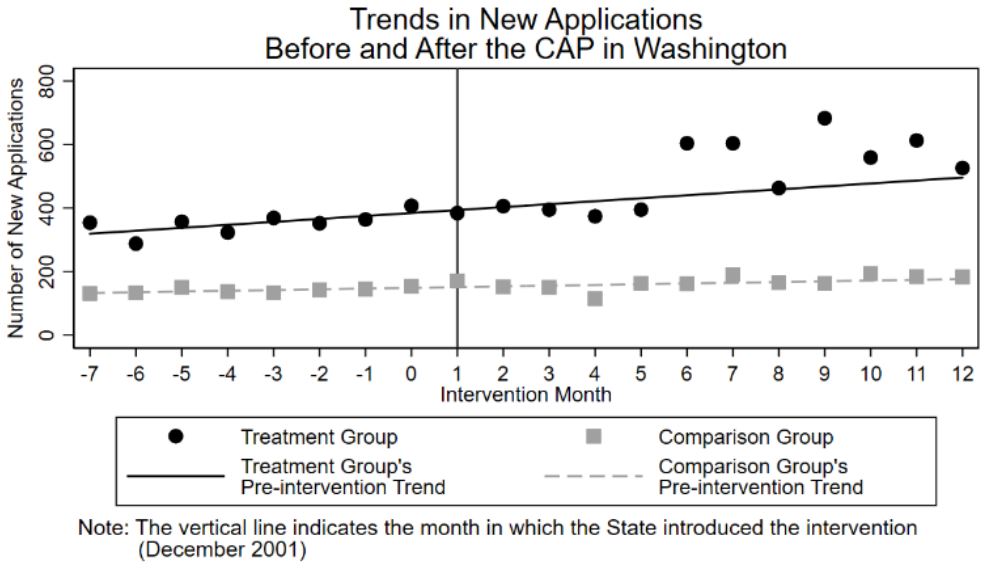
Note: The vertical line indicates the month in which the State introduced the intervention (February 2005)

Treatment group: Single-member units with an elderly member and no earned income.
Comparison group: Single-member units with an elderly member with earned income; units with (1) multiple elderly members (regardless of the presence of non-elderly members) or (2) one elderly member and at least one non-elderly members.



Note: The vertical line indicates the month in which the State introduced the intervention (December 2003)

Treatment group: Units with at least one elderly member and no nondisabled non-elderly members.
Comparison group: Units with at least one elderly member and at least one nondisabled non-elderly member



Note: The vertical line indicates the month in which the State introduced the intervention (December 2001)

Treatment group: Single-member units with an elderly member and no earned income. Comparison group: Single-member units with an elderly member with earned income, and, for cases that were WASHCAP-eligible at their last application, single-member units with an elderly member with earned income in the last four consecutive months (including the current month); and units with (1) multiple elderly members (regardless of the presence of non-elderly members) or (2) one elderly member and at least one non-elderly member.

Source: State administrative data

Eligible households that applied to SNAP after CAP implementation in New York had different characteristics than those that applied before implementation. Three-quarters were on SSI after CAP implementation compared with less than half before, a change clearly associated with CAP operations, and more were in single-person households than before (Exhibit III.6). Despite having lower income on average after CAP implementation, eligible households that enrolled in the program after implementation received half the benefits on average than those that enrolled before. The difference is likely attributable to the CAP policy of auto-opening CAP cases at a $15 benefit level.

Exhibit III-6: Characteristics among Households Eligible for the CAP and that applied to CAP or SNAP in New York

	Before Implementation	After Implementation
Household composition (percentage)		
One elderly member only	86	94
Multiple elderly members only	12	5
Elderly and nonelderly members	2	1
Gross income		
Average	$1,326	$1,201
Median	$1,287	$1,087
Monthly SNAP benefit		
Average	$155	$78
Median	$187	$26
Receipt of SSI (percentage)	46	75
Number of participants	15,921	75,842

Churn

CAPs intend to reduce churn through extended certification periods and minimal recertification requirements which, in all study States but New York, can be met through the standard SSI recertification. The post-intervention intervals available to the research team were arguably not long enough to capture the point at which these recertification policies would have had the largest effect. All States lengthened the certification period under CAP to at least 36 months initially (from 12 months in Florida, Washington, and Massachusetts, and 24 months in New York).[23] Since the research team accessed only 25 months of data after CAP implementation for New York, 12 months of data for Florida and Washington, and four months for Massachusetts, it would be surprising to see effects of reduced churning within these time periods.

The evaluation's analysis captured the effects of CAP on churning in the more immediate period after implementation. It suggests that CAPs were associated with lower churning during this time among the treatment group relative to the comparison group in Massachusetts and New York and higher churning in Florida, though these effects were not statistically significant (Exhibit III-6). In Florida, CAP implementation was accompanied by considerable confusion for current SNAP recipients who were converted to the CAP and found their benefits had decreased. When elderly recipients requested to be switched back to SNAP, eligibility workers often had to close and then reopen their cases, potentially accounting for the increase in churn.

[23] In Massachusetts, Washington, and Florida, participants are required to report changes as they occur. In New York, participants are required to complete a change report after 24 months, only if there are changes to report.

Exhibit III-6: CAP Effects on Churning

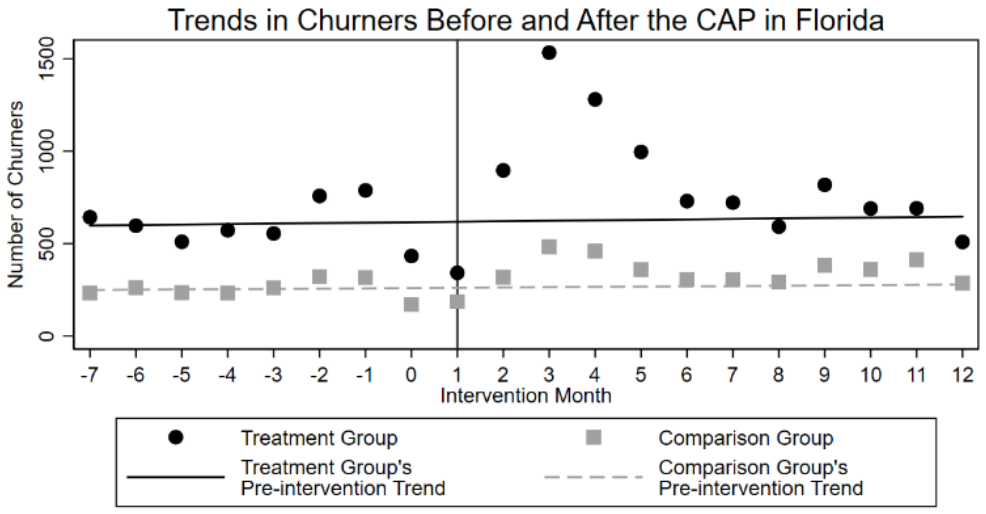
	Average Monthly Effect on Churn (Number and Percentage) among Treatment Group Relative to Comparison Group			
State	**Florida**	**Massachusetts**	**New York**	**Washington**
Estimated effect	108 17.8%	-11 -8.6%	-478 -38.3%	227 474.1%***

Source: State administrative data

***Significantly different from zero at the .01 level, two-tailed test.

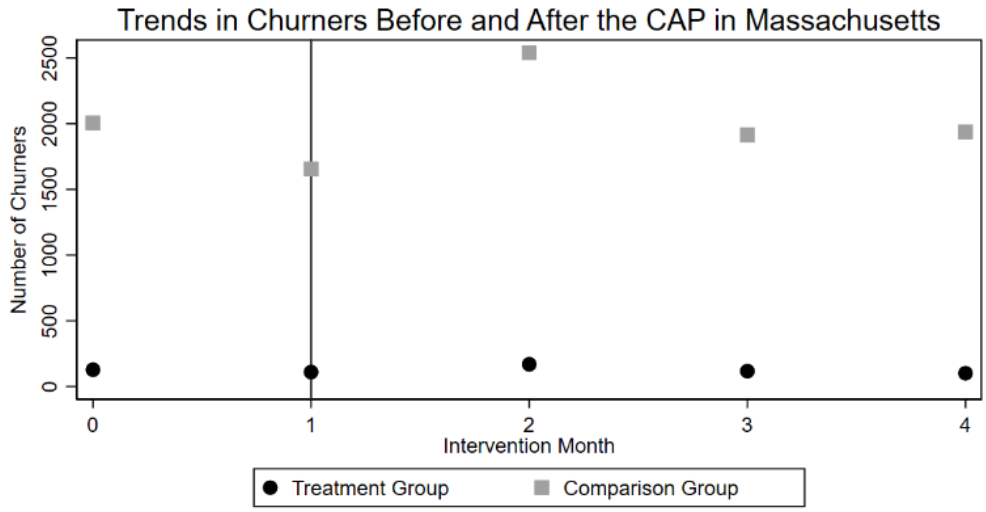
Though churn often occurs around the time of recertification, it can occur at any point during the certification period and for a host of reasons. Reasons might include changes to administrative processes that may result in inappropriate case closure or cause households to leave SNAP unintentionally. Changes in administrative processes may have different implications for different types of households. In Washington, the comparison group experienced a decrease in churn relative to its pre-period trend while the treatment group's trend remained relatively consistent (Exhibit III-7), causing the effect of the CAP to be positive. This could have been related to external factors that were not surfaced during the interviews with SNAP officials that affected churn rates for other SNAP recipients but not the CAP population. The estimated effect of the CAP on churning in this State needs to be interpreted in this light.

Exhibit III-7: Trends in Churners



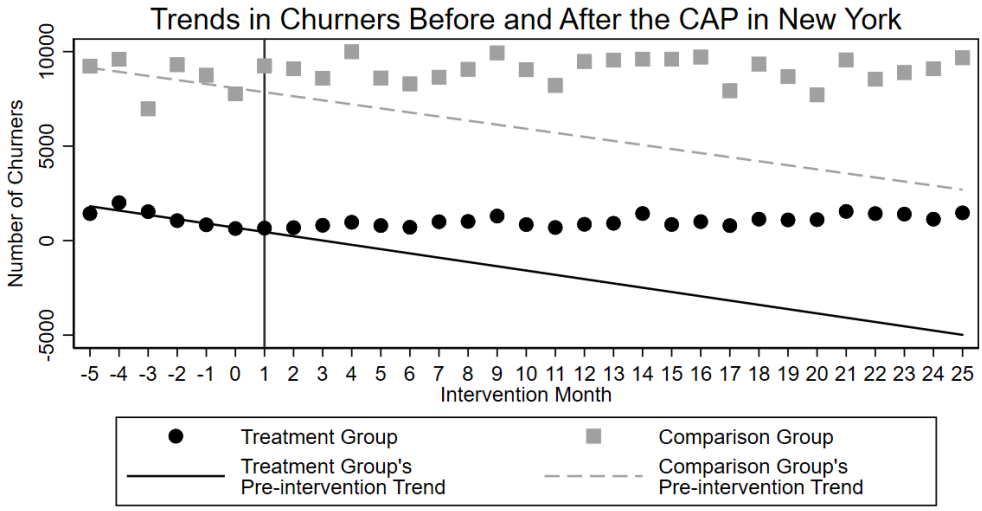
Note: The vertical line indicates the month in which the State introduced the intervention (January 2005)

Treatment group: Single-member units with an elderly member and no earned income.
Comparison group: Single-member units with an elderly member with earned income; units with (1) multiple elderly members (regardless of the presence of non-elderly members) or (2) one elderly member and at least one non-elderly members.



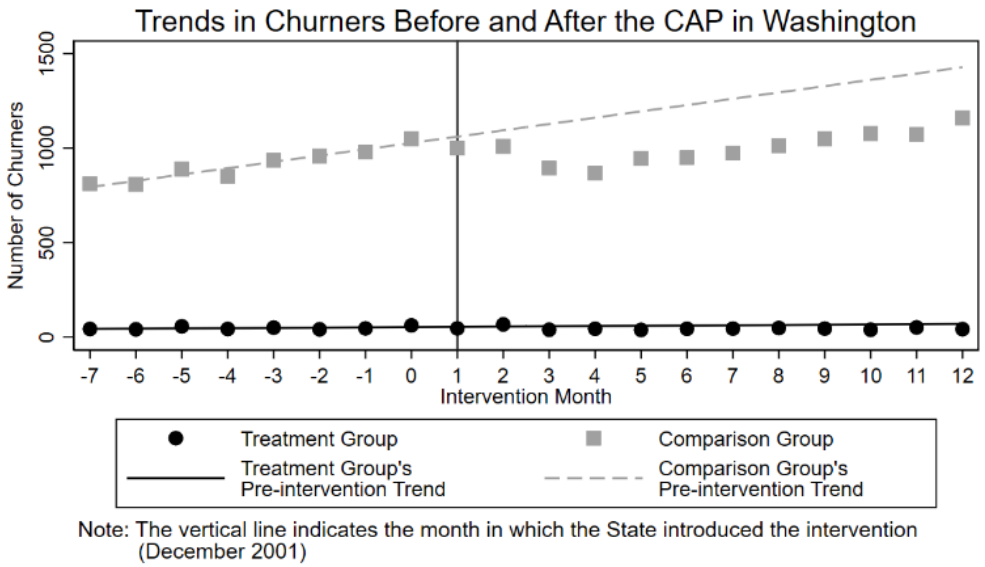
Note: The vertical line indicates the month in which the State introduced the intervention (February 2005)

Treatment group: Single-member units with an elderly member and no earned income.
Comparison group: Single-member units with an elderly member with earned income; units with (1) multiple elderly members (regardless of the presence of non-elderly members) or (2) one elderly member and at least one non-elderly members; and units with only non-elderly members without earned income, excluding single-member units with a disabled adult (at least 18 years old) without any earned income.



Note: The vertical line indicates the month in which the State introduced the intervention (December 2003)

Treatment group: Units with at least one elderly member and no nondisabled non-elderly members.
Comparison group: All units except those (1) in the treatment group and (2) with only disabled members.



Treatment group: Single-member units with an elderly member and no earned income. Comparison group: Single-member units with an elderly member with earned income, and, for cases that were WASHCAP-eligible at their last application, single-member units with an elderly member with earned income in the last four consecutive months (including the current month); units with (1) multiple elderly members (regardless of the presence of non-elderly members) or (2) one elderly member and at least one non-elderly member; and units with only non-elderly members without earned income, excluding single-member units with a disabled member without earned income.

Source: State administrative data

Synthesis

This study's findings align with previous evidence that the implementation of a CAP is associated with increased participation in SNAP by eligible elderly SSI recipients. CAPs were successful in increasing the number of elderly individuals receiving SNAP in three of the four States analyzed; these effects were most pronounced in New York, which automatically enrolled all eligible SSI recipients not already on SNAP into its CAP. In the two other States that conducted focused efforts at implementation to enroll into SNAP eligible SSI recipients who had not previously enrolled, the effect on caseload was smaller but significant.

This positive effect on caseload was also accompanied by an increase in new applications in all four States—again, most significantly in New York. The effect of a CAP on churn is less clear, with mixed results across the four States. These results were more difficult to interpret in some States due to significant process changes being implemented for the general SNAP population, which decreased churn and made statistical comparisons between the control and comparison groups more complex. Importantly, data limitations made it impossible to analyze longer post-

intervention intervals, which might have allowed a clearer view of the effect of longer certification periods on churning.

The study found that State and local SNAP and SSA staff respondents were generally positive about CAPs, noting that the streamlined, automated processes increased efficiency and accuracy. Even while some were unaware of a CAP, many elderly recipient respondents appreciated the convenience and reduced paperwork required for them to receive benefits. For some, the possible trade-off in lower benefits was worth the decrease in required interaction with the local SNAP agency, which some had found to be confusing and difficult to manage without assistance.

IV. Standard Medical Deduction

This chapter examines the Standard Medical Deduction (SMD), a demonstration project that simplifies the SNAP rules for deducting medical expenses for elderly and disabled applicants. The SMD can increase elderly access in three ways: (a) reducing the burdens associated with claiming a medical expense deduction; (b) increasing elderly participants' SNAP benefit amounts by reducing the net income amount used to calculate their benefit amount; and (c) bringing new eligible individuals into SNAP by reducing the net income amount used to calculate their eligibility. Four study States implemented the SMD—Alabama, Arkansas, Massachusetts, and North Dakota—and their experiences are summarized in sections that follow.

Key Findings about SMD

- **In the year following implementation of the SMD, elderly SNAP caseload size increased in two of the three States examined (Arkansas and North Dakota), and median benefit amounts increased in Massachusetts relative to what would have been expected in the absence of the intervention.** The lack of increased benefit amounts in the 12 months following implementation in the other States may be the result of implementation challenges, such as insufficient staff training or lack of clarity in communications to elderly participants about the availability of medical deductions.
- **State and local SNAP staff reported that the SMD simplified the medical deduction process for participants while reducing staff burden and errors.** However, they also acknowledged that there was some inconsistency in implementation and that not all caseworkers were equally thorough in probing participants about their medical expenses. This may have stemmed in part from differences in staffing levels and training over time.
- **Elderly SNAP recipient respondents in States with the SMD tended to have more awareness about the option to deduct their medical expenses compared to those in States without the SMD.** Although elderly participants in States with the SMD were not explicitly familiar with how it worked, they were more likely to say they deducted medical expenses. However, even within SMD States, the elderly appeared to need significant assistance, and many were unsure which medical expenses qualified for the deduction.

How the SMD Works

The SMD, first implemented in 2002, was in place in 21 States as of the writing of this report. It is designed to make the process of receiving a medical deduction easier by reducing the paperwork burden involved for both elderly individuals and eligibility workers, and by ensuring that elderly participants with eligible medical expenses claim the medical deduction. Low benefit amounts have been identified as a disincentive for the elderly to apply for SNAP, so the SMD might also indirectly increase interest in applying for the program if it increases benefits by ensuring that elderly individuals receive the highest deduction to which they are entitled. Also, it may result in increased access to SNAP for those who otherwise would receive a lower medical expense deduction and therefore be above the income eligibility threshold.

Under regular rules, when SNAP eligibility and benefit levels are calculated, all individuals who are disabled and/or 60 years or older are entitled to deduct from their income any out-of-pocket medical expenses greater than $35 per month. This is referred to as the excess medical deduction. Typically, individuals must provide documentation verifying these expenses. With the SMD, individuals must document only $35.01 worth of medical expenses. Theoretically, this eases burden on both applicants and eligibility workers who no longer need to collect and verify documentation for all eligible medical expenses, which can be voluminous. At recertification, recipients must confirm whether their monthly medical expenses remain over $35.00 and do not have to again provide documentation of medical expenses totaling at least $35.01.

A wide range of medical expenses are deductible, including medical treatments, appointments, transportation to medical appointments, hearing and vision aids, over-the-counter medication, and insurance copays (see textbox). Because many of these expenses are not covered by insurance, deducting them from income when calculating SNAP eligibility and benefits can significantly reduce an elder's net income and increase an elder's benefit amount.

Deductible Medical Expenses:

- **Basic care**, including medical care, dental care, psychotherapy, and rehabilitation
- **Hospitalization and outpatient care**
- **Nursing care and nursing home care**
- **Drugs**, including prescription drugs and over-the-counter drugs (when prescribed)
- **Equipment**, including medical supplies, sick-room equipment, dentures, hearing aids, prosthetics, prescribed eyeglasses, and prescribed incontinence pads
- **Health insurance premiums and copays**, including Medicare premiums
- **Service animal costs,** such as pet food
- **Transportation or lodging costs** associated with obtaining medical treatments
- **Attendant, homemaker, home health aide, or housekeeper services** needed due to health or age

Source: U.S. Department of Agriculture, 2018a

The SMD creates a standard medical deduction amount for applicants who report average monthly medical expenses in excess of $35. Each participating State also sets an upper threshold, above which applicants can claim actual medical expenses, so that those with very high expenses can deduct the full amount. For instance, in a State with an SMD of $200, eligible households with average monthly medical expenses up to $35 receive no deduction; households with expenses between $35.01 and $235 receive a $200 deduction; and households with expenses above $235 have the option of receiving $200 or the actual amount of their average monthly expenses (less $35), if they can document them. Among those receiving the SMD, households whose actual average monthly medical expenses are greater than $235 receive a lower deduction than they would otherwise, while households whose actual expenses are less than $235 receive a higher deduction.

States set the amount of their SMD by analyzing average medical deductions among their current elderly and disabled SNAP recipients. Because households with higher medical expenses may opt out of the SMD, and households with lower medical expenses receive a larger deduction that they would normally qualify for, SMD projects are expected to exceed the aggregate cost of regular SNAP. States periodically submit cost neutrality reports which compare the medical deduction and/or benefits SMD households receive to the deduction/benefits they would receive under regular SNAP rules. Typically, if the SMD is not cost neutral, States offset the cost of the SMD by reducing the standard utility allowance (SUA) or the heating and cooling standard utility allowance (HCSUA) for all households, including those without elderly or disabled members.[24]

Previous Research

Previous research in Washington State found that the excess medical deduction was complex for both SNAP staff and elderly participants (Gabor et al., 2002). In addition, a 2008 survey of States found that many State administrators were keen to implement the SMD due to the complexity of documenting all medical expenses (Rowe et al., 2010). Perhaps because of these complexities, previous research has found that medical expense deductions are underutilized, even when $50–$200 in monthly medical expenses can lead to a SNAP allotment that is $7–$69 higher each month (Jones, 2014).

There is recent evidence that the percentage of elderly recipients receiving only the minimum SNAP benefit amount is significantly higher in States that do not have the SMD (Adams et al., 2017), yet it is not clear how the SMD affects average benefit levels. In Fiscal Year 2007 (prior to

[24] The SUA is a standardized amount used in place of actual utility costs to calculate a household's total shelter costs when determining income eligibility for SNAP benefits. SNAP rules require States that opt to use a SUA to update the SUA annually to reflect actual changes in average utility costs.

the implementation of the SMD in many States), about 13 percent of elderly SNAP households received a medical deduction, with an average monthly benefit amount of $163 (SNAP QC Data). As of Fiscal Year 2015 after significant implementation of the SMD, this had not changed much with about 16 percent of elderly SNAP households receiving a medical deduction, with an average monthly benefit amount of $170 (SNAP QC Data). Research suggests that wide variations in these numbers by State may reflect SMD implementation challenges (Eslami, 2015).

Implementation Across Study States

The four study States that had implemented the SMD—Alabama, Arkansas, Massachusetts, and North Dakota—all had different standard deduction amounts and a different upper threshold that triggered the option for claiming actual medical expenses. Exhibit IV-1 displays the date of implementation and these two key aspects of the SMD in each of the four States.

Exhibit IV-1: Key Characteristics of Study State SMDs

	Massachusetts	Arkansas	North Dakota	Alabama
Implementation date	April 2008	November 2011	April 2013	October 2014
Standard deduction at implementation	$90	$103	$200	$165
Upper threshold at implementation (triggers the option to claim actual expenses as deduction)	$125	$138	$235	$200

Implementation Context

State SNAP administrators explained that the motivation for implementing the SMD was to simplify the sometimes complicated and time-consuming medical deduction process for both the elderly and eligibility workers. In Massachusetts and North Dakota, SNAP administrators also hoped that the SMD would help elderly individuals qualify for larger benefit amounts, while in Alabama the focus was on reducing administrative expense and errors.

Uniformly, State administrators and advocates supported the intervention as a way to encourage more disabled and elderly SNAP participants to deduct their medical expenses. Overall, respondents considered the SMD a way to reduce administrative burden while

improving SNAP access. As one administrator said, "It's a benefit for staff workload, it reduces error rates, and it's easier for participants."

Three States (all except for North Dakota) implemented the SMD along with other interventions designed to reduce administrative burden and promote elderly access to SNAP, such as a simplified application for the elderly or a recertification interview waiver. In these States, the SMD was just one piece of a larger focus on streamlining and improving elderly SNAP access.

Implementation Process

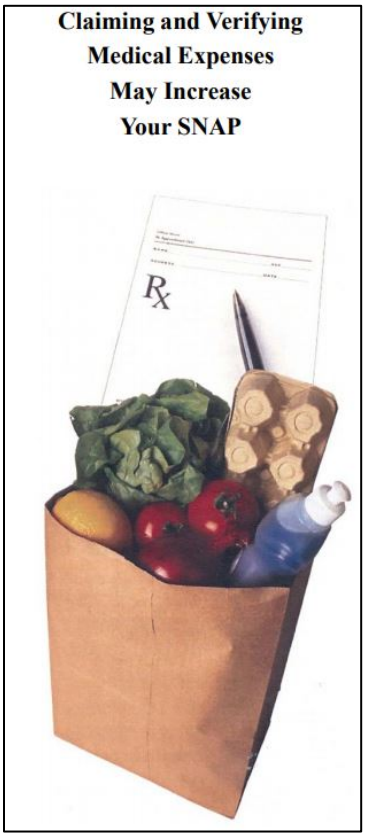
There was variation in understanding among staff in SNAP offices (both within each State and between States) regarding which medical expenses were countable and how they could be documented. For example, in Alabama, interviews revealed that some workers provided elderly clients with a checklist of allowable medical expenses and information about what documentation could be provided, whereas others did not. A CBO respondent noted that SNAP workers within the State's unit dedicated to Elderly Simplified Application Project (ESAP) clients (see Chapter V) appeared to be more thorough in asking about medical expenses than other SNAP workers. She stated, "When you are able to go through the medical expenses list, it helps. ESAP staff are more clued into this than the county workers." In States without a published list of allowable medical expenses, interviews revealed that SNAP eligibility workers within and between local offices had different understandings about what expenses were allowable. Some reported asking only about pharmacy expenses, for example.

There was also variation in how frontline workers calculated medical expenses. Volatility in medical expenses from month to month makes it challenging for frontline SNAP workers and elderly clients to estimate average monthly expenses accurately. In interviews, some eligibility workers reported averaging expenses over varying periods of time, such as three, six, or 12 months, to account for volatility. Further, workers reported inconsistent application of policy when reviewing medical expenses, with some asking for all documentation and others stopping when the $35.01 minimum requirement was reached. One potential explanation for this variation is inadequate staff training—including training that has trailed off over time—as described below.

Agency Leadership and Communication

Despite support for the demonstration from SNAP leadership in each State, leaders in some States reported that they were reluctant to publicize the SMD specifically (as opposed to medical deductions more generally). State administrators' concerns were related to the cost neutrality requirement of all federal demonstration projects. First, they did not want to draw attention to the general potential impact on benefits that might result from cost neutrality requirements. Specifically, since the State reduced the SUA to offset SNAP benefit increases

attributable to the SMD, benefits for non-elderly participants might be affected (even though the result for these individuals was a smaller increase in benefits rather than an actual reduction). Second, they did not want to create a disincentive to provide full documentation of medical costs, because this information might be needed later for cost-neutrality calculations.



Two of the study States conducted outreach and produced materials to encourage elderly applicants to claim medical expenses and to assist them in doing so. Massachusetts created a brochure (the cover of which is shown here) designed to educate elderly clients about the SMD.[25] Alabama maintained a checklist of allowable medical expenses on a dedicated page on their website that could be printed and shared with elderly clients.[26]

Staffing and Structural Support

Implementation of the SMD in some States involved adaptation of their Management Information Systems (MIS). For example, Alabama's IT department set up an automated process in which the MIS could recognize existing SNAP cases with medical expenses over $35. These cases were then converted to the SMD, and clients received revised benefit levels on their EBT cards. While these MIS changes were time-consuming in some cases, none of the States reported them to be overly burdensome.

In general, States did not report needing significant amounts of staff support to implement or continue the SMD. On the contrary, rather than needing additional staff, respondents noted that they expected the SMD to reduce staff burden. However, States noted that some additional resources were required to calculate cost neutrality, which staff reported could be time consuming or confusing.

Staff training was a critical part of implementing the SMD since the intervention relies heavily on eligibility staff being able to understand and explain the process to elderly clients. While SNAP staff respondents in Massachusetts reported receiving clear training, those in the other three States indicated a need for more training. In some States, staff members reported having

[25] https://www.mass.gov/files/documents/2017/10/02/SNAP-MEB-English-0815.pdf?_ga=2.256463112.2011878662.1560896607-717247966.1560896607

[26] http://dhr.alabama.gov/services/Food_Assistance/Documents/AESAP_Medical_Form.pdf

some initial training on SMD but very limited training after the first year; combined with staff turnover, this led to a lack of staff awareness of SMD rules and procedures.

Staff were particularly unclear how to handle cases enrolled in multiple benefit programs and services, where it could be complicated for staff to determine what elderly individuals have to pay for out-of-pocket and what other programs cover; often elderly clients themselves were not sure. High-level State staff seemed to recognize that staff training on the SMD varied, with one State administrator saying, "The SMD has a great benefit to clients, but it depends on how well it's implemented. It's working well but could be working better if staff and applicants were better informed and implemented it better."

State staff also reported confusion about the cost neutrality calculation and reporting requirements for SMD, which must be updated regularly. Some States felt that to provide FNS with the information the agency needed, the SMD waiver became no less complicated to administer than the excess medical deduction. For example, staff said that they had to document all medical expenses anyway in order to have adequate verification for cost neutrality calculations, which undermined the goal of reducing the burden of documentation[27]. This led some States to deemphasize their SMD policy so that applicants and eligibility workers were treating the process in the same way they would have without the SMD. This also varied within States, with some local staff reporting that they did not make any changes to their application process and others reporting that they did make changes.

Elderly access to Information and Staff Assistance

During interviews, the research team asked respondents about their experiences with medical deductions. For example, interviewers asked participants whether they remembered reporting any medical expenses when submitting SNAP documentation, what information SNAP staff had given them about medical deductions, and how difficult they found the process. Some themes, such as general confusion about the nuances of medical deductions, were present in States both with and without the SMD; others were more specific to the SMD States.

Elderly Understanding of Medical Deductions

While respondents in States with and without the SMD reported confusion, the research team found key differences in their perceptions about medical deductions. Most notably, respondents in the four study States with the SMD were more aware that they could report medical expenses than were those in other States. Respondents in SMD States also seemed to

[27] While States can use the QC sample for this purpose, it is very hard to go back and get documentation of expenses after the fact, and staff cannot know which clients will end up in the sample chosen for review.

have a better understanding of the concept of a deduction and that reporting expenses could lead to increased SNAP benefit amounts.

Several respondents in SMD States reported deducting medical expenses beyond prescription costs or copays, including for mileage to medical appointments, eyeglasses, scooter servicing, or hearing aids, though inconsistencies existed within these States, as noted above. For instance, an elder in North Dakota said that she had never heard about deducting transportation costs to medical appointments until her caseworker retired and the new one brought it up. Deductions for these types of expenses were rarely reported by respondents in States without the SMD. Site visitors observed in some SMD States that it was likely that some respondents who could have qualified for a higher deduction than the SMD were not taking advantage of the option to deduct actual expenses. It was not in the scope of this study to investigate this issue in greater depth.

Interestingly, respondents in SMD States reported more frustration with medical deductions than those in States without the SMD. This seems to be because they were more aware that the policy existed and so could be upset when they had difficulty reporting expenses or did not see changes in their benefit levels after doing so. Several noted that they reported significant medical expenses, such as for eyeglasses, and were unhappy when their SNAP benefit amounts did not change. In contrast, many respondents in States without the SMD were simply unaware that they could deduct medical expenses in the first place, and so they were not expecting increased benefit amounts.

In states where some elderly individuals first access SNAP through a CAP, participants may not be given information about the availability of the medical expense deduction (whether excess or standard) when they first receive benefits. As noted in Chapter III, five of the study States had implemented a CAP, one of which (Massachusetts) also implemented an SMD.

Elderly Support and Assistance

Even though the SMD requires fewer receipts and documents, elderly clients still needed a significant amount of support to understand which expenses could be deducted and whether they should take the SMD or the excess medical deduction. Elderly individuals sometimes experienced wide fluctuations in monthly medical expenses (e.g., related to hospitalization or other significant medical events), and they were sometimes unaware of how to report changes in expenses (or even that it was possible to do so) and of how changes might affect their benefit levels. Even in the two States where local SNAP offices had access to materials to educate elderly clients about medical deductions—Alabama and Massachusetts—local SNAP staff reported challenges ensuring clients had a clear understanding of the process.

The capacity of SNAP eligibility workers to provide the assistance elderly clients needed seemed to vary. In SMD States, some elderly respondents reported getting clear information about the SMD, while others did not. As an elderly SNAP recipient in an SMD State said:

> *Like the girl I was talking to the other day, she completely understood my frustrations. She told me everything she could to tell me how to get more food stamps, like marking the mileage when I have to go to doctors, and turning the mileage in—that kind of stuff, to help get me to my work. She said, "It probably won't make more than a dollar or two a month more, but every little bit helps." I said, "Oh, yeah".*

Generally, the research team found that CBOs that assisted elderly clients with SNAP applications were aware of medical deductions and the SMD policies in their respective States, and they attempted to help elderly SNAP applicants claim medical expenses. However, CBO respondents in three of the four States were concerned that elderly participants were underreporting medical expenses. They reported that both elderly clients and SNAP staff were confused about what counted as a medical expense under SNAP, partly because SNAP definitions differ from those used to determine income for Medicaid and some low-income Medicare programs.

Medical Expense Verification

Generally, the most straightforward way that respondents reported medical expenses in both SMD and non-SMD States was by having their pharmacist print them an invoice. However, some found tracking expenses and collecting receipts burdensome, even in States with the SMD. As a participant from North Dakota explained:

> *My perspective on it is, I was a little bit confused. I need help, because one sheet is my income, which isn't too hard, but the other sheet's my expenses. You have to list all your bills, and they want a copy of your medication statement from the pharmacy and transportation and what I spend on doctors' appointments and what I spend on other things that are medical related*.

Several respondents explained that verifying even $35.01 of medical expenses could be difficult, especially when the Health Insurance Portability and Accountability Act (HIPAA) prevents eligibility workers from helping applicants collect the necessary receipts.

Effects on Access to SNAP

The research team completed an analysis of SNAP administrative data in three of the four SMD States.[28] and found that, on average across these States, the SMD had a positive and significant effect on caseload, a small but statistically significant negative effect on median benefits, and no significant effect on new applications or churning. Below is a summary of the effects, by State. Because the SMD was not designed to effect churning, this report does not present the effects of the intervention on this outcome by State.

Median Benefit Amount

Instituting an SMD could conceivably affect benefit amounts by reducing the net income portion used to calculate participants' benefit amount. Findings on estimated effects of the SMD on benefits are mixed. In one State (Massachusetts), the effect was positive (Exhibit IV-2). In two States, however, the median benefit amount grew less among the treatment group (households with at least one elderly member) from its pre-period trend relative to the change among the comparison group (households with only nondisabled, non-elderly members without any earned income), which resulted in overall negative effects.

Exhibit IV-2: SMD Effects on Median Benefit Amounts

	Average Monthly Effect on Median Benefit Amounts (Number and Percentage) among Treatment Group Relative to Comparison Group		
	Arkansas	**Massachusetts**	**North Dakota**
Estimated effect	-$9.05 -11.6 %**	$10.58 10.0%*	-$5.90 -3.9%

Source: State administrative data

*Significantly different from zero at the .10 level, two-tailed test.

**Significantly different from zero at the .05 level, two-tailed test.

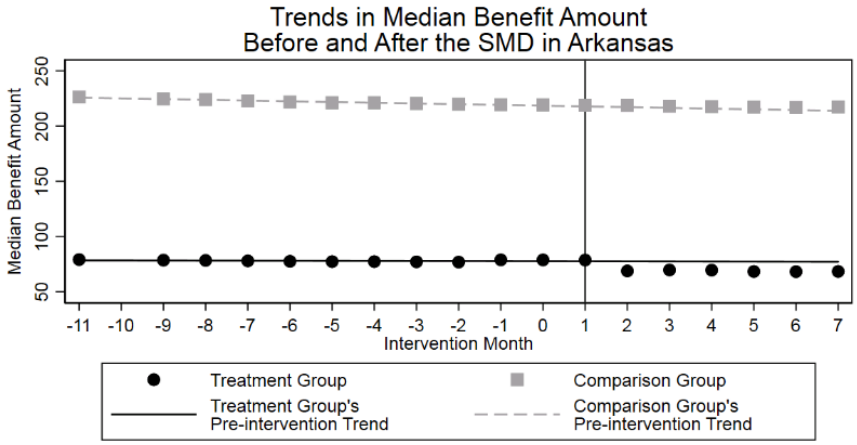
In the States where the effect was negative, it is possible that benefits did increase for some who would not normally have claimed any medical expenses or who claimed expenses only slightly greater than $35, and that they decreased for those with expenses between the standard deduction amount and the upper threshold that triggered the option to claim actual expenses as the deduction. It is also possible that, as reported by staff in at least one State, SNAP staff stopped collecting receipts once they confirmed $35.01 of monthly medical expenses. While these elderly clients would qualify for and receive the standard medical

[28] Alabama's SMD intervention could not be analyzed because pre-intervention data were unavailable.

deduction, some may have had monthly medical expenses that surpassed the upper threshold. If these clients took only the standard deduction, then they received a smaller benefit amount than the maximum for which they were eligible. Without further analysis, the extent to which this unintended consequence of the SMD contributed to these results is unclear. Likewise, other challenges with the implementation of the SMD, such as inadequate training for staff, also may have resulted in fewer elderly clients deducting medical expenses or in clients deducting only some of their qualified medical expenses.

Plotting the trends in the three SMD States illustrates the effects visually. Specifically, the graphs in Exhibit IV-3 show that in the post-intervention period in Massachusetts, median benefit amounts for the treatment group (black circles) appear to be higher compared to what would be expected given the pre-period trendline (black line). By contrast, the comparison group (gray squares) followed its pre-period trendline (grey line). The opposite phenomenon occurred in Arkansas; the treatment group's post-intervention benefits trended lower than the historical trendline while the comparison groups' remained relatively stable. In North Dakota, the post-intervention trend veered from the pre-intervention trend for both groups in similar ways but that were more pronounced for the comparison group.

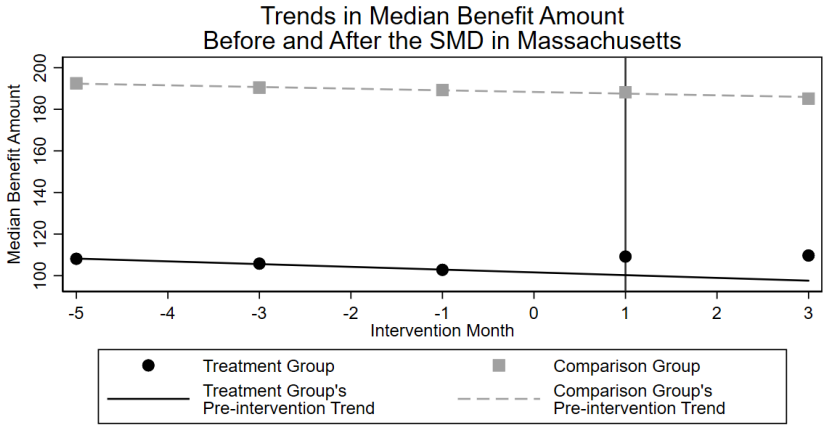
Exhibit IV-3: Trends in Median Benefit Amounts Over Time



Note: The vertical line indicates the month in which the State introduced the intervention (November 2011)

Treatment group: Units with at least one elderly member.

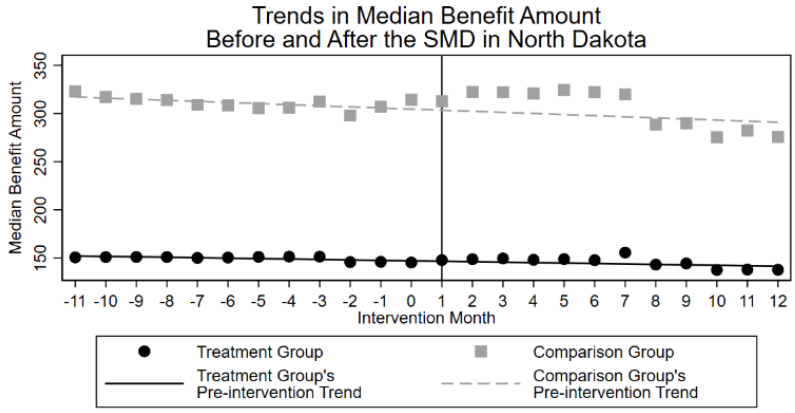
Comparison group: Units with only nondisabled, non-elderly members without any earned income.



Note: The vertical line indicates the month in which the State introduced the intervention (April 2008)

Treatment group: Units with an elderly member.

Comparison group: Units with only nondisabled, non-elderly members without any earned income.



Note: The vertical line indicates the month in which the State introduced the intervention (April 2013)

Treatment group: Units with at least one elderly member.

Comparison group: Units with only nondisabled, non-elderly members without any earned income.

Source: State administrative data

One of the chief reasons for instituting SMDs was to encourage elderly individuals to claim a medical deduction by simplifying the process. Descriptive analyses suggest that SMD may not have achieved this purpose in the period that was available for analysis. As seen in Exhibit IV-4, the proportion of households which claimed a medical deduction did increase slightly in the two States where these data were available; however, the increase in take-up rates was minimal. Among those who claimed a deduction, however, the average and median deduction amount was substantially higher after implementation of the SMD than before. These findings

suggest that if more elderly took advantage of the SMD, effects on median benefits may have been more positive.

Exhibit IV-4: Households Eligible for the SMD that applied to SNAP and Claimed a Medical Deduction

	Percent claiming medical deduction		Average deduction among those claiming		Median deduction among those claiming	
	Before SMD	After SMD	Before SMD	After SMD	Before SMD	After SMD
North Dakota	31%	33%	$224	$289	$163	$185
Massachusetts	15%	17%	$177	$202	$85	$105

Source: State administrative data

Caseload

SMD might be expected to increase SNAP caseloads among the elderly because the reduction in the net income amount used to calculate eligibility would make more households eligible for SNAP. In the year after implementation, caseload size among households eligible for the SMD had increased by about 8 percentage points in Arkansas and by about 14 percentage points in North Dakota, when compared to households without an elderly or disabled member (i.e., those not eligible for a medical deduction) (Exhibit IV-5). In Massachusetts, the opposite effect occurred, but the result was not significant.

Exhibit IV-5: SMD Effects on Caseload

	Average Monthly Effect on SNAP Caseloads (Number and Percentage) among Treatment Group Relative to Comparison Group		
State	**Arkansas**	**Massachusetts**	**North Dakota**
Estimated effect	2,036 8.1%**	-2,080 -4.3%	678 14.2%***

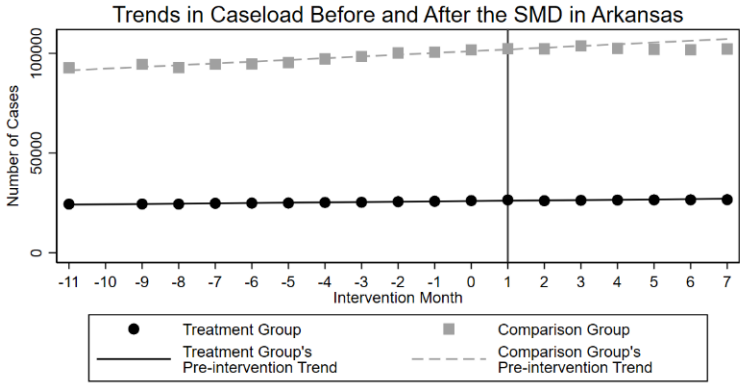
Source: State administrative data

**Significantly different from zero at the .05 level, two-tailed test.

***Significantly different from zero at the .01 level, two-tailed test.

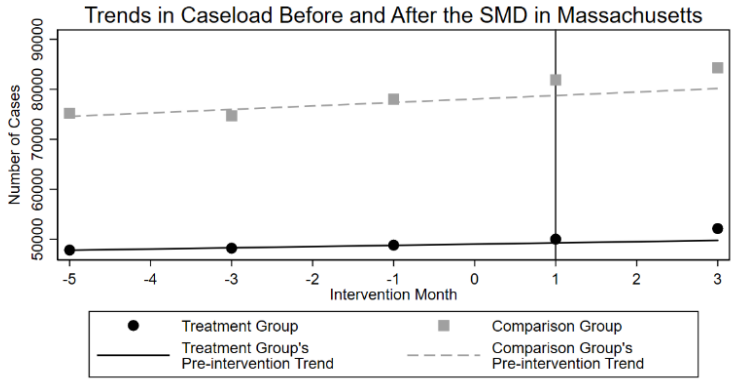
Exhibit IV-6 shows that while caseloads in the treatment group remained on a similar path to that established before the intervention, there were noticeable shifts in caseload trends for the comparison groups. In Arkansas and North Dakota, caseloads of comparison groups dropped compared to their pre-intervention trends; in Massachusetts, they increased. In the former two States, easing administrative burden on applicants and staff may have kept the elderly caseloads that qualified for a medical deduction relatively stable in spite of other factors that may have contributed to decreases among all types of households.

Exhibit IV-6: Trends in Caseloads Over Time



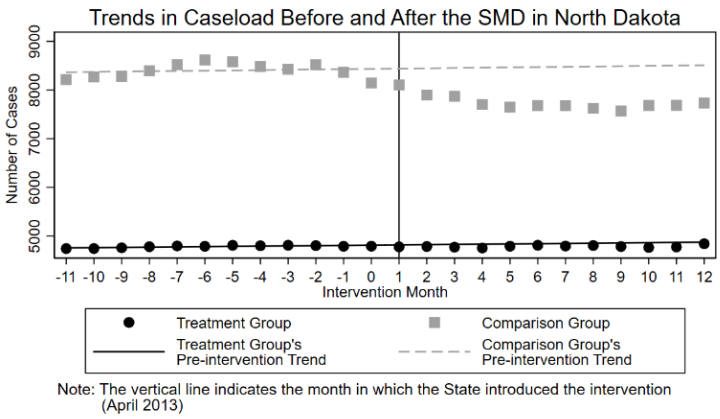
Note: The vertical line indicates the month in which the State introduced the intervention (November 2011)

Treatment group: Units with at least one elderly member.
Comparison group: Units with only nondisabled, non-elderly members without any earned income.



Note: The vertical line indicates the month in which the State introduced the intervention (April 2008)

Treatment group: Units with at least one elderly member.
Comparison group: Units with only nondisabled, non-elderly members without any earned income.



Treatment group: Units with at least one elderly member.
Comparison group: Units with only nondisabled, non-elderly members without any earned income.

Source: State administrative data

New Applications

SMD should be expected to increase new applications for the same reason it is expected to influence caseloads: it reduces the net income amount used to calculate eligibility, which would make more households eligible for SNAP. The analysis estimated positive effects for Arkansas and Massachusetts and a negative effect for North Dakota (Exhibit IV-7) on new applications. However, due to the high level of variability of trends in comparison groups in Arkansas and North Dakota, and the small number of measurement points available in Massachusetts, none of the estimated effects were statistically significant.

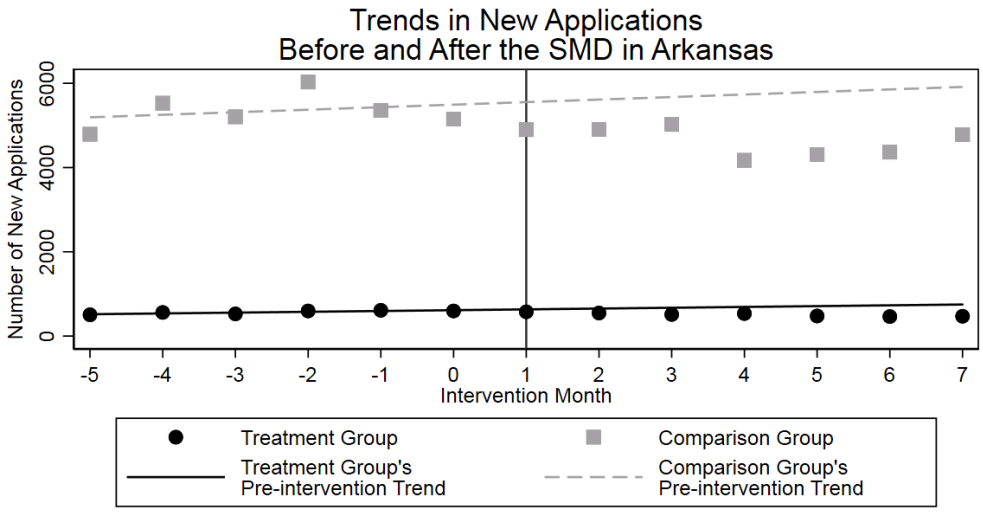
Exhibit IV-7: SMD Effects on New Applications

	Average Monthly Effect on SNAP Applications (Number and Percentage) among Treatment Group Relative to Comparison Group		
State	**Arkansas**	**Massachusetts**	**North Dakota**
Estimated effect	918	944	-79
	161.9%	36.1%	-70.9%

Source: State administrative data

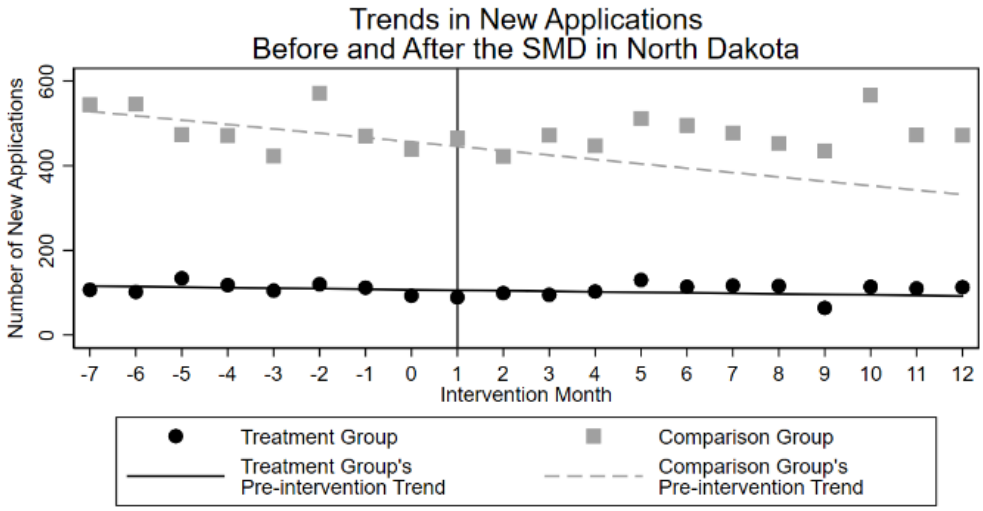
Like the caseload analysis, Exhibit IV-8 shows that the effects are largely driven by a divergence from the pre-period trend among the comparison groups rather than among the treatment group. Given the small number of available measurement points, trends could not be estimated in Massachusetts.

Exhibit IV-8: Trends in New Applications Over Time



Note: The vertical line indicates the month in which the State introduced the intervention (November 2011)

Treatment group: Units with at least one elderly member.
Comparison group: Units with only nondisabled, non-elderly members without any earned income.



Note: The vertical line indicates the month in which the State introduced the intervention (April 2013)

Treatment group: Units with at least one elderly member.
Comparison group: Units with only nondisabled, non-elderly members without any earned income.

Source: State administrative data

Synthesis

Overall, the evidence suggests that the implementation of the SMD showed promise for increasing awareness of the medical expense deduction among staff as well as among elderly participants. Despite this increased awareness, however, both elderly participants and SNAP staff were confused about which expenses qualified for the deduction and those with very high expenses often were not aware of the option to document actual expenses instead of using the SMD in order to maximize their benefit amounts. Perhaps because of inconsistencies in understanding and implementation of the SMD, findings on the effects of the intervention were mixed.

In some States, the SMD appears to have helped increase median benefit amounts and in other States lower them. In Massachusetts, the SMD appeared to increase median benefit amounts of elderly participants. The research team gathered evidence of strong implementation in Massachusetts that featured thorough staff training, clear materials for staff and the elderly about how SMD works and which medical expenses to deduct, and strong partnerships with CBOs.

A possible explanation for the negative effect in Arkansas and North Dakota is that the adoption of SMD meant that eligibility workers had to manage two standards—an SMD up to a certain amount, and then the excess medical expense deduction for those with medical expense amounts higher than the SMD limit. In effect, adopting SMD may have increased complexity for SNAP eligibility workers. As such, they may not have known exactly when to apply each standard, and this may have resulted in some elderly recipients receiving the standard deduction instead of the full deduction that they could have received based on their high medical expenses. It is also possible that, due to the volume of extra work required for staff to document all of the eligible medical expenses for an elder with very high expenses, there may have been a structural disincentive for SNAP staff to spend extra time documenting expenses when the SMD was an easier option.

V. Elderly Simplified Application Project and Components

First implemented in 2009, the Elderly Simplified Application Project (ESAP) is different from the other interventions examined thus far, in that it is a menu of policies that States can choose from as opposed to a specific policy option. An ESAP allows States the flexibility of choosing from a bundle of options aimed at making it easier for elderly individuals to apply for SNAP and to process elderly SNAP applications. As of the writing of this report, a total of eight States had an ESAP demonstration project in place, and several other States had implemented components of an ESAP even though they did not explicitly participate in the ESAP waiver. This chapter examines the implementation and effects for those States that implemented an ESAP as well as States in this study that implemented some of the components of an ESAP.

Key Findings about ESAP and its Components

- **States primarily implemented an ESAP (or its components) to simplify administrative processes and reduce administrative costs, most often as part of a larger effort to modernize systems or re-engineer business processes.** This context may have clouded analyses of the States' administrative data by capturing the effects of significant administrative disruption and re-organization along with intervention effects.
- **The most common policy change that States adopted under ESAP was the waiver of the recertification interview.** Another common feature was to allow for self-declaration of unearned income, household size, residency, and shelter expenses (unless deemed questionable).
- **Evidence from Alabama suggests that removing required annual reporting requirements for elderly recipients contributed to lower churn and higher caseloads, while reinstating this requirement (along with the initial interview) reversed those effects.** Alabama implemented all ESAP components—and did so with a high level of consistency—through the creation of a designated ESAP unit.

How an ESAP Works

Only households with all elderly (or disabled) members with no earned income are eligible to participate in an ESAP. The menu of policies that States may implement under an ESAP includes:

- A streamlined elderly SNAP application form;
- The use of data matching to verify applicant information (reducing the need for staff and participants to collect documentation);

- Allowing elderly applicants to self-declare certain information about income or expenses rather than verifying that information through documentation or electronic sources;
- A waiver of the recertification interview; and
- A lengthened certification period of up to 36 months.

FNS approves ESAP waivers for a three-year period (although there is some variation), requiring States to update the application each time. Initially, FNS also allowed ESAP States to waive the initial certification interview, but the agency reinstated this requirement starting in 2016. This policy change was intended to give elderly applicants more staff assistance and to ensure that they received their maximum benefit amounts. An ESAP does not alter SNAP financial eligibility requirements, benefit calculations, or general rules requiring recipients to report changes in their circumstances as they occur (e.g., decreased or increased shelter costs, medical expenses, or income).

The lengthened certification period in an ESAP provides some administrative relief for SNAP eligibility staff. Nevertheless, they must still conduct interim reporting check-ins with recipients during the certification period, when the recipient is required to complete and sign a form affirming that there have been no changes in income, expenses, or other household circumstances in order to keep their SNAP case active. These reporting requirements are usually very simple; the recipient receives a notice and must sign and return it stating there have been no changes. However, from the perspective of the recipient, there is often no or little difference between this report and the recertification report, which often uses the same form. Further, if the recipient fails to respond to the reporting form, their case is closed, just as it would be with the recertification report.

Previous Research

While there is limited research on the effectiveness of ESAPs, two evaluations have examined the effects for the elderly of some of the simplified application strategies that may be components of this intervention. The Evaluation of the USDA Elderly Nutrition Demonstrations included an evaluation of an application process in two counties in Florida that used a simplified (one-page) application form and eliminated the requirement that applicants document income and expenses and participate in an initial certification interview. Researchers found that this process increased elderly SNAP participation by more than 20 percent in 21 months compared to similar counties without this simplified process (Cody & Ohls, 2005).

Another evaluation that assessed demonstration projects in Michigan and Pennsylvania that targeted elderly individuals and used a simplified application process also found statistically significant increases in SNAP participation (Kauff et al., 2014). While not identical to the components of an ESAP, these simplifications reduced required contact between elderly

applicants and the State agency. However, the demonstrations also involved additional components that were not implemented in ESAPs in study States —such as application assistance from CBOs—that make it challenging to compare with ESAPs in this study.

Finally, a study of the effects of waiving both application and recertification interviews in two States (Oregon and Utah) looked at the elderly as a subgroup among all SNAP applicants and participants. The researchers found mixed results, with no effect on the number of applications approved. They did find that procedural denials among households with elderly members decreased significantly during the demonstration in both States, while they had the opposite effect for other households (Rowe et al., 2015).

Implementation Across Study States

Four study States (Alabama, Florida, Pennsylvania, and Washington) implemented ESAPs. Three other States (Arkansas, Massachusetts, and Nebraska) implemented one or more policy options of ESAP, and they are also included in this chapter.[29] This section examines how ESAP States and States with ESAP components implemented these policy changes. The ESAP States selected different combinations of policy options, so analytical comparisons of ESAP's effects across States (presented later in this chapter) should be made with caution. Likewise, it is important to examine results within each State's context of implementation.

Implementation Context

In most States that implemented an ESAP or some of its components, the predominant motivations were to help streamline administrative processes, reduce operating costs, and decrease administrative burdens on staff, though some States primarily sought to increase access for the elderly. In Pennsylvania, the adoption of an ESAP was part of the Governor's strategic plan to eradicate hunger among seniors. In Washington, State SNAP staff related that a SNAP administrator felt strongly that the State should adopt an ESAP after trying to help an elderly relative access benefits.

While they were first implementing ESAP components, most study States were also launching (or had recently launched) significant business process re-engineering initiatives to streamline their operations. For example, Florida embarked upon a major modernization effort in SNAP administration just prior to ESAP implementation. While implementing the recertification interview waiver, Nebraska was converting from processing SNAP cases at local offices to statewide case processing with a call center and experienced systemwide challenges and backlogs. Therefore, analyses of the States' administrative data may be capturing the effects of

[29] Massachusetts submitted an ESAP waiver request to FNS in September 2017 and was awaiting approval at the time of this evaluation.

significant administrative disruption and reorganization, which may have affected different types of SNAP households differently.

Implementation Process

As noted above, each of the States assessed in this chapter chose a different combination of ESAP policy options to implement. In some cases, the combination of policies changed over time. These changes were primarily driven by changes in FNS policy regarding the initial interview waiver between States' initial waiver application and States' requests for waiver renewals or extensions. Exhibit V-1 displays the ESAP policy options States implemented over time. As shown in the exhibit, Alabama, Florida, and Washington each had more than one iteration of the ESAP (e.g., ESAP1, ESAP2, etc.).

Exhibit V-1: Policies Implemented by ESAP Study States

State	Year Implemented	36-Month Certification Period	Initial Interview Waiver[b]	Recertification Interview Waiver	Simplified Elderly Application	Self-Declaration of Selected Application Information
ESAP States						
Alabama ESAP1[a]	2008	X	X	X	X	Self-declaration of identity, household size, income, residency, shelter expense
Alabama ESAP2	2015	X	X	X	X	
Alabama ESAP3	2017	X		X	X	
Florida ESAP1	2006		X	X	X	Self-declaration of shelter expense
Florida ESAP2	2018			X	X	
Pennsylvania	2016	X		X	X	
Washington ESAP1	2013		X	X		Self-declaration of identity, income, residency, SSN, and medical expenses
Washington ESAP2	2016			X		
States Implementing ESAP Components						
Arkansas	2012	X		X		
Massachusetts	2006			X	X[c]	
Nebraska	2014			X		
Pennsylvania[d]	2013			X		

[a] Alabama's ESAP1 could not be included in the administrative data analysis because data were not available.
[b] The initial interview was reinstated per FNS policy between 2016 and 2018.
[c] The elderly simplified application (ESA) was first available in Massachusetts in 2008.
[d] The recertification interview waiver implemented in Pennsylvania in 2013 became part of the State's ESAP in 2016.

Two States (Washington and Pennsylvania) implemented ESAP statewide all at once, and all three non-ESAP States (Massachusetts, Arkansas, and Nebraska) implemented ESAP components statewide.

Florida implemented ESAP1 on a trial basis from October 2006 to September 2009 in all 67 counties except DeSoto, Hillsborough, Manatee, Miami-Dade, Monroe, Pasco, Pinellas, and Sarasota; the ESAP counties represented 44 percent of elderly households, according to State staff. Starting in October 2009, Florida implemented ESAP1 statewide. Similarly, Alabama piloted its ESAP1 in the State's three largest counties, and then implemented statewide three months later.

In all States except Alabama, local SNAP offices handled ESAP cases, which were distributed among SNAP eligibility staff who processed applications, recertifications, and change requests for ESAP and non-ESAP participants. Alabama maintained a separate unit and call center for ESAP cases only, throughout implementation of all three versions of its ESAP.

Although some States chose the same policy options, they implemented them somewhat differently, so each component's implementation is described separately below.

- **Simplified applications.** Some States' simplified elderly application forms were shorter and less complicated than others. In Alabama, the ESAP application was only slightly modified and similar in content and length to the regular SNAP application. Most elderly applicants in the State completed the application on paper, often with phone assistance; they then submitted it by mail or fax, and could do so online. In Massachusetts, the application was one double-sided page, and it could be submitted only in hardcopy. In 2017, the State created a revised version with a larger font size, reworded questions, and a reduced (Grade 6) reading level. Pennsylvania's simplified application was two pages and could be submitted online or in hardcopy. In Florida, the simplified application was built into the online application, so that elderly applicants viewed fewer screens as they completed it.

- **Initial certification interview waivers.** When in place in early ESAP implementations, SNAP eligibility staff were only required to interview elderly applicants when there was questionable information on the application. This waiver was relatively easy to implement in Alabama, where ESAP cases were handled by a special unit, but harder to implement in the other States (Florida and Washington), where delays in MIS changes meant eligibility workers weren't signaled that an interview was not required.

- **Recertification interview waivers.** In most States, recertification interview waivers were implemented inconsistently across staff. In Massachusetts and Washington, MIS changes flagging cases eligible for recertification interview waivers were implemented substantially later than waiver implementation. In Arkansas, Nebraska, and Pennsylvania, such systems changes were never made. In these States, frontline staff had to determine whether to waive an interview and sometimes did so incorrectly. Staff in some States reported that, as

a result, more than half of the elderly recipients who were eligible for ESAP had unnecessary interviews. In 2016, Nebraska enhanced the recertification interview waiver by creating a shorter recertification application form that was pre-populated with client information.

- **Self-declaration of selected application information.** Some States allowed elderly applicants to self-declare some application information without requiring documentation (e.g., a copy of their lease for shelter costs). Three States allowed self-declaration of shelter expenses, with Alabama and Washington also allowing additional information to be self-declared, including income and residency.

- **Extended certification period.** Though three States extended the SNAP certification period for elderly recipients to 36 months (from 12 months in Alabama, 12 months in Arkansas, and 24 months in Pennsylvania), only Alabama's ESAP2 truly extended the period during which participants did not have to communicate with the SNAP office (Exhibit V-2). This iteration used electronic verification in place of interim reporting. Arkansas required interim reporting every six months. Pennsylvania sent a notice annually requesting confirmation that no changes had occurred, although county offices were not required to close the case if the elderly individual did not respond. Alabama reinstated a twelve-month interim reporting requirement in its third ESAP waiver.

Exhibit V-2: Certification Periods and Reporting Requirements by State

State	Certification Period for Households with Elderly Members	Reporting Requirements
ESAP States		
Alabama	ESAP1: 36 months ESAP2: 36 months ESAP3: 36 months	ESAP1: Interim reporting required at 12 and 24 months ESAP2: No interim reporting requirements ESAP3: Interim reporting every 12 months
Florida (ESAP1 and ESAP2)	12 months	No interim reporting
Pennsylvania	36 months	Notice sent annually; but reporting not required
Washington (ESAP1 and ESAP2)	12 months	No interim reporting
States Implementing ESAP Components		
Arkansas	36 months	Interim reporting every six months
Massachusetts	24 months	Interim reporting every 12 months
Nebraska	Prior to April 2016: 24 months After April 2016: 12 months	No interim reporting
Pennsylvania	24 months	Interim reporting every 12 months

Agency Leadership and Communication

While leadership in each ESAP State was supportive of and engaged in the implementation of the intervention, State leadership in Alabama took extra measures to ensure the intervention was successful and that there was efficient communication within SNAP and between SNAP staff and elderly clients. First, to create administrative efficiencies, Alabama's leadership created a separate unit to administer ESAP1 (called AESAP for Alabama ESAP) with dedicated staff and a call center for recipients, which it continued to maintain through all its ESAPs. The unit, located within the State SNAP office in Montgomery, processed all applications submitted through ESAP as well as all recertifications and ongoing case maintenance for households in which all members were elderly with no earned income. This specialization enabled unit staff to become expert in ESAP policy specifically and in issues related to the elderly generally. Second, Alabama contracted with two CBOs to conduct outreach specifically to the elderly population to educate them about ESAP. Third, Alabama provided brief, plain-language explanations of ESAP on a dedicated page on its website.

Staffing and Structural Support

The adequacy of staff training played an important role in shaping initial implementation of ESAP policies. Training provided to frontline SNAP workers at implementation was generally inadequate, with most staff noting it was either limited, inconsistent, or not provided. Staff in several States were concerned that many elderly recipients were not actually benefiting from the flexibility of the recertification interview waiver in particular, due to uneven implementation resulting from insufficient training. Most States provided memos and revised handbooks or desk guides explaining the new policies, but these typically were not enough to resolve confusion about when and how to apply the policy. In one State, supervisory staff noted a need for ESAP policy and procedures manuals as well as other reference material that had never been developed.

Some State SNAP administrators reported challenges in understanding the reporting requirements for ESAP and sought more guidance from FNS on monitoring and reporting processes. SNAP staff supported different ESAP components to different degrees. Staff in States with 36-month certification periods and the recertification interview waiver were typically supportive of these policies—the former because they observed that elderly individuals often had more stable life circumstances than non-elderly due to being on a fixed income (with Social Security or SSI), and the latter because the decreased amount of contact required between SNAP and elderly clients reduced staff and client burden. Staff also reported concerns about these policies, however, noting that relaxed requirements for contact can reduce opportunities for elderly individuals to get accurate information on SNAP processes and update their

information. SNAP staff were generally supportive of the simplified application, although many noted that it was a challenge to make the public aware of it.

Elderly access to Information and Staff Assistance

Elderly respondents were generally unaware of the components of the ESAP, other than possibly a shortened application form, and the simplifications that it brought about. Elderly respondents were often confused about reporting requirements and how often they needed to call or go in for an interview. In ESAP States that had made substantial progress in streamlining their online and mobile tools for applying, interview respondents said they had a much more difficult time accessing staff assistance, either in person or over the phone. (For more discussion, see Chapter II.)

CBOs in each State conducted outreach to the elderly, explained the rules to elderly individuals who were applying or had questions about their SNAP benefits, and assisted them with their ESAP applications. CBO representatives were generally positive about ESAP, but they reported that challenges with recertification persisted for elderly recipients. In some States, notices arrived with little time for individuals to return the needed information, and they often missed the deadline. In Alabama, CBO staff felt that having a dedicated call center for ESAP recipients improved client service and that those staff took more time to assist clients. They thought that elderly recipients especially appreciated when they did not have to complete change forms every year.

Effects on Access to SNAP

The research team analyzed SNAP administrative data for the seven States implementing an ESAP or its components, although data limitations prevented an analysis of Alabama's ESAP1 and Florida's ESAP2.[30] The research team analyzed the effects of ESAP policy components on caseloads, new applications, and churn. Because of the substantial variation in States' adoption of policy options under ESAP, the research team does not present average effects across all States with an ESAP. The average effect across States of the recertification interview waiver option, which the research team was able to isolate in the analysis, was an unexpected significant reduction in caseload and a small and in insignificant reduction in churning (relative to the comparison groups). Thus, overall, though the recertification interview waiver may have reduced staff burden, it did not accomplish its desired effects for elderly recipients. Below we present the effects of ESAP and its policy components by State on caseloads, new applications, and churn.

[30] See Appendix D for more detail.

Caseloads

Because of certain components such as the waiver of the initial interview and the simplified elderly application, ESAPs have the potential to promote more enrollment in the program, and, therefore, increase program caseloads. ESAP appears to have had a significantly positive effect on the elderly SNAP caseload in two of the three interventions that waived the initial application interview—Alabama's ESAP2 and Washington's ESAP1 (Exhibit V-3).

Exhibit V-3: ESAP Effects on Caseloads

Average Monthly Effect on SNAP Caseloads (Percentage) among Treatment Group Relative to Comparison Group		
State	**Effect (change in %)**	**Effect (change in number of participants)**
ESAP		
Alabama ESAP2	6.7***	3,444
Alabama ESAP3	-8.3***	-4,919
Florida ESAP 1	-0.0	-28
Pennsylvania	-1.3***	-1,016
Washington ESAP1	0.6***	436
Washington ESAP2	-0.4***	-394
Recertification Interview Waiver		
Arkansas	-1.0*	-220
Massachusetts	-7.1	-4,509
Nebraska	-3.9***	-401
Pennsylvania	-0.5	-220
Simplified Application		
Massachusetts	17.6	5,184

Source: State administrative data

*Significantly different from zero at the .10 level, two-tailed test.

***Significantly different from zero at the .01 level, two-tailed test.

In Alabama, the ESAP2 treatment group (households with only elderly members and no earned income) grew compared to its preintervention trend while the comparison group (households with only elderly members with earned income and households with at least one elderly member and at least one non-elderly member) stayed relatively unchanged, resulting in a

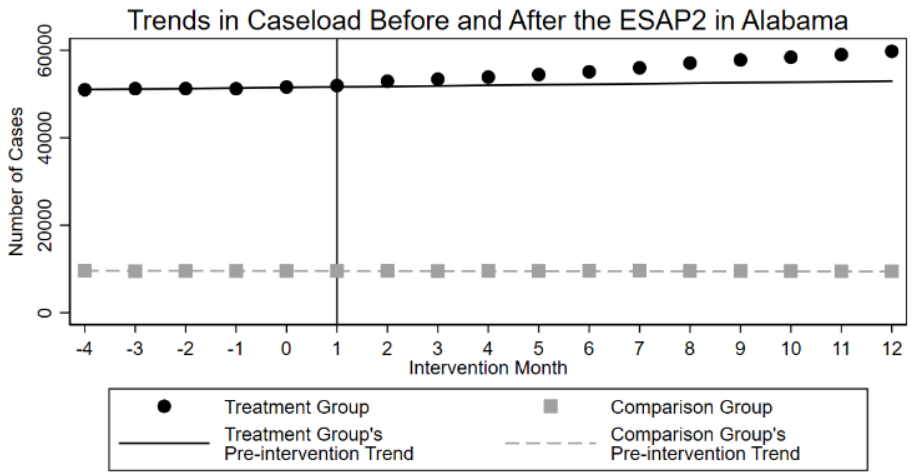
positive effect. The effect was much larger in percentage terms in Alabama, where elderly households were not required to contact the SNAP office for 36 months; in Washington, they were required to have at least annual contact with SNAP. Florida also waived the initial interview, but respondents consistently reported that elderly participants struggled with the newly implemented electronic application and reduction of in-person services during the implementation period, perhaps explaining its null effect. In Pennsylvania data limitations (as detailed in Appendix D) may be driving some of the apparent negative result.

When Alabama and Washington reintroduced the initial interview requirement in their most recent iterations of ESAP, the caseloads in each State declined significantly among the treatment group relative to the comparison group. These iterations also added other burdens in both States—Washington's ESAP began requiring that case workers verify medical expenses greater than $35 (which they did not have to do under the first iteration), and Alabama instituted a twelve-month interim reporting requirement. It is not possible to tease out the contributions of each change to the effects on caseloads.

The data in Alabama enable a clear visual presentation of the effects of its ESAPs (Exhibit V-4). Under ESAP2, the treatment caseload (black circles) grew more than its pre-intervention trendline, whereas the comparison group caseload (grey squares) stayed flat, resulting in ESAP2's positive effect. Under ESAP3, the opposite pattern occurred among the treatment group while, again, the comparison group largely followed its pre-intervention trend, resulting in ESAP3's negative impact.[31]

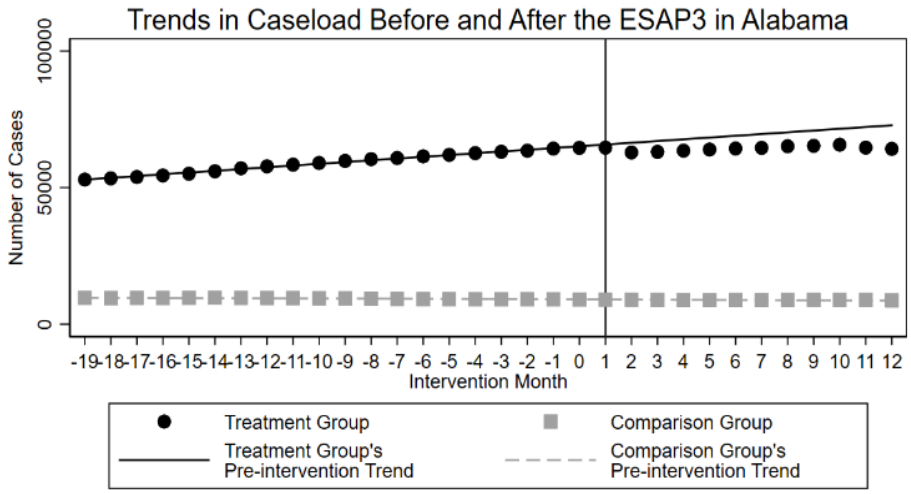
[31] Graphs for ESAP interventions in Florida, Pennsylvania, and Washington did not exhibit clear visual patterns so are not shown.

Exhibit V-4: Trends in Caseloads Over Time



Note: The vertical line indicates the month in which the State introduced the intervention (April 2015)

Treatment group: Units with only elderly members and no earned income.
Comparison group: Units with only elderly members with earned income; and units with at least one elderly member and at least one non-elderly member.



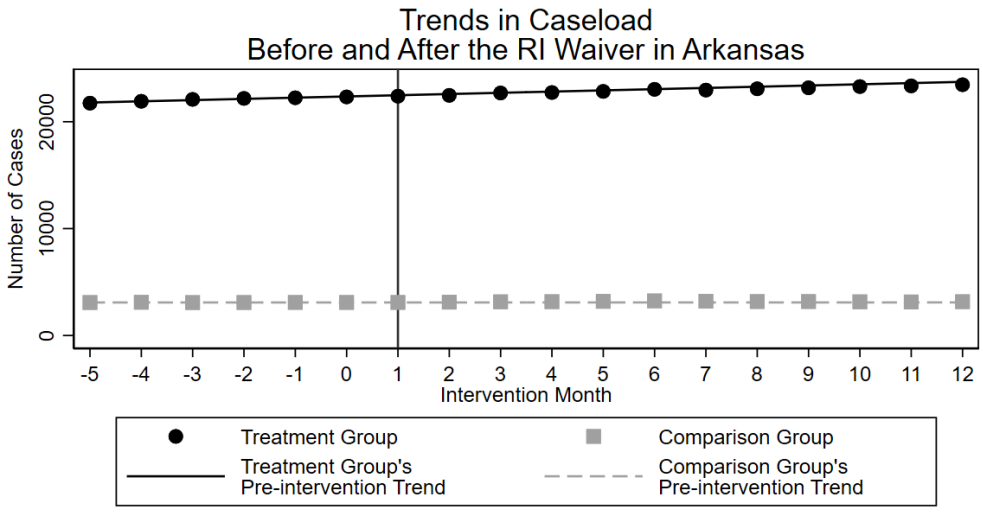
Note: The vertical line indicates the month in which the State introduced the intervention (January 2017)

Treatment group: Units with only elderly members and no earned income.
Comparison group: Units with only elderly members with earned income; and units with at least one elderly member and at least one non-elderly member.

Source: State administrative data

While it is not possible to distinguish the effects of distinct policy components in instances where States implemented multiple components through an ESAP, analyzing effects in States that implemented a recertification waiver separately can provide insight into this specific component. In all such States, the estimated effects of the waiver on caseloads were negative, largely because treatment groups' post-intervention caseloads tended to decline compared to their pre-intervention trends, while comparison groups' caseloads appeared to stay "true to trend" (Exhibit V-5). Lack of fidelity in implementation of the waiver, as described previously, and confusion about recertification requirements by recipients, may have resulted in an increase in the removal from the caseload of those failing to return required paperwork.

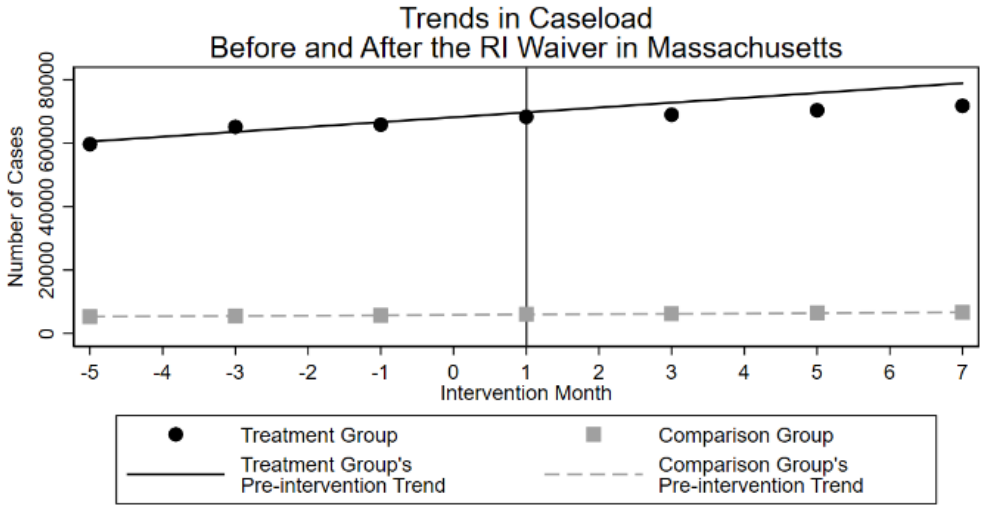
Exhibit V-5: Trends in Caseloads Before and After Recertification Interview (RI) Waiver



Note: The vertical line indicates the month in which the State introduced the intervention (June 2012)

Treatment group: Units with at least one elderly member, no nondisabled, non-elderly members, and no earned income.

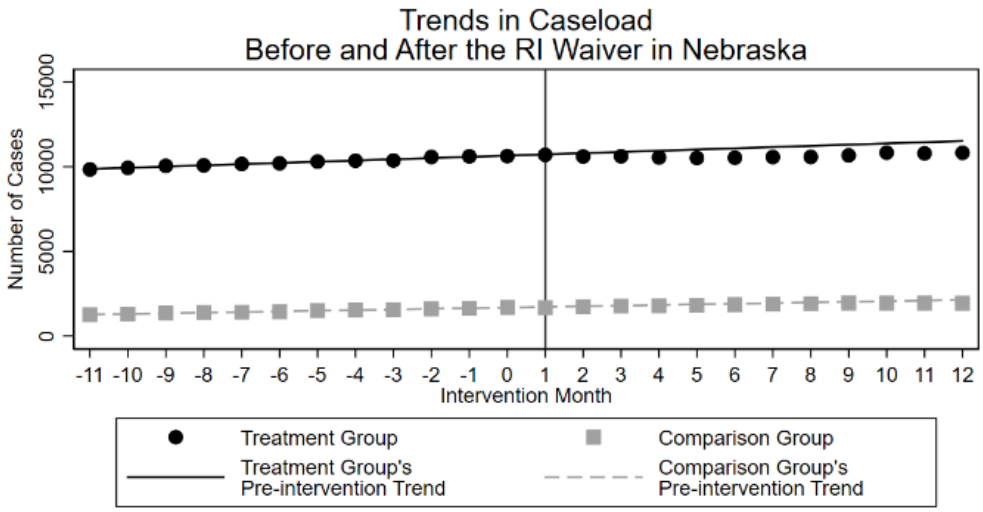
Comparison group: Units with at least one elderly member, no nondisabled, non-elderly members, and earned income; and units with at least one elderly member and at least one nondisabled, non-elderly member age 16 or older, and no earned income.



Note: The vertical line indicates the month in which the State introduced the intervention (November 2009)

Treatment group: Units with at least one elderly member, no nondisabled, non-elderly members, and no earned income.

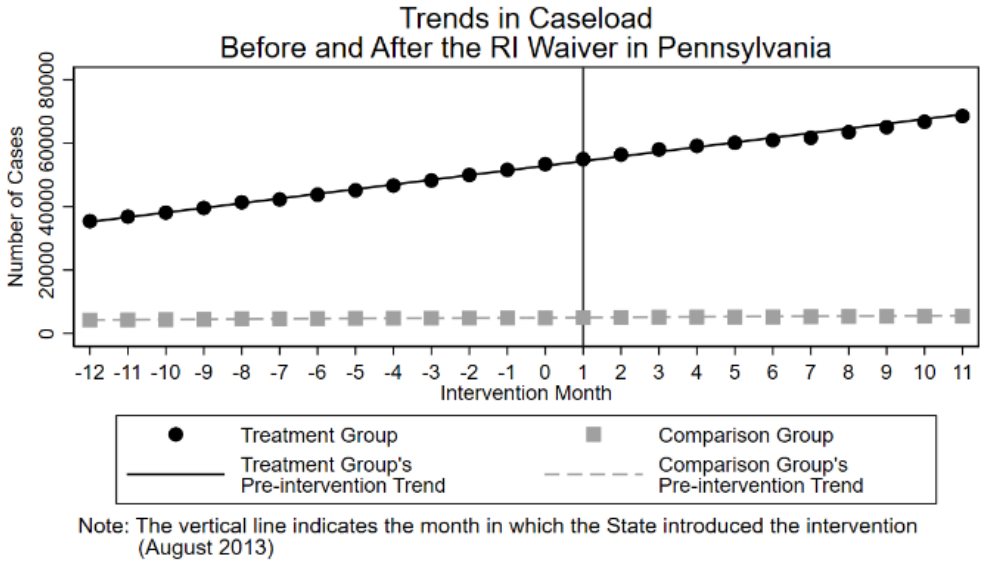
Comparison group: Units with at least one elderly member, no nondisabled, non-elderly members, and earned income; and units with at least one elderly member and at least one nondisabled, non-elderly member.



Note: The vertical line indicates the month in which the State introduced the intervention (January 2014)

Treatment group: Units with at least one elderly member, no nondisabled, non-elderly members, and no earned income.

Comparison group: Units with at least one elderly member, no nondisabled, non-elderly members, and earned income; and units with at least one elderly member and at least one nondisabled, non-elderly member.

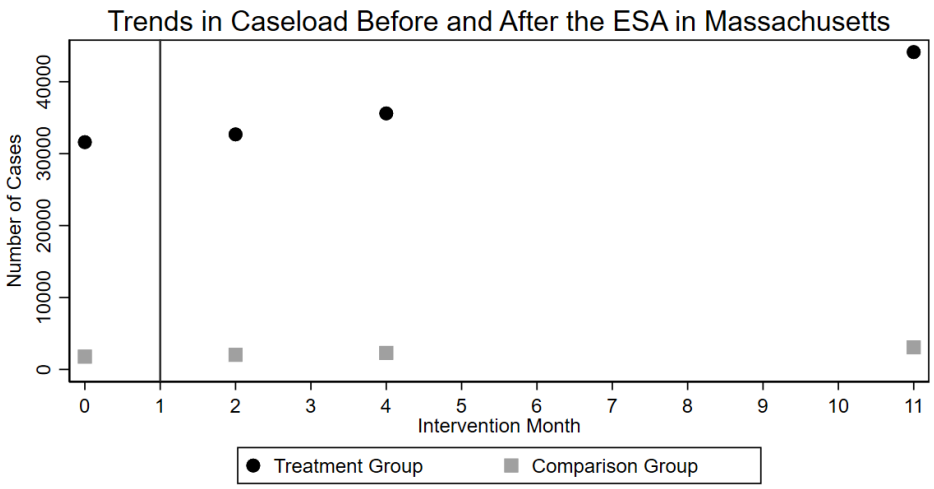


Treatment group: Units with at least one elderly member and no nondisabled, non-elderly members. Comparison group: Units with at least one elderly member and at least one nondisabled, non-elderly member.

Source: State administrative data

The Massachusetts elderly simplified application (ESA) provides another opportunity to assess the unique effects of that policy component in isolation, albeit in only one State (Exhibit V-6). The monthly caseload among households eligible to use the simplified application increased an average of 18 percentage points relative to other households after implementation of the simplified application, but Massachusetts provided too few months of data for the analysis to determine whether this result is statistically significant.

Exhibit V-6: Trends in Caseloads Before and After the ESA in Massachusetts



Note: The vertical line indicates the month in which the State introduced the intervention (July 2008)

Treatment group: Units with only elderly members at initial application.

Comparison group: Units with at least one elderly member and at least one non-elderly member.

Source: State administrative data

New Applications

One of the intentions of an ESAP is to increase new applications to SNAP by making it easier for the elderly to complete the application form and/or, before the 2016 FNS policy change, by waiving the initial application interview. Washington was the only ESAP State that did not implement a simplified application. Thus, the effect of its ESAP1 on applications can be attributed to the initial interview waiver.[32] This effect, however, was small and negative (albeit not statistically significant).

As noted earlier, Alabama, Pennsylvania, Florida, and Massachusetts all elected to implement a simplified application. As displayed in Exhibit V-7, in each of these States except Pennsylvania, there was a positive effect on new applications after implementation of the ESAP.

[32] We would not expect the recertification interview waiver to have any effect on new SNAP applications.

Exhibit V-7: ESAP Effects on New Applications

Average Monthly Effect on SNAP Applications (Percentage) among Treatment Group Relative to Comparison Group		
Intervention	**Effect (change in %)**	**Effect (change in number of participants)**
Alabama ESAP2	1.5	24
Alabama ESAP3	0.5	8
Florida ESAP1	21.0***	337
Massachusetts ESA	114.9	2,795
Pennsylvania ESAP	-16.28	-417
Washington ESAP1	-3.7	-59
Washington ESAP2	-5.0	-84

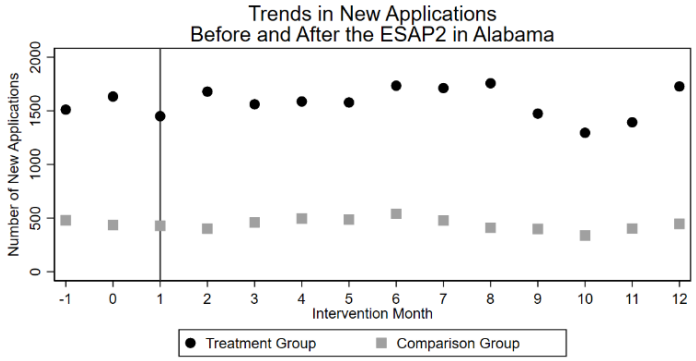
Source: State administrative data

**Significantly different from zero at the .05 level, two-tailed test.

***Significantly different from zero at the .01 level, two-tailed test.

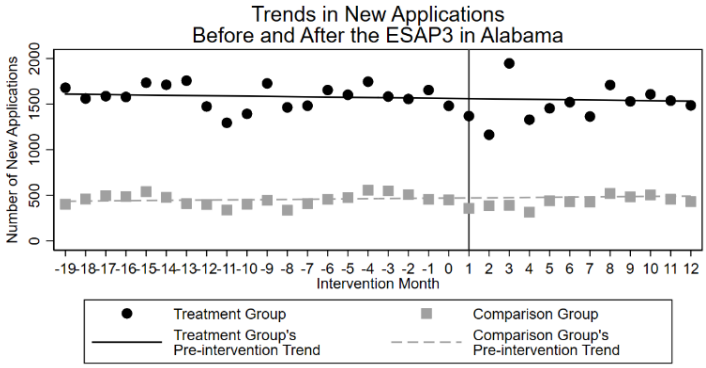
Although the effect in Massachusetts was large in percentage terms, too few months of data were provided to determine whether this result is statistically significant. The effects in Alabama were small in percentage terms and not statistically significant, perhaps because its elderly application was not much simpler than the standard SNAP application. The effect in Florida was positive and statistically significant. The effect in Pennsylvania was negative. Respondents in Pennsylvania agreed that the simplified elderly application was rarely used because most applicants, and some CBOs that provided application assistance to the elderly, did not know it existed. Exhibit V-8 presents the trends over time in applications in States that implemented simplified applications.

Exhibit V-8: Trends in New Applications Over Time



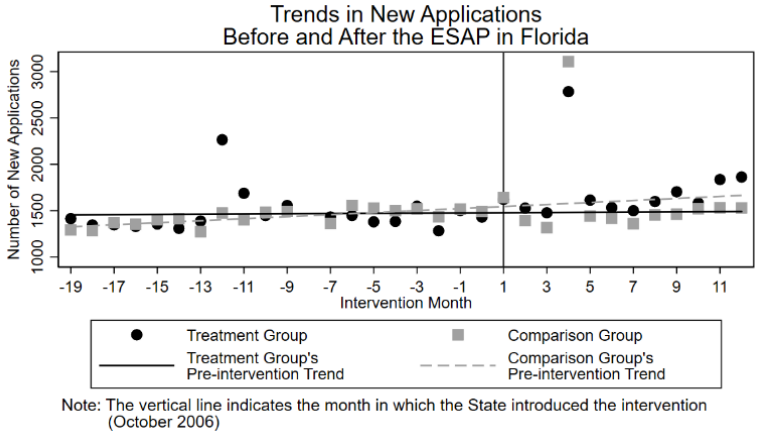
Note: The vertical line indicates the month in which the State introduced the intervention (April 2015)

Treatment group: Units with only elderly members and no earned income.
Comparison group: Units with only elderly members with earned income; and units with at least one elderly member and at least one non-elderly member.



Note: The vertical line indicates the month in which the State introduced the intervention (January 2017)

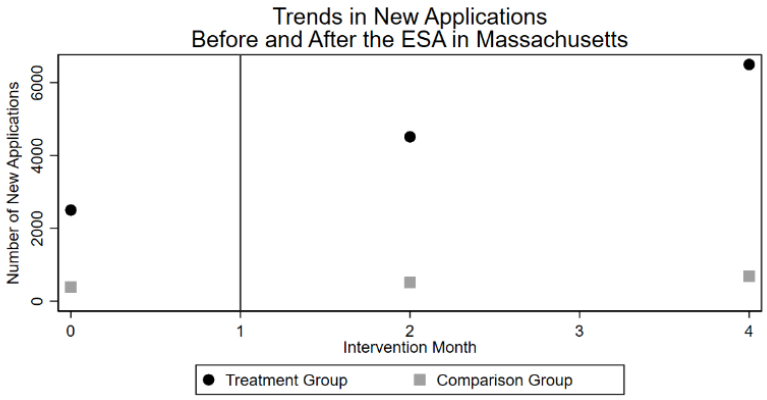
Treatment group: Units with only elderly members and no earned income.
Comparison group: Units with only elderly members with earned income; and units with at least one elderly member and at least one non-elderly member.



Note: The vertical line indicates the month in which the State introduced the intervention (October 2006)

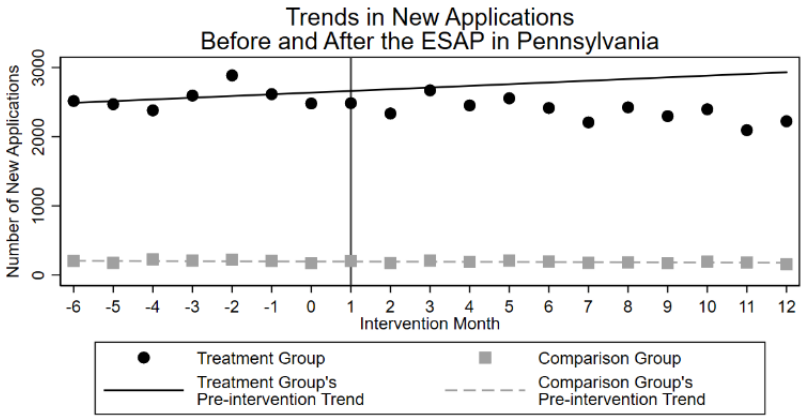
Treatment group: Units with only elderly members and no earned income, except those in the following counties: DeSoto, Hillsborough, Manatee, Miami-Dade, Monroe, Pasco, Pinellas, and Sarasota.

Comparison group: Units with only elderly members without any earned income living in the following counties: DeSoto, Hillsborough, Manatee, Miami-Dade, Monroe, Pasco, Pinellas, and Sarasota.



Note: The vertical line indicates the month in which the State introduced the intervention (July 2008)

Treatment group: Units with only elderly members at initial application.
Comparison group: Units with at least one elderly member and at least one non-elderly member.



Note: The vertical line indicates the month in which the State introduced the intervention (June 2016)

Treatment group: Units with at least one elderly member and no nondisabled, non-elderly members.
Comparison group: Units with at least one elderly member and at least one nondisabled, non-elderly member.

Source: State administrative data

Churn

Several ESAP components—such as waiving the recertification interview and extending the certification period—aim to prevent participants from leaving the program and therefore could be expected to lower churning. Each of the States the research team analyzed implemented a recertification interview waiver; three States (Alabama, Pennsylvania, and Arkansas) did so in combination with a 36-month certification period. Particularly in combination, these interventions have the potential to reduce churning, as they remove what are often perceived as burdens on elderly SNAP participants. However, as shown in Exhibit V-9, estimated effects on churning in States with these interventions were mixed.

Exhibit V-9: ESAP Effects on Churning

Average Monthly Effect on SNAP Participant Churn (Percentage) among Treatment Group Relative to Comparison Group				
	Certification Period	**Periodic reporting requirements**	**Effect (change in %)**	**Effect (change in number of churners)**
ESAP				
Alabama ESAP2	36 months	36 months	-42.3**	-210
Alabama ESAP3	36 months	12 months	218.9	480
Florida ESAP 1	12 months	none	7.1	29
Pennsylvania	36 months	none	307.6***	976
Washington ESAP1	12 months	none	-402.4**	-870
Washington ESAP2	12 months	none	-92.4	-294
Recertification Interview Waiver				
Arkansas	36 months	6 or 12 months	-39.3	-119
Massachusetts	24 months	12 months	59.2	140
Nebraska	12 months	none	-53.9	-18
Pennsylvania	24 months	12 months	-39.1	-158

Source: State administrative data

**Significantly different from zero at the .05 level, two-tailed test.

***Significantly different from zero at the .01 level, two-tailed test.

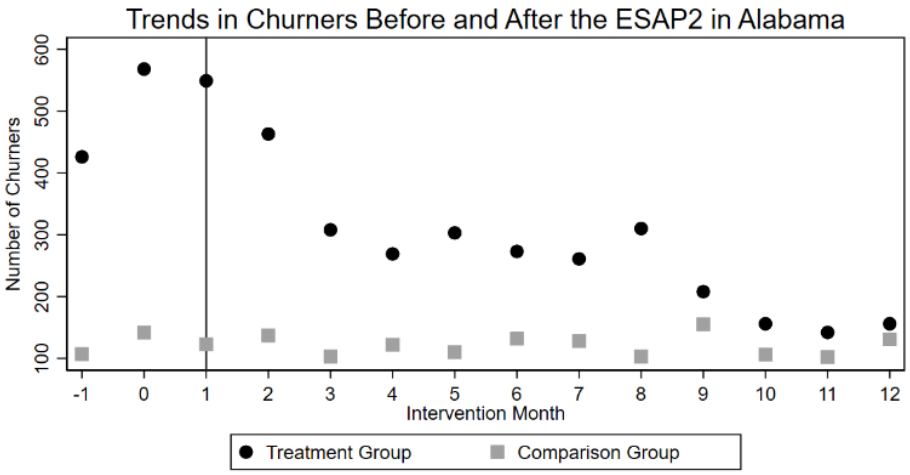
The effects of Alabama's ESAP2 were positive (i.e., a negative effect on churning) and statistically significant. It allowed elderly recipients to have no contact with SNAP for 36 months after application or recertification and only minimal contact at 36 months. The number of churners in Alabama declined from almost 600 in the month prior to implementation to fewer than 200 one year after implementation. When ESAP3 began requiring elderly recipients to contact the SNAP office every 12 months, however, churning among the treatment group increased more relative to its pre-intervention trend than among the comparison group relative to its pre-intervention trend.

Washington also experienced a large positive and statistically significant effect on churning. This effect was driven by an increase in churning among non-ESAP eligible households in the post-intervention period relative to the pre-intervention period. It appears that factors outside the ESAP affected rates of churning among non-eligible households in a way that did not affect rates of churning among ESAP households. It is also possible that factors outside the ESAP affected churning among all households similarly, but that the recertification interview waiver counteracted the effect of these factors in a way that kept churning more stable among elderly households. A similar trend emerged after the State's implementation of ESAP3, but it was less pronounced, and the effect was not statistically significant.

As in Washington, the effect of the ESAP in Pennsylvania was large and driven by changes in the post-intervention trend among the comparison group, but the effect was negative. There, churning among non-ESAP eligible households decreased after the ESAP began, while churning among ESAP-eligible households remained relatively constant. Again, it is likely that factors outside the ESAP affected rates of churning among non-eligible households in a way that did not affect rates of churning among ESAP households.

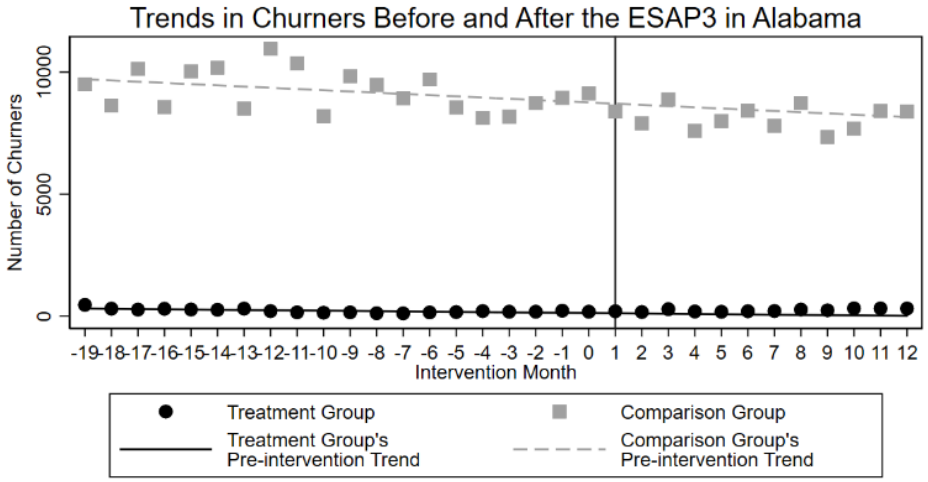
Exhibit V-10 provides a graphic presentation of ESAP effects. There was no clear pattern of effects of the recertification interview waiver alone and none of the effects were statistically significant (thus the research team does not present graphs for this intervention).

Exhibit V-10: Trends in Churning Over Time



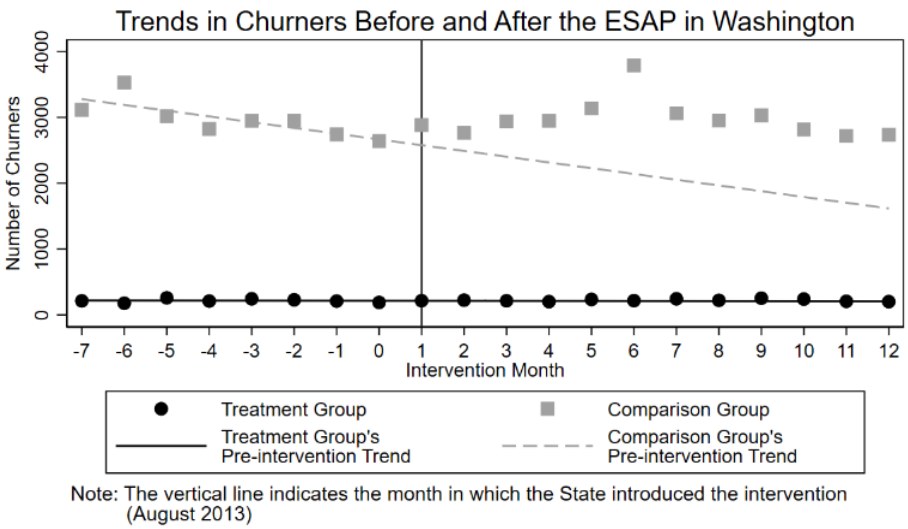
Note: The vertical line indicates the month in which the State introduced the intervention (April 2015)

Treatment group: Units with only elderly members and no earned income.
Comparison group: Units with only elderly members with earned income; and units with at least one elderly member and at least one non-elderly member.



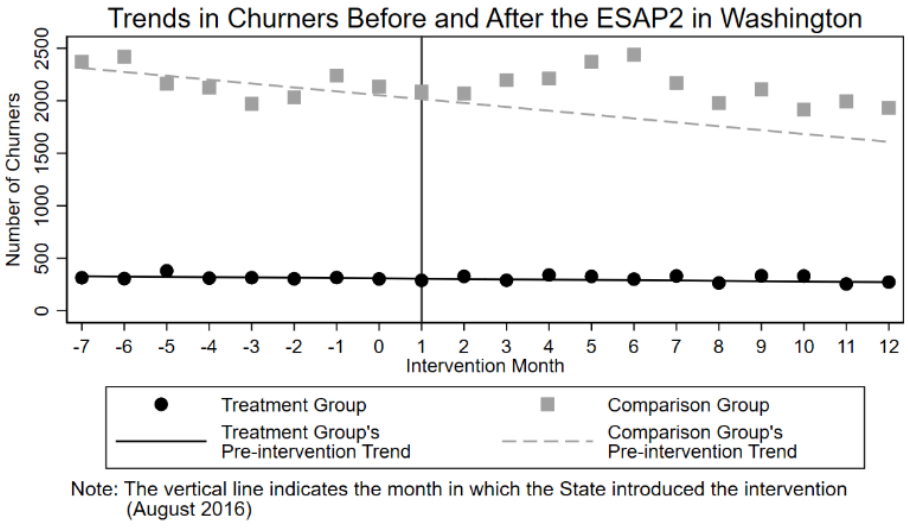
Note: The vertical line indicates the month in which the State introduced the intervention (January 2017)

Treatment group: Units with only elderly members and no earned income.
Comparison group: Units with only elderly members with earned income; and units with at least one elderly member and at least one non-elderly member.



Note: The vertical line indicates the month in which the State introduced the intervention (August 2013)

Treatment group: Units with only elderly members and no earned income.
Comparison group: Units with only elderly members with earned income; units with at least one elderly member and at least one non-elderly member; and units with only non-elderly members without any earned income.



Note: The vertical line indicates the month in which the State introduced the intervention (August 2016)

Treatment group: Units with at least one elderly member; no nondisabled, non-elderly members; and no earned income.
Comparison group: Units with at least one elderly member, no nondisabled, non-elderly members, and earned income; units with at least one elderly member and at least one nondisabled, non-elderly member; and units with only non-elderly members without any earned income, excluding units with only disabled members without earned income.

Source: State administrative data

Synthesis

Many of the States were in a period of concentrated modernization and reorganization when they implemented an ESAP, which created other factors that may have affected different types of SNAP households differently and clouded the analysis of the effects of the intervention. These changes likely interfered with the States' ability to train staff on ESAP components and prioritize the ESAP sufficiently to have a more consistent and comprehensive implementation. Therefore, it may not be surprising that there were not more positive effects from the intervention across the study States. Among all study States implementing ESAP components, Alabama's results were the most promising. The State implemented all the policy options available with a high degree of consistency, through a separately staffed ESAP unit. Although data on the first iteration of the ESAP were not available for a complete pre–post analysis of intervention effects, there were significant effects during the second iteration in terms of a higher caseload and lower churning. Notably, when an initial interview and a 12-month interim reporting requirement were included in Alabama's third iteration of the ESAP, the gains from the second ESAP eroded.

VI. Effects of Adopting More Than One Intervention

Thus far, this report has focused on the effects of individual interventions on elderly access to SNAP. Exploring interactions that may take place between various interventions is another important objective of the study. As such, the current chapter examines the effects of the implementation of more than one intervention in the same State—specifically, whether gains in program access are amplified or, conversely, if unintended consequences from their interaction hinder program access. The chapter begins with an analysis of the effect of multiple interventions on caseloads, then moves on to examine new applications, churning and, where relevant, median SNAP benefit amounts.

Key Findings About Intervention Interactions

- **Operating multiple interventions at the same time can achieve an additive effect on SNAP access for the elderly population.** Each intervention may help increase access to SNAP for a different segment of the eligible elderly population.
- **Operating interventions in combination had a positive effect on caseloads compared to the period before any intervention was implemented.** The estimated effects ranged from 8 to 77 percentage points, and all were statistically significant.
- **Operating the CAP with at least one other intervention demonstrated a positive effect on new applications.** The estimated effects ranged from 14 to 110 percentage points, and most were statistically significant.

Access to SNAP for Different Segments of the Elderly Population

Each intervention analyzed in this report may help increase access to SNAP for a different segment of the eligible elderly population.[33] By operating multiple interventions at the same time, States can increase access for a broader swath of the elderly population. The different groups of elderly individuals are described below, along with an explanation of which interventions apply to them.

- **Elderly living alone.** Generally, elderly SNAP recipients live alone. Nationally in 2017, 82 percent of all SNAP households with elderly individuals were single-person households

[33] Some interventions also apply to households with individuals with disabilities.

(Cronquist & Lauffer, 2019). In the sample of elderly individuals interviewed for this study, 71 percent lived alone. This population is eligible for all interventions examined in this study, though, to be eligible for a CAP, they must be SSI recipients and, except for the CAP in New York, must have no earned income. No earned income is also a requirement for the ESAP and the recertification interview waiver.

- **Elderly living in elderly-only households.** This group generally consists of married couples or elderly individuals who are living with other elderly relatives or friends with whom they purchase and prepare food. Except for New York, this group is not eligible for the CAPs in the study States.
- **Elderly living in mixed households.** This population typically consists of elderly grandparents raising their grandchildren or elderly individuals being cared for by non-elderly relatives. This population is eligible for the SMD in all States. The only other intervention accessible to this population is Arkansas' longer certification period and recertification interview waiver, which is available to elderly individuals living with children under age 16 who are not receiving child support.
- **Elderly with earned income (regardless of who else lives in the household).** Nationally, a very small percentage of elderly SNAP households received earned income in 2017—only 3.5 percent of SNAP households consisting of elderly living alone, 0.5 percent of households consisting only of elderly members, and 1.6 percent of households consisting of elderly and non-elderly members (Cronquist & Lauffer, 2019). This small group is eligible for the SMD and, if they live alone, may be eligible for the elderly simplified application (ESA) in Massachusetts and for the CAP in New York. Earned income can include, in addition to wages, child support or disability insurance payments for grandchildren or other pension income from previous employers.

Exhibit VI-1 indicates the segment of the elderly population eligible to receive each intervention in the States that operated multiple interventions simultaneously.

Exhibit VI-1: Interventions with Eligibility Requirements

State	Intervention	Households with only an elderly or disabled member living alone	Households with only elderly members	Households with only elderly or disabled members	Any household that includes an elderly or disabled member	No earned income
Arkansas	SMD				X	
	RI Waiver/ 36-Month Certification			X[a]		X
Florida	CAP	X				X
	ESAP		X			X
Massachusetts	ESA		X			
	CAP	X				X
	RI Waiver			X		X
	SMD				X	
Pennsylvania	ESAP			X		X
	RI Waiver			X		X
Washington	CAP	X				X
	ESAP1		X			X
	ESAP2			X		X

[a] Arkansas households in this category may include children under age 16 who are not receiving child support.
Note: RI=recertification interview.

Intervention Interaction Effects

All of the interventions analyzed in this report were initiated at different times. Therefore, when two interventions were implemented in the same State, three analytical periods can be defined: a pre-period, when neither intervention had been adopted; an intermediate period, when one intervention was implemented; and a post-period, when both interventions were implemented. Consequently, two types of effects could be calculated: the effect of adopting two interventions compared to adopting no interventions, and the effect of adopting two interventions compared to adopting just one.

The analysis that follows focuses on the effect of adopting two or more interventions compared to adopting no interventions, for two reasons. First, the main research question that this

analysis aimed to answer was about the effects of interventions in combination. Second, in many cases, the time periods when only one intervention was active were very short and would have resulted in imprecise estimates that differed from the estimates used in previous chapters on single interventions. In all cases, effects are calculated using a differences-in-differences methodology.[34]

Caseload Interaction Effects

Exhibit VI-2 shows the combinations of interventions available for analysis and the effects of these combinations on elderly caseloads. CAP plus another intervention was the most common combination, with more than half of the cases falling in this category. In all of these cases, CAP was adopted first, and another intervention later. Massachusetts was a special case, as it operated four interventions simultaneously: CAP, SMD, ESA, and the recertification interview waiver. All other States operated two interventions at the same time.

Exhibit VI-2: Effects of Multiple Interventions on Caseloads

Combination of Interventions	State	Pre-Period (No Intervention)	Post-Period (Multiple Interventions)	Effect vs. Pre-Period (Change in %)
CAP + ESAP	Florida	2004	2006–2007	10.9***
CAP + ESAP1	Washington	2000–2001	2013–2017	21.8***
CAP + ESAP2	Washington	2000–2001	2016–2017	38.2***
RI Waiver + ESAP	Pennsylvania	2012–2013	2016–2017	76.5***
SMD + RI Waiver	Arkansas	2010–2011	2012–2016	7.9***
CAP + SMD + ESAP+ RI Waiver	Massachusetts	2004–2005	2008–2009	39.2***

Source: State administrative data

Note: RI=recertification interview.

***Significantly different from zero at the .01 level, two-tailed test.

[34] More specifically, the percentage-point change in regression-adjusted outcomes within the comparison group (before–after) is subtracted from the percentage point change within the treatment group; the result is the net effect of implementing two interventions. See Appendix D for a full discussion of the methodology.

Generally, the results from regression modeling suggest that operating two or more interventions at the same time had a positive effect on caseloads compared to the pre-period (i.e., before either intervention was implemented). The estimated effects ranged from 8 percentage points (for the SMD and recertification interview waiver in Arkansas) to 77 percentage points (for ESAP and the recertification interview waiver in Pennsylvania), and all were statistically significant. As discussed earlier, when Pennsylvania implemented its ESAP in 2016, it included the recertification interview waiver it had been implementing since 2013. Thus, the effects reported here and elsewhere in this chapter for Pennsylvania reflect the effects of a honed implementation of the recertification interview waiver combined with newer implementation of the State's other ESAP components (a 36-month certification period and an elderly simplified application).

In a few cases, as a result of when States implemented each intervention, a considerable amount of time passed between when pre-period data and post-period data were available—as much as 15 years (most notably for Washington's CAP and ESAP). Therefore, the estimated effects could be the result of other phenomena occurring during the intervening years. Use of comparison groups to estimate effects offers some protection against the effects of confounders but it cannot eliminate them. As a result, these findings should be interpreted with caution.

New Application Interaction Effects

With respect to new applications, the pattern that emerged was less clear (Exhibit VI-3). In two of the three analyzed cases where CAP was combined with another intervention, the combined effect was strong and statistically significant compared to the pre-period[35]. In Florida, it was positive but insignificant. Other combinations, including ESAP and the recertification interview waiver (Pennsylvania), and SMD and the recertification interview waiver (Arkansas) appeared to have no detectable effects in relation to the pre-period. The latter may not be surprising, given that the recertification interview waiver and the SMD are not likely to attract new applicants to SNAP.

[35] Estimates on interaction effects in Massachusetts could not be computed because the pre-period data were only available for one month.

Exhibit VI-3: Effects of Multiple Interventions on New Applications

Combination of Interventions	State	Effect vs. Pre-Period (Change in %)
CAP + ESA	Florida	14.8
CAP + ESAP1	Washington	105.7***
CAP + ESAP2	Washington	110.9***
RI Waiver + ESAP	Pennsylvania	0.3
SMD + RI Waiver	Arkansas	0.2

Source: State administrative data

Note: RI=recertification interview

***Significantly different from zero at the .01 level, two-tailed test.

As discussed in previous chapters, Pennsylvania's ESAP did not waive the initial application interview, and respondents agreed that most elderly individuals and the organizations that serve them did not know the elderly simplified application existed. Thus, it also may not be surprising that these components did not yield a notable effect.

Churn Interaction Effects

Quite strikingly, the combination of a CAP and an ESAP consistently and significantly increased churning among the treatment group relative to the comparison group (Exhibit VI-4).[36] This makes sense because of the additive nature of these interventions affecting different groups of elderly people, and because the ESAP population is subject to more churning due to more frequent reporting requirements than the CAP population.

Exhibit VI-4: Effects of Multiple Interventions on Churning

Combination of Interventions	State	Effect vs. Pre-Period (Change in %)
CAP + ESAP1	Florida	23.8*
CAP + ESAP1	Washington	107.7***
CAP + ESAP2	Washington	128.2***
RI Waiver + ESAP	Pennsylvania	-25.5***
SMD + RI Waiver	Arkansas	7.1

Source: State administrative data

Note: RI=recertification interview

*Significantly different from zero at the .10 level, two-tailed test.

***Significantly different from zero at the .01 level, two-tailed test.

[36] Estimates on interaction effects in Massachusetts could not be computed because only one month of pre-period data were available.

In contrast, combining ESAP and the recertification interview waiver in Pennsylvania appeared to contribute to a statistically significant reduction on churning. It is possible that what distinguishes Pennsylvania from the States with an undesired effect on churning is the time that the State had to ensure smooth and accurate operation of the recertification interview waiver. As noted in previous chapters, States struggled to operate the recertification interview waiver with fidelity in its first year of implementation. In Pennsylvania, the effects reflect three years of recertification interview waiver operation while in other States they reflected just one.

Median Benefit Amount Interaction Effects

Because SMD was the only intervention that should have had a potential effect on median benefits, the research team analyzed only combinations between SMD and other interventions. (As explained in Chapter III, the cost neutrality process States implemented for CAPs suggest that median benefits should not change as a result of CAP), Exhibit VI-5 displays the effects.

Exhibit VI-5: Effects of Multiple Interventions on Median Benefit Amounts

Combination of Interventions	State	Effect vs. Pre-Period (Change in %)
SMD + CAP + ESA + RI Waiver	Massachusetts	57.1***
SMD + RI Waiver	Arkansas	-3.4

Source: State administrative data

Note: RI=recertification interview.

***Significantly different from zero at the .01 level, two-tailed test.

The combined effect of the SMD and the recertification interview waiver (in Arkansas) was slightly negative and not statistically significant. Median benefits among SNAP participants eligible for the recertification interview waiver in Arkansas in the year after its implementation were slightly lower than median benefits among SNAP participants eligible for the SMD in the year after its implementation— $62 compared to $70 (see the analysis of descriptive characteristics of SNAP participants in Appendix E). The small difference between the two likely contributed to the small and insignificant effect.

The combined effect of the four interventions in Massachusetts, on the other hand, was large, positive, and statistically significant. Much greater differences in median benefits between SNAP participants eligible for each intervention in the year after each implementation likely contributed to this effect. The median benefit was $109 among those eligible for the SMD, $85 for the CAP, $143 for the ESA, and $168 for the recertification interview waiver. The CAP, under which eligible households had the lowest median benefit, carried less weight because the CAP's eligibility rules were most restrictive (allowing only single member elderly households with no income to participate of the intervention). About 77,000 SNAP households were eligible for the

CAP in the year after its implementation. Conversely, the intervention under which eligible households had the highest median benefit—the recertification interview waiver—carried the most weight. About 280,000 SNAP households were eligible for the recertification interview waiver after its implementation.

Synthesis

The evidence suggests that operating two or more interventions at the same time tends to have a positive effect on caseloads compared to the pre-period (i.e., before either intervention was implemented). This supports the hypothesis that, since specific interventions are often targeted to specific subgroups, the effect of combining them will tend to be additive with respect to caseload. In addition, in almost all cases where CAP was combined with another intervention, the combined effect on new applications tended to be strong and statistically significant compared to the pre-period. However, the same combination also tended to increase churning. This suggests that an increase in new applications and churning could, in fact, be related. It is conceivable that increased churn creates an increase in new applications as elderly clients reapply for the program.

VII. Conclusion

This multipronged evaluation of interventions to increase elderly access to SNAP sheds light on the complexity of administering the program for those age 60 and over and fills important gaps in knowledge about why eligible elderly individuals participate at lower rates than others, and how States can best increase their access to SNAP. Its contributions include: (1) a rich analysis of elderly experiences with access to food and their perspectives on SNAP; (2) a thorough examination of how States have implemented selected interventions and their short-term effects; and (3) an analysis of the effects of multiple interventions in combination. This final chapter provides a high-level synthesis of key findings and offers policy recommendations.

Intervention Implementation Issues

Traditionally, the literature has examined barriers to SNAP participation in terms of how individuals experience the program. The current evaluation design allowed a more complex picture to emerge, as the research team examined data from multiple sources, including data on particular State implementation contexts. The findings suggest that barriers experienced at the individual recipient level are the product of complex factors that include federal SNAP policy, State-specific program structures, and other local factors.

The concept of transaction costs, which is typically applied when discussing SNAP recipients, was equally relevant to SNAP frontline workers and other administrative staff. In particular, more complex interventions required more effort on the part of staff to understand each client's situation, apply the correct rules, and reach a decision. IT systems could assist staff with these decisions, but several States did not update their systems to capture the rules of the interventions or did not do so in a timely manner. The fact that many States were implementing these policies during large-scale modernization or business process re-engineering efforts tended to compound this challenge.

Further, multiple State SNAP administrators shared concerns about the temporary status of the interventions being studied and about difficulties with cost neutrality requirements. Federal requirements for repeated demonstration or waiver applications, sometimes requiring innovations in implementation, and periodic cost neutrality calculations placed an administrative burden on some States. This sometimes strained their budgets, especially in States with smaller SNAP caseloads.

State administrators were concerned about benefit trade-offs that might result from cost neutrality requirements, which could make some of the interventions unpopular with policymakers, advocates, or the general public. This was most pronounced with the SMD, since States often reduced the SUA for all households to offset SNAP benefit increases for elderly

households attributable to the SMD. The result was a potential reduction in benefits for non-elderly participants (or, most likely, a smaller increase from the prior year than these households otherwise would have received). Also, State staff reported confusion about cost neutrality calculations, which must be updated regularly, and reporting requirements for the SMD. Some States felt that to provide FNS with the required information, the SMD waiver became no less complicated to administer than the excess medical deduction. Staff reported having to document all medical expenses in order to have adequate verification for cost neutrality calculations, which undermined the goal of reducing the burden of documentation. Moreover, some State administrators wondered why administrative cost savings were not incorporated into the cost neutrality calculation.

These factors affected how the interventions were implemented, possibly diminishing the strength of their effects on elderly access. As the research team considered the evidence gathered to make policy recommendations, this handicap on the interventions came into focus. Especially with issues around the SMD, it seems clear that the cost neutrality calculation requirements worked against the positive effects on access of the intervention itself. Therefore, this was an important consideration when evaluating how SNAP policy could be implemented most effectively to both maximize elderly access and increase administrative simplifications that benefit States and recipients through more streamlined, automated program operations.

Effects of the Interventions

Overall, the research team found that the selected policy interventions had mixed effects on elderly access to SNAP, with positive effects found especially in States where interventions were executed with fidelity.

- CAP implementation resulted in statistically significant effects on elderly caseloads, with increases in three out of four study States. Initial enrollment of large numbers of elderly individuals who were on SSI but not already enrolled in SNAP at the time of CAP implementation appeared to drive these results. In Florida, which did not attempt to enroll elderly individuals already on SSI who were not already enrolled in SNAP at initial implementation, the CAP appears to have had a negative effect on caseload size.
- The SMD had mixed effects on median benefit amount across States. In Massachusetts, where the State educated elderly individuals on the medical deduction and provided adequate training on implementation to staff, effects were positive. Implementation challenges in Arkansas and North Dakota may have resulted in fewer elderly recipients using the medical deduction, reporting only some of their qualified medical expenses, or receiving the standard medical deduction when they could have claimed a higher deduction.

- The ESAP appears to have had a significantly positive effect on the elderly SNAP caseload in two of the three States that waived the initial application interview; in the third, the interview waiver was not sufficient to overcome other obstacles to application—namely, a new electronic application and a reduction of in-person services during the analysis period. When Alabama and Washington reintroduced the initial interview requirement in their most recent iterations of the ESAP, caseloads in each State declined significantly among the treatment group relative to the comparison group.
- Evidence was inconclusive on the effects of two specific ESAP components—the recertification interview waiver and the elderly simplified application. Uniformly positive effects may have been elusive because the recertification interview waiver was often applied inconsistently, and not all simplified applications were simple or well-advertised. Based on patterns observed across States, however, these interventions show promise for reducing churn and increasing applications, respectively.

Operating two interventions at the same time tended to have a uniformly positive and statistically significant effect on caseloads. These results appear to support the hypothesis that combining interventions that target different elderly subgroups allows States to expand access to a broader swath of the elderly population. In addition, when a CAP was combined with another intervention, the combined effect on new applications tended to be strong and statistically significant compared to the pre-period.

Policy Recommendations

The research team was tasked with developing policy recommendations for increasing access to SNAP among the elderly population based on the evaluation's findings. Our policy findings are presented with the caveat that the evaluation focused solely on access and did not look at considerations related to quality control or challenges related to reducing error rates in payments and program administration. Based on the key findings and considerations outlined above, the research team makes four high-level recommendations for SNAP policy changes that FNS might consider to increase access to SNAP among the elderly population.

1. **Change the CAP from a demonstration project to standard policy for all States** so that all eligible SSI recipients can access SNAP benefits through the SSI enrollment process. This project has been in place successfully for many years, and this study and previous research have demonstrated that it increases access for very low-income elderly individuals. Further, it minimizes transaction costs for staff and recipients, creates efficiencies, and streamlines program operations. This change would require legislative action to amend federal statutes and rules.
2. **Change the SMD from a demonstration project to standard policy for all States** so that more elderly recipients can deduct their medical expenses in a manner that is more

efficient for SNAP staff. By removing the cost neutrality requirement for this policy, local SNAP staff would be able to more fully realize the efficiencies that it creates. Making the SMD standard policy would also likely result in more consistent application and understanding of the policy, which would likely increase the number of elderly recipients who receive the highest medical deduction to which they are entitled. This change would require legislative action to amend federal statutes and rules.

3. **Create a stronger ESAP demonstration project** that requires States to implement all the components: a simplified application (with self-declaration for most expenses), an extended certification period (with limited interim reporting), and no recertification interview. As suggested by the Alabama ESAP2 results, a comprehensive version of the ESAP showed promise to increase elderly participation, decrease churn, and create administrative efficiencies for States. The current findings indicate that a piecemeal version of the ESAP, or one in which there are still multiple administrative hoops to jump through, is less likely to be effective.
4. **Remove interim reporting requirements for elders with no earned income.** Generally, the population targeted for longer certification periods is on a fixed income with very little variation, and electronic verification is available for these income streams (mostly through SSA). Elderly recipients should still have the option to report increased expenses (e.g., medical or shelter) to increase their benefits, but an arbitrary check-in point appears to be counterproductive for elderly access and inefficient for SNAP administration.

The evaluation findings also suggest several actions within the context of current policy that FNS might consider to strengthen elderly access. Specifically, FNS might consider:

- **Enhancing guidance on policy implementation by clarifying best practices:**
    - For the CAP, encourage States to conduct outreach to eligible SSI recipients who are not already enrolled in SNAP at initial application.
    - For the SMD, clarify what documentation is needed to demonstrate cost neutrality and the conditions under which all medical expenses for an applicant or recipient should be verified.
    - For cost neutrality reports, demonstrate how States can collect cost neutrality data for both demonstration projects through the QC review process. States already must collect complete data and verification on household income and expenses for QC purposes. States may need to oversample these cases during QC in order to achieve the minimum size of 200 cases for cost neutrality purposes, but this process would be more streamlined than asking all elderly households for complete data and verification on household income and expenses.

- **Providing technical assistance to States aimed at making the implementation of policies to improve elderly access more consistent.** This guidance might address:
    - How to create specialized units for serving elderly individuals and how to provide ongoing training to staff in SNAP rules for people 60 and older.
    - How to enhance the quality and clarity of outreach materials and internal guidelines for staff related to medical expense deductions.
    - The value and cost efficient ways of enhancing IT systems to support staff in implementing policies with fidelity.
- **Conducting more user testing and analysis of online platforms** for those with limited internet access or computer skills. Additional testing with elderly individuals of online applications and other tools—which are more likely to create difficulties for them—could yield improvements that simplify and encourage their use.

Finally, the evaluation findings suggest several actions for States within the context of current policy to strengthen elderly access. Specifically, States might consider:

- **Creating a specialized unit for serving elderly individuals.** This study found that elderly individuals have an increased need for assistance with completing paperwork required for their benefits. A unit where staff are well trained in the rules as they relate to people 60 and older—so that they can streamline access to information and case management—would benefit both SNAP administration and elderly applicants and recipients.

- **Implementing automated verification systems** to replace requirements for elderly individuals without earned income to provide annual reports of their income and other circumstances (e.g., shelter costs). Because this population typically lives on fixed incomes, there is too low a payoff for requiring this type of monitoring.

- **Continuing to work to integrate benefit systems and user-friendly tools** so that elderly individuals can not only apply for multiple benefits through a single application but also experience greater transparency with respect to how changes in one program affect benefits in another. States can consider incorporating user-centered design strategies into their processes to ensure that users with diverse needs are able to navigate these processes effectively.

- **Partnering with CBOs that serve the elderly** to conduct coordinated outreach and assistance to eligible elderly individuals where they live and socialize (e.g. subsidized elderly housing and senior centers). States can incorporate these strategies into their State outreach plans and into other general SNAP outreach efforts.

- **Improving outreach materials** to better target elderly individuals and increase awareness of medical expense deductions. States can focus on creating accessible, easy-to-read materials that explain eligibility rules and factors that affect benefit levels and on having clear information about all expenses that may be deducted. States can also produce examples to illustrate commonly missed medical expenses, such as transportation costs, dental and optometry costs, and over-the-counter items prescribed by a doctor.
- **Increasing training for SNAP staff focused on reducing variation in implementation of policies to improve access.** This training could address topics such as:
    - How to calculate medical expenses when they fluctuate over time.
    - How to communicate more clearly with elderly recipients about reporting changes in medical expenses.
    - Policies affecting elderly individuals across social services programs, since many enroll in several programs at once.

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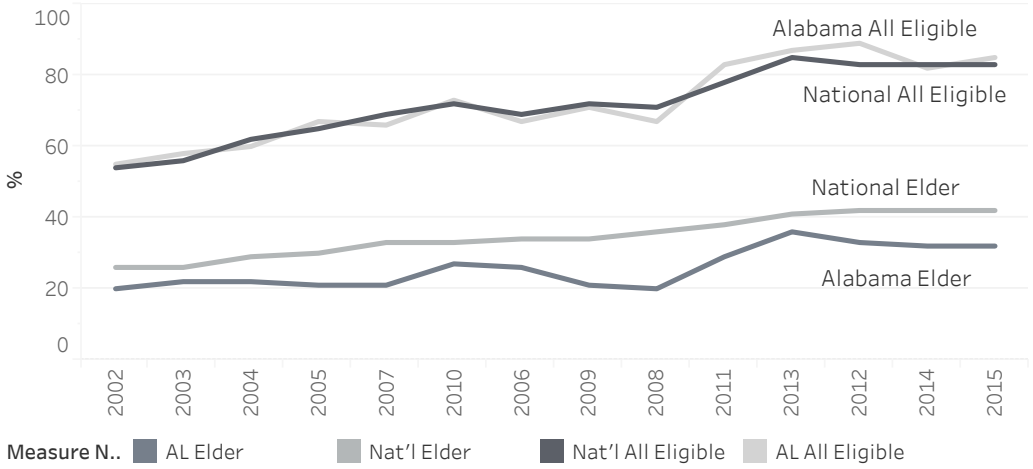
Findings from Alabama

The study team visited Jefferson and Shelby Counties in metropolitan Birmingham, Alabama. Shelby County includes suburban and rural areas, while Jefferson is mainly urban and suburban. Overall, 23 percent of Alabama's population was 60 or older in 2017 and ten percent of individuals 60 and older fell below the poverty line (Census Data, 2017).

In Alabama, SNAP is administered by the Alabama Department of Human Resources (DHR). The State was an early adopter of the Elderly Simplified Application Project (ESAP) and the Standard Medical Deduction (SMD). The State modernized its overall SNAP operations in 2011, including implementing phone interviews for all clients. In 2013, the state created a call center that serves only elderly clients, with the goal of increasing efficiency and improving customer service.

While the elder SNAP participation rate in Alabama has trended up over the past decade, as of the most recent data, it remained well under half of the participation rate for all eligible individuals. In 2014, the State's elder participation rate was also lower than the national average elder participation rate.

Estimated AL and National SNAP Participation Rates for Elders and All Eligibles, 2002-2015



Sources: Cunnyngham, K. 2015, 2018, 2019; Cunnyngham, K., Castner, L., & Schirm, A. 2007-2011; and Cunnyngham, K., Castner, L., & Sukasih, A. 2012, 2014, 2017

Elderly Perspectives

Most respondents noted the positive value of SNAP. While respondents generally felt that benefits were accessible for elders, just as many noted that the benefit amount is inadequate.

Many reported being confused about how their benefit amounts were calculated and why they changed.

"I didn't think about getting old, [that] people forget us. But they did. They forgot us."

Confusion about the name of the program and eligibility criteria was common. Many elders think of the program as Food Stamps and were unfamiliar with the terms "AESAP" or "SNAP".

Most respondents agreed that having phone interviews, rather than going into a SNAP office, was a positive change because it was more logistically feasible for those with mobility issues.

"It was so easy. You just have to go pick up the paperwork and fill it out and they do everything else."

Multiple respondents reported receiving CBO assistance in applying for benefits and understanding correspondence from the State.

"I didn't need food stamps [before] because I was working…but now, I need food stamps cause I'm not able to work… I worked all my life."

Lessons Learned from Alabama

• **Specialized units can improve efficiency and customer service**. The creation of a separately staffed ESAP unit and call center designed specifically for elderly clients helped staff better meet their unique needs, while also increasing staff efficiency in handling caseload. The ESAP unit handles approximately 600 cases per eligibility worker, which is much higher than a regular SNAP caseload in a local office.

• **The State created a user-friendly checklist of all deductible medical expenses that helps clarify the process for applicants and eligibility staff**. This checklist is easily accessible on the Elderly Simplified Application Project web page, and is also used by CBO staff who assist elders with their applications.

• **A longer certification period - without requiring annual updates - seemed to make the biggest difference for elder access**. Administrative efficiencies were gained by eliminating annual reporting for ESAP clients; SNAP staff could verify income and other information electronically.

• **Even with the reduced documentation requirements of the SMD, it is important to keep tracking total medical expenses**. The State instructs SNAP staff to document all medical costs, not just up to the standardized threshold, to be able to demonstrate cost neutrality to FNS.

Effect of ESAP and SMD on Elder Access in Alabama

• When the Elderly Simplified Application Project eliminated required interim contact at 12 and 24 months (ESAP 2), there was evidence of an increase in the elder caseload and a reduction of churn.

• When the Elderly Simplified Application Project reinstated the initial interview (ESAP 3), there was evidence of a reduction in the elder caseload.

• There was insufficient data to analyze whether the SMD affected elder access.

Timeline of Key Policy and Administrative Events

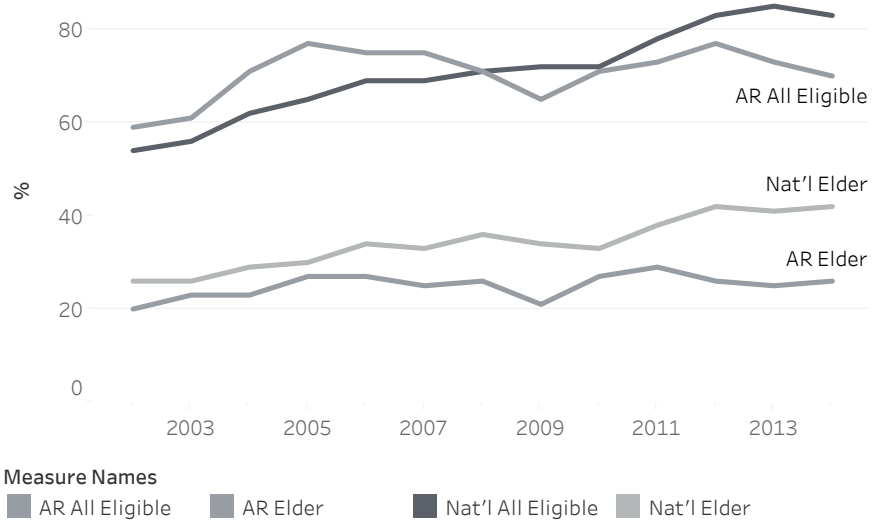
Findings from Arkansas

The study team visited SNAP offices and interviewed elderly respondents in rural Dallas County and urban Pulaski County (Little Rock) in Arkansas. Overall, 23 percent of Arkansas' population was 60 or older and eleven percent of individuals 60 and older fell below the poverty line in 2017 (Census Data, 2017).

In Arkansas, SNAP is administered at the State level by the Arkansas Department of Human Services (DHS). Arkansas has implemented the Standard Medical Deduction (SMD), the 36-month certification, and the recertification interview waiver. The waivers were to increase efficiency while decreasing administrative burden on SNAP workers and clients.

The SNAP participation rate of elderly eligibles in Arkansas has been relatively consistent over the past decade and, as of the most recent data, remained well under half of the State's SNAP participation rate among all eligibiles. In 2014, the State's SNAP participation rate among elderly eligibles was also significantly lower than the national average SNAP participation rate for elderly eligibles.

Estimated AR and National SNAP Participation Rates for Elders and All Eligibles, 2002-2015



Sources: Cunnyngham, K. 2015, 2018, 2019; Cunnyngham, K., Castner, L., & Schirm, A. 2007-2011; and Cunnyngham, K., Castner, L., & Sukasih, A. 2012, 2014, 2017

Elderly Perspectives

Overall, Arkansas elderly SNAP recipient respondents were aware of medical deductions and reported their medical expenses to SNAP eligibility staff.

"This last time I had to re-apply, I put my medicine on there because my medical bill was seventy some dollars that month. It varies…How much your prescriptions themselves cost you a month. …I put that on there then…She told me if I put that on there, it would make my stamps go up a little bit."

Generally, Arkansas elderly SNAP recipient respondents preferred to go to a local SNAP office in person for recertification of their benefits, and only those with disabilities utilized phone interviews. While a few mentioned having phone interviews, elders seemed to believe that going in person to an office was the best way to ensure that things would run smoothly with the program.

"Sometimes I do it [applications and recertifications] in person. Sometimes I do it by phone. It's just according to my circumstances. Right now, my circumstance is kind of hard because my car is out of whack."

About three quarters of the elderly interview respondents struggled to afford enough food, and often existed on lower quality food or fewer meals per day than they would prefer.

"I mean, it's not nearly enough, but a little bit helps. Like I said, I can have fruit once a month."

Lessons Learned

· **Targeted elder outreach and partnerships between the State SNAP office and CBOs can help increase elder participation.** The State has a targeted outreach effort with elders, led by a designated State level staff person, and featuring a contract with a CBO. They focus outreach efforts on counties with the lowest level of elder SNAP participation.

· **The implementation of new interventions can be challenging for staff and requires adequate training and supervision.** SNAP administrators continue to focus on staff training and county office supervision to address SMD implementation challenges and ensure that all county SNAP eligibility workers are implementing it correctly.

· **While the reduction of paperwork can streamline processes, it can also introduce additional confusion.** As part of the streamlining of paperwork, the SNAP recertification form for elderly/disabled was combined with the Medicare Savings recertification form. While this decreases paperwork, some staff are concerned that this is confusing for elders.

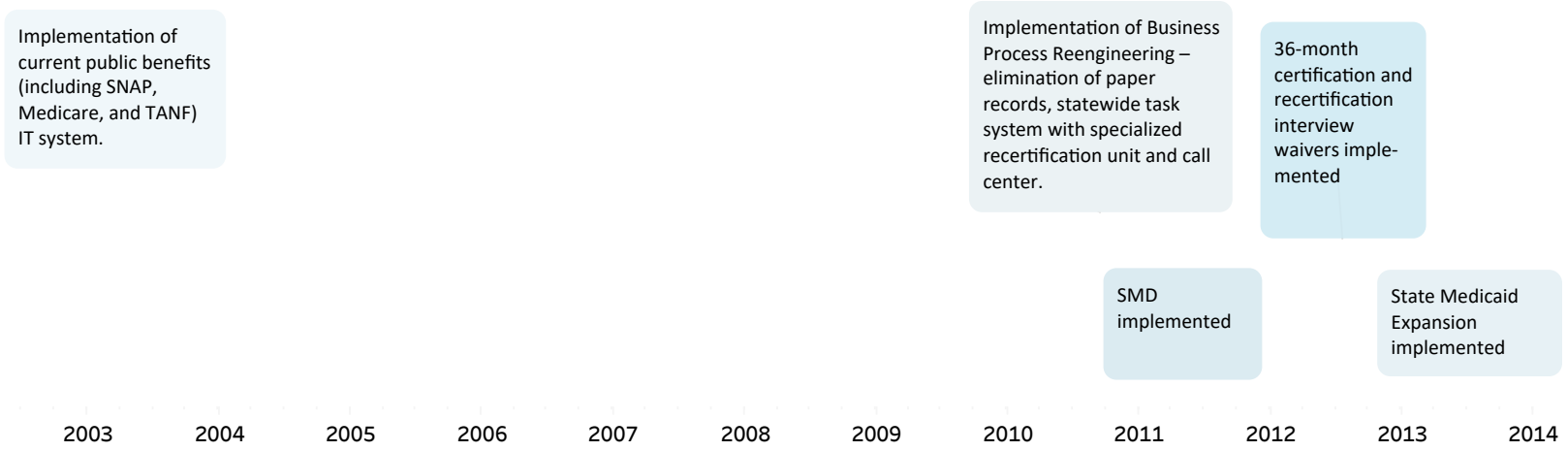
Effect of SMD, 36-Month Certification Waiver, and Recertification Interview Waiver on Elder Access in Arkansas

· Twelve months after the SMD implementation, caseload size had increased by about 8% in Arkansas when compared to households without an elderly or disabled member (i.e. those not eligible for a medical deduction).

· Twelve months after the SMD implementation, elders' monthly average SNAP benefit amount was $9 less than would have been expected had the SMD not been implemented.

· The study found a small, statistically significant negative effect on elderly caseload 12 months after implementation of the recertification interview and 36-month certification period waivers.

Timeline of Key Policy and Administrative Events



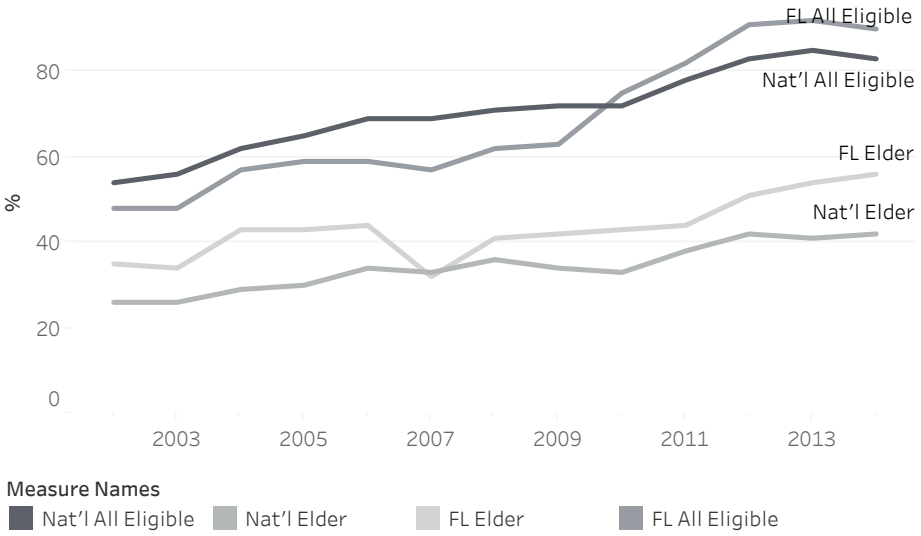
Findings from Florida

The research team visited SNAP offices in Tallahassee, rural Gadsden County and urban Orange County (Orlando); they interviewed elderly respondents and conducted a focus group in metropolitan Orlando. Overall, 26 percent of Florida's population was 60 or older in 2017 and eleven percent of individuals 60 and older fell below the poverty line (Census Data, 2017).

In Florida, SNAP is called the Food Assistance Program. It is administered at the State level by the Florida Department of Children and Families. The State has implemented the Combined Application Project (CAP) and the Elderly Simplified Application Project (ESAP), with the goal of streamlining SNAP staff workload and minimizing errors. The State implemented these policy waivers in the context of a modernization effort (begun in 2004) to streamline administrative processes, which involved computerizing the eligibility process, developing electronic record keeping, the creation of an online application with e-signature, a reduction of staff, and the closure of many local offices.

The SNAP participation rate for elderly eligibiles in Florida has made steady progress over the past decade, though as of the most recent data, it remained well under the State's overall SNAP participation rate of all eligibiles. In 2014, Florida's SNAP participation rate of elderly eligibles was above the national average rate.

Estimated FL and National SNAP Participation Rates for Elders and All Eligibles, 2002-2015



Sources: Cunnyngham, K. 2015, 2018, 2019; Cunnyngham, K., Castner, L., & Schirm, A. 2007-2011; and Cunnyngham, K., Castner, L., & Sukasih, A. 2012, 2014, 2017

Elderly Perspectives

Of the elderly SNAP participants and applicants interviewed, most reported needing assistance to complete the online application and annual recertification update – either by a SNAP eligibility worker, a family member or friend, or a CBO staff member.

"As they get older, some people have cataracts and everything else and they're confused by the go here, go there and click on here, there, you know what I'm saying?"

While those who were able to use the computer interface reported that the application was relatively simple to complete, they expressed frustration with managing their cases on line.

"…it's pretty simple. You go step by step, you answer the questions, move on to the next one. So, it was pretty simple."

"My only complaint now with SNAP is…I got a letter and I said I don't want it from e-mail. My e-mail has got so much junk in it and I said I'd rather get it in a letter form…I think more things should be done by mail personally…instead of having to go online and sometimes it's confusing and you gotta remember your password and I think seniors just don't wanna bother with some of those things."

"Well I get frustrated because I'm certified and now…I just don't have the patience to go through it…I've tried to go in and update it and I'm saying if everything is the same, why can't I just somehow say nothing's changed?"

Lessons Learned

· **Specialized units can improve efficiency and customer service.** By creating a specialized SUNCAP unit, the State has been able to manage these cases efficiently and provide timely customer service via a dedicated phone line that is always staffed by Spanish-speaking staff, the language other than English spoken by recipients most frequently.

· **Availability of a completely electronic application and benefits system for clients and staff offers many advantages and conveniences for SNAP recipients.** The State has experienced higher than expected uptake of personal electronic accounts among SNAP recipients, including elderly recipients.

· **Computer literacy is a challenge among elders, even those who report having access to the internet.** This can make it more difficult for elders to apply or recertify for SNAP without assistance. Although, this problem is expected to lessen as time goes on and computer literacy rates rise among the aging population.

· **Partnerships between the State SNAP office and CBOs can facilitate online application access for elderly participants.** The Community Partner Interview Demonstration project, operated in Orange County by the Central Harvest Food Bank provides SNAP application assistance to elderly applicants in community settings, such as community centers that serve lunch and other programming to low-income elders.

· *Accessing in-person support for applying for and maintaining SNAP benefits is a greater challenge in rural areas.* SNAP staff in a rural county office report that long distances to a SNAP office coupled with a lack of transportation creates a barrier to elders who need in-person support in order to apply for and maintain their benefits.

Effect of CAP and ESAP on Elder Access in Florida

· Twelve months after implementation of SUNCAP, the elderly caseload decreased by 7 percent more than would have been expected, based on the participation trends of this population in the year prior to implementation. This was possibly caused by other concurrent changes to the program during this time when significant computerization was being implemented, which may have had a disproportionately negative effect on elderly recipients.

· Twelve months after the initial implementation of ESAP, new SNAP applications by elderly individuals increased by 2.5% in the counties with ESAP compared to the counties without it. This finding was not statistically significant.

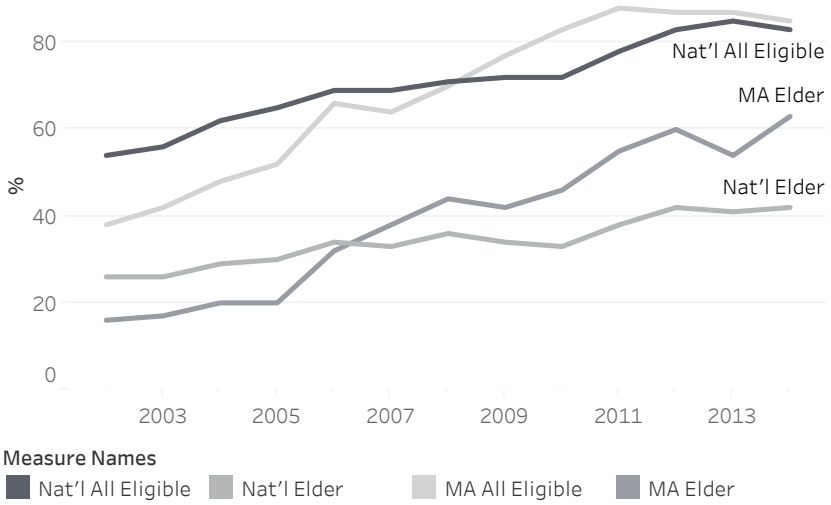
Timeline of Key Policy and Administrative Events

Findings from Massachusetts

The study team visited the Holyoke- Springfield metropolitan area in Hampden County and the Boston metropolitan area (Roxbury and Quincy) of Norfolk County in Massachusetts. According to the most recent American Community Survey data, 22.6 percent of Massachusetts' population was 60 or older in 2017, with a poverty rate of 9 percent (U.S. Census 2018).
In Massachusetts, SNAP is administered at the State level by the Department of Transitional Assistance (DTA). In the early 2000s, Massachusetts had one of the lowest SNAP participation rates in the country. In response, DTA collaborated with CBOs to implement initiatives aimed at increasing the participation rate overall, targeting groups with particularly low rates, including the elderly. As a result, the State implemented a CAP, a simplified elderly application, an SMD, and the recertification interview waiver.

In the early 2000s, the participation rate in Massachusetts among both elderly eligibles and all eligibles was less than half what it was nationally. Over the decade, however, the rates increased more in Massachusetts than nationally so that rates among elderly eligibles and all eligibles were greater in Massachusetts than nationally by 2007 and 2009, respectively. Participation rates among both groups remained higher in Massachusetts in the ensuing years, though the State's elderly eligible participation rate is currently three-quarters of its all eligibles rate.

Estimated MA and National SNAP Participation Rates for Elders and All Eligibles, 2002-2015



Sources: Cunnyngham, K. 2015, 2018, 2019; Cunnyngham, K., Castner, L., & Schirm, A. 2007-2011; and Cunnyngham, K., Castner, L., & Sukasih, A. 2012, 2014, 2017

Elderly Perspectives

Elderly recipients often noted that while they were grateful for their benefits, they were only a partial answer to their food needs.

"*And my food stamps, thank god I get them, and I appreciate them, but it lasts you maybe a week*."

There was a general level of confusion and uncertainty about SNAP policies, benefit levels and eligibility guidelines amongst most of the elderly respondents.

"At first, they'll give you I'll say $200.00 so you think that's good. I'm going to be getting that but then it lowers and lowers and lowers. It's like we're giving you something and you think you're going to be able to eat from that amount but then it gets so low it's like 'Is it worth it'."

Elders with chronic health conditions talked about the challenges of affording healthier foods that were recommended to them by their doctors.

"Well, I can buy my Ensure with it, as my protein, because the dialysis depletes protein. So, I was using it for that, but it's still only about two weeks' worth."

It was common for interviewees to discuss challenges with their memory or cognitive limitations that made it difficult to apply for and maintain their SNAP benefits status.

"Sometimes, when they have questions, it's kind of hard for you to figure out exactly what they want you to write down. And then if you write down the wrong thing, it's like, wow."

Lessons Learned

· **Partnerships between the State SNAP office and CBOs can facilitate increases in the elderly participation rates.** The State SNAP office partners with CBOs to make the simplified elderly application available, conduct outreach and provide application assistance to elders, including assistance in determining the value of their medical deduction.

· **A reliable and efficient data system that automates processes can be critical to ensuring accurate implementation of interventions to increase access to SNAP for elders.** Eligibility determination for the recertification waiver is now an automated process. The CAP and SMD also rely on automated systems; all of which reduce the potential for human error.

· **Interview waivers can circumvent challenges related to the vulnerability of elders to fraud.** In response to increasing telephone scams, the Massachusetts attorney general and advocacy groups conducted outreach to elders to encourage them not to accept phone calls from unknown numbers and not to provide sensitive information over the phone. The interview waiver helps overcome the associated challenges with phone-based assistance.

Effect of CAP, SMD, simplified elderly application, and Recertification Interview Waiver on Elder Access in Massachusetts

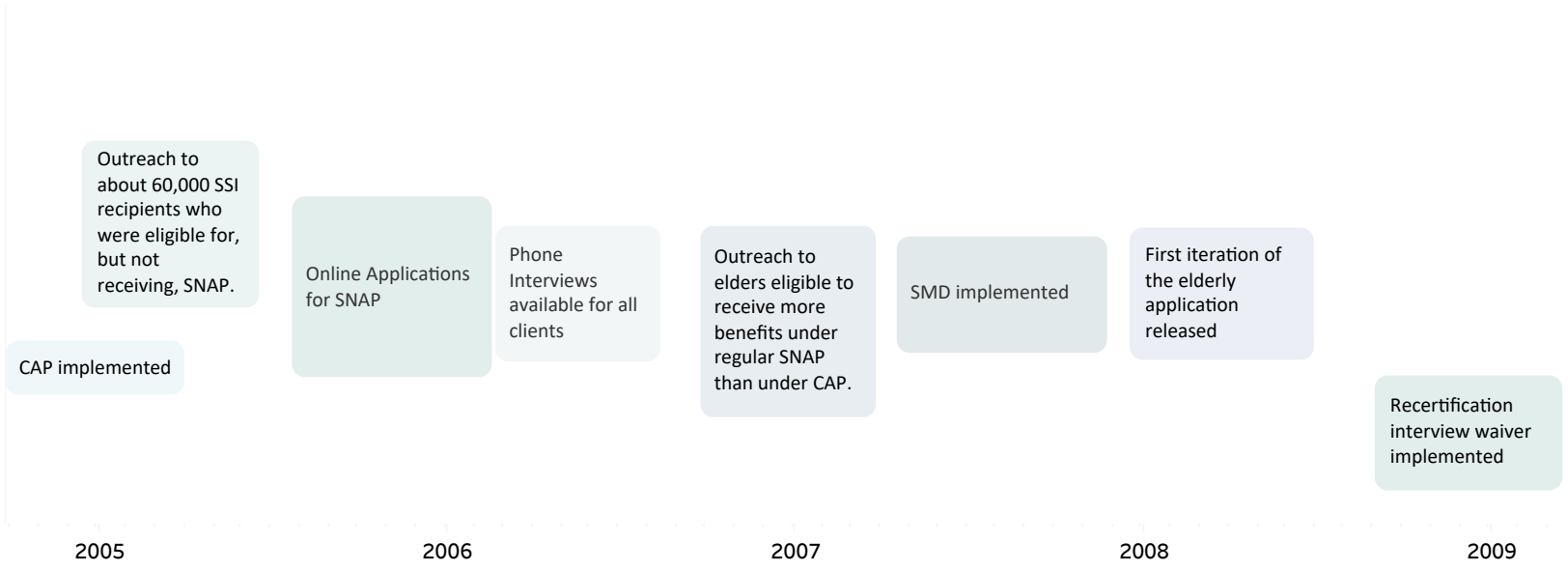
· The analysis indicates a 3% increase in the elderly caseload 6 months after implementation of the CAP, relative to what would have been expected without it. The analysis may have found a larger effect size if data had been available for a longer time period after implementation.

· After the SMD was implemented, average benefits among elderly households increased by $10.60 relative to non-elderly households.

· Six months after implementation of the simplified application, new applications and caseload size among elderly households increased, but this result was not statistically significant.

· Churning appears to have increased after implementation of the recertification interview waiver, but data limitations preclude the analysis from determining whether this result is statistically significant.

Timeline of Key Policy and Administrative Events



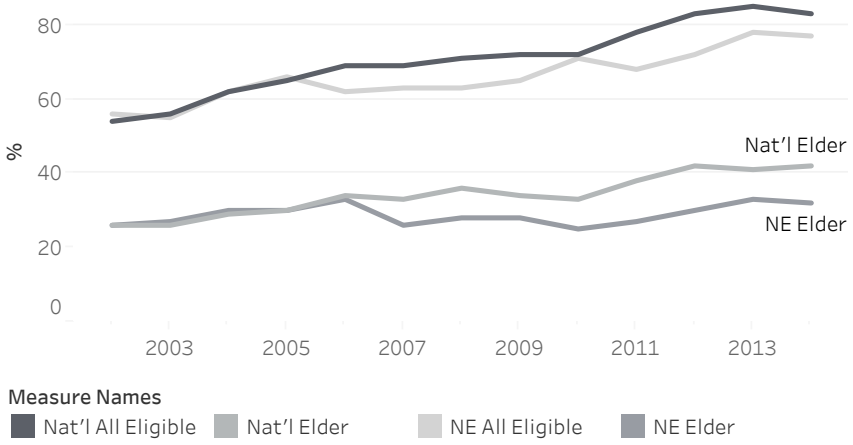
Findings from Nebraska

The study team visited Omaha in Douglas County and Fremont in Dodge County in Nebraska. Omaha is the largest city in the state and has become a national transportation hub. Fremont is a small city located in rural, eastern Nebraska. Overall, 21 percent of Nebraska's population was 60 or older in 2017 and seven percent of individuals 60 and older fell below the poverty line (Census Data, 2017).

In Nebraska, SNAP is administered at the State level by the Department of Health and Human Services. The State implemented the recertification interview waiver in 2014. Nebraska updated its SNAP business practices in 2013, resulting in fewer local offices, task-based processing replacing case-based processing, and a Statewide call center in the Fremont office. While adjusting to this new model, the State faced increased application processing times and wait times for telephone interviews. The recertification interview waiver was first implemented in this context to decrease the time SNAP workers spent processing recertifications.

The elder SNAP participation rate in Nebraska has trended slightly upwards over the past decade, but as of the latest data, it remained well under half of the participation rate for all eligible individuals. In 2014, the State's elder participation rate was also lower than the national average participation rate for elder individuals.

Estimated NE and National SNAP Participation Rates for Elders and All Eligibles, 2002-2015



Sources: Cunnyngham, K. 2015, 2018, 2019; Cunnyngham, K., Castner, L., & Schirm, A. 2007-2011; and Cunnyngham, K., Castner, L., & Sukasih, A. 2012, 2014, 2017

Elderly Perspectives

Elderly respondents lacked familiarity with SNAP application and recertification processes, and their past experiences with these were mixed. Those that reported positive experiences applying for SNAP (both in person and over the phone) thought that the application was easy to read and did not take long. They praised staff for taking the time to explain things, for being nice, efficient, and helpful.

"I did mine over the phone so they was able to explain things better on what to do, what to have and everything so I would say do the phone ..."

Elderly SNAP participant respondents who had negative experiences reported being confused by the initial and recertification applications. For some, it took a long time to gather required information and to complete the application.

"Negative experiences -- the time it took, the redundancy of providing just proof of everything. It's all been the same for years. It doesn't change, and you have to keep going over and over the same darn thing."

Elderly respondents also shared mixed views of using online applications and tools. Some found it easy, but most felt uncomfortable using the internet for this type of personal business.

"Everything online is automatic filled out. All I have to do is check mark it. Check everything. It automatically has everything filled out. My name, all the information, stuff like that… I do the application online, and then they ask for an interview. They set up a time for an interview, but I just called back and I do the interview as fast as I can."

"Yeah, but I don't like dealing with them computers. It's a lot better dealing with a human body and a soul in all, besides with this machine. Because hey, when it comes down to it, everything gets mixed up."

Lessons Learned

· **The recertification interview waiver allowed staff to process cases more efficiently and in less time.** Staff attribute increased accuracy and timeliness, as well as reduced case churn, to implementing the policy waiver.

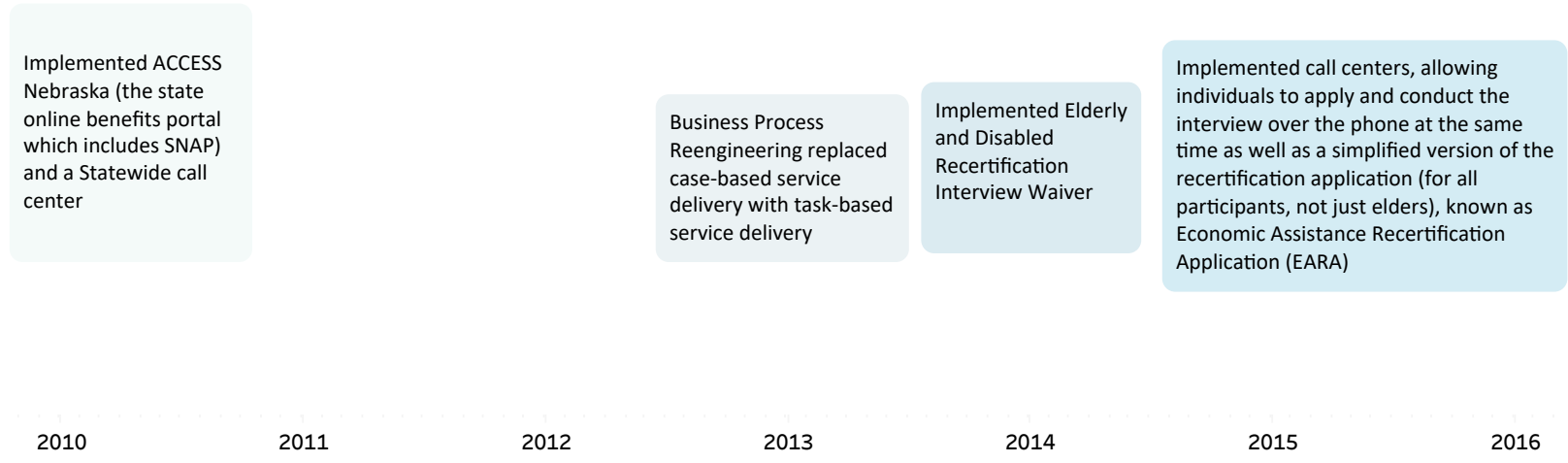
· **Recertification forms can be made easier for participants to fill out both through streamlining the form and by pre-populating data available in other systems.** The State introduced a simplified recertification form, reducing its length from 8 to 3 pages. In addition, some information is pre-populated via connection to other state systems such as the Social Security data exchange, so that the participant has less information to fill out.

· **It is important for workers to receive adequate training on new interventions.** The recertification waiver was implemented inconsistently across the state and with limited guidance or training for workers. This may have affected the success of the intervention.

Impact of Recertification Interview Waiver on Elder Access in Nebraska

In the year following the recertification interview waiver, there was no significant effect on caseload or case churning.

Timeline of Key Policy and Administrative Events



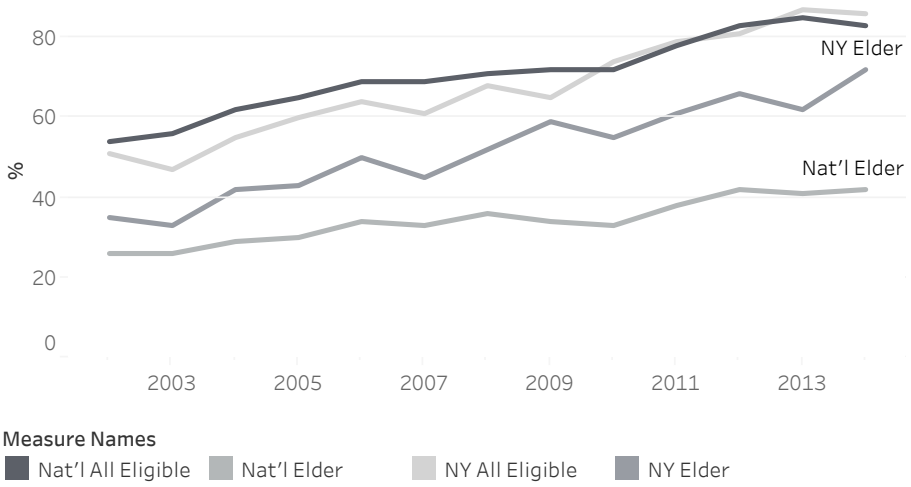
Findings from New York

The study team visited both urban and suburban areas of Albany County as well as rural offices in Herkimer County in upstate New York. According to the most recent American Community Survey data, 22.3 percent of New York's population was 60 or older in 2017, with a poverty rate of 11.4 percent (U.S. Census 2018).

In New York, SNAP is administered at the county level by the Office of Temporary and Disability Assistance (OTDA). The SNAP administrative structure varies across counties. Some localities, including New York City, have implemented a task-management approach, while others maintain a case-based approach. OTDA also houses SSA in New York. In the early 2000s, when SNAP participation rates among elders had declined, OTDA recognized the challenges that elders faced having to apply separately for each program. In response and with support from the governor, OTDA implemented a CAP in 2003.

Since 2003, the elder SNAP participation rate in New York has been trending upward and has been consistently and substantially higher than the national elder participation rate. The participation rate among all eligibles in New York also increased during that time, so the gap between the elderly participation rate and the rate among all eligibles in the State remained the same in 2014 as it was in 2003, with the elderly rate 14 percentage points lower.

Estimated NY and National SNAP Participation Rates for Elders and All Eligibles, 2002-2015



Sources: Cunnyngham, K. 2015, 2018, 2019; Cunnyngham, K., Castner, L., & Schirm, A. 2007-2011; and Cunnyngham, K., Castner, L., & Sukasih, A. 2012, 2014, 2017

Elderly Perspectives

Elder respondents with college educations were more likely to find the program easy to use, the forms understandable and the instructions clear. They were also more likely to experience the staff at the SNAP office as polite and helpful.

"*Yeah, just verifying income and things like that, but it was very much clear. We filled out the forms, and they contact, and you have your interview.*"

Those with intellectual disabilities, difficulty reading or low education levels, were more likely to report trouble understanding forms and relying on social workers or caregivers to help them access the program.

"Sometimes I don't even understand the language….It might be English, but you gotta be a Boston lawyer to interpret it."

Some SNAP recipients noted that the process had become easier over time, and that they could use mail and phone interviews now, avoiding going into the SNAP office.

"*When I first started with the food stamps, I had to go over there and go through the process of filling out forms, seeing social workers, bringing a lot of identifications. Now it's gotten to the point where they send me the application and then I send them copies of certain things…With the food stamps and the Medicaid all I got to do is just pick up the phone…*"

New York elders shared their experiences recertifying online, by phone, mail, and in person. Regardless of the recertification mode, many felt that they needed assistance to successfully complete it. CBOs played crucial role in assisting seniors with their forms.

Lessons Learned

· **Successful implementation of a CAP is possible even without involvement of staff.** The State programmed its SNAP data system to obtain information from the SSA State Data Exchange (SDX) and identify, based solely on information individuals provided for their SSI application who were eligible for but not receiving SNAP. The system now automatically opens a CAP case and issues a standardized benefit for those eligible individuals.

· **Relaxed requirements for contact with the SSA may impede the local SNAP office's ability to locate participants.** The SSA State Data Exchange allows for the distribution of benefits via direct deposit and waives the requirement to update participant addresses between certification periods. These practices have reduced error in benefit distribution for SSA, but there is a chance that CAP participants will move without providing the SNAP office with an updated address.

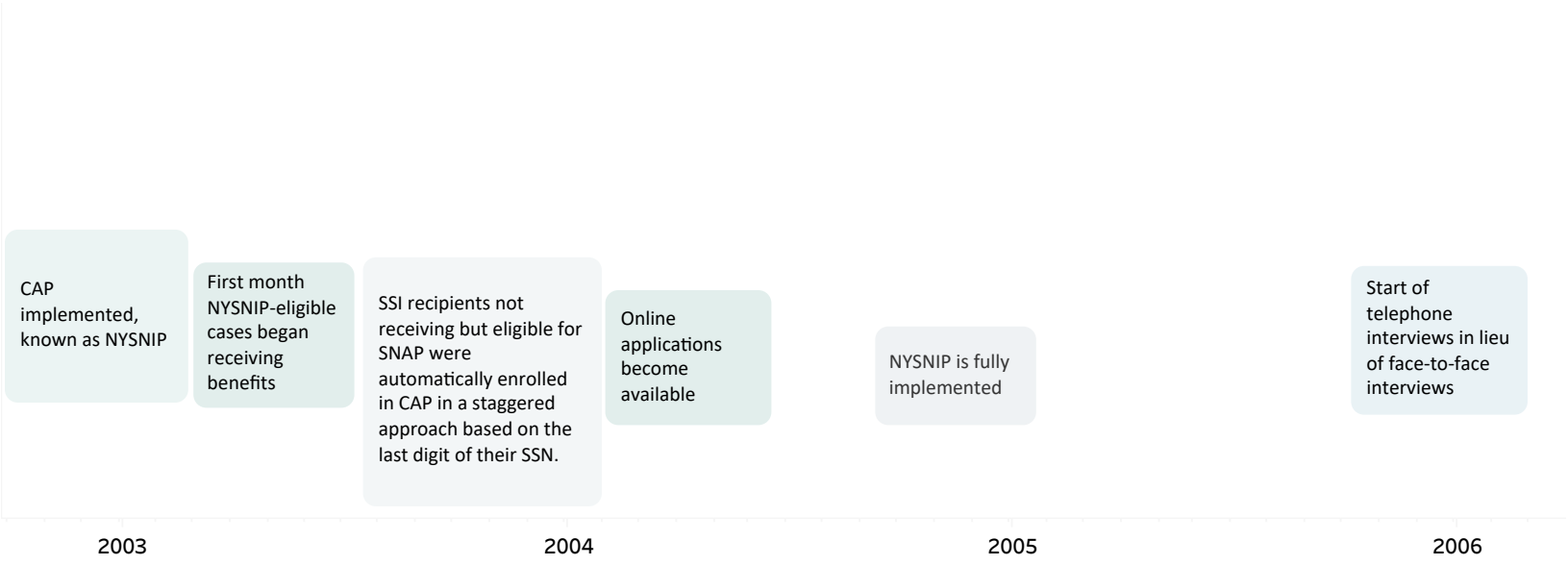
· **Targeted messages about the value of CAP participation resonate with elders despite initially low benefit amounts.** County and CBO staff outreach strategies include informing elders that the receipt of SNAP makes them automatically eligible for heating assistance and that most CAP participants receive more than the initial minimum benefit within two years.

Effect of the CAP on Elder Access in New York

· When New York began auto-opening CAP cases for people on SSI (or new applicants for SSI) who were not already receiving SNAP, there was evidence of a substantial increase in new applications and caseload relative to households with elderly members that were not eligible for the CAP.

· At the same time, there was a positive effect of $8 on average benefits; average benefits among CAP-eligible households remained relatively steady after CAP's implementation while they decreased relative to the expected level among other elderly households.

Timeline of Key Policy and Administrative Events

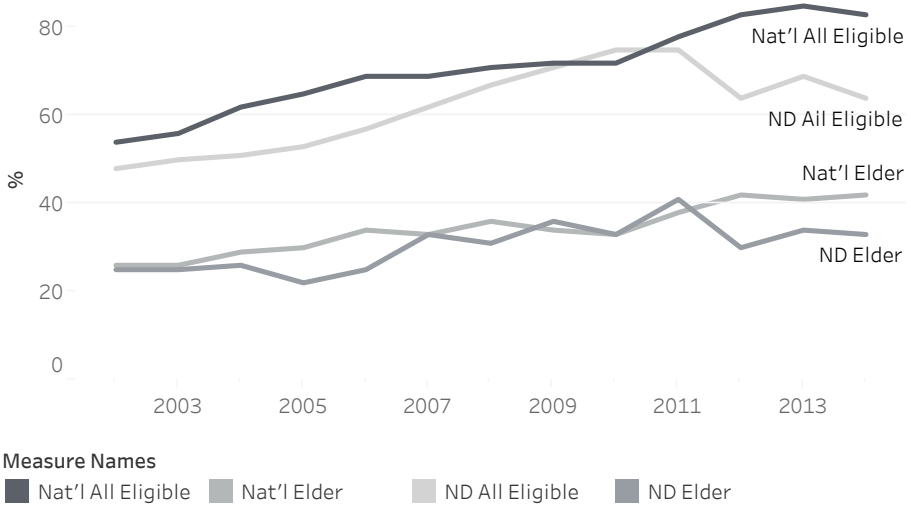


Findings from North Dakota

In North Dakota, SNAP is administered by the Department of Human Services at the county level with State supervision. Staff at the local level are responsible for eligibility determination and case management, while the State sets policy and provides general program oversight. The study team visited suburban Morton County and rural Grant County, North Dakota. Overall, 21 percent of North Dakota's population was 60 or older in 2017 and nine percent of individuals 60 and older fell below the poverty line (Census Data, 2017).

The State implemented a Standard Medical Deduction (SMD) in 2013, with the goal of reducing the paperwork burden on both SNAP staff and elder individuals while helping elder individuals maximize their benefit levels. The elder SNAP participation rate in North Dakota trended slightly upwards over the past decade, but as of the latest data, it remained well behind the participation rate for all eligible individuals in the State. In 2014, the State's elder SNAP participation rate was slightly below the national average elder participation rate.

Estimated ND and National SNAP Participation Rates for Elders and All Eligibles, 2002-2015



Sources: Cunnyngham, K. 2015, 2018, 2019; Cunnyngham, K., Castner, L., & Schirm, A. 2007-2011; and Cunnyngham, K., Castner, L., & Sukasih, A. 2012, 2014, 2017

Elderly Perspectives

Elderly respondents reported receiving varying information and lacked clarity regarding which medical expenses were allowable. Many elders relied only on their pharmacies to print and fax medication expenses for verification, which suggests a tendency to underreport eligible expenses. Many seniors we spoke with were unaware that certain expenses were allowable, such as physical therapy, glasses, dental care, and mileage to the doctor. One respondent reported that her initial case manager did not ask for medical expenses, but her current case manager did. Once she started reporting these, her benefit amount increased dramatically.

"One thing that does count is when I had to have the scooter serviced, it goes in and any service that I have to pay for on this thing counts, which is a big plus."

"My perspective on it is, I was a little bit confused, I need help, because one sheet is my income, which isn't too hard, but the other sheet's my expenses. You have to list all your bills, and they want a copy of your medication statement from the pharmacy and transportation and what I spend on doctor's appointments and what I spend on other things that are medical related."

Barriers for elders include a lack of understanding of the process or eligibility requirements and difficulty completing the application. Seniors reported that the forms are very long and in small print. Also, respondents were unaware that they could conduct interviews by phone, perhaps enjoying positive in-person interactions with local SNAP office staff. A few respondents also reported getting phone assistance.

"They were all really, even now, they are so friendly. So willing to help you. You know when you get older you just don't understand everything. So we called them up and they'd tell us."

Lessons Learned

· **The state requires a face-to-face interview annually for all SNAP participants, but a worker can waive it or provide a phone interview option if needed.** They give SNAP staff the flexibility to accommodate elders who have difficulty completing the interview in person to do it over the phone.

· **Interventions that were intended to simplify administrative processes may have unintentionally increased the burden on SNAP staff.** The SMD introduced two options for elders instead of one (SMD versus reporting actual costs), and ultimately, in practice, SNAP staff were often collecting verifications as they would have before SMD due to the cost neutrality requirements. Although the State originally was not advising staff to collect verifications for those electing the SMD, they now require staff to verify all medical expenses in order to be able to obtain data on cost neutrality as required by FNS.

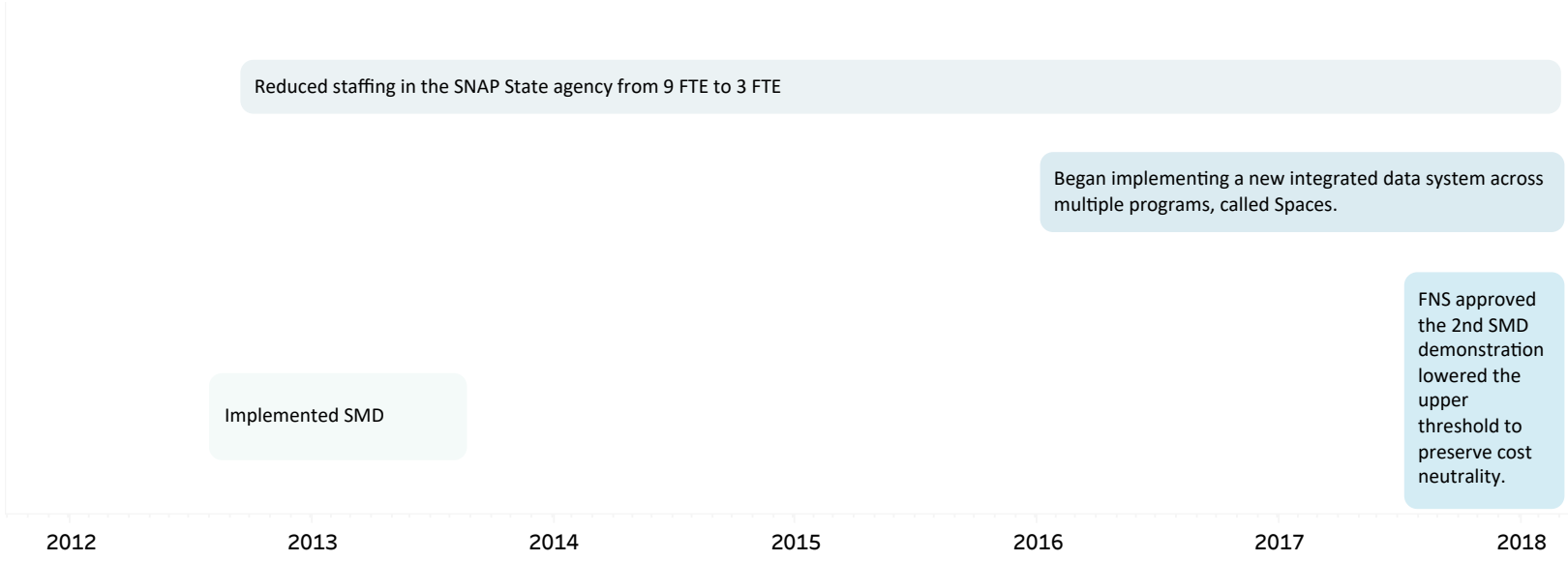
· **It is challenging to ensure that SNAP eligibility workers receive adequate training about new policy interventions.** Limited guidance and training available for SNAP workers has resulted in wide variation with regard to knowledge of the SNAP program and the SMD. This is compounded by the fact that funding has declined for SNAP staff while eligibility workers are often responsible for administering other benefit programs along with SNAP (e.g., TANF).

Effects of the SMD on Elder Access in North Dakota

· Twelve months after implementation, caseload size had increased by about 14 percentage points in North Dakota, when compared to households without an elderly or disabled member (i.e., those not eligible for a medical deduction).

· Effects on average benefit amount and new applications were negative, and not statistically significant.

Timeline of Key Policy and Administrative Events



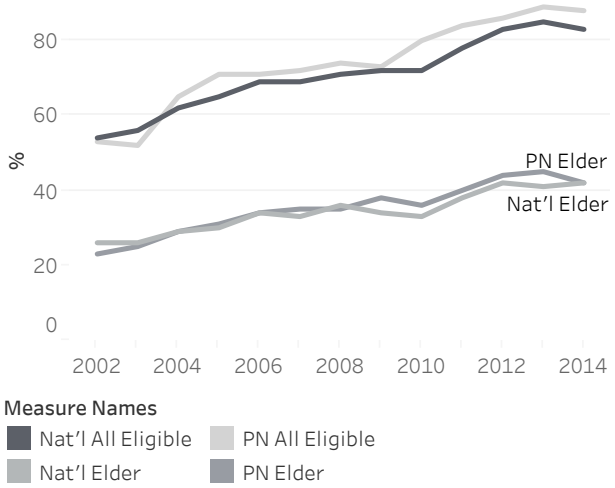
Findings from Pennsylvania

The study team visited suburban and rural areas of Lancaster and Lehigh County in Pennsylvania, as well as the state capital of Harrisburg. According to the most recent American Community Survey data, 24.7 percent of Pennsylvania's population was 60 or older in 2017, with a poverty rate of 8.8 percent (U.S. Census 2018).

In Pennsylvania, SNAP is administered at the county level by the Department of Human Services (DHS). The State underwent a business process redesign in 2016 to align County Assistance Offices (CAOs), but some variation still exists. For example, in some offices staff specialize in various components of SNAP, while others have all staff completing all activities on cases. Local CAOs are responsible for all cases in their area. Pennsylvania implemented a CAP in 2007 and the recertification interview waiver in 2013 to ease administrative burdens for CAOs, reduce churn associated with the recertification process, and increase elder access to SNAP. The recertification interview waiver was later absorbed into the State's ESAP, which it implemented in 2016 to further these goals and to support the Governor's strategic plan to eradicate hunger among seniors.

The elder SNAP participation rate in Pennsylvania trended up over the past decade, but as of the latest data, remained about half of the participation rate for all eligible individuals in the State. Over the same period, trends in the State's elderly and all eligibles participation rate were relatively consistent with the national trends. In 2014, Pennsylvania's elderly rate was the same as, and all eligibles rate slightly higher than, the national rate.

Estimated PA and National SNAP Participation Rates for Elders and All Eligibles, 2002-2015



Sources: Cunnyngham, K. 2015, 2018, 2019; Cunnyngham, K., Castner, L., & Schirm, A. 2007-2011; and Cunnyngham, K., Castner, L., & Sukasih, A. 2012, 2014, 2017

Elderly Perspectives

Interviewees expressed the importance of SNAP, and those using it depended on it to help them afford basics. Even those receiving the minimum benefit amount were generally grateful for the assistance, expressing that a small amount of help was better than no help at all.

"So, this way I can [...] be able to get more variety into my diet, you know? And different things like more veggies and fruits and different things..."

Multiple interviewees discussed health and disability issues as motivating them to apply for SNAP benefits. Others talked about the challenges of affording medications and food or affording the healthier food items they need to address their healthcare issues.

"*It's a big help, but things are costing too much…– it's hard to find things that has no sugar … a lot of salt, sodium, -- my diet is no salt and no sugar*."

Regardless of their disability status, many interviewees relied on assistance of social workers, or other elder care providers to help them navigate their SNAP paperwork.

"Yeah, go to Jennifer [the social worker at the senior center]. She'll help you and tell you what you need to bring down in order to apply for everything."

Most respondents received monthly food boxes or went to food pantries to supplement the groceries they could afford to buy. It was common for elders to talk about running out of food at the end of the month or cutting back on the amount of food they eat and the number of meals they eat each day.

"We have a food box coming in through Second Harvest, and it has juices and milk and cans of veggies and fruits, and it usually has pastas or whatever, things like that. And cheese; you get a block of cheese, and ... Yes, it does. Helps a lot."

Lessons Learned

· **CAP has the potential to reduce stigma.** Elders that are eligible for SNAP are enrolled in CAP once their SSI application is approved. Because the application process requires little to no interaction with the SNAP office, elders perceive CAP as an SSA program, which helps reduce stigma.

· **The availability of a streamlined SNAP application for elders does not guarantee its use.** While the State has a streamlined SNAP application that eliminates unnecessary questions for elders, it is underutilized, as it is only available online, and most elders in Pennsylvania prefer to fill out the application on paper.

· **The success of the Recertification Interview Waiver in reducing administrative burden for staff depends on implementation practices.** Initially, CAOs continued to schedule recertification interviews even for those who qualified for the waiver. While they later called to cancel these interviews when appropriate documentation was received, this process was confusing for some elders and burdensome for staff. When the ESAP was implemented, staff reduced this unnecessary administrative burden by only scheduling recertification interviews for those who were ineligible for the waiver.

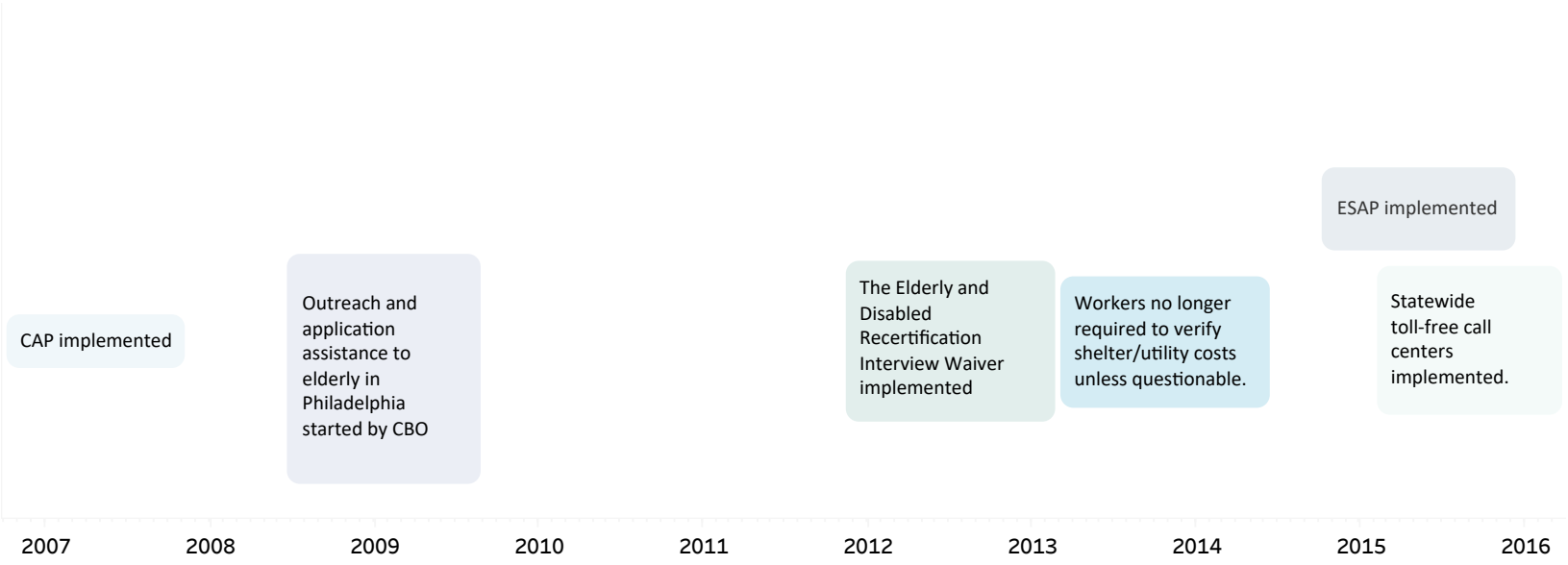
Effect of the CAP, ESAP, and Recertification Interview Waiver on Elder Access in Pennsylvania

· Data are missing for 30 percent of the caseload in Pennsylvania, so it is difficult to interpret the results of the ESAP analysis on caseload and churning; the ESAP did not have the expected effect of an increase in applications.

· The trend in churning was relatively stable among eligible households after implementation of the recertification interview waiver, while the trend among similar non-eligible households was more volatile.

· Data were insufficient to analyze whether the CAP affected elder access because Pennsylvania was unable to provide data prior to 2009.

Timeline of Key Policy and Administrative Events



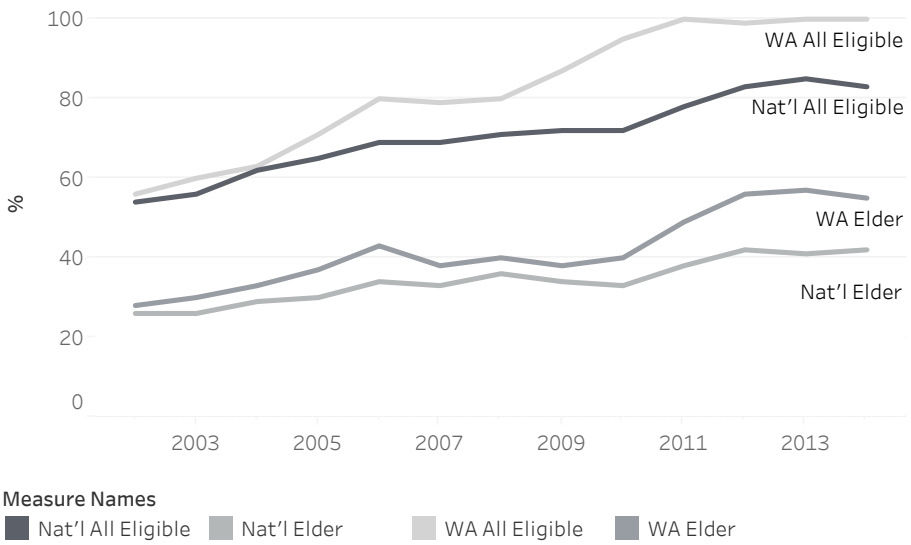
Findings from Washington

The study team visited metropolitan Seattle (King County) in Washington, in addition to local and State offices in Olympia and Tumwater within Thurston County. According to the most recent American Community Survey data, 21.5 percent of Washington's population was 60 or older in 2017, with a poverty rate of 8.2 percent (U.S. Census 2018).

In Washington SNAP is administered at the State level by the Department of Social and Health Services. The State implemented both a CAP and ESAP to improve elder SNAP access. In addition, Washington began a SNAP service delivery redesign effort in 2007 which involved the creation of a statewide call center, standardization of office processes, and a move from case management to specialized teams.

The elder SNAP participation rate in Washington rose over the past decade, but as of the latest data, remained under the participation rate for all eligible individuals in the State*. However, in 2014 the State's elder participation rate was higher than the national average elder participation rate.

Estimated WA and National SNAP Participation Rates for Elders and All Eligibles, 2002-2015



Sources: Cunnyngham, K. 2015, 2018, 2019; Cunnyngham, K., Castner, L., & Schirm, A. 2007-2011; and Cunnyngham, K., Castner, L., & Sukasih, A. 2012, 2014, 2017

* Participation rates are estimates, rather than precise numbers, calculated through statistical models that are imprecise.

Elderly Perspectives

Most elderly respondents generally perceive SNAP as a good program and think that people should use it if they are eligible. However, a theme in Washington, based on our focus group with non-participants, seemed to be a lack of understanding about program eligibility or a lack of knowledge about the program at all.

Among recipients, there was general awareness of the use of the phone to communicate with SNAP staff and conduct eligibility interviews.

"I guess it was two, three years ago, I had the call from Olympia. The lady called me from Olympia, connected with the SNAP program, on the phone. Very nice, and everything, with the phone number that we have now."

Respondents discussed the need to supplement their SNAP assistance with food pantries to get through the month, and were also familiar with Farmer's Markets that accept SNAP.

"*I definitely try to make it stretch. See, I got all canned goods. I go to the food bank to get canned goods and I go to the store to get my meat."*

"*We get double SNAP with the farmer's market*."

Lessons Learned

· **Development of relationships between staff at local SNAP offices and elder call centers may foster better customer service.** In Washington, because almost all CAP cases are managed by a dedicated unit of workers, local SNAP staff are unsure how to assist elders and expressed an interest in developing partnerships with the unit to better serve them.

· **Attention to staffing issues can keep workloads in elder call centers manageable.** State SNAP administrators have developed several strategies to keep workloads manageable including clearly defining staff roles, designing work processes (to be conducted as they come in rather than by caseload), maintaining flexibility with overtime, and recruiting experienced case managers.

· **It can take time to automate processes required to implement interventions to increase access to SNAP for elders.** Workers have developed interim procedures to determine ESAP and interview waiver eligibility while more automated processes are developed.

Effect of the CAP and ESAP on Elder Access in Washington

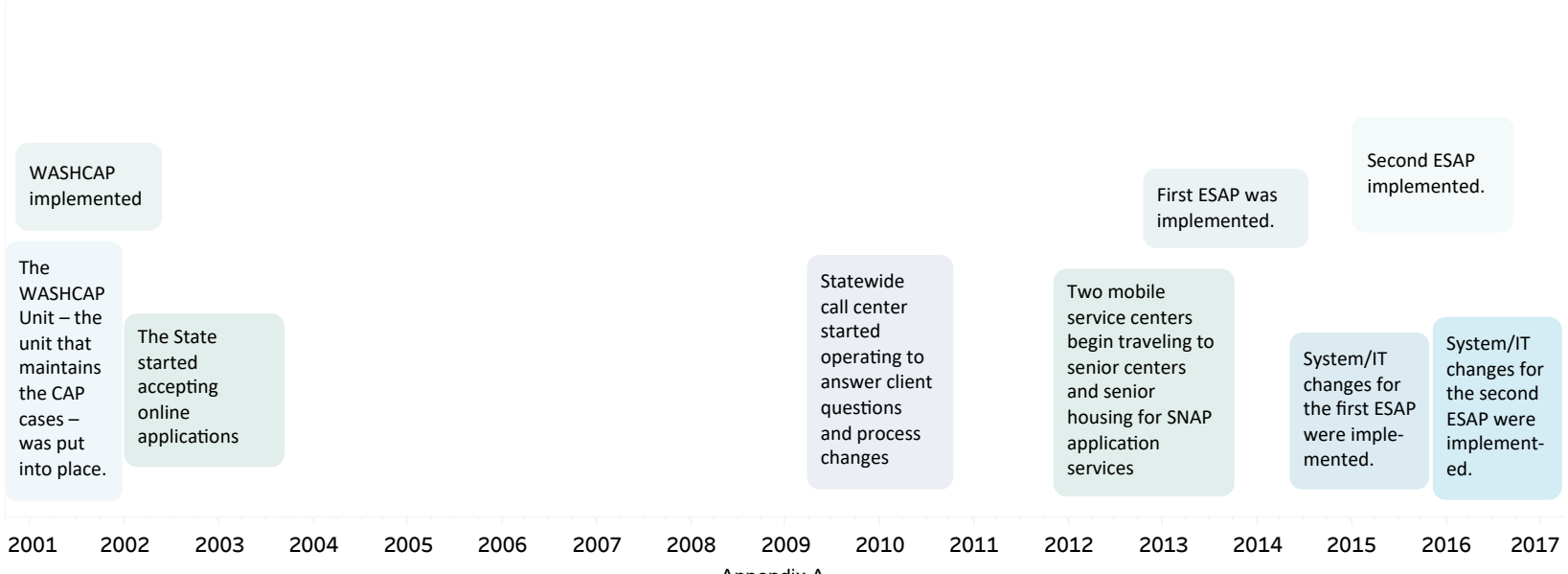
· When Washington started sending outreach materials to existing SSI recipients not on SNAP to encourage them to enroll in WASHCAP, there is evidence of an increase in caseload relative to households that contained an elderly member but were not eligible for CAP. New applications increased among CAP-eligible households at this time as well.

· At the same time, there was a positive effect of $16 on average benefits among CAP-eligible households relative to other elderly households.

· Among ESAP-eligible households, caseload size increased more and churning decreased more than it did for the comparison group, relative to where we would have expected these groups to be had the State not implemented the initial ESAP.

· When Washington revised its ESAP to reinstate the initial application interview and require that medical expenses greater than $35 be verified, the ESAP-eligible caseload declined more than it did for the revised ESAP.

Timeline of Key Policy and Administrative Events



Appendix B: Study of State Interventions Methods

The focus of this evaluation was to understand the effects of various interventions on elder access to SNAP. The study team drew on multiple data sources to produce the findings from this report. The following sections describe the methods for the Study of State Interventions, including the sample design, the procedures used to implement the study, and the methods of analysis.

Selection of States and Counties

The evaluation was informed by information collected in nine different States: Alabama, Arkansas, Florida, Massachusetts, Nebraska, New York, North Dakota, Pennsylvania, and Washington. This sample was selected through a systematic analysis of State types, number of interventions implemented, and variation in State characteristics, such as participation rates and program characteristics (see Chapter 1 for more detail on the State and County selection process). Originally, the study team had planned to visit 10 states. However, we were unable to visit Minnesota, because the State was not able to provide the requested data to the study team. Additionally, the study team was limited to interviewing seniors in one county in the state of Florida and visited only one county in the state of Alabama as part of the state intervention study.

For most States, the research team selected two counties to include in the Study of State Interventions and the Study of Elderly Participant Perspectives (see Appendix C for more information about the Elderly Participant Perspective study).[1] We provided each state with several options that were within 2 hour drive of the state capital and included rural counties (if available) and counties with diverse populations (if available) to maximize diversity in the sample. When deciding which counties to visit, the study team examined factors such as urbanicity, participation rates, implementation experience, and proximity to the State capital. The study team also looked for counties that had at least one elderly-serving CBO, because the CBO's staff members could provide a helpful perspective in interviews. They were also at times able to help identify and recruit SNAP participants and non-participants for the in-depth interviews and focus groups that were part of the Study of Elderly Participant Perspectives.

[1] Exceptions: the research team only visited one county for the Study of State Interventions in Alabama and one county in the Study of Elderly Participant Perspectives in Florida, which was upon request of the respective State.

Interventions

The Study of State Interventions documented the implementation and operation of the five interventions that were intended to increase access to SNAP among the elderly population in the nine study States. The five interventions were:

- The Combined Application Project (CAP),
- The Standard Medical Deduction (SMD),
- The Elderly Simplified Application Project (ESAP),
- The 36-Month certification demonstration, and
- The recertification interview waiver

The data collection activities for the Study of State Interventions included interviews with key State and local officials, such as State SNAP administrators (see Exhibit B—1 for a full list of respondents) responsible for the operation of the State's SNAP program, as well as interviews with local community-based organizations involved in providing services to the elderly. The study team traveled to each of the nine States to conduct in-person interviews. These site visits, as well as the data collection process and analysis, are described in detail in the sections below.

State and Local Stakeholder Interviews: Site Visit Logistics

SPR was responsible for data collection and analysis in five of the States, and Mathematica Policy Research was responsible for it in the other four. The research team took into consideration team members' previous experience working in or with different States on past projects when considering State assignments.[2] Each site visit team for the Study of State Interventions consisted of two members. Using a two-person team increased the team's ability to probe during interviews; one person could reflect about the meaning and implication of a response and develop probes to open new lines of inquiry while the other focused on taking notes. Team members compared notes and impressions from on-site activities to ensure that all information was captured accurately. Having two-member teams also made it possible to schedule two interviews at the same time when necessary. Each two-person team included a senior member of the study team.

After OMB clearance, the study team started making site visits to the study States. Each site visit took place over three or more days. The research team conducted eight visits in the latter

[2] The study team expected such experience would facilitate the forming of relationships with key contacts in a State and facilitate site visit planning. The Mathematica team had conducted similar site visits in Massachusetts, Pennsylvania, and Washington for the Evaluation of Reaching the Underserved Elderly and Working Poor (Kauff et al. 2014). Members of the SPR team had conducted site visits in Alabama for a project with the National Council on Aging.

half of 2018 and one visit to Florida in the spring of 2019 (on account of the state's ongoing recovery of Hurricane Michael). Teams spent one to two days in the State capital and one to two days visiting local and regional offices to capture potential variation in implementation or community circumstances that may have implications for an intervention's outcomes (see Exhibit B-1 for timing and location of the Study of State Interventions site visits).

Exhibit B-1. State and County Site Visit Details

State	Capital	County 1	County 2	Site visit dates	Interventions
Massachusetts	Boston	Hampden	Norfolk	May 22–24, 2018	CAP, SMD, ESAP, recertification interview waiver
Washington	Olympia	Thurston	King	July 17–19, 2018	CAP, ESAP
Pennsylvania	Harrisburg	Lehigh	Lancaster	July 30–August 1, 2018	CAP, recertification interview waiver, ESAP
New York	Albany	Herkimer	Albany	October 11–12, 2018	CAP
Alabama[a]	Montgomery	Montgomery		September 12–13, 2018	ESAP, SMD
Arkansas	Little Rock	Pulaski	Dallas	October 15–17, 2018	SMD, recertification interview waiver
North Dakota	Bismarck	Morton	Grant	September 26, 28, and October 1, 2018	SMD
Nebraska	Lincoln	Dodge	Douglas	July 23–25, 2018	Recertification interview waiver
Florida[a]	Tallahassee	Gadsden	Orange	March 5, April 2-3, 2019	ESAP, CAP, CPID

[a]The counties visited in Alabama and Florida vary from the counties visited for the Study on Elderly Participant Perspectives. In Florida, the team for the Study of Elderly Participant Perspectives only visited Orange county due to the effects of Hurricane Michael. In Alabama, the State preferred that site visitors for the Study of State Interventions visit the designated ESAP unit that was set up at the State level to serve elderly individuals instead of a local office.

The research team worked collaboratively with States to identify respondents, select localities, and schedule visits. The interview team communicated with a main State contact to provide information about the evaluation plans and to collect recommendations on key contacts to

interview given the key topics to be discussed. The senior site visitor and the key contact at each State developed a schedule (see Exhibit B-2 for a sample schedule). The sample schedules were customized based on the State and local set-up.

Exhibit B-2: Sample Site Visit Schedule

Day 1	State Capital (all interviews occurred at the State SNAP office unless otherwise noted)
8:30-9:30	Interview: State SNAP agency policy director
9:30-10:30	Interview: State SNAP agency program manager
10:30-11:30	Interview: State SNAP agency IT director
11:30-12:30	Interview: Partner agency policy director
12:30-1:30	Lunch
1:30-2:30	Interview: Partner agency program manager
2:30-3:30	Interview: Partner agency IT director
3:30-4:00	Travel to call center
4:00-5:00	Interview: Call center supervisors

Day 2	County 1 (all interviews occurred at the local SNAP office)
9:00-10:00	Interview: Local SNAP office director
10:00-11:00	Interview: Eligibility staff supervisor(s)
11:00-12:00	Interview: Line staff member who collects and processes application and recertification information
12:00-1:00	Lunch
1:00-2:00	Interview: Line staff member responsible for case maintenance
2:00-300	Interview: Partner agency line staff member
3:00-4:30	Interview: Staff member(s) from 1-2 CBOs
Day 3	**County 2** (all interviews occurred at the local SNAP office)
8:00-9:00	Interview: Local SNAP office director
9:00-10:00	Interview: Eligibility staff supervisor(s)
10:00-11:00	Interview: Line staff member who collects and processes application and recertification information
11:00-12:00	Interview: Line staff member responsible for case maintenance
12:00-1:00	Lunch
1:00-2:00	Interview: Partner agency line staff member
2:00-3:30	Interview: Staff member(s) from 1-2 CBOs
3:30-5:00	Open to add or follow-up on an interview

Data Collection Tools

In advance of the site visits, the research team prepared data collection protocols (customized by respondent and tailored for each State if necessary) and site visit summary outlines to help ensure that site visitors collected consistent information across States and counties. The key topics in the interview protocols and internal site visit summary outlines were:

- Overview and purpose of each intervention;
- Key elements of the intervention, such as requirements, changes to interview or recertification process;
- Implementation and operation of each intervention;
- Perceived outcomes of each intervention;
- Other SNAP policies and local context;
- Elderly awareness of SNAP interventions and policies; and
- Lessons learned.

Following each visit, site visitors synthesized their notes and prepared a summary of the data collected using a standardized template. Additional documents were also requested for review, such as:

- Training manuals;
- Policy guidance or directives issued for SNAP program staff;
- Waiver applications;
- State documents outside of policy guidance such as relevant State legislation;
- Cost neutrality or other reports required by FNS; and
- Other formal communication with FNS regarding implementation of SNAP application forms.

Analysis

The data analysis process for this study included internal site visit summaries for each State, data analysis tables by intervention for making cross-state comparisons, and a set of rubrics to assess high-level progress on each intervention. Site visitors compiled the site visit summaries based on their raw notes upon return, and the task leads reviewed them to ensure quality. Each State's summary provided key, high-level take-away points on the visit, drawing on feedback from all respondents and documents reviewed. Site visitors summarized notable successes,

challenges, lessons learned across the interventions operating in the State and included the most salient State/local contextual factors. Key topics in the summaries included:

- Timeline of key events and activities, including any political and economic changes in the state or other important contextual factors;
- An overview of each intervention, with key elements, implementation features, and outcomes explained;
- Supporting information about each intervention;
- A roster of respondents; and
- A list of documents obtained on site.

to the rubrics assessed each State on a number of constructs that described the process, quality, and context of implementation (a full description of the indicators is available in the Study Plan for the evaluation). These included leadership, structural support, SNAP staff buy-in and training, the implementation process, quality assurance, policy context, and socioeconomic context. The site visitors used information they collected from respondents on-site to complete a rubric for each intervention in each State. The rubrics contained the key analytical constructs and indicators from the conceptual framework illustrated (such as strength of leadership and structural support). The rubrics and write-ups were then used to report on the implementation of each intervention in this report and also informed the interpretation of results from the Study of Interventions Effects.

Appendix C: Study of Elderly Participant Perspectives Methods

This appendix provides additional detail on the research methods and recruitment for the Study of Elderly Participant Perspectives. The research team conducted interviews, field observations, and focus groups to understand elders' experiences accessing food, awareness of SNAP, perceptions of the program, and experiences applying for and receiving SNAP benefits. In total, the research team conducted semi-structured interviews with 193 elderly individuals and completed ten focus groups with 74 elders in the nine study States.[3]

Research Questions and Methods

The research with elders addressed the following research questions:

- How is access to food shaped by the context of elders' everyday lives?
    - What are the most common sources of economic insecurity for food insecure elders?
    - How do elders draw on community resources or social networks to access food?
    - What barriers do elders experience in accessing food?
- What elements of SNAP may serve as barriers to participation in the program?
- How do barriers vary among elderly groups?
- What factors are important in shaping elders' decisions about whether or not to participate in SNAP?

Based on previous research, the research team assumed that elder use of SNAP is just one of a wide range of strategies that elders have available to them for accessing food (Fitzpatrick, Greenhalgh-Stanley, & Ver Ploeg, 2015; Gabor et al., 2002, Oemichen & Smith, 2016; Wu 2009). As such, in order to understand what factors shaped elder decisions to participate in SNAP, the research team hypothesized that it would be necessary to first understand how elders perceive food access in the broader context of their everyday lives, as one among several basic needs such as housing, health, and security. Therefore, the research team gathered information about how elderly informants typically accessed food, their perceptions of other sources of food support available to them, the strength of their support networks, and how they experienced

[3] The research team conducted one focus group in each state, except for Florida, where they conducted two focus groups.

barriers to food access in general. As discussed in Chapter 1, the research team drew on available research to hypothesize that awareness, the reputation of SNAP (e.g., stigma), the benefit amounts, and the complexity of administrative processes were important for shaping elder decisions about whether or not to apply. The research team sought to gather an in-depth understanding about their perceptions and opinions of SNAP, such as what they found confusing or onerous, and how important SNAP was in their overall food and survival strategies. The research team also asked informants for their suggestions to improve access to the program.

To gather the evidence necessary to address the research questions and obtain a range of perspectives on SNAP, we included three types of SNAP-eligible elders in the study: SNAP participants, applicants, and non-participants (see definitions in Chapter 1).

Overview of Data Collection Activities

The purpose of the interviews was primarily to gather direct input from low-income elderly individuals to understand their experiences with SNAP, their perceptions of the program, and the barriers that they encounter with regard to food security, nutrition, and access to food assistance, including SNAP. The research team also used interviews to help validate and interpret findings from the Study of State Interventions and the Study of Intervention Effects. For example, the research team compared information learned from elderly individuals' experiences with SNAP administrative processes to what was learned from State and local staff about the implementation of policy interventions when writing the chapters on each intervention.

The aim of the focus groups was to probe more deeply into the themes that emerged from the interviews and to illuminate issues that may not arise in individual interviews. In particular, the research team sought to understand the reasons why more elders are not accessing SNAP and to gather recommendations to improve access. The purpose of the field observations was for interviewers to record and synthesize their observations and to help them reflect on their assumptions and interpretations.

To conduct the interviews and focus groups, a research team of two people arranged a visit of one to one-and-a-half days in each selected county.[4] Ahead of the visit, the research team pre-arranged interviews with applicants and participants by calling a random selection of participants to invite them to participate. In order to recruit eligible non-participants and as a backup recruitment strategy, the research team recruited additional elders on-site, sometimes with the help of a senior-serving organization (see below for more detail on recruitment).

[4] One exception was New York, which had one senior interviewer who stayed on site in each county for two days.

The interviews tended to last 30 to 45 minutes, and the focus groups lasted 90 minutes. Elders could only participate in one form of data collection – an interview or a focus group. All elders who participated in either an interview or a focus group received at $20 Visa gift card. Interviews took place in senior centers, senior housing facilities, community centers, libraries, and – upon request – in the homes of elders.[5] Approximately one-third of interviews were held in informants' homes. Focus groups took place in senior centers or similar community-based facilities. Each interviewer documented field observations in each county once per day while on site.[6] The study team audio recorded all interviews and focus groups (after obtaining permission from the informant). Thirteen interviews were conducted in Spanish and then translated into English for analysis.

Recruitment Process and Selection Criteria

In order to include non-participants in our sample and to have a back-up source of informants if phone recruitment failed, the research team designed a two-pronged recruitment strategy for the elder interviews. The first recruitment strategy involved recruiting informants via phone based on a random selection of SNAP applicants and participants from State case files. The second strategy was to recruit informants on-site – sometimes with the assistance of senior serving organizations. Due to the logistical difficulties of coordinating a focus group in the limited time available on-site, we recruited all focus group participants on-site with the assistance of a senior-serving organization in each State.[7]

The overarching goal guiding our recruitment and selection activities was to maximize diversity in our sample, including urban/rural and demographic diversity, so that we could ultimately have rich data to analyze similarities and differences across major sub-populations of elders in the sample as a whole.

Random Selection Process for Prescheduled Interviews

The research team requested administrative data from each participating State for the purposes of recruiting elders for interviews ahead of the visit. Using those data, the research team randomly selected SNAP participants and applicants.[8] Then, using a recruitment script,

[5] Roughly one-third of elder interviews took place in their homes, upon their request. To maximize access to the study for elders with disabilities and limited transportation, the research team gave elders as many options as possible to accommodate their location preferences.

[6] Any interviewer who spent more than one day in a given county added additional field observations to the previous day's field observation document for that county in a cumulative fashion.

[7] The level of assistance that the CBOs were able to provide varied considerably. CBOs which had extremely small budgets lacked the staff capacity to assist with this research. Each CBO that provided assistance to the research team received a $300 honorarium in compensation for their assistance with these activities.

[8] For recruitment purposes, we defined applicants as individuals whose applications had been denied in the month prior to the interview; we defined participants as those who were receiving SNAP at least three months prior to

recruiters called these randomly selected potential informants starting two weeks in advance of the visit to recruit them for interviews.[9] The research team continued contacting potential informants until roughly 11 slots were filled in each county. The recruitment script covered the purpose of the study and the topics the interview would cover, explained the voluntary nature of the study and the incentive ($20 gift card), obtained initial consent to conduct and record the interview, answered questions, and, for those who were willing to participate, arranged logistics for where and when to meet.

In order to minimize response bias, the research team used quota sampling (Bernard, Wutich, & Ryan, 2017) to balance the demographics of the interview sample. The goal was that the sample would roughly match the demographic distribution of the population in the administrative data in terms of age, gender, and race. The research team monitored the demographics of the sample during recruitment and, more thoroughly, after interviews were completed in three States, and again after seven States.[10]

After the research team conducted interviews in three States, the demographic analysis showed that men were highly underrepresented in our informant sample—they made up only 12 percent of the sample, versus 51 percent of the administrative data population for those States. This was because men were much less likely to respond favorably to our request for an interview. During recruitment for the next four States, the research team oversampled by calling three men for every one woman. By the end of data collection, males were still underrepresented among informants, but their share grew to 24 percent (the administrative data population was 41 percent across all seven States).

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the interview. Elders who were classified as applicants at the time we scheduled the interview but were participating at the time of the interview were reclassified as participants. Likewise, elders who were listed as participants but were no longer receiving benefits at the time of the interview were reclassified as applicants. Many counties had limited numbers of denied applicants, so we expanded the time frame as needed until we reached at least 30 participants. We used "denied" applicants as a proxy for non-participating applicants, because it filtered out those who ended up participating by the time we conducted the interview. Ideally, States would have had other ways to refine the query to exclude those who were denied due to exceeding the income and asset requirements, but the data did not allow for that. It is important to note that there were nuances to each State's administrative data, so our selection process varied slightly from State-to-State. The research team adhered to the standard definitions as much as possible, however, based on the data available.

[9] We decided to start recruitment calls no more than two weeks ahead of the visit to reduce the risk of attrition due to a missed appointment and to give enough notice to interview candidates to plan their time. We also sent a reminder postcard and made a reminder call to each scheduled participant a day before the interview. As a result, we had lower than expected attrition rates.

[10] During recruitment activities, after scheduling the first three interview participants in each county, recruiters checked whether any key demographic groups were missing from the sample—key groups were those that made up at least 20 percent of the population in terms of age group, gender, or race. For example, if the population of African Americans in a given county in the administrative data was 26 percent, and the first three interviews contained no African Americans, the recruiter would then select an African American elder at random from the list to call next.

Further, after three States, the analysis showed that the sample was made up of 8 percent applicants, instead of 30 percent as intended in the Study Plan. The recruitment team then attempted to oversample applicants but, by the end of data collection, applicants still only made up nine percent of the sample. Possible explanations for lower participation rates from applicants include:

- Incomplete data: Six of the fourteen counties either did not have any applicant data or had very low numbers of applicants in the datasets the research team received from the respective States, which prevented the team from having a sizeable pool of applicants to call in several counties. Moreover, because the data on reasons for denial are frequently incomplete, it was hard to precisely target applicants who were struggling to get through the process.
- Response bias: Recruiters reported that applicants were less likely than participants and non-participants to respond favorably to an invitation for an interview, in part because their recent negative experience impacted their willingness to be part of the study. They may also have barriers such as a cognitive disability that made it harder for them to apply and also made it more challenging for them to respond to our request for an interview.

Protecting Privacy and Minimizing Burden on Informants

Throughout the recruitment, data collection, and analysis process, the research team took several steps to protect the privacy and confidentiality of informants, as well as to minimize the burden of participating. The State administrative data contained personally identifiable information (PII), so the research team established protocols for transferring and storage data using secure FTP sites, encryption, and password-protection. The research team created unique study identification numbers (IDs) for each informant and used those to connect demographic information from the information sheets to transcripts. The research team also completed all reviews required by State Institutional Review Boards and the Office of Management and Budget to conduct the research.

To minimize the burden of participating, the research team offered elderly informants several options in terms of the location and time of the interview. If they were not able to come to the CBO site where the research team was holding back-to-back interviews, the research team arranged to conduct the interview either in their home or in a nearby public place of their choosing (such as a public library). The research team also emphasized that participation was voluntary and that study participants could end the interview or leave the focus group at any time.

Data Analysis

The interview and focus group recordings were all transcribed and then coded systematically using NVivo qualitative data analysis software. Based on the research questions and interview guides, the research team developed an initial coding scheme. After coding several interviews, the team refined the coding scheme to capture new themes that emerged from the data (the final coding scheme is located at the end of this Appendix).

The coding scheme was not intended to represent the final structure of the analysis, but rather it provided a centralized way to keep track of emerging themes and data from multiple sources that later distilled into a more structured analysis. The high-level themes (called "nodes" in NVivo) for the study were largely based on the research questions and interview guides, and included:

Barriers: This node captured both the broader context of how elders experienced economic insecurity, social connectivity, and health challenges that interfered with their ability to apply for and remain on SNAP, as well as elder perceptions and interviewer observations about why elders underutilized the SNAP program.

Awareness of SNAP policies: This node included elder perceptions and understandings of SNAP policies and rules, such as their level of understanding about eligibility requirements and their perceptions about what aspects of the program and the process were most confusing.

Perceptions of SNAP: This node captured elders' attitudes toward the program or the reputation that the program had in their community, such as stigma or feeling ashamed to participate in SNAP, or their perceptions of the value SNAP had to them.

Experiences applying and recertifying for SNAP: This node captured information that SNAP participants and applicants shared about their experiences applying to the program and recertifying. It also contained information that pertained to the effects of interventions. For example, if an elder reported losing benefits and needing to re-apply, the research team could interpret that as churn and compare instances of churn in States with and without certain interventions.

Coders maintained memos in NVivo to synthesize data across data sources and to record patterns and questions that emerged as they coded for each theme. To reduce inter-rater reliability bias, there was only one coder assigned to each high-level note (the same person coded all data sources for those nodes). Their synthesis was informed by the field observations that site visitors completed while on-site, which captured their reflections on emerging themes and the local context. The focus groups also allowed the coders to validate the emerging themes in more depth.

Strengths and Limitations of the Research Design

The research benefited from several research design strength. The research team gathered data from a very diverse cross section of SNAP-eligible elders from varied regions and settings. The one-on-one interviews enabled the team to situate elders' perceptions and experiences with SNAP in the broader context of their life experiences, which offered many opportunities to understand what drove elder behavior in relation to the program and the process of obtaining benefits. Prior to the start of each interview, the research team asked participants to voluntarily complete an information sheet. This enabled the research team to compare demographic characteristics between interview and focus group participants and also allowed the team to analyze subpopulations of elders—for example, comparing the responses of younger elders who were 60 to 70 years old with those over age 70, or comparing the experiences of rural, suburban, and urban elders.

There were also several limitations to our study. Given the mixed-methods scope of the larger evaluation and the logistical complexity of setting up research in nine States, the research team was only able to spend one or two days in each local community. This meant that the research team may not have reached saturation in sample size in each local area or been able to sufficiently gain a richer understanding of the local institutional and social context. Also, the research team experienced more difficulty than expected in recruiting applicants, especially those who had trouble with the application process.

Moreover, although the research team attempted to minimize response and selection bias, there is still a risk that our sample may not have included the most difficult-to-reach elders. For example, we recruited non-participants on-site through CBOs; these individuals tended to be more socially connected and less isolated than others. Therefore, our findings may tend to overstate the awareness of SNAP and SNAP policies, assuming that more isolated elders are likely to have lower levels of awareness and weaker ties with CBOs that serve seniors and other resources.

Finally, the research team's recruitment process was constrained by the quality of the administrative data that we received from States. While the team attempted to standardize its approach to selecting and scheduling interviews, the team did have to make some adjustments for specific States based on the data obtained.[11] Future research that allows for more time in each selected county and more emphasis on applicants and isolated non-participants would likely help address some of the gaps noted above.

[11] Some States did not provide data on applicants or did not provide a certification beginning or end date, so the research team had to adjust its strategy accordingly.

Elderly Informants: Summary Tables

The study team conducted interviews and focus groups with elders in nine States: Alabama, Arkansas, Florida, Massachusetts, Nebraska, New York, North Dakota, Pennsylvania, and Washington. Exhibit C-1 displays the total number of individuals participating in interviews and focus groups in each State by informant type. Exhibit C-2 summarizes the interviews conducted by informant type (participant, applicant, non-participant) and recruitment method. Exhibit C-3 shows summary demographic data for all elderly informants, and separately for interview informants and focus group informants. Exhibit C-4 is the final coding scheme for qualitative research software.

Exhibit C-1: Total Elder Informants

Interviews

	Participants	Non-participants	Applicants	No Answer	Total
Alabama	20	6			26
Arkansas	14	5			19
Florida	9	4	1		14
Massachusetts	12	10	7		29
Nebraska	11	1	4		16
New York	19		1		20
North Dakota	16	4	1		21
Pennsylvania	14	5	5		24
Washington	13	9	2		24
Total	**128**	**44**	**21**		**193**

Focus Groups

	Participant	Non-participant	Applicant	No Answer	Total
Alabama	5		1	4	10
Arkansas	1	3	1		5
Florida	4	10			14
Massachusetts	3	4	1	1	9
Nebraska	1			8	9
New York	4	3			7
North Dakota		6			6
Pennsylvania	7	1			8
Washington		6			6
Total	**25**	**33**	**3**	**13**	**74**

Exhibit C-2: Elder Interviews by Recruitment Method

Recruitment method	Participant	Applicant	Non-participant	Total
Phone	75	15	0	90
On Site	53	6	44	103
Total	128	21	48	193

Exhibit C-3: Elderly Informant Summary Table by Research Method

All Elders			Interview Informants			Focus Group Informants		
PARTICIPANT TYPE			PARTICIPANT TYPE			PARTICIPANT TYPE		
Applicant	24	9.0%	Applicant	21	10.9%	Applicant	3	4.1%
Non-participant	77	28.8%	Non-participant	44	22.8%	Non-participant	33	44.6%
Participant	153	57.3%	Participant	128	66.3%	Participant	25	33.8%
No answer	13	4.9%	No answer		0.0%	No answer	13	17.6%
Grand Total	**267**		**Grand Total**	**193**		**Grand Total**	**74**	
GENDER			GENDER			GENDER		
Female	199	75%	Female	145	75.1%	Female	54	73.0%
Male	65	24%	Male	46	23.8%	Male	19	25.7%
Transgender	1	0%	Transgender	1	0.5%	Transgender	0	0.0%
No answer	2	1%	No answer	1	0.5%	No answer	1	1.4%
Grand Total	**267**		**Grand Total**	**193**		**Grand Total**	**74**	
ETHNICITY			ETHNICITY			ETHNICITY		
Hispanic or Latino	24	9.0%	Hispanic or Latino	19	9.8%	Hispanic or Latino	5	6.8%
Not Hispanic or Latino	171	64.0%	Not Hispanic or Latino	131	67.9%	Not Hispanic or Latino	40	54.1%
No answer	72	27.0%	No answer	43	22.3%	No answer	29	39.2%
Grand Total	**267**		**Grand Total**	**193**		**Grand Total**	**74**	

All Elders		
RACE		
American Indian or Alaska Native	3	1%
Asian	6	2%
Black or African-American	98	37%
Native Hawaiian or Other Pacific Islander	2	1%
White or Caucasian	123	46%
Mixed race	6	2%
No answer	29	11%
Grand Total	**267**	
AGE		
60-64	55	20.6%
65-69	61	22.8%
70-74	57	21.3%
75-79	52	19.5%
80+	41	15.4%
No answer	1	0.4%
Grand Total	**267**	
DISABILITY STATUS		
No, I don't have a disability	101	37.8%
No answer	21	7.9%
Yes, I have a disability	145	54.3%
Grand Total	**267**	

Interview Informants		
RACE		
American Indian or Alaska Native	3	1.6%
Asian	6	3.1%
Black or African-American	61	31.6%
Native Hawaiian or Other Pacific Islander	2	1.0%
White or Caucasian	99	51.3%
Mixed race	4	2.1%
No answer	18	9.3%
Grand Total	**193**	
AGE		
60-64	44	22.8%
65-69	49	25.4%
70-74	41	21.2%
75-79	32	16.6%
80+	27	14.0%
No answer		0.0%
Grand Total	**193**	
DISABILITY STATUS		
No, I don't have a disability	72	37.3%
No answer	7	3.6%
Yes, I have a disability	114	59.1%
Grand Total	**193**	

Focus Group Informants		
RACE		
American Indian or Alaska Native	0	0.0%
Asian	0	0.0%
Black or African-American	37	50.0 %
Native Hawaiian or Other Pacific Islander	0	0.0%
White or Caucasian	24	32.4 %
Mixed race	2	2.7%
No answer	11	14.9 %
Grand Total	**74**	
AGE		
60-64	11	14.9%
65-69	12	16.2%
70-74	16	21.6%
75-79	20	27.0%
80+	14	18.9%
No answer	1	1.4%
Grand Total	**74**	
DISABILITY STATUS		
No, I don't have a disability	29	39.2%
No answer	14	18.9%
Yes, I have a disability	31	41.9%
Grand Total	**74**	

All Elders		
VETERAN STATUS		
No	208	77.9%
Yes	17	6.4%
No answer	42	15.7%
Grand Total	**267**	
EDUCATION LEVEL		
8th grade or under	30	11.2%
Some high school	39	14.6%
High school diploma or GED	111	41.6%
Associate's Degree or some college	40	15.0%
Bachelor's degree or equivalent	23	8.6%
Some graduate school	9	3.4%
Graduate Degree	12	4.5%
No answer	3	1.1%
Grand Total	**267**	
INTERNET USE		
Note: not mutually exclusive		
Rarely or never	124	46.4%
Cell phone	82	30.7%
Home computer	73	27.3%
At a library or community center	26	9.7%
Friend or relative's computer	13	4.9%
Other	5	1.9%
All participants	**267**	

Interview Informants		
VETERAN STATUS		
No	154	79.8%
Yes	12	6.2%
No answer	27	14.0%
Grand Total	**193**	
EDUCATION LEVEL		
8th grade or under	21	10.9%
Some high school	32	16.6%
High school diploma or GED	83	43.0%
Associate's Degree or some college	27	14.0%
Bachelor's degree or equivalent	19	9.8%
Some graduate school	4	2.1%
Graduate Degree	7	3.6%
No answer		0.0%
Grand Total	**193**	
INTERNET USE		
Note: not mutually exclusive		
Rarely or never	93	48.2%
Cell phone	60	31.1%
Home computer	54	28.0%
At a library or community center	18	9.3%
Friend or relative's computer	8	4.1%
Other	4	2.1%
All participants	**193**	

Focus Group Informants		
VETERAN STATUS		
No	54	73.0%
Yes	5	6.8%
No answer	15	20.3%
Grand Total	**74**	
EDUCATION LEVEL		
8th grade or under	9	12.2%
Some high school	7	9.5%
High school diploma or GED	28	37.8%
Associate's Degree or some college	13	17.6%
Bachelor's degree or equivalent	4	5.4%
Some graduate school	5	6.8%
Graduate Degree	5	6.8%
No answer	3	4.1%
Grand Total	**74**	
INTERNET USE		
Note: not mutually exclusive		
Rarely or never	31	41.9%
Cell phone	22	29.7%
Home computer	19	25.7%
At a library or community center	8	10.8%
Friend or relative's computer	5	6.8%
Other	1	1.4%
All participants	**74**	

All Elders		
HOUSEHOLD MONTHLY INCOME		
Households of all sizes included		
Less than $1000	114	42.7%
$1001-$1500	79	29.6%
$1501-$1999	31	11.6%
$2000-$2999	25	9.4%
$3000 or more	16	6.0%
No answer	2	0.7%
Grand Total	**267**	
HOUSEHOLD MONTHLY INCOME		
Single person households only		
Less than $1000	91	48%
$1001-$1500	55	29%
$1501-$1999	24	13%
$2000-$2999	13	7%
$3000 or more	8	4%
Grand Total	**191**	
HOUSEHOLD SIZE		
1	191	71.5%
2	48	18.0%
3	16	6.0%
4	7	2.6%
5	1	0.4%
6	1	0.4%
No answer	3	1.1%
Grand Total	**267**	

Interview Informants		
HOUSEHOLD MONTHLY INCOME		
Households of all sizes included		
Less than $1000	86	44.6%
$1001-$1500	63	32.6%
$1501-$1999	17	8.8%
$2000-$2999	18	9.3%
$3000 or more	8	4.1%
No answer	1	0.5%
Grand Total	**193**	
HOUSEHOLD MONTHLY INCOME		
Single person households only		
Less than $1000	68	50%
$1001-$1500	45	33%
$1501-$1999	12	9%
$2000-$2999	9	7%
$3000 or more	3	2%
Grand Total	**137**	
HOUSEHOLD SIZE		
1	137	71.0%
2	34	17.6%
3	14	7.3%
4	5	2.6%
5	1	0.5%
6		0.0%
No answer	2	1.0%
Grand Total	**193**	

Focus Group Informants		
HOUSEHOLD MONTHLY INCOME		
Households of all sizes included		
Less than $1000	28	37.8%
$1001-$1500	16	21.6%
$1501-$1999	14	18.9%
$2000-$2999	7	9.5%
$3000 or more	8	10.8%
No answer	1	1.4%
Grand Total	**74**	
HOUSEHOLD MONTHLY INCOME		
Single person households only		
Less than $1000	23	43%
$1001-$1500	10	19%
$1501-$1999	12	22%
$2000-$2999	4	7%
$3000 or more	5	9%
Grand Total	**54**	
HOUSEHOLD SIZE		
1	54	73.0%
2	14	18.9%
3	2	2.7%
4	2	2.7%
5		0.0%
6	1	1.4%
No answer	1	1.4%
Grand Total	**74**	

All Elders			Interview Informants			Focus Group Informants		
AVERAGE HOUSEHOLD SIZE			AVERAGE HOUSEHOLD SIZE			AVERAGE HOUSEHOLD SIZE		
Average for all participants	1.4		Average for interview participants	1.4		Average for focus group participants	1.4	
LIVING ALONE			LIVING ALONE			LIVING ALONE		
Share in one-person household	191	72%	Share in one-person household	137	71%	Share in one-person household	54	73%
Grand Total	267		Grand Total	193		Grand Total	74	
EDUCATION LEVEL			EDUCATION LEVEL			EDUCATION LEVEL		
Less than High School	69	26%	Less than High School	53	27%	Less than High School	16	22%
High School or more	195		High School or more	140		High School or more	55	
No answer			No answer			No answer		
Grand Total	267		Grand Total	193		Grand Total	74	

Exhibit C-4: Coding Scheme for Qualitative Research Software

Barriers	
Strong support network	
Weak support network—isolation	
Sources of food support	• Church or faith-based organization • CSA or community garden • Food bank or nonprofit organization • Friends or family • Hotline (e.g., 211) • Schools (e.g., for grandchildren) • Senior center • SNAP or welfare counselor
Transportation	• Bus, train, or shuttle • Food delivery • No car or can't drive • Own car • Ride from friend or family • Taxi, Uber, Lyft • Walk to food outlets
Benefit levels	•
Fears or senses	• Sense of dehumanization or alienation • Lack of confidence or discouraged • Pride—shame or embarrassment about poverty • Onerous application process • Sadness, grief, or social isolation • Stress or anxiety about money • Sense that others need it more than they do
Awareness	• Don't realize they are eligible • Don't understand how to apply • Need publicity or outreach
Access to food (availability and affordability)	• Eating pet food • Expired food • Hard to access community food support • Hard to access healthy food • Hard to access produce • Hard to access quality meat or protein • Skipping meals or eating less when out of food • Special diets • Typical diet or what they cook • Where they access food they can afford
Working at least part time	
Supporting a dependent	

Internet access and digital literacy	
Reasons for not being able to afford food	• Disability or health crisis • High cost of food • Housing insecurity • Medical or dental expenses
Sources of economic insecurity	•
Recommendations	• Recommendations for improving access to SNAP for elders • Strategies for stretching benefits
Potential new nodes	• Loans or other financial obligations
Good quotes	
Awareness of SNAP policies	
Understanding of policies	• Benefit amounts and changes to them • Name of the program • Disability SSI and SNAP interactions • Expense or asset determinations • Healthcare and SNAP interactions • Recertifying and reporting changes • What combo of programs to enroll in • Who is eligible or eligibility rules
Memory problems and cognitive ability	
How people hear about the program	
Awareness of telephone interview option	
Farmers markets accepting SNAP	
CBO helps with SNAP	
Potential new nodes	
Good quotes	
Perceptions of SNAP	
Value of SNAP	
Fairness or adequacy of benefits	• Denied for unclear reason • Going to undeserving people • Certain races or ethnic groups taking more than fair share • Young people taking more than fair share • Still can't afford food • Unfair expense or asset calculations
Reach of program	
Comparing SNAP and other programs	
Have to share too much private information to apply	
Perception of EBT cards versus paper stamps	

Potential new nodes	
Good quotes	
Experiences applying and recertifying for SNAP	
Perception of staff overall	• Hard to get ahold of someone • Mixed experience with staff • Negative view of the staff • Positive view of the local staff
Access to benefit balance	
In-person assistance	
Experience applying for SNAP	• High level of assistance from someone other than SNAP staff • High level of one-on-one staff assistance • Experience applying in distant past • Little or no staff assistance • Interview for initial application • Positive experience applying • Application forms • Negative experience applying • Notification of decision • Documentation submitted • What SNAP office asked about medical expenses
Experience recertifying	• In-person recertification interview • Telephone recertification interview • Mail-in recertification • Updating income and expenses
Churning	
Potential new nodes	
Good quotes	

Appendix D: Study of Intervention Effects Methods

This appendix describes the methods used in the Study of Intervention Effects. The first section discusses the issues and limitations that the research team encountered with administrative data from study States. Section II describes the methodology for the analysis of within-State intervention effects and the methods used to calculate cross-State intervention effects. The remainder of the appendix describes the methods used for the subgroup, descriptive, and pooled multi-State analyses.

Data Limitations

Alabama. Alabama could provide data going back only four years. No pre- or post-period data were available for the State's first ESAP, which began in 2008, so the research team dropped this ESAP from the analysis. No pre-period data were available for the SMD, which began in October 2014, so the SMD is not included in the analysis of intervention effects, but post-period data for the SMD are included in the descriptive analysis. With guidance from the State, the research team was able to construct two variables that the State did not provide: a person-level identifier and the unit's medical deduction. Alabama could not provide several variables included in the descriptive analysis: gross income, Temporary Assistance for Needy Families (TANF) receipt, Medicaid receipt, education level, and marital status.

Arkansas. Arkansas's data had several limitations. Denied applications were excluded from the analysis because key historical data were unavailable in the State's system (application dates, earned income, and disability status). Subsets of the caseload data, including all data for December 2010, were also dropped from the analysis due to data merging issues, and Arkansas's caseload data for a given month exclude cases that were closed that month, even if a benefit was issued, because of how the State stores the data.[12] SNAP disability status was unavailable in the State's system; the research team used Supplemental Security Income (SSI) disability status as a proxy. Finally, Arkansas could not provide a few variables included in the descriptive analyses, specifically, medical deductions, an indicator of veterans' benefits receipt, and education level.

Florida. Some key variables in Florida's data had a high level of missing values. County name was missing for about 30 percent of Florida's case records and the research team imputed it by

[12] Specifically, the research team dropped: (1) an average of 6,335 cases per month that had client-level data, but not case-level data (around 3 percent of the State's caseload); (2) an average of 4,306 client records per month that were missing a client ID (around 1 percent of the client records); and (3) data for December 2010 because around 11 percent of the case-level records did not merge to the client-level records.

mapping residential zip codes to county name, by year, using a SAS mapping file.[13] Application date was missing for about 20 percent of Florida's case records and therefore not used in the analysis. Earned income was missing for around nine percent of Florida's case records. The research team assumed these cases had no earned income, which the team believed would introduce only a small degree of error as only two percent of cases that met the non-income eligibility criteria for Florida's CAP and ESAP reported having earned income. SNAP disability status is not stored historically in Florida; the research team created a proxy using presence of a SNAP work exemption due to SSI disability or Social Security Disability Insurance (SSDI) status, but these data were only available beginning in July 2004. Finally, Florida could not provide a few variables included in the descriptive analysis: SSI receipt, education level, and marital status.

Massachusetts. The major limitation with Massachusetts's data was that the State agreed to provide data for only 21 of the 67 months requested. Recertification dates were provided for the entire study period, but certification length data were not provided for 2008 through 2010. Finally, Massachusetts could not provide some variables for the descriptive analysis: household size, gross income, case-level medical expenses, and an indicator of Medicaid receipt.

Nebraska. Nebraska provided all of the variables that the research team needed for its analyses, except medical expenses, an indicator of veterans' benefits receipt, and education level, which are part of the descriptive analyses. The research team identified a relatively high percentage of application dates (13.8 percent) as suspicious (that is, the application date was more than four months from the start of the certification period, or an application date that fell within the study period was first observed in a benefit month that was more than four months from the date of the application). The research team imputed suspicious application dates with either the eligibility determination date or certification start date (whichever was closest to but did not exceed the given benefit month) for the purposes of identifying elderly applicants.[14]

New York. There were several limitations with New York's data. The State could not provide data for one pre-period month (January 2003), for denied applicants, and for several analysis variables. Most notably, a case's most recent application date, the date a case was last recertified, and the certification length were unavailable, which meant that the research team could not identify or estimate recertification application dates. (Initial application dates were available.) Disability status was also unavailable, but the State provided an individual-level indicator for SSI receipt and a case-level indicator that identified cases with elderly and/or disabled members, which the team used to proxy for disability status. In addition, medical

[13] Mapping zip codes to counties can be imprecise because zip codes change over time. Among Florida's case records with a non-missing county name, this mapping process identified the same county name that the State provided around 89 percent of the time.

[14] This rule for identifying and imputing suspicious application dates was applied to all States.

expenses, medical deductions, and Medicaid receipt were unavailable for the descriptive analyses.

North Dakota. North Dakota provided nearly all of the variables the research team needed for analysis. The State did not share data on certification periods or medical expenses, but medical deductions were available. For the descriptive analysis, education level was unavailable and while an indicator of Medicaid receipt was available, it only identified Medicaid receipt among individuals who were blind, disabled, or aged (age 65 and over). One other issue the research team encountered was that the State provided multiple records per case in a given benefit month. To make the data consistent with those from other States, the team collapsed the files to one observation per case and benefit month, using the case's status as of the end of the benefit month.

Pennsylvania. Pennsylvania could not provide data prior to 2009, so the research team dropped its CAP, which began in January 2007, from the analysis. There were several other limitations Pennsylvania's data. Most notably, the distribution of records over the study period was uneven such that the team observed an increasing share of the caseload over time; the team estimated that it was missing data on one-half to one-third of the State's caseload. The analysis also excluded denied applicants because the State could not provide their date of birth and thus, their elderly status could not be determined. Application dates were missing for about 18 percent of Pennsylvania's case records and therefore not used in the analysis. The State could not provide data on SSI receipt, Medicaid receipt, or medical deductions, and data on certification periods, income, and medical expenses were dropped because of significant issues with merging these data. The State provided the benefit amount for a household, but only the most recent benefit amount if the allotment changed during the current spell on SNAP.[15] Moreover, the research team did not receive data for two of the requested months for the ESAP and recertification interview waiver analyses.

Washington. The major limitation with Washington's data was that data on denied applicants were unavailable for the CAP study period. While data on denied applicants were available for the ESAP study period, the State cautioned the research team that these data, particularly the disability status and earned income data, may be missing at higher rates than among approved applicants or may be antiquated (meaning the data was from a prior application). For the descriptive analysis, Washington could not provide household size or the indicators for gender, SSI receipt, and Medicaid receipt.

[15] However, a positive benefit amount indicates that the household had a positive benefit amount for the duration of their current spell on SNAP, even though the precise benefit amount received in a given month may not be observed. This is because Pennsylvania does not keep "zero-benefit households" on their caseload—that is, the small number of households that are eligible for SNAP, but whose income falls in the narrow range in which their calculated benefit is $0.

Analyses of Within-State Intervention Effects

The analyses described in this section estimate the effects of each intervention separately in each State where it was implemented.

Outcome variables

The research team's analyses focused on three major outcomes: (1) caseload size, (2) number of new applications, and (3) number of churners. For States that implemented the SMD and CAP interventions, the team also examined the median monthly benefit amount. Using the definitions below, the team constructed outcomes at the household level and then aggregated them to the State level, by month.

Caseload Size

The research team defined monthly caseload size as the number of households receiving a SNAP benefit in the observed benefit month, as indicated by a positive issued benefit amount. To avoid undercounting true caseload size, the team also included households with an active case status that were experiencing a short gap in benefits, most likely due to administrative errors or the reconciliation of prior overpayments. The research team identified these households as meeting all three of the following criteria: (1) had a zero or missing issued benefit amount; (2) had an active case status or, if the case status was missing, certification dates (if available) indicating that the case was active in that month; and (3) had a positive issued benefit amount within the last three months. Because the research team wanted to focus on households that received a SNAP benefit, by conditioning on the receipt of a benefit in the last three months, the team excluded "zero-benefit households"—that is, the small number of households that were eligible for SNAP, but whose income fell in the narrow range in which their calculated benefit was $0.[16]

Number of New Applications

To estimate the number of new SNAP applications received each month, the research team used caseload status (as defined above) to distinguish new applicants from "churners"—cases that exit and reenter the caseload in four months or less.[17] The research team defined new applicants as cases that submitted an application in the observed benefit month, and had not

[16] If a State provided the calculated benefit amount (Arkansas, Florida, Nebraska, and Pennsylvania), the research team used that variable to distinguish households with a temporary gap in benefits (counted) from zero-benefit households (not counted). The research team believes that this procedure identified the small number of cases it would otherwise have missed by relying solely on the issued benefit amount to identify active cases. The research team did not implement this procedure for Massachusetts; the team could not consistently identify these cases in Massachusetts because the State provided data for only a limited set of months, as described in Exhibit D-1. Therefore, these cases were excluded from the caseload size definition for this State.

[17] This definition of churners is from Mills et al. (2014).

been part of the caseload (as defined above) in the last four months.[18, 19] For States without reliable or historical initial application dates, the research team defined new applicants as cases that had a positive issued benefit amount in the observed month, and had not been part of the caseload in the last four months.[20]

Number of churners

Following Mills and colleagues (2014), the research team defined churners as cases that exited and then reentered the SNAP caseload within four months. The team used a case's caseload status (as defined above) to distinguish churners from new applicants and timely recertifications. The research team identified churners as cases that (1) had a positive issued benefit amount in the observed benefit month, (2) were not on the caseload in the prior month (to distinguish churners from timely recertifications), and (3) were on the caseload two, three, or four months prior to the benefit month (to distinguish churners from new applications).[21] Recognizing that certain interventions may affect churning of a particular duration in different ways, the research team initially examined one-month, two-month, and three-month churners separately, but ultimately aggregated these groups together due to small sample sizes.

Median Benefit Amount

For the SMD and CAP interventions, which directly affect benefit levels, the research team examined the median monthly benefit amount among cases determined to be on the caseload (as defined above). The team used the monthly calculated benefit level, which is the benefit amount determined by the SNAP budget, when available. When a State could not provide the

[18] Applications were counted in the benefit month in which they were observed (that is, the month in which they were processed); for a large majority of applications, this was the same month in which the application was received. When multiple applications were observed for a case in a given benefit month, the research team used the latest application to ensure that each benefit amount was associated with a single application. These cases were few, and, for the most part, the size of the SNAP unit was stable across the applications. When a denied application was subsequently approved, the research team considered the application to be a single, successful application attempt.

[19] Because Massachusetts could provide data for only a limited set of months, as described in Exhibit D-1, the definition of new applicants differed for this State. For the CAP intervention, Massachusetts provided three months of pre-period data; therefore, new applicants were defined as cases that submitted an application in the given month who were not observed on the caseload in the prior one or two months. For the SMD, ESA, and RI waiver, Massachusetts provided data only for every other benefit month; therefore, new applicants were defined as cases that submitted an application in the given month who were not observed on the caseload in the prior two months or four months.

[20] All States provided initial application dates; due to high rates of missing application dates in Florida and Pennsylvania, the research team used the alternate definition of new applications in these States.

[21] Churners, like new applicants, were defined differently for Massachusetts because the State could provide data for only a limited set of months. For the CAP intervention, churners were defined as cases with a positive benefit amount in the given month who were not observed on the caseload in the prior month, but had been observed on the caseload in the prior two months. For the SMD, ESA, and RI waiver, churners were defined as cases with a positive benefit amount in the given month who were not observed on the caseload in the prior two months, but had been observed on the caseload in the prior four months.

calculated benefit level, the team used the monthly issued benefit level, which is the actual benefit amount issued to the client after any sanctions, overpayments, and other adjustments have been deducted from the calculated benefit level.

Regression Models

For each State-intervention-outcome combination, the research team estimated either a comparative interrupted time series (CITS) model or a difference-in-differences (D-in-D) model. The team used a CITS model (the more rigorous of the two models) whenever possible. In particular, the team used a CITS model if data were available for at least three pre-period months, because three pre-period months were required to have enough degrees of freedom to run the model. If data were not available for at least three pre-period months, the team used a D-in-D model. The section below describes a basic ITS model. Following is an explanation of how a CITS model extends the ITS model to include a comparison group. Afterwards is a discussion of the D-in-D model.

ITS Model

ITS models assume that an outcome would continue to follow the trend it was on before an intervention, had the intervention never been implemented. In its simplest form, an ITS model estimates the effect of the intervention as the difference between the observed outcome in a particular post-period month and the predicted level of that outcome, based on its pre-period trend. Formally, the ITS regression model is:

$$(1)\ Y_t = \alpha + \beta t + \Sigma\delta_k \mathrm{POST}_k + \pi \mathrm{X}t + \varepsilon_t,$$

where Y_t is the outcome at time t; t is the time period centered at the last pre-period month (for example, if the research team had 12 months of data before the intervention was introduced and 12 months of data after, t would range from –11 to 12, with t = 1 representing the month in which the intervention was introduced); POST_k is a binary variable that equals 1 for post-period k and 0 otherwise (in the example given above, k would range from 1 to 12); α and β equal the intercept and slope of the pre-intervention trend; and $\delta 1$, $\delta 2$, $\delta 3$, … represent the estimated effects in post-periods 1, 2, 3, … that is, the deviation from the pre-period trend in post-periods 1, 2, 3, and so on. X_t is a vector of other time-varying State-level characteristics (described below), and ε_t is an error term.

CITS Model

An ITS model can produce a biased effect estimate if other factors that also influence the outcome (such as economic factors that affect SNAP eligibility rates) changed when the intervention began. To help ensure that the effect estimate reflects the effect of the intervention alone, CITS models add a comparison group to control for such potentially confounding events. The model still calculates how the observed outcome deviates from the

predicted outcome (based on the pre-period trend), but it does this separately for the group affected by the intervention (the treatment group) and for the group not affected by the intervention (the comparison group). The model then calculates the effect estimate by subtracting the comparison group deviation from the treatment group deviation. The underlying assumption of a CITS model is that the confounding event (which occurred when the intervention began) affected the treatment and comparison groups similarly. Under that assumption, subtracting the comparison group deviation from the treatment group deviation removes the effect of the confounding event. To maximize the probability that the underlying assumption is true, the research team defined comparison groups that were highly comparable to the treatment group (as described in Section E below).

The CITS regression model is:

$$(2)\ Y_{at} = \alpha + \beta t + \lambda T_{at} + \gamma(t*T_{at}) + \Sigma\delta_k \mathrm{POST}_k + \Sigma\theta_k(T_{at}*\mathrm{POST}_k) + \pi \mathrm{X}_{at} + \Sigma\zeta_n \mathrm{S}_n + \varepsilon_{at},$$

where Y_{at} is the outcome for group a (treatment or comparison group) at time t; t is the time period centered at the last pre-period month; T_{at} is a binary variable that equals 1 for the treatment group and 0 for the comparison group (using treatment and comparison group definitions that are tailored to the eligibility criteria of each State intervention); POST_k is a binary variable that equals 1 for post-period k and 0 otherwise; α and β equal the intercept and slope of the pre-intervention trend for the comparison group; (α + λ) and (β + γ) equal the intercept and slope of the pre-intervention trend for the treatment group; δ1, δ2, δ3, … represent the deviation from the trend for the comparison group in post-periods 1, 2, 3, and so on; and θ1, θ2, θ3, … represent the estimated effects in post-periods 1, 2, 3, and so on—that is, the deviation from the trend for the treatment group minus the deviation from the trend for the comparison group. X_{at} is a vector of other time-varying State-level or county-level characteristics (described below); and ε_{at} is an error term. The research team averaged the effect estimates across all available post-intervention months to arrive at a single effect estimate for each State intervention. This averaging ensured that the results were not sensitive to focusing on a particular post-intervention month or set of months.

D-in-D Model

D-in-D models are similar to CITS models in that they use a comparison group to assess what might have happened to the treatment group in the absence of the intervention. D-in-D models are different from CITS models in that they compare average outcome levels in the pre-intervention and post-intervention periods, rather than estimating outcome trends in the pre-period and using that information to predict where the outcome would have been in the post-period in the absence of the intervention. Formally, the D-in-D regression model is:

$$(3)\ Y_{at} = \alpha + \lambda T_{at} + \delta \mathrm{POST}_t + \theta(T_{at}*\mathrm{POST}_t) + \pi \mathrm{X}_{at} + \varepsilon_{at},$$

where Y_{at} is the outcome for group a (treatment or comparison group) at time t; T_{at} is a binary variable that equals 1 for the treatment group and 0 for the comparison group; $POST_t$ is a binary variable that equals 1 for post-period months and 0 otherwise; θ represents the estimated effect, that is, the change over time in the average outcome for the treatment group minus the change over time in the average outcome for the comparison group; X_{at} is a vector of other time-varying State-level characteristics (described below); and εat is an error term.

Covariates

In selecting covariates for the models, the main factor the research team considered was that the effect estimates were driven by variation in the outcome across months, as well as by variation across the treatment and comparison groups (as opposed to only variation across treatment and comparison groups for a single month). Therefore, the covariates to be included in the models had to satisfy two conditions: they had to (1) be measured at the monthly level or at least several times a year and (2) vary sufficiently from month to month to account for some of the variation in the outcome variable.

The research team therefore selected covariates that varied on a month-to-month basis and that might be correlated with SNAP program outcomes. Several analyses of SNAP caseloads with monthly data (Danielson & Klerman, 2006; Ratcliffe et al., 2007) included unemployment measures as covariates because of the countercyclical nature of the program (that is, the need for the program rises during economic downturns). Both non-elderly and elderly caseloads appear to be affected by unemployment, although, understandably, the effect of unemployment on SNAP caseloads is much higher for non-elderly caseloads (see Rutledge & Wu, 2013). For all five interventions, the research team included the monthly unemployment rate as a share of total population (available from the Bureau of Labor Statistics [2018a]). The research team also included average wages, because even when unemployment is decreasing, individuals could be employed and still qualify for SNAP if their jobs pay low wages (Klerman & Danielson, 2009). Specifically, the team included quarterly average hourly wages obtained from the Quarterly Census of Employment and Wages (Bureau of Labor Statistics, 2018b) that were converted into monthly measurements using linear interpolation.[22]

Because the ESAP was implemented in only some counties in Florida, the analysis for this intervention compared elderly households in counties where the ESAP was implemented to elderly households in counties where it was not implemented (described in more detail in the "Treatment and Comparison Groups" section below). For this analysis, the research team included the monthly county-level unemployment rate (available from the Bureau of Labor

[22] Because Massachusetts provided data for only a limited number of months, the research team could not include both the unemployment rate and average wages in some models due to limited degrees of freedom. The team excluded average wages from the caseload analysis for the RI waiver, the caseload and benefit amount analyses for CAP, and all outcomes for ESA and SMD.

Statistics, 2018c) as a covariate. To the team's knowledge, average hourly wages were not available at the county level. However, the team also included the outcome variable (that is, the number of participants, applicants, or churners) measured for non-elderly households as a covariate, because that measure varies by month and should capture the effect of any other county-specific factors (such as wages) that vary across the ESAP and non-ESAP counties and influence SNAP application and participation patterns in general.

Analytic periods

The research team requested 12 months of pre- and post-intervention data for each intervention in each State. For certain States and interventions, fewer (or more) than 24 months of data were ultimately included in the analysis, for one or more of the following reasons:

1) The State was unable or unwilling to provide data for the entire 24-month period.
2) The State provided more than 12 months of pre-intervention data, because the pre-period of the intervention coincided with the post-period of another intervention for which the research team requested data. For example, in Florida, the pre-period for ESAP includes 20 months of data; the additional months were available because they were part of the post-period for CAP.
3) The pre- or post-period for an intervention coincided with the State's introduction of another intervention, necessitating a truncation of the period(s) to more reliably estimate the effect of the intervention alone. For example, Arkansas introduced the SMD intervention seven months before the RI waiver. The research team limited the pre-period for the waiver to the six months after the introduction of the SMD, so that the pre-period trend for the waiver reflects the effect of the SMD and, thus the effect estimate reflects the effect of the waiver beyond the effect of the SMD.
4) The State informed the research team (during site visits) about the quality or scale of the implementation during the various post-period months. For example, the research team learned that New York's CAP intervention was not fully implemented until 12 months after the intervention began, so the team requested and analyzed 25 months of post-intervention data.

Exhibit D-1 presents the analytic time periods and regression models used for each State intervention, and the reasons why 12 months of pre- and post-intervention data were not used for particular State interventions.

Exhibit D-1. Analytic Time Periods and Regression Models for within-State Intervention Effects

Intervention/ State	Pre-period[a] (number of months)	Post-period (number of months)	Model used for each outcome				Reasons for not using 12 months of pre- and post-intervention data
			Caseload	Applicants	Churners	Benefit amount	
CAP							
Florida	1/04–12/04 (12)	1/05–12/05 (12)	CITS	CITS	CITS	CITS	n.a.
Massachusetts	11/04–1/05 (3)	2/05–5/05 (4)	CITS	D-in-D	D-in-D	CITS	Because the State could provide data for only a limited set of months, the team could only define the application and churner outcomes for one baseline month.
New York	12/02, 2/03–11/03 (11)	12/03–12/05 (25)	CITS	CITS	CITS	CITS	Data for one pre-period month, February 2003, could not be provided because of a data storage issue. New York started implementing the CAP in December 2003, but did not reach full implementation until January 2005.
Washington	12/00–11/01 (12)	12/01–11/02 (12)	CITS	CITS	CITS	CITS	n.a.
ESA							
Massachusetts	6/08 (1)	8/08, 10/08, 5/09 (3)	D-in-D	D-in-D	D-in-D	n.a.	The State could provide data for only a limited set of months, and four months from the pre-period (October 2007, December 2007, February 2008, and April 2008) were excluded to isolate ESA's effect from the SMD, which was introduced in April 2008. The third post-period month (May 2009) is excluded from the application and churner analyses because these outcomes are based on caseload status in the four prior months (which were not delivered).
ESAP							
Alabama (2)	11/14–3/15 (5)	4/15–3/16 (12)	CITS	D-in-D	D-in-D	n.a.	Because the State could only provide five months of pre-period data, the team could only define the application and churner outcomes for two baseline months.
Alabama (3)	5/15–12/16 (20)	1/17–12/17 (12)	CITS	CITS	CITS	n.a.	Additional pre-period months were available because they were part of the post-period for ESAP2.
Florida	2/05–9/06 (20)	10/06–9/07 (12)	CITS	CITS	CITS	n.a.	Additional pre-period months were available because they were part of the post-period for CAP. For the caseload analysis, the team began the pre-period in January 2006 because the team observed a marked shift in the caseload trend in December 2005. For the applications analysis, the team excluded January 2006 because it was an extreme outlier relative to the rest of the pre-period trend.
Pennsylvania	7/15–5/16 (11)	6/16–5/17 (12)	CITS	CITS	CITS	n.a.	One pre-period month was missing because the data request was negotiated before the State clarified that the intervention started in June 2016 instead of July 2016.

Intervention/ State	Pre-period[a] (number of months)	Post-period (number of months)	Model used for each outcome				Reasons for not using 12 months of pre- and post-intervention data
			Caseload	Applicants	Churners	Benefit amount	
Washington (1)	8/12–7/13 (12)	8/13–7/14 (12)	CITS	CITS	CITS	n.a.	n.a.
Washington (2)	8/15–7/16 (12)	8/16–7/17 (12)	CITS	CITS	CITS	n.a.	n.a.
RI Waiver							
Arkansas[b]	12/11–5/12 (6)	6/12–5/13 (12)	CITS	CITS	CITS	n.a.	Arkansas introduced the SMD in November 2011, seven months before the 36-month certification and the RI Waiver. To isolate the effect of the latter from the SMD, the pre-period began the month after the SMD began.
Massachusetts	5/09, 7/09, 9/09 (3)	11/09, 1/10, 03/10, 5/10 (4)	CITS	D-in-D	D-in-D	n.a.	Because the State could provide data for only a limited set of months, the team could only define the application and churner outcomes for one baseline month.
Nebraska	1/13–12/13 (12)	1/14–12/14 (12)	CITS	CITS	CITS	n.a.	n.a.
Pennsylvania	7/12–7/13 (13)	8/13–6/14 (11)	CITS	CITS	CITS	n.a.	One post-period month was missing and the pre-period had one additional month because the data request was negotiated before the State clarified that the intervention started in August 2013 instead of July 2013.
SMD							
Arkansas	11/10, 1/11–10/11 (11)	11/11–5/12 (7)	CITS	CITS	CITS	CITS	One pre-period month was excluded because there were substantial issues associated with merging the case- and individual-level files for that month. The post-period was truncated to seven months to isolate the effect of the SMD from the RI Waiver, which Arkansas introduced eight months after the onset of the SMD.
Massachusetts	10/07, 12/07, 2/08 (3)	4/08, 6/08 (2)	CITS	D-in-D	D-in-D	CITS	The State provided data for a limited set of months, and two post-period months (August 2008 and October 2008) were excluded to account for the introduction of the ESA in July 2008. Given the limited data, the team could only define the application and churner outcomes for one baseline month.
North Dakota	4/12–3/13 (12)	4/13–3/14 (12)	CITS	CITS	CITS	CITS	n.a.

Notes: The research team used a CITS model if data were available for at least three pre-period months, because three pre-period months were required to have enough degrees of freedom to run the model. If data were not available for at least three pre-period months, the team used a D-in-D model.

[a]The pre-period for application and churner analyses could include, at most, seven months of baseline data because the outcome variables were constructed on the basis of caseload status in the prior four months, and therefore could only be constructed beginning in the fifth baseline month, when four prior months of data were available. Alabama's ESAP(3) intervention and Florida's ESAP intervention were two exceptions; additional months of baseline data are available for these interventions because their pre-periods overlap with the post-period for another intervention in the State.

[b]The RI waiver intervention period perfectly aligned with the 36-month certification intervention period, so the effect estimate reflects the effect of these two interventions combined.

CAP = Combined Application Project; CITS = comparative interrupted time series; D-in-D = difference-in-differences; ESA = Elderly Simplified Application; ESAP = Elderly Simplified Application Project; n.a. = not applicable; RI Waiver = Elderly and Disabled Recertification Interview Waiver; SMD = Standard Medical Deduction.

Treatment and comparison groups

Each intervention targeted a particular subset of the elderly population, and some interventions were open to non-elderly populations. The research team therefore used the intervention's eligibility criteria and the unit's characteristics (such as the age of unit members) at the time of the most recent application (initial or recertification) to define treatment and comparison groups specific to each State intervention.[23]

First, the research team identified the elderly SNAP units that were eligible for the intervention and assigned them to the treatment group. For this step, the team focused on the unit's eligibility—not its observed participation in the intervention—to reflect that these interventions were not mandatory (for example, an eligible elderly applicant may not take advantage of the simplified application form or the CAP). The effect estimate thus reflects the average effects of the intervention for those that chose to participate, and null effects for eligible units that chose not to participate. Although this approach may underestimate the effect of the intervention under full participation, it more accurately reflects the potential effect of an intervention when eligible participants are not required to participate.

The research team then defined up to five potential comparison groups, beginning with the group that was most similar to the eligible population in terms of its characteristics and moving

[23] Each intervention occurred primarily at the point of application (either initial or recertification). For example, the ESAP intervention included a streamlined application and recertification interview waiver. Therefore, to ensure that the treatment group included only cases that were affected by the intervention, cases were assigned to the treatment group or comparison group at the point of each application (initial or recertification). If a case became eligible for an intervention during a certification period (that is, between applications) and was able to take advantages of certain features of an intervention, these effects would not be reflected in the effect estimate, because such cases would be assigned to the comparison group rather than to the treatment group, until their next application date. The research team expected this would occur most frequently under the SMD intervention—for example, if a State allowed a case to claim the standard medical deduction as soon as that case became eligible, without having to recertify. Alternatively, the research team could have re-determined treatment and comparison group assignments in each benefit month. However, doing so would have led the team to overidentify cases affected by the treatment because, while the case was eligible for the intervention (for example, because it contained an elderly member), the majority of interventions included features that occurred only at the point of application. Although this approach may underidentify cases affected by the intervention, the research team expected that the number of cases underidentified would be smaller than the cases overidentified by the alternative approach. The one exception to this rule was the ESA intervention, which included only a simplified initial application; therefore, the research team defined the treatment and comparison groups as of the initial application date. Cases that became eligible for the intervention after the initial application (for example, by adding an elderly member) did not experience the intervention, and therefore were not assigned to the treatment group. Finally, for States without reliable or historical application or eligibility determination dates (that is, Florida, New York, and Pennsylvania) the team had to assign cases to the treatment and comparison groups on the basis of the unit's characteristics in the given benefit month. In States where the team used application dates, the team used two tests to identify suspicious application dates and imputed suspicious dates with eligibility determination dates or certification start dates, where possible, as described in Section I, which helped to clean some (but not all) measurement error in these dates.

to broader definitions.[24] All potential comparison groups excluded any non-elderly SNAP units that were eligible for the intervention (for example, units with only non-elderly disabled members). Ideally, a comparison group would consist of eligible households that were not directly affected by the intervention. This type of comparison group definition was possible only for the ESAP intervention in Florida. Florida initially introduced the ESAP to a select set of counties, so the comparison group comprised units that met the eligibility requirements but were not exposed to the intervention because they lived in other counties in the State. The rest of the interventions were implemented statewide in the selected States, so an equivalent comparison group did not exist. For these interventions, the research team used the eligibility criteria to define potential comparison groups, based on household composition and presence of earned income.

Finally, the research team selected one of the potential comparison groups to use in the analysis. For the CITS models, the team selected the comparison group that had at least 100 outcome units in each month (that is, at least 100 cases, new applications, or churners)[25] and had the most similar pre-period outcome trend (that is, slope) to the treatment group's pre-period outcome trend.[26] This selection process helped maximize the probability that the underlying assumption of the CITS model—that any confounding factors affected the treatment and comparison groups in the same way—was true. Similar pre-intervention trends indicate that the two groups responded similarly to economic factors in the past, increasing the probability that they would respond similarly again to any confound that occurred at the time of the intervention. For the D-in-D models, the research team calculated the differences between the treatment group outcome and comparison group outcome for each pre-period month, and averaged those differences across all the available pre-period months. The team then selected the comparison group that had at least 100 units in each month and had the smallest average pre-period difference in outcomes from the treatment group. Exhibit D-2 presents the definitions of the treatment group and potential comparison groups for each State intervention. Bolded parentheticals within the comparison group definitions identify the group selected for the analysis of estimated intervention effects.

[24] For interventions that do not restrict eligibility to household with no earned income, the team included a condition for no earned income in the definition of the first comparison group (as the team did for interventions that restricted eligibility to household with no earned income) on the basis that those households might be more similar to the treatment group (units with only elderly members in New York's CAP and Massachusetts' ESA, and units with at least one elderly member for the SMD in all States and at initial eligibility for CAP in Washington) than other households.

[25] For the benefit amount outcome, the comparison group had to have at least 100 units on the caseload in each month.

[26] The research team made an exception to this rule for the ESAP intervention in Florida, because the team was able to define the ideal comparison group for that analysis, consisting of eligible households that were not directly affected by the intervention.

Exhibit D-2. Treatment and Comparison Group Definitions, by Intervention and State

Intervention/ State	Eligibility criteria	Treatment group	Comparison groups assessed
CAP			
Massachusetts Florida	Single-member units that include an elderly or disabled member, without any earned income, who is also an adult SSI recipient (at least 18 years old)[a]	Single-member units with an elderly member without any earned income	COMPARE1. Single-member units with an elderly member with earned income **(Florida applications and benefits; Massachusetts caseload and benefits)** COMPARE2. Comparison Group 1, and units with (1) multiple elderly members (regardless of the presence of non-elderly members) or (2) one elderly member and at least one non-elderly member, and no earned income COMPARE3. Comparison Groups 1 and 2, and units with (1) multiple elderly members (regardless of the presence of non-elderly members) or (2) one elderly member and at least one non-elderly member **(Florida caseload and churners; Massachusetts applications)** COMPARE4. Comparison Groups 1-3, and units with only non-elderly members without earned income, excluding single-member units with a disabled adult (at least 18 years old) without any earned income **(Massachusetts churners)** COMPARE5. All units except (1) those in the treatment group and (2) single-member units with a disabled adult (at least 18 years old) without any earned income Note: Comparison group 4 and 5 could not be defined in Florida because disability status was unavailable for part of the pre-period.
New York	Units with only elderly or disabled members	Units with at least one elderly member and no nondisabled non-elderly members	COMPARE1. Units with at least one elderly member and at least one nondisabled non-elderly member, and no earned income COMPARE2. Comparison Group 1, and units with at least one elderly member and at least one nondisabled non-elderly member **(applications)** COMPARE3. Comparison Groups 1-2, and units with only non-elderly members without any earned income, excluding units with only disabled members **(caseload)** COMPARE4. All units except those (1) in the treatment group and (2) with only disabled members **(churners and benefits)**
Washington	Single-member units that include an elderly or disabled member who is eligible for SSI[a]; after becoming eligible, the unit cannot have earned income for more than three consecutive months[b]	Single-member units with an elderly member without any earned income *For cases that were WASHCAP-eligible at their last application*: Single-member units with an elderly member (1)	COMPARE1. Single-member units with an elderly member with earned income, and, for cases that were WASHCAP-eligible at their last application, single-member units with an elderly member with earned income in the last four consecutive months (including the current month) COMPARE2. Comparison Group 1, and units with (1) multiple elderly members (regardless of the presence of non-elderly members) or (2) one elderly member and at least one non-elderly member, and no earned income COMPARE3. Comparison Groups 1 and 2, and units with (1) multiple elderly members (regardless of the presence of non-elderly members) or (2) one elderly member and at least one non-elderly member **(caseload, applications and benefits)**

		without any earned income in the application month or (2) with earned income in the application month, but without any earned income in at least one of the three consecutive months before the application	COMPARE4. Comparison Groups 1-3, and units with only non-elderly members without earned income, excluding single-member units with a disabled member without earned income **(churners)** COMPARE5. All units except (1) those in the treatment group and (2) single-member units with a disabled member without any earned income
ESA			
Massachusetts	Units with only elderly members	Units with only elderly members at initial application	COMPARE1. Units with at least one elderly member and at least one non-elderly member, and no earned income at initial application COMPARE2. Comparison Group 1, and units with at least one elderly member and at least one non-elderly member at initial application **(Massachusetts caseload and applications)** COMPARE3. Comparison Groups 1 and 2, and units with only non-elderly members without earned income at initial application **(Massachusetts churners)** COMPARE4. All units except those in the treatment group
ESAP			
Alabama (2) Alabama (3) Washington (1)	Units with only elderly members without any earned income	Units with only elderly members without any earned income	COMPARE1. Units with only elderly members with earned income **(Washington applications)** COMPARE2. Comparison Group 1, and units with at least one elderly member and at least one non-elderly member without any earned income **(Alabama ESAP2 and ESAP3 caseload)** COMPARE3. Comparison Groups 1 and 2, and units with at least one elderly member and at least one non-elderly member **(Alabama ESAP2 and ESAP3 applications and churners; Washington caseload)** COMPARE4. Comparison Groups 1-3, and units with only non-elderly members without any earned income **(Washington churners)** COMPARE5. All units except those in the treatment group
Pennsylvania Washington (2)	Units with only elderly or disabled members without any earned income	Units with at least one elderly member; no nondisabled, non-elderly members; and no earned income	COMPARE1. Units with at least one elderly member, no nondisabled, non-elderly members, and earned income **(Washington caseload and applications)** COMPARE2. Comparison Group 1, and units with at least one elderly member and at least one nondisabled, non-elderly member without any earned income COMPARE3. Comparison Groups 1 and 2, and units with at least one elderly member and at least one nondisabled, non-elderly member COMPARE4. Comparison Groups 1-3, and units with only non-elderly members without any earned income, excluding units with only disabled members without earned income **(Washington churners)**

		For Pennsylvania:[c] Units with at least one elderly member and no nondisabled, non-elderly members	COMPARE5. All units except those (1) in the treatment group and (2) with only disabled members and no earned income For Pennsylvania[c]: COMPARE1. Units with at least one elderly member and at least one nondisabled, non-elderly member **(Pennsylvania caseload and applications)** COMPARE2. All units except those (1) in the treatment group and (2) with only disabled members **(Pennsylvania churners)**
Florida	Units with only elderly members and no earned income, except those in the following counties: DeSoto, Hillsborough, Manatee, Miami-Dade, Monroe, Pasco, Pinellas, and Sarasota.	Units with only elderly members and no earned income, except those in the following counties: DeSoto, Hillsborough, Manatee, Miami-Dade, Monroe, Pasco, Pinellas, and Sarasota.	COMPARE1. Units with only elderly members without any earned income living in the following counties: DeSoto, Hillsborough, Manatee, Miami-Dade, Monroe, Pasco, Pinellas, and Sarasota **(all analyses)**
RI Waiver			
Arkansas	Units with only elderly or disabled members without any earned income. Households may include children up to age 15 who are not receiving child support	Units with at least one elderly member, no nondisabled, non-elderly members, and no earned income[d]	COMPARE1. Units with at least one elderly member, no nondisabled, non-elderly members, and earned income COMPARE2. Comparison Group 1, and units with at least one elderly member and at least one nondisabled, non-elderly member age 16 or older, and no earned income **(caseload)** COMPARE3. Comparison Groups 1 and 2, and units with at least one elderly member and at least one nondisabled, non-elderly member age 16 or older **(churners)** COMPARE4. Comparison Groups 1-3, and units with only non-elderly members without any earned income, excluding units (1) with only disabled members without earned income, and (2) with only disabled members and members age 15 or younger without earned income COMPARE5. All units except those (1) in the treatment group, (2) with only elderly members and members age 15 or younger without earned income, (3) with only disabled members without earned income, and (4) with only disabled members and members age 15 or younger without earned income **(applications)**
Massachusetts Nebraska Pennsylvania	Units with only elderly or disabled members without any earned income	Units with at least one elderly member, no nondisabled, non-elderly members, and no earned income	COMPARE1. Units with at least one elderly member, no nondisabled, non-elderly members, and earned income COMPARE2. Comparison Group 1, and units with at least one elderly member and at least one nondisabled, non-elderly member, and no earned income

		For Pennsylvania[c]: Units with at least one elderly member and no nondisabled, non-elderly members	COMPARE3. Comparison Groups 1 and 2, and units with at least one elderly member and at least one nondisabled, non-elderly member **(Massachusetts caseload and applications; Nebraska caseload and applications)** COMPARE4. Comparison Groups 1-3, and units with only non-elderly members without any earned income, excluding units with only disabled members without earned income **(Massachusetts churners; Nebraska churners)** COMPARE5. All units except those (1) in the treatment group and (2) with only disabled members without earned income For Pennsylvania[c]: COMPARE1. Units with at least one elderly member and at least one nondisabled, non-elderly member **(Pennsylvania caseload and applications)** COMPARE2. All units except those (1) in the treatment group and (2) with only disabled members **(Pennsylvania churners)**
SMD[e]			
Arkansas Massachusetts North Dakota	Units with an elderly or disabled member	Units with at least one elderly member	COMPARE1. Units with only nondisabled, non-elderly members without any earned income **(all Arkansas and Massachusetts analyses; North Dakota caseload and applications)** COMPARE2. All units except those (1) in the treatment group and (2) with at least one disabled member but no elderly members **(North Dakota churners and benefits)**

Note: The treatment and comparison group definitions refer to the age, disability, and earned income status of the unit's participants as of the most recent application (initial or recertification), unless otherwise noted. Bolded parentheticals within the comparison group definitions identify the group selected for the analysis of estimated intervention effects. Financially responsible non-participants or other non-participants are not considered members of the unit for the purposes of assigning units to the treatment and comparison groups with the exception that their countable income contributes to a unit's earned income status. All applicants are considered members of the unit for the purposes of assigning units to the treatment and comparison group, unless the State's data specifically identified an individual as a financially responsible non-participant.

[a]To simplify definitions, the research team did not incorporate SSI receipt and eligibility criteria in the treatment group definitions, because single-member units with an elderly member without any earned income were eligible to receive SSI by definition.

[b]Units that had earned income after becoming WASHCAP eligible remained in WASHCAP until they received earned income for more than three consecutive months. If a unit received earned income for more than three consecutive months, the State terminated the WASHCAP benefit and sent the unit a notice informing them that they could apply for benefits under regular SNAP. Since this rule applied only to cases after an eligibility determination, the team did not incorporate this rule into the treatment and comparison group definitions for analyzing applications; it was relevant only for the analysis of the caseload.

[c]Because Pennsylvania did not provide sufficient data on earned income, the treatment group included some elders ineligible for the treatment, which could dilute the estimated effect.

[d]Units with only elderly members and members age 15 or younger, who were not receiving child support, were also eligible. The research team did not have an indicator of child support receipt, so the team could not include these households in the treatment group, but the team did exclude all households with only elderly members and members age 15 or younger from the comparison group to avoid including any potentially eligible households in the comparison group.

[e]The research team had to drop Alabama's SMD intervention from the CITS analysis because pre-period data were unavailable. Instead, the team provided descriptive information on the post-period. Alabama's eligibility rules, and thus the treatment and comparison group definitions, followed that of the other States.

CAP = Combined Application Project; ESA = Elderly Simplified Application; ESAP = Elderly Simplified Application Project; RI Waiver = Elderly and Disabled Recertification Interview Waiver; SMD = Standard Medical Deduction; WASHCAP = Washington's Combined Application Project

Analyses of Cross-State Intervention Effects

The cross-State intervention effect estimates are weighted averages of the state-level effect estimates for each intervention. The research team used a fixed effects meta-analysis approach to calculate this weighted average, in which effect estimates were weighted by their precision (that is, the inverse of the variance of the effect estimate), as described in Cooper, Hedges, and Valentine (2009). The ESAP estimate includes both iterations of the ESAP in Alabama and Washington. For the CAP estimate, the team used the 24-month effect estimate for New York (instead of the 12-month effect estimate) because it reflects the effect of the intervention one year after reaching full implementation (similar to the 12-month effect estimates for other States).

Subgroup Analyses

Some of the interventions might have had different effects for different subgroups. For instance, an intervention that enables participants to recertify for SNAP without ever leaving their homes might be more beneficial for older elders than it is for younger elders, because as people age, they are more likely to have issues with mobility and transportation. Findings of this nature would be policy-relevant.

For each State-intervention-outcome combination, the research team calculated effect estimates for three subgroups of elderly households. The estimated effect of the intervention on each of the subgroups can be compared to the estimated effect of the intervention from the main analysis to help shed light on whether the intervention had different effects in any of the subgroups. The research team examined the following subgroups of elderly households:

Households with only elderly members. All members in the SNAP unit were ages 60 and older.[27]

Households with older elderly members. The SNAP unit included at least one member who was age 75 or older.[28]

Households with only older elderly members. All members in the SNAP unit were age 75 or older.

[27] The research team did not examine this subgroup for CAP, ESA, ESAP, or the RI waiver, because the only households eligible for these interventions were those made up of only elderly members, those with only disabled members, or those made up of only elderly and disabled members. Thus, households with only elderly members represent the bulk of households eligible for these interventions, so it is unnecessary to conduct a subgroup analysis for them.

[28] The research team defined households with older elderly members based on age categorizations used by the Census for its report on the older population (http://www.census.gov/content/dam/Census/library/publications/2014/demo/p25-1140.pdf) and on the team's experience on other studies (Kauff et al. 2014).

The research team examined the same potential comparison groups that were examined in the main analysis and used the same rules to select the comparison group and type of regression model. Within each State-intervention-outcome, the team adjusted for multiple comparisons using the Benjamini-Hochberg procedure, using a false discovery rate of 0.05. The team also made this adjustment within each intervention-outcome for the cross-State intervention effect estimates. Performing multiple hypothesis tests simultaneously can lead to an increased number of statistically significant findings, some of which are simply due to noise in the data (Benjamini & Hochberg, 1995). The Benjamini-Hochberg adjustment helps ensure against this type of error.

Descriptive Analyses

The research team tabulated data on the characteristics, on average, of elderly new applicants to SNAP and of elderly SNAP participants before and after the implementation of each intervention, among units eligible for the given intervention. The team assessed individual-level demographic characteristics—such as age, gender, race, and marital status—as well as household characteristics—such as benefit level, gross income, medical expenses and deduction, household size and composition, and participation in other assistance programs (TANF, Medicaid, and SSI).[29] The report presents the results for before and after the intervention side by side in tables to facilitate comparative analyses, though these simple descriptive statistics did not allow us to attribute any observed differences to the intervention.

Pooled Multi-State Models of Interaction Effects

Another important objective of the study was to explore interactions that may have taken place between various interventions and assess whether they amplified each other's effects or, conversely, if they shared unintended consequences that might have hindered program access instead of promoting it.

To accomplish this objective, the main analytical approach employed a series of models that used a treatment group (households with at least one elderly member) and a comparison group (non-elderly households ineligible for the given State-intervention) to control for policy or economic changes that took place at the same time as the interventions whose joint effect was being estimated. The definition of treatment and comparison groups for each intervention is shown in Exhibit D-3.

[29] Calculated benefit amounts were analyzed for Arkansas, Florida, Nebraska, and Pennsylvania; issued benefit amounts were analyzed for Alabama, Massachusetts, New York, North Dakota, and Washington because these States could not provide data on calculated benefit amounts. Household size includes non-participants; household composition includes unit members who were considered for purposes of assigning units to the treatment and comparison groups for each State-intervention, as described in Exhibit D-2.

Exhibit D-3: Treatment and Comparison Group Definitions, by Intervention and State

Intervention/ State	Eligibility criteria	Treatment group	Comparison groups assessed
CAP			
Massachusetts Florida	Single-member units that include an elderly or disabled member, without any earned income, who is also an adult SSI recipient (at least 18 years old)[a]	Units with at least one elderly member	All units with no elderly members except single-member units with a disabled adult (at least 18 years old) without any earned income For Florida (where no disability indicator is available): All units with no elderly members except single-member units without any earned income
New York	Units with only elderly or disabled members	Units with at least one elderly member	All units with no elderly members except units with only disabled members
Washington	Single-member units that include an elderly or disabled member who is eligible for SSI[a]; after becoming eligible, the unit cannot have earned income for more than three consecutive months[b]	Units with at least one elderly member	All units with no elderly members except single-member units with a disabled member without any earned income
ESA			
Massachusetts	Units with only elderly members	Units with at least one elderly member	All units with no elderly members
ESAP			

Alabama (2) Alabama (3) Washington (1)	Units with only elderly members without any earned income	Units with at least one elderly member	All units with no elderly members
Pennsylvania Washington (2)	Units with only elderly or disabled members without any earned income	Units with at least one elderly member	All units with no elderly members except units with only disabled members and no earned income For Pennsylvania[c]: All units with no elderly members except units with only disabled members
Florida	Units with only elderly members without any earned income, except those living in the following counties: DeSoto, Hillsborough, Manatee, Miami-Dade, Monroe, Pasco, Pinellas, and Sarasota.	Units with at least one elderly member	All units with no elderly members
RI Waiver			
Arkansas	Units with only elderly or disabled members without any earned income. Households may include children up to age 15 who are not receiving child support	Units with at least one elderly member	All units with no elderly members except units: (1) with only disabled members without earned income, and (2) with only disabled members and members age 15 or younger without earned income
Massachusetts Nebraska Pennsylvania	Units with only elderly or disabled members without any earned income	Units with at least one elderly member	All units with no elderly members except those with only disabled members without earned income For Pennsylvania[c]:

			All units with no elderly members except those with only disabled members
SMD[e]			
Arkansas Massachusetts North Dakota	Units with an elderly or disabled member	Units with at least one elderly member (Note this is the same definition used for CITS models)	All units with no elderly members or disabled members

Note: The treatment and comparison group definitions refer to the age, disability, and earned income status of the unit's participants as of the most recent application (initial or recertification), unless otherwise noted.

[a]To simplify definitions, the research team did not incorporate SSI receipt and eligibility criteria in its treatment group definitions, because single-member units with an elderly member without any earned income are eligible to receive SSI by definition.

[b]Units that have earned income after becoming WASHCAP eligible remain in WASHCAP until they receive earned income for more than three consecutive months. If a unit receives earned income for more than three consecutive months, the State will terminate the WASHCAP benefit and send the unit a notice informing them that they can apply for benefits under regular SNAP. Since this rule applies only to cases after an eligibility determination, the research team did not incorporate this rule into the treatment and comparison group definitions when it analyzed applications; it is relevant only for the analysis of the caseload.

[c]Pennsylvania could not provide sufficient data on earned income. Therefore, the treatment group included individuals who were ineligible for the treatment, which diluted the impact estimate.

[d]Units with only elderly members and members age 15 or younger, who are not receiving child support, are also eligible. The research team did not have an indicator of child support receipt, so it did not include these households in the treatment group, but the team did exclude all households with only elderly members and members age 15 or younger from the comparison group to avoid including any potentially eligible households in the comparison group.

[e]The research team had to drop Alabama's SMD intervention from the CITS analysis because pre-period data was unavailable. The team provided descriptive information on the post-period. Alabama's eligibility rules, and thus the treatment and comparison group definitions, follow that of the other States.

CAP = Combined Application Project; CPID = Community Partner Interview Demonstration; ESA = Elderly Simplified Application; ESAP = Elderly Simplified Application Project; RI Waiver = Elderly and Disabled Recertification Interview Waiver; SMD = Standard Medical Deduction; WASHCAP = Washington's Combined Application Project

The models regressed a monthly outcome variable that was measured separately for both groups—the number of cases in a month (caseload), the number new applications in a month, the number of churners in a month, and (for CAP and SMD) the average benefit amount, measured for both elderly and non-elderly households—on the intervention dummy variables and interactions between them, as well as a treatment group dummy variable (equal to 1 for the treatment group and 0 for the comparison group) and interactions between the treatment group dummy and the intervention dummies. Because the interventions of interest for this study were not expected to influence the participation of non-elderly households in SNAP, adding these variables to the model helped control for any policy or economic changes that took place at the same time as the interventions and had similar effects on the treatment and comparison groups. In addition, including unemployment rates and average hourly wages as covariates helped control for the types of economic changes that might have taken place at the same time as the interventions, but that had different effects on the two groups.

Models were estimated on a combined data set that pooled data from all available States and time periods, according to the model below:

$$Y_{it} = \alpha i + \beta_1 T_i + \beta_2 Intervention1_{it} + \beta_3 Intervention2_{it} + \beta_4 Intervention1_{it} * Intervention2_{it} + \beta_5 T_i * Intervention1_{it} + \beta_6 T_i * Intervention2_{it} + \beta_7 T_i * Intervention1_{it} * Intervention2_{it} + \delta X_{it} + \mu_{it}$$

where i identifies States; t identifies time periods (months); Y represents the outcome of interest (number of new applications, elder caseloads, number of churners, and benefit amount); Intervention 1, 2, … are interventions whose effect is being estimated (dummy variables that equal 1 for the presence of an intervention in a given month and 0 for the absence of an intervention); T equals 1 for the treatment group and 0 for the comparison group; X_{it} is a vector of covariates (specifically, the research team used the same covariates specified above for the within-State analyses—the unemployment rate and average hourly wages); and μit is an error term.

To adjust for the distributional properties of outcome variables (caseloads, new applications, and churners were nonzero, integer count variables and average benefit amounts was a positive ratio variable), general linear models (GLM) were used instead of simple ordinary least squares (OLS) models to estimate interaction effects. For models with count outcomes, the research team chose models from the negative binomial distributional family and a log link; for

models of the average benefit amount, the research team chose models from the gaussian family also with a log link. All models were estimated with robust standard errors.

The effect of each interaction of interventions was calculated as the proportional change in the comparison group (percent change in the outcome from the time when no intervention was available to the time when two or more interventions were available) subtracted from the proportional change in the treatment group (similarly calculated). The research team calculated interaction effects and their associated p-values using the nlcom (nonlinear combinations of estimators) procedure available in Stata 15 after running each GLM model.

The research team estimated 6 interaction effects for interventions of interest:

1) CAP+ESAP (Florida)
2) CAP+ESAP (Washington)
3) CAP+ESAP2 (Washington)
4) RI Waiver + ESAP (Pennsylvania)
5) SMD + RI Waiver (Arkansas)
6) CAP+SMD+ESA+ RI Waiver (Massachusetts)

To detect interaction effects on subgroups, the team ran pooled multi-State models for the same three subgroups specified above for the within-State analyses of each intervention: households with only elderly members, households with older elderly members, and households with only older elderly members.

Appendix E

Characteristics Among Households Eligible for the CAP and on the CAP or SNAP Caseload in Florida

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size	1	1
Household composition		
One elderly member only	100	100
Multiple elderly members only	0	0
Elderly and nonelderly members	0	0
Non-elderly members only	0	0
Gross income		
Average	750	735
Median	761	752
Monthly SNAP benefit		
Average	93	97
Median	86	89
Medical expenses		
Average	9	6
Median	0	0
Medical expenses among those with any (positive) medical expenses		
Average	245	183
Median	102	100
Medical deduction		
Average	46	45
Median	46	45
Medical deduction among those with any (positive) medical expenses		
Average	46	45
Median	46	45
Receipt of TANF	0	0
Receipt of SSI		
Receipt of Medicaid	43	45
Receipt of Veteran benefits	0	0
Total	1,524,148	1,520,065
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	100	100
60-69	39	40
70-74	20	20
75-80	18	17
80-85	12	12
85+	11	20
Average	73	73
Gender		
Male	25	26
Female	75	74
Race/ethnicity		
Asian/non-Hispanic	1	1
African-American, non-Hispanic	18	18
White, non-Hispanic	30	30
Other, non-Hispanic	6	6
Hispanic, all races	46	46
Education		
Less than high school		
Some college, no degree		
Associates degree or more		
Marital status		
Married		
Single (never married)		
Widowed		
Divorced or separated		
Total	1,524,373	1,520,403

Appendix E

Characteristics Among Households Eligible for the CAP and that applied to CAP or SNAP in Florida

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size	1	1
Household composition		
One elderly member only	100	100
Multiple elderly members only	0	0
Elderly and nonelderly members	0	0
Non-elderly members only	0	0
Gross income		
Average	628	627
Median	742	743
Monthly SNAP benefit		
Average	77	80
Median	61	65
Medical expenses		
Average	12	10
Median	0	0
Medical expenses among those with any (positive) medical expenses		
Average	232	191
Median	88	100
Medical deduction		
Average	46	44
Median	46	44
Medical deduction among those with any (positive) medical expenses		
Average	46	44
Median	46	44
Receipt of TANF	0	0
Receipt of SSI		
Receipt of Medicaid	55	53
Receipt of Veteran benefits	0	0
Total	19,214	29,019
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	100	100
60-69	57	56
70-74	17	17
75-80	12	13
80-85	8	8
85+	6	6
Average	70	70
Gender		
Male	33	33
Female	67	67
Race/ethnicity		
Asian/non-Hispanic	1	1
African-American, non-Hispanic	21	20
White, non-Hispanic	32	33
Other, non-Hispanic	7	7
Hispanic, all races	39	39
Education		
Less than high school		
Some college, no degree		
Associates degree or more		
Marital status		
Married		
Single (never married)		
Widowed		
Divorced or separated		
Total	19,288	29,140

Appendix E

Characteristics Among Households Eligible for the CAP and on the CAP or SNAP Caseload in New York

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size	0	0
Household composition		
One elderly member only	85	86
Multiple elderly members only	13	12
Elderly and nonelderly members	2	2
Non-elderly members only	0	0
Gross income		
Average	1,276	1,258
Median	1,220	1,206
Monthly SNAP benefit		
Average	152	147
Median	187	185
Medical expenses		
Average		
Median		
Medical expenses among those with any (positive) medical expenses		
Average		
Median		
Claims a medical deduction		
Medical deduction		
Average		
Median		
Medical deduction among those with any (positive) medical expenses		
Average		
Median		
Receipt of TANF	0	0
Receipt of SSI	74	74
Receipt of Medicaid		
Receipt of Veteran benefits	2	1
Total	2,060,163	2,541,770
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	99	99
60-69	42	42
70-74	20	20
75-80	17	17
80-85	11	11
85+	8	8
Average	72	72
Gender		
Male	32	32
Female	68	68
Race/ethnicity		
Asian/non-Hispanic	9	11
African-American, non-Hispanic	16	17
White, non-Hispanic	47	44
Other, non-Hispanic	2	2
Hispanic, all races	27	27
Education		
Less than high school	75	75
High school diploma	23	23
Some college, no degree	0	0
Associate's degree	1	1
Bachelor's degree	1	1
Graduate school	0	0
Marital status		
Married	26	26
Single (never married)	49	51
Widowed	13	12
Divorced or separated	12	11
Total	2,362,271	2,894,305

Appendix E

Characteristics Among Households Eligible for the CAP and that applied to CAP or SNAP in New York

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size	0	0
Household composition		
One elderly member only	86	94
Multiple elderly members only	12	5
Elderly and nonelderly members	2	1
Non-elderly members only	0	0
Gross income		
Average	1,326	1,201
Median	1,287	1,087
Monthly SNAP benefit		
Average	155	78
Median	187	26
Medical expenses		
Average		
Median		
Medical expenses among those with any (positive) medical expenses		
Average		
Median		
Claims a medical deduction		
Medical deduction		
Average		
Median		
Medical deduction among those with any (positive) medical expenses		
Average		
Median		
Receipt of TANF	0	0
Receipt of SSI	46	75
Receipt of Medicaid		
Receipt of Veteran benefits	1	1
Total	15,921	75,842
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	98	99
60-69	59	48
70-74	17	18
75-80	11	15
80-85	7	10
85+	5	8
Average	69	71
Gender		
Male	36	33
Female	64	67
Race/ethnicity		
Asian/non-Hispanic	16	11
African-American, non-Hispanic	21	22
White, non-Hispanic	34	32
Other, non-Hispanic	2	2
Hispanic, all races	27	33
Education		
Less than high school	74	74
High school diploma	24	23
Some college, no degree	0	0
Associate's degree	1	1
Bachelor's degree	1	1
Graduate school	1	0
Marital status		
Married	25	16
Single (never married)	51	67
Widowed	12	7
Divorced or separated	12	9
Total	18,218	80,400

Appendix E

Characteristics Among Households Eligible for the CAP and on the CAP or SNAP Caseload in Washington

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size		
Household composition		
One elderly member only	100	100
Multiple elderly members only	0	0
Elderly and nonelderly members	0	0
Non-elderly members only	0	0
Gross income		
Average	823	822
Median	785	790
Monthly SNAP benefit		
Average	73	92
Median	63	87
Medical expenses		
Average	17	17
Median	0	0
Medical expenses among those with any (positive) medical expenses		
Average	198	217
Median	152	156
Claims a medical deduction		
Medical deduction		
Average	13	13
Median	0	0
Medical deduction among those with any (positive) medical expenses		
Average	149	168
Median	103	108
Receipt of TANF	0	0
Receipt of SSI		
Receipt of Medicaid		
Receipt of Veteran benefits	14	13
Total	202,452	225,786
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	100	100
60-69	49	50
70-74	21	20
75-80	15	16
80-85	9	9
85+	6	6
Average	71	71
Gender		
Male		
Female		
Race/ethnicity		
Asian/non-Hispanic	11	11
African-American, non-Hispanic	5	5
White, non-Hispanic	70	69
Other, non-Hispanic	10	10
Hispanic, all races	5	5
Education		
Less than high school	69	29
High school diploma	27	62
Some college, no degree	1	3
Associate's degree	1	3
Bachelor's degree	1	2
Graduate school	1	2
Marital status		
Married	7	6
Single (never married)	18	18
Widowed	36	36
Divorced or separated	38	40
Total	207,322	231,097

Appendix E

Characteristics Among Households Eligible for the CAP and that Applied to CAP or SNAP in Washington

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size		
Household composition		
One elderly member only	100	100
Multiple elderly members only	0	0
Elderly and nonelderly members	0	0
Non-elderly members only	0	0
Gross income		
Average	742	742
Median	780	778
Monthly SNAP benefit		
Average	67	80
Median	46	78
Medical expenses		
Average	38	26
Median	0	0
Medical expenses among those with any (positive) medical expenses		
Average	233	219
Median	135	155
Claims a medical deduction		
Medical deduction		
Average	30	20
Median	0	0
Medical deduction among those with any (positive) medical expenses		
Average	184	170
Median	86	107
Receipt of TANF	0	0
Receipt of SSI		
Receipt of Medicaid		
Receipt of Veteran benefits	12	21
Total	2,814	6,006
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	100	100
60-69	59	57
70-74	17	18
75-80	13	13
80-85	7	8
85+	5	5
Average	69	69
Gender		
Male		
Female		
Race/ethnicity		
Asian/non-Hispanic	9	10
African-American, non-Hispanic	7	5
White, non-Hispanic	65	65
Other, non-Hispanic	10	11
Hispanic, all races	9	7
Education		
Less than high school	26	37
High school diploma	61	55
Some college, no degree	4	3
Associate's degree	6	3
Bachelor's degree	2	2
Graduate school	2	1
Marital status		
Married	12	9
Single (never married)	15	22
Widowed	33	29
Divorced or separated	40	39
Total	2,953	6,257

Appendix E

Characteristics Among Households Eligible for the SMD and on the SNAP Caseload in Arkansas

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size	1	1
Household composition		
One elderly member only	77	78
Multiple elderly members only	6	6
Elderly and nonelderly members	17	16
Non-elderly members only	0	0
Gross income		
Average	901	905
Median	804	815
Monthly SNAP benefit		
Average	111	104
Median	78	70
Medical expenses		
Average	107	145
Median	60	106
Medical expenses among those with any (positive) medical expenses		
Average	113	153
Median	67	109
Medical deduction		
Average		
Median		
Medical deduction among those with any (positive) medical expenses		
Average		
Median		
Receipt of TANF	0	0
Receipt of SSI	27	14
Receipt of Medicaid	64	57
Receipt of Veteran benefits		
Total	276,061	185,063
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	80	81
60-69	46	47
70-74	13	13
75-80	10	9
80-85	7	7
85+	5	5
Average	61	61
Gender		
Male	34	34
Female	66	66
Race/ethnicity		
Asian/non-Hispanic	0	0
African-American, non-Hispanic	23	20
White, non-Hispanic	77	80
Other, non-Hispanic	0	0
Hispanic, all races	0	0
Education		
Less than high school		
Some college, no degree		
Associates degree or more		
Marital status		
Married	18	18
Single (never married)	40	41
Widowed	24	23
Divorced or separated	18	18
Total	371,035	246,329

Appendix E

Characteristics Among Households Eligible for the SMD and that applied to SNAP in Arkansas

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size	1	1
Household composition		
One elderly member only	71	73
Multiple elderly members only	6	6
Elderly and nonelderly members	22	21
Non-elderly members only	0	0
Gross income		
Average	924	910
Median	889	902
Monthly SNAP benefit		
Average	126	121
Median	87	82
Medical expenses		
Average	139	
Median	126	
Medical expenses among those with any (positive) medical expenses		
Average	139	
Median	126	
Medical deduction		
Average		
Median		
Medical deduction among those with any (positive) medical expenses		
Average		
Median		
Receipt of TANF	0	0
Receipt of SSI	18	15
Receipt of Medicaid	67	57
Receipt of Veteran benefits		
Total	3,401	3,586
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	75	76
60-69	52	52
70-74	10	11
75-80	6	7
80-85	4	4
85+	3	2
Average	58	59
Gender		
Male	40	41
Female	60	59
Race/ethnicity		
Asian/non-Hispanic	0	0
African-American, non-Hispanic	42	20
White, non-Hispanic	58	80
Other, non-Hispanic	0	0
Hispanic, all races	0	0
Education		
Less than high school		
Some college, no degree		
Associates degree or more		
Marital status		
Married	26	25
Single (never married)	39	38
Widowed	18	17
Divorced or separated	18	19
Total	4,917	5,054

Appendix E

Characteristics Among Households Eligible for the SMD and on the SNAP Caseload in Massachusetts

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size		1
Household composition		
One elderly member only	85	85
Multiple elderly members only	9	9
Elderly and nonelderly members	6	6
Non-elderly members only	0	0
Gross income		
Average		
Median		
Monthly SNAP benefit		
Average	116	118
Median	105	109
Medical expenses		
Average		
Median		
Medical expenses among those with any (positive) medical expenses		
Average		
Median		
Claims a medical deduction	7	8
Medical deduction		
Average	12	15
Median	0	0
Medical deduction among those with any (positive) medical expenses		
Average	170	191
Median	96	105
Receipt of TANF	2	2
Receipt of SSI	73	71
Receipt of Medicaid		
Receipt of Veteran benefits	2	2
Total	144,902	102,180
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	92	92
60-69	45	45
70-74	18	18
75-80	14	14
80-85	9	9
85+	6	6
Average	68	67
Gender		
Male	32	33
Female	68	67
Race/ethnicity		
Asian/non-Hispanic	1	1
African-American, non-Hispanic	14	14
White, non-Hispanic	67	66
Other, non-Hispanic	0	0
Hispanic, all races	18	19
Education		
Less than high school	65	65
High school diploma	25	25
Some college, no degree	3	3
Associate's degree	1	1
Bachelor's degree	5	5
Graduate school	0	0
Marital status		
Married	18	18
Single (never married)	64	62
Widowed	8	8
Divorced or separated	10	11
Total	172,080	121,951

Appendix E

Characteristics Among Households Eligible for the SMD and that applied to SNAP in Massachusetts

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size		
Household composition		
One elderly member only	73	76
Multiple elderly members only	12	11
Elderly and nonelderly members	15	13
Non-elderly members only	0	0
Gross income		
Average		
Median		
Monthly SNAP benefit		
Average	94	101
Median	41	80
Medical expenses		
Average		
Median		
Medical expenses among those with any (positive) medical expenses		
Average		
Median		
Claims a medical deduction	15	17
Medical deduction		
Average	26	35
Median	0	0
Medical deduction among those with any (positive) medical expenses		
Average	177	202
Median	85	105
Receipt of TANF	1	1
Receipt of SSI	25	23
Receipt of Medicaid		
Receipt of Veteran benefits	2	2
Total	2,615	5,874
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	92	92
60-69	45	45
70-74	18	18
75-80	14	14
80-85	9	9
85+	6	6
Average	68	67
Gender		
Male	32	33
Female	68	67
Race/ethnicity		
Asian/non-Hispanic	1	1
African-American, non-Hispanic	14	14
White, non-Hispanic	67	66
Other, non-Hispanic	0	0
Hispanic, all races	18	19
Education		
Less than high school	65	65
High school diploma	25	25
Some college, no degree	3	3
Associate's degree	1	1
Bachelor's degree	5	5
Graduate school	0	0
Marital status		
Married	18	18
Single (never married)	64	62
Widowed	8	8
Divorced or separated	10	11
Total	172,080	121,951

Appendix E

Characteristics Among Households Eligible for the SMD and on the SNAP Caseload in North Dakota

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size	1	1
Household composition		
One elderly member only	85	86
Multiple elderly members only	8	7
Elderly and nonelderly members	7	7
Non-elderly members only	0	0
Gross income		
Average	974	967
Median	894	893
Monthly SNAP benefit		
Average	147	143
Median	150	146
Medical expenses		
Average		
Median		
Medical expenses among those with any (positive) medical expenses		
Average		
Median		
Claims a medical deduction	40	42
Medical deduction		
Average	92	109
Median	0	0
Medical deduction among those with any (positive) medical expenses		
Average	230	259
Median	179	177
Receipt of TANF	1	1
Receipt of SSI	29	28
Receipt of Medicaid	100	100
Receipt of Veteran benefits	3	3
Total	57,410	57,450
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	89	89
60-69	44	45
70-74	14	14
75-80	12	12
80-85	10	9
85+	9	9
Average	67	66
Gender		
Male	37	37
Female	63	63
Race/ethnicity		
Asian/non-Hispanic	4	4
African-American, non-Hispanic	3	3
White, non-Hispanic	80	78
Other, non-Hispanic	12	13
Hispanic, all races	2	2
Education		
Less than high school		
Some college, no degree		
Associates degree or more		
Marital status		
Married	20	19
Single (never married)	25	26
Widowed	25	24
Divorced or separated	30	31
Total	72,633	72,439

Appendix E

Characteristics Among Households Eligible for the SMD and that applied to SNAP in North Dakota

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size	2	2
Household composition		
One elderly member only	68	70
Multiple elderly members only	13	12
Elderly and nonelderly members	19	18
Non-elderly members only	0	0
Gross income		
Average	996	980
Median	993	986
Monthly SNAP benefit		
Average	70	68
Median	23	27
Medical expenses		
Average		
Median		
Medical expenses among those with any (positive) medical expenses		
Average		
Median		
Claims a medical deduction	31	33
Medical deduction		
Average	69	94
Median	0	0
Medical deduction among those with any (positive) medical expenses		
Average	224	289
Median	163	185
Receipt of TANF	2	3
Receipt of SSI	12	11
Receipt of Medicaid	100	100
Receipt of Veteran benefits	3	3
Total	891	1,264
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	78	79
60-69	50	48
70-74	11	13
75-80	8	8
80-85	5	6
85+	4	5
Average	60	60
Gender		
Male	44	44
Female	56	56
Race/ethnicity		
Asian/non-Hispanic	6	5
African-American, non-Hispanic	2	4
White, non-Hispanic	74	73
Other, non-Hispanic	13	15
Hispanic, all races	4	4
Education		
Less than high school		
Some college, no degree		
Associates degree or more		
Marital status		
Married	36	31
Single (never married)	24	25
Widowed	16	19
Divorced or separated	25	26
Total	1,388	1,901

Appendix E

Characteristics Among Households Eligible for the ESAP and on the SNAP Caseload in Florida

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size	1	1
Household composition		
One elderly member only	91	91
Multiple elderly members only	9	9
Elderly and nonelderly members	0	0
Non-elderly members only	0	0
Gross income		
Average	801	798
Median	772	773
Monthly SNAP benefit		
Average	87	87
Median	74	73
Medical expenses		
Average	9	8
Median	0	0
Medical expenses among those with any (positive) medical expenses		
Average	167	155
Median	109	112
Medical deduction		
Average	43	42
Median	43	42
Medical deduction among those with any (positive) medical expenses		
Average	43	42
Median	43	42
Receipt of TANF	0	0
Receipt of SSI		
Receipt of Medicaid	52	51
Receipt of Veteran benefits	0	0
Total	573,212	803,871
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	100	100
60-69	45	45
70-74	20	20
75-80	16	16
80-85	11	11
85+	8	8
Average	72	72
Gender		
Male	30	30
Female	70	70
Race/ethnicity		
Asian/non-Hispanic	2	2
African-American, non-Hispanic	25	25
White, non-Hispanic	42	42
Other, non-Hispanic	7	8
Hispanic, all races	24	24
Education		
Less than high school		
Some college, no degree		
Associates degree or more		
Marital status		
Married		
Single (never married)		
Widowed		
Divorced or separated		
Total	625,913	875,592

Appendix E

Characteristics Among Households Eligible for the ESAP and that applied to SNAP in Florida

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size	1	1
Household composition		
One elderly member only	90	91
Multiple elderly members only	10	9
Elderly and nonelderly members	0	0
Non-elderly members only	0	0
Gross income		
Average	721	752
Median	767	778
Monthly SNAP benefit		
Average	78	76
Median	55	52
Medical expenses		
Average	16	13
Median	0	0
Medical expenses among those with any (positive) medical expenses		
Average	181	148
Median	109	112
Medical deduction		
Average	44	42
Median	44	42
Medical deduction among those with any (positive) medical expenses		
Average	44	42
Median	44	42
Receipt of TANF	0	0
Receipt of SSI		
Receipt of Medicaid	54	53
Receipt of Veteran benefits	0	0
Total	27,207	18,857
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	100	100
60-69	57	57
70-74	17	18
75-80	12	12
80-85	8	8
85+	5	5
Average	70	70
Gender		
Male	35	37
Female	65	63
Race/ethnicity		
Asian/non-Hispanic	2	1
African-American, non-Hispanic	24	25
White, non-Hispanic	43	42
Other, non-Hispanic	9	8
Hispanic, all races	23	23
Education		
Less than high school		
Some college, no degree		
Associates degree or more		
Marital status		
Married		
Single (never married)		
Widowed		
Divorced or separated		
Total	29,964	20,576

Characteristics Among Households Eligible for the ESA and on the SNAP Caseload in Massachusetts

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size		
Household composition		
One elderly member only	93	91
Multiple elderly members only	7	9
Elderly and nonelderly members	0	0
Non-elderly members only	0	0
Gross income		
Average		
Median		
Monthly SNAP benefit		
Average	103	142
Median	91	143
Medical expenses		
Average		
Median		
Medical expenses among those with any (positive) medical expenses		
Average		
Median		
Claims a medical deduction		
Medical deduction		
Average	16	32
Median	0	0
Medical deduction among those with any (positive) medical expenses		
Average	197	224
Median	103	138
Receipt of TANF	0	0
Receipt of SSI	71	60
Receipt of Medicaid		
Receipt of Veteran benefits	2	2
Total	31,602	112,407
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	100	100
60-69	47	46
70-74	20	20
75-80	16	16
80-85	10	11
85+	7	7
Average	71	71
Gender		
Male	31	32
Female	69	68
Race/ethnicity		
Asian/non-Hispanic	1	2
African-American, non-Hispanic	15	15
White, non-Hispanic	65	65
Other, non-Hispanic	0	0
Hispanic, all races	18	18
Education		
Less than high school	62	61
High school diploma	28	28
Some college, no degree	4	4
Associate's degree	1	2
Bachelor's degree	5	5
Graduate school	0	0
Marital status		
Married	14	17
Single (never married)	65	57
Widowed	10	12
Divorced or separated	11	13
Total	34,117	123,354

Appendix E

Characteristics Among Households Eligible for the ESA and that applied to SNAP in Massachusetts

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size		
Household composition		
One elderly member only	88	84
Multiple elderly members only	12	16
Elderly and nonelderly members	0	0
Non-elderly members only	0	0
Gross income		
Average		
Median		
Monthly SNAP benefit		
Average	85	91
Median	57	59
Medical expenses		
Average		
Median		
Medical expenses among those with any (positive) medical expenses		
Average		
Median		
Claims a medical deduction		
Medical deduction		
Average	39	73
Median	0	0
Medical deduction among those with any (positive) medical expenses		
Average	203	235
Median	103	153
Receipt of TANF	0	0
Receipt of SSI	21	12
Receipt of Medicaid		
Receipt of Veteran benefits	2	2
Total	2,501	11,009
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	100	100
60-69	55	45
70-74	18	19
75-80	12	16
80-85	9	11
85+	6	8
Average	70	72
Gender		
Male	36	34
Female	64	66
Race/ethnicity		
Asian/non-Hispanic	3	4
African-American, non-Hispanic	16	12
White, non-Hispanic	61	70
Other, non-Hispanic	0	0
Hispanic, all races	19	14
Education		
Less than high school	63	59
High school diploma	30	31
Some college, no degree	5	5
Associate's degree	1	2
Bachelor's degree	2	3
Graduate school	0	0
Marital status		
Married	26	29
Single (never married)	33	35
Widowed	20	20
Divorced or separated	22	16
Total	2,841	12,815

Appendix E

Characteristics Among Households Eligible for the ESAP and on the SNAP Caseload in Pennsylvania

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size	1	1
Household composition		
One elderly member only	88	88
Multiple elderly members only	9	9
Elderly and nonelderly members	3	3
Non-elderly members only	0	0
Gross income		
Average		
Median		
Monthly SNAP benefit		
Average	120	114
Median	122	113
Medical expenses		
Average		
Median		
Medical expenses among those with any (positive) medical expenses		
Average		
Median		
Claims a medical deduction		
Medical deduction		
Average		
Median		
Medical deduction among those with any (positive) medical expenses		
Average		
Median		
Receipt of TANF	0	0
Receipt of SSI		
Receipt of Medicaid		
Receipt of Veteran benefits	2	2
Total	890,360	1,227,101
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	97	97
60-69	57	57
70-74	15	15
75-80	11	11
80-85	7	8
85+	6	7
Average	69	69
Gender		
Male	40	40
Female	60	60
Race/ethnicity		
Asian/non-Hispanic	5	5
African-American, non-Hispanic	25	23
White, non-Hispanic	57	59
Other, non-Hispanic	2	2
Hispanic, all races	10	10
Education		
Less than high school	24	23
High school diploma	69	69
Some college, no degree	2	2
Associate's degree	2	2
Bachelor's degree	3	3
Graduate school	1	1
Marital status		
Married	19	20
Single (never married)	35	36
Widowed	19	18
Divorced or separated	26	26
Total	1,062,415	1,455,016

Characteristics Among Households Eligible for the ESAP and that applied to SNAP in Pennsylvania

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size	1	1
Household composition		
One elderly member only	86	87
Multiple elderly members only	11	11
Elderly and nonelderly members	2	3
Non-elderly members only	0	0
Gross income		
Average		
Median		
Monthly SNAP benefit		
Average	107	106
Median	89	90
Medical expenses		
Average		
Median		
Medical expenses among those with any (positive) medical expenses		
Average		
Median		
Claims a medical deduction		
Medical deduction		
Average		
Median		
Medical deduction among those with any (positive) medical expenses		
Average		
Median		
Receipt of TANF	0	0
Receipt of SSI		
Receipt of Medicaid		
Receipt of Veteran benefits	2	2
Total	17,938	28,489
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	98	98
60-69	56	57
70-74	15	15
75-80	11	11
80-85	9	8
85+	7	7
Average	69	69
Gender		
Male	41	42
Female	59	58
Race/ethnicity		
Asian/non-Hispanic	4	5
African-American, non-Hispanic	16	17
White, non-Hispanic	68	66
Other, non-Hispanic	2	2
Hispanic, all races	9	10
Education		
Less than high school	18	19
High school diploma	73	72
Some college, no degree	3	2
Associate's degree	2	2
Bachelor's degree	3	4
Graduate school	1	1
Marital status		
Married	23	24
Single (never married)	31	32
Widowed	21	19
Divorced or separated	25	25
Total	21,449	33,880

Characteristics Among Households Eligible for the ESAP and on the SNAP Caseload in Washington

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size		
Household composition		
One elderly member only	88	88
Multiple elderly members only	12	12
Elderly and nonelderly members	0	0
Non-elderly members only	0	0
Gross income		
Average	926	923
Median	829	824
Monthly SNAP benefit		
Average	130	122
Median	123	116
Medical expenses		
Average	41	41
Median	0	0
Medical expenses among those with any (positive) medical expenses		
Average	221	218
Median	160	157
Claims a medical deduction		
Medical deduction		
Average	34	34
Median	0	0
Medical deduction among those with any (positive) medical expenses		
Average	184	181
Median	123	120
Receipt of TANF	0	0
Receipt of SSI		
Receipt of Medicaid		
Receipt of Veteran benefits	14	14
Total	861,826	932,409
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	100	100
60-69	54	54
70-74	18	18
75-80	13	13
80-85	9	8
85+	6	6
Average	70	70
Gender		
Male		
Female		
Race/ethnicity		
Asian/non-Hispanic	15	15
African-American, non-Hispanic	5	5
White, non-Hispanic	60	60
Other, non-Hispanic	9	9
Hispanic, all races	10	10
Education		
Less than high school	20	19
High school diploma	63	63
Some college, no degree	5	6
Associate's degree	6	6
Bachelor's degree	4	4
Graduate school	2	2
Marital status		
Married	23	23
Single (never married)	19	20
Widowed	21	20
Divorced or separated	37	38
Total	968,595	1,046,873

Characteristics Among Households Eligible for the ESAP and that applied to SNAP in Washington

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size		
Household composition		
One elderly member only	87	87
Multiple elderly members only	13	13
Elderly and nonelderly members	0	0
Non-elderly members only	0	0
Gross income		
Average	808	823
Median	810	810
Monthly SNAP benefit		
Average	89	84
Median	65	59
Medical expenses		
Average	61	57
Median	0	0
Medical expenses among those with any (positive) medical expenses		
Average	234	221
Median	160	143
Claims a medical deduction		
Medical deduction		
Average	51	48
Median	0	0
Medical deduction among those with any (positive) medical expenses		
Average	196	184
Median	122	106
Receipt of TANF	0	0
Receipt of SSI		
Receipt of Medicaid		
Receipt of Veteran benefits	18	19
Total	12,862	19,143
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	100	100
60-69	60	62
70-74	16	16
75-80	11	11
80-85	7	6
85+	6	5
Average	69	69
Gender		
Male		
Female		
Race/ethnicity		
Asian/non-Hispanic	11	11
African-American, non-Hispanic	6	6
White, non-Hispanic	62	60
Other, non-Hispanic	9	9
Hispanic, all races	13	14
Education		
Less than high school	22	20
High school diploma	62	62
Some college, no degree	5	6
Associate's degree	6	6
Bachelor's degree	4	5
Graduate school	1	1
Marital status		
Married	30	31
Single (never married)	19	18
Widowed	18	16
Divorced or separated	33	35
Total	14,861	22,127

Characteristics Among Households Eligible for the ESAP2 and on the SNAP Caseload in Alabama

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size	1	1
Household composition		
One elderly member only	95	95
Multiple elderly members only	5	5
Elderly and nonelderly members	0	0
Non-elderly members only	0	0
Gross income		
Average		
Median		
Monthly SNAP benefit		
Average	89	88
Median	75	73
Medical expenses		
Average	32	32
Median	0	0
Medical expenses among those with any (positive) medical expenses		
Average	98	98
Median	57	57
Medical deduction		
Average	39	39
Median	0	0
Medical deduction among those with any (positive) medical expenses		
Average	208	207
Median	174	172
Receipt of TANF		
Receipt of SSI	40	39
Receipt of Medicaid		
Receipt of Veteran benefits	0	0
Total	256,261	669,715
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	100	100
60-69	64	63
70-74	15	15
75-80	10	10
80-85	7	7
85+	4	5
Average	68	68
Gender		
Male	32	33
Female	68	67
Race/ethnicity		
Asian/non-Hispanic	1	1
African-American, non-Hispanic	52	52
White, non-Hispanic	46	46
Other, non-Hispanic	0	0
Hispanic, all races	1	1
Education		
Less than high school		
Some college, no degree		
Associates degree or more		
Marital status		
Married		
Single (never married)		
Widowed		
Divorced or separated		
Total	269,662	704,450

Characteristics Among Households Eligible for the ESAP2 and that applied to SNAP in Alabama

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size	1	1
Household composition		
One elderly member only	89	90
Multiple elderly members only	11	10
Elderly and nonelderly members	0	0
Non-elderly members only	0	0
Gross income		
Average		
Median		
Monthly SNAP benefit		
Average	73	75
Median	35	40
Medical expenses		
Average	44	40
Median	0	0
Medical expenses among those with any (positive) medical expenses		
Average	137	138
Median	110	109
Medical deduction		
Average	53	48
Median	0	0
Medical deduction among those with any (positive) medical expenses		
Average	207	214
Median	174	172
Receipt of TANF		
Receipt of SSI	21	22
Receipt of Medicaid		
Receipt of Veteran benefits	0	0
Total	3,144	18,947
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	100	100
60-69	73	75
70-74	11	11
75-80	8	7
80-85	5	4
85+	3	3
Average	67	66
Gender		
Male	39	39
Female	61	61
Race/ethnicity		
Asian/non-Hispanic	1	1
African-American, non-Hispanic	44	46
White, non-Hispanic	53	51
Other, non-Hispanic	0	1
Hispanic, all races	1	1
Education		
Less than high school		
Some college, no degree		
Associates degree or more		
Marital status		
Married		
Single (never married)		
Widowed		
Divorced or separated		
Total	3,496	20,861

Characteristics Among Households Eligible for the ESAP2 and on the SNAP Caseload in Alabama

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size	1	1
Household composition		
One elderly member only	95	95
Multiple elderly members only	5	5
Elderly and nonelderly members	0	0
Non-elderly members only	0	0
Gross income		
Average		
Median		
Monthly SNAP benefit		
Average	89	88
Median	75	73
Medical expenses		
Average	32	32
Median	0	0
Medical expenses among those with any (positive) medical expenses		
Average	98	98
Median	57	57
Medical deduction		
Average	39	39
Median	0	0
Medical deduction among those with any (positive) medical expenses		
Average	208	207
Median	174	172
Receipt of TANF		
Receipt of SSI	40	39
Receipt of Medicaid		
Receipt of Veteran benefits	0	0
Total	256,261	669,715
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	100	100
60-69	64	63
70-74	15	15
75-80	10	10
80-85	7	7
85+	4	5
Average	68	68
Gender		
Male	32	33
Female	68	67
Race/ethnicity		
Asian/non-Hispanic	1	1
African-American, non-Hispanic	52	52
White, non-Hispanic	46	46
Other, non-Hispanic	0	0
Hispanic, all races	1	1
Education		
Less than high school		
Some college, no degree		
Associates degree or more		
Marital status		
Married		
Single (never married)		
Widowed		
Divorced or separated		
Total	269,662	704,450

Appendix E

Characteristics Among Households Eligible for the ESAP2 and that applied to SNAP in Alabama

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size	1	1
Household composition		
One elderly member only	89	90
Multiple elderly members only	11	10
Elderly and nonelderly members	0	0
Non-elderly members only	0	0
Gross income		
Average		
Median		
Monthly SNAP benefit		
Average	73	75
Median	35	40
Medical expenses		
Average	44	40
Median	0	0
Medical expenses among those with any (positive) medical expenses		
Average	137	138
Median	110	109
Medical deduction		
Average	53	48
Median	0	0
Medical deduction among those with any (positive) medical expenses		
Average	207	214
Median	174	172
Receipt of TANF		
Receipt of SSI	21	22
Receipt of Medicaid		
Receipt of Veteran benefits	0	0
Total	3,144	18,947
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	100	100
60-69	73	75
70-74	11	11
75-80	8	7
80-85	5	4
85+	3	3
Average	67	66
Gender		
Male	39	39
Female	61	61
Race/ethnicity		
Asian/non-Hispanic	1	1
African-American, non-Hispanic	44	46
White, non-Hispanic	53	51
Other, non-Hispanic	0	1
Hispanic, all races	1	1
Education		
Less than high school		
Some college, no degree		
Associates degree or more		
Marital status		
Married		
Single (never married)		
Widowed		
Divorced or separated		
Total	3,496	20,861

Characteristics Among Households Eligible for the ESAP3 and on the SNAP Caseload in Alabama

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size	1	1
Household composition		
One elderly member only	95	95
Multiple elderly members only	5	5
Elderly and nonelderly members	0	0
Non-elderly members only	0	0
Gross income		
Average		
Median		
Monthly SNAP benefit		
Average	86	85
Median	71	70
Medical expenses		
Average	32	32
Median	0	0
Medical expenses among those with any (positive) medical expenses		
Average	98	94
Median	60	59
Medical deduction		
Average	41	40
Median	0	0
Medical deduction among those with any (positive) medical expenses		
Average	203	196
Median	169	168
Receipt of TANF		
Receipt of SSI	38	37
Receipt of Medicaid		
Receipt of Veteran benefits	0	0
Total	318,063	771,845
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	100	100
60-69	65	66
70-74	15	15
75-80	10	9
80-85	6	6
85+	4	4
Average	68	68
Gender		
Male	34	34
Female	66	66
Race/ethnicity		
Asian/non-Hispanic	1	1
African-American, non-Hispanic	52	52
White, non-Hispanic	46	46
Other, non-Hispanic	0	0
Hispanic, all races	1	0
Education		
Less than high school		
Some college, no degree		
Associates degree or more		
Marital status		
Married		
Single (never married)		
Widowed		
Divorced or separated		
Total	334,348	809,239

Characteristics Among Households Eligible for the ESAP3 and that applied to SNAP in Alabama

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size	1	1
Household composition		
One elderly member only	91	91
Multiple elderly members only	9	9
Elderly and nonelderly members	0	0
Non-elderly members only	0	0
Gross income		
Average		
Median		
Monthly SNAP benefit		
Average	79	78
Median	46	45
Medical expenses		
Average	38	37
Median	0	0
Medical expenses among those with any (positive) medical expenses		
Average	133	130
Median	108	110
Medical deduction		
Average	47	44
Median	0	0
Medical deduction among those with any (positive) medical expenses		
Average	201	200
Median	169	168
Receipt of TANF		
Receipt of SSI	23	22
Receipt of Medicaid		
Receipt of Veteran benefits	0	0
Total	3,135	18,020
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	100	100
60-69	79	77
70-74	10	11
75-80	6	6
80-85	4	4
85+	2	2
Average	66	66
Gender		
Male	41	40
Female	59	60
Race/ethnicity		
Asian/non-Hispanic	1	1
African-American, non-Hispanic	45	47
White, non-Hispanic	52	51
Other, non-Hispanic	1	1
Hispanic, all races	1	1
Education		
Less than high school		
Some college, no degree		
Associates degree or more		
Marital status		
Married		
Single (never married)		
Widowed		
Divorced or separated		
Total	3,420	19,610

Characteristics Among Households Eligible for the RI Waiver and on the SNAP Caseload in Arkansas

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size	1	1
Household composition		
One elderly member only	82	85
Multiple elderly members only	6	6
Elderly and nonelderly members	12	9
Non-elderly members only	0	0
Gross income		
Average	892	882
Median	808	801
Monthly SNAP benefit		
Average	93	87
Median	65	62
Medical expenses		
Average	144	188
Median	106	148
Medical expenses among those with any (positive) medical expenses		
Average	153	196
Median	117	148
Medical deduction		
Average		
Median		
Medical deduction among those with any (positive) medical expenses		
Average		
Median		
Receipt of TANF	0	9
Receipt of SSI	17	17
Receipt of Medicaid	67	62
Receipt of Veteran benefits		
Total	147,588	297,208
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	86	90
60-69	49	51
70-74	14	14
75-80	10	11
80-85	7	7
85+	6	6
Average	64	65
Gender		
Male	33	33
Female	67	67
Race/ethnicity		
Asian/non-Hispanic	0	0
African-American, non-Hispanic	20	39
White, non-Hispanic	80	50
Other, non-Hispanic	0	0
Hispanic, all races	0	11
Education		
Less than high school		
Some college, no degree		
Associates degree or more		
Marital status		
Married	16	16
Single (never married)	39	39
Widowed	25	25
Divorced or separated	19	21
Total	183,533	355,938

Appendix E

Characteristics Among Households Eligible for the RI Waiver and that applied to SNAP in Arkansas

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size	1	1
Household composition		
One elderly member only	81	85
Multiple elderly members only	7	7
Elderly and nonelderly members	13	8
Non-elderly members only	0	0
Gross income		
Average	867	865
Median	874	864
Monthly SNAP benefit		
Average	107	98
Median	70	63
Medical expenses		
Average		
Median		
Medical expenses among those with any (positive) medical expenses		
Average		
Median		
Medical deduction		
Average		
Median		
Medical deduction among those with any (positive) medical expenses		
Average		
Median		
Receipt of TANF	0	7
Receipt of SSI	19	8
Receipt of Medicaid	68	53
Receipt of Veteran benefits		
Total	2,607	4,904
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	85	89
60-69	56	60
70-74	13	12
75-80	8	9
80-85	5	5
85+	3	3
Average	62	64
Gender		
Male	40	40
Female	60	60
Race/ethnicity		
Asian/non-Hispanic	0	0
African-American, non-Hispanic	14	42
White, non-Hispanic	86	46
Other, non-Hispanic	0	0
Hispanic, all races	0	11
Education		
Less than high school		
Some college, no degree		
Associates degree or more		
Marital status		
Married	22	20
Single (never married)	37	37
Widowed	20	19
Divorced or separated	21	24
Total	3,291	5,901

Characteristics Among Households Eligible for the RI Waiver and on the SNAP Caseload in Nebraska

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size	1	1
Household composition		
One elderly member only	92	91
Multiple elderly members only	6	7
Elderly and nonelderly members	2	2
Non-elderly members only	0	0
Gross income		
Average	854	841
Median	817	791
Monthly SNAP benefit		
Average	85	81
Median	67	62
Medical expenses		
Average		
Median		
Medical expenses among those with any (positive) medical expenses		
Average		
Median		
Medical deduction		
Average	32	32
Median	0	0
Medical deduction among those with any (positive) medical expenses		
Average	162	160
Median	115	97
Receipt of TANF	0	0
Receipt of SSI	33	33
Receipt of Medicaid	58	85
Receipt of Veteran benefits		0
Total	123,100	127,765
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	98	98
60-69	52	53
70-74	16	16
75-80	13	13
80-85	9	9
85+	7	7
Average	70	70
Gender		
Male	33	33
Female	67	67
Race/ethnicity		
Asian/non-Hispanic	5	5
African-American, non-Hispanic	9	10
White, non-Hispanic	66	65
Other, non-Hispanic	2	3
Hispanic, all races	18	18
Education		
Less than high school		
Some college, no degree		
Associates degree or more		
Marital status		
Married	22	22
Single (never married)	21	23
Widowed	23	21
Divorced or separated	34	34
Total	133,542	138,556

Characteristics Among Households Eligible for the RI Waiver and that applied to SNAP in Nebraska

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size	1	1
Household composition		
One elderly member only	81	83
Multiple elderly members only	16	14
Elderly and nonelderly members	3	3
Non-elderly members only	0	0
Gross income		
Average	804	1,130
Median	829	797
Monthly SNAP benefit		
Average	50	60
Median	0	16
Medical expenses		
Average		
Median		
Medical expenses among those with any (positive) medical expenses		
Average		
Median		
Medical deduction		
Average	53	55
Median	0	0
Medical deduction among those with any (positive) medical expenses		
Average	161	153
Median	74	73
Receipt of TANF	0	0
Receipt of SSI	7	10
Receipt of Medicaid	42	39
Receipt of Veteran benefits		
Total	2,790	3,172
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	98	97
60-69	54	58
70-74	15	14
75-80	12	11
80-85	9	8
85+	8	6
Average	70	69
Gender		
Male	41	42
Female	59	58
Race/ethnicity		
Asian/non-Hispanic	3	4
African-American, non-Hispanic	8	9
White, non-Hispanic	69	66
Other, non-Hispanic	2	3
Hispanic, all races	18	18
Education		
Less than high school		
Some college, no degree		
Associates degree or more		
Marital status		
Married	36	33
Single (never married)	19	24
Widowed	20	17
Divorced or separated	25	25
Total	3,323	3,733

Appendix E

Characteristics Among Households Eligible for the RI Waiver and on the SNAP Caseload in Massachusetts

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size		
Household composition		
One elderly member only	88	88
Multiple elderly members only	10	10
Elderly and nonelderly members	1	2
Non-elderly members only	0	0
Gross income		
Average		
Median		
Monthly SNAP benefit		
Average	166	165
Median	169	168
Medical expenses		
Average		
Median		
Medical expenses among those with any (positive) medical expenses		
Average		
Median		
Claims a medical deduction		
Medical deduction		
Average	32	36
Median	0	0
Medical deduction among those with any (positive) medical expenses		
Average	226	232
Median	131	138
Receipt of TANF	0	0
Receipt of SSI	61	58
Receipt of Medicaid		
Receipt of Veteran benefits	2	2
Total	190,783	279,558
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	99	99
60-69	46	47
70-74	19	19
75-80	15	15
80-85	11	11
85+	7	7
Average	71	71
Gender		
Male	32	32
Female	68	68
Race/ethnicity		
Asian/non-Hispanic	2	2
African-American, non-Hispanic	13	13
White, non-Hispanic	67	66
Other, non-Hispanic	0	0
Hispanic, all races	18	18
Education		
Less than high school	58	58
High school diploma	30	30
Some college, no degree	4	4
Associate's degree	1	1
Bachelor's degree	7	6
Graduate school	0	0
Marital status		
Married	19	19
Single (never married)	56	55
Widowed	11	12
Divorced or separated	13	14
Total	213,615	313,678

Appendix E

Characteristics Among Households Eligible for the RI Waiver and that applied to SNAP in Massachusetts

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size		
Household composition		
One elderly member only	84	85
Multiple elderly members only	14	13
Elderly and nonelderly members	2	2
Non-elderly members only	0	0
Gross income		
Average		
Median		
Monthly SNAP benefit		
Average	106	103
Median	69	82
Medical expenses		
Average		
Median		
Medical expenses among those with any (positive) medical expenses		
Average		
Median		
Claims a medical deduction		
Medical deduction		
Average	63	65
Median	0	0
Medical deduction among those with any (positive) medical expenses		
Average	234	246
Median	147	152
Receipt of TANF	0	0
Receipt of SSI	16	21
Receipt of Medicaid		
Receipt of Veteran benefits	2	2
Total	3,149	12,714
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	98	99
60-69	52	50
70-74	18	17
75-80	13	14
80-85	9	10
85+	6	8
Average	70	71
Gender		
Male	38	38
Female	62	62
Race/ethnicity		
Asian/non-Hispanic	4	4
African-American, non-Hispanic	15	14
White, non-Hispanic	62	66
Other, non-Hispanic	0	0
Hispanic, all races	19	16
Education		
Less than high school	65	55
High school diploma	26	34
Some college, no degree	4	6
Associate's degree	2	2
Bachelor's degree	4	3
Graduate school	0	0
Marital status		
Married	29	28
Single (never married)	36	39
Widowed	16	15
Divorced or separated	19	19
Total	3,691	14,738

Appendix E

Characteristics Among Households Eligible for the RI Waiver and on the SNAP Caseload in Pennsylvania

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size	1	1
Household composition		
One elderly member only	86	87
Multiple elderly members only	9	9
Elderly and nonelderly members	5	4
Non-elderly members only	0	0
Gross income		
Average		
Median		
Monthly SNAP benefit		
Average	124	118
Median	125	118
Medical expenses		
Average		
Median		
Medical expenses among those with any (positive) medical expenses		
Average		
Median		
Claims a medical deduction		
Medical deduction		
Average		
Median		
Medical deduction among those with any (positive) medical expenses		
Average		
Median		
Receipt of TANF	0	0
Receipt of SSI		
Receipt of Medicaid		
Receipt of Veteran benefits	1	2
Total	572,520	675,402
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	96	96
60-69	56	57
70-74	15	15
75-80	11	11
80-85	8	8
85+	6	6
Average	69	69
Gender		
Male	38	39
Female	62	61
Race/ethnicity		
Asian/non-Hispanic	5	5
African-American, non-Hispanic	27	26
White, non-Hispanic	55	56
Other, non-Hispanic	3	3
Hispanic, all races	10	10
Education		
Less than high school	26	25
High school diploma	67	68
Some college, no degree	2	2
Associate's degree	2	2
Bachelor's degree	3	3
Graduate school	1	1
Marital status		
Married	19	19
Single (never married)	33	34
Widowed	22	21
Divorced or separated	26	26
Total	683,421	807,111

Appendix E

Characteristics Among Households Eligible for the RI Waiver and that applied to SNAP in Pennsylvania

	Before Implementation	After Implementation
Characteristics of households (percentages unless otherwise indicated)		
Household size	1	1
Household composition		
One elderly member only	87	86
Multiple elderly members only	9	10
Elderly and nonelderly members	4	3
Non-elderly members only	0	0
Gross income		
Average		
Median		
Monthly SNAP benefit		
Average	113	114
Median	96	104
Medical expenses		
Average		
Median		
Medical expenses among those with any (positive) medical expenses		
Average		
Median		
Claims a medical deduction		
Medical deduction		
Average		
Median		
Medical deduction among those with any (positive) medical expenses		
Average		
Median		
Receipt of TANF	0	0
Receipt of SSI		
Receipt of Medicaid		
Receipt of Veteran benefits	1	2
Total	16,795	20,791
Characteristics of individuals within households (percentages unless otherwise indicated)		
Age		
60+	97	97
60-69	58	58
70-74	15	15
75-80	11	11
80-85	8	7
85+	5	6
Average	69	69
Gender		
Male	41	41
Female	59	59
Race/ethnicity		
Asian/non-Hispanic	5	5
African-American, non-Hispanic	21	20
White, non-Hispanic	63	63
Other, non-Hispanic	3	2
Hispanic, all races	9	9
Education		
Less than high school	21	20
High school diploma	70	71
Some college, no degree	2	2
Associate's degree	2	2
Bachelor's degree	3	3
Graduate school	1	1
Marital status		
Married	20	22
Single (never married)	30	30
Widowed	23	22
Divorced or separated	26	26
Total	19,693	24,649

Characteristics Among Households Eligible for the RI Waiver and that applied to SNAP in Pennsylvania

Appendix F: Subgroup Analyses

Some of the interventions we analyzed in this study may affect various subgroups of elders differently. For instance, an intervention that enables elders to apply or recertify for SNAP without ever leaving their homes might be more beneficial for older elders than it is for younger elders, as mobility and transportation challenges may increase with age. Findings of this nature would be policy-relevant. To explore this issue, we produced the within- and cross-State CITS models for each intervention for the following subgroups of elderly households and compared results to those for the broader population of elderly households:

- **Households with elderly members only.** All members in the SNAP unit are aged 60 and over.[30]
- **Households with older elderly members.** The SNAP unit includes at least one member who is over age 75.[31]
- **Households with only older elderly members.** All members in the SNAP unit are aged 75 and over.

For most of the analyses across all States, results for these subgroups were not notably different than for the full group of elderly households eligible for the interventions. The bullets below summarize the notable differences. The remainder of this Appendix presents the results; average effects in the tables reflect percentage changes.

- CAP had a larger effect on applications in New York among households with older elders; this may reflect the demographic characteristics of elders receiving SSI.
- While, relative to pre-period trends, churning among the treatment group in New York decreased more after implementation of the CAP than it did for the comparison group, the opposite was true among households with older elders; older elders may have had more difficulty understanding what they had to do to recertify for benefits or carrying out those tasks.
- Washington and Massachusetts appear to have had less success encouraging older elders who were on SSI at the time of CAP implementation to apply for CAP than it did younger elders; the positive effect on applications in Massachusetts was much less

[30] We did not examine this subgroup for CAP, ESA, ESAP, or the RI waiver, because the only households eligible for these interventions were those made up of only elderly members, those with only disabled members, or those made up of only elderly and disabled members. Thus, households with only elderly members represent the bulk of households eligible for these interventions, so it is unnecessary to conduct a subgroup analysis for them.

[31] We defined households with older elderly members based on age categorizations used by the Census for its report on the older population (http://www.census.gov/content/dam/Census/library/publications/2014/demo/p25-1140.pdf) and on our experience on other studies (Kauff et al. 2014).

pronounced for older elders than for all elders, and the positive effect among all elders in Washington was nonexistent for older elders.

- The negative effect of the ESAP2 on the caseload in Washington was reversed for older elders.[32] It is possible that, for older elders, reinstatement of the initial eligibility interview under ESAP2 indeed served the purpose FNS intended when it began requiring these interviews under the ESAP—to provide elderly applicants with more staff assistance and to ensure that all of their expenses were appropriately accounted for. For younger elders, reinstatement of the interview may have simply reintroduced hassle. Though this phenomenon does not occur in Alabama, there is some corroborating evidence from that State that the initial eligibility interview plays a different role for older elders than it does for younger elders. Under its ESAP2, which waived this interview, the effect on new applications for all elders was small but positive, while the effect for older elders was small but negative; when Alabama reintroduced the interview requirement, the effect was positive across all subgroups. Older elders may have foregone application if they perceived that no "assistance" through direct communication with staff was available.
- The negative effect on caseload of Florida's ESAP was more pronounced for older elders compared with all eligible elders. This result reflects both fewer new applications from and more churning among older elders relative to all eligible elders after implementation of the ESAP. It is possible that older elders had more trouble than others navigating the online application, despite its new simplicity, or that, as described in the bullet above, waiver of the initial eligibility interview was a barrier for older elders in a way that it was not for others.
- Churning under ESAP3 in Alabama was more pronounced among older elders than among eligible elders generally. The ESAP3 introduced a six month interim reporting requirement, with which older elders may have had more difficulty complying.

[32] While the same is true in Pennsylvania, recall that in Pennsylvania, 30 percent of the administrative caseload was missing. Because data limitations may be driving some of these results, we do not focus on them here.

CAP Effects

	Elders		Older elders		Older elders only	
	Average effect (%)	**p-value**	**Average effect (%)**	**p-value**	**Average effect (%)**	**p-value**
Median SNAP benefit						
All States	**2.85**	**0.163**	**0.30**	**0.955**	**3.04**	**0.227**
Florida	5.47	0.113			9.51**	0.017
Massachusetts	-7.96	0.430			-30.77	0.161
New York	0.72	0.774	0.30	0.955	2.60	0.613
Washington	26.53	0.060			37.09	0.028
Caseload						
All States	**0.74*** **	**0.000**	**16.31*** **	**0.000**	**0.32** **	**0.011**
Florida	-7.13***	0.000			-5.67***	0.000
Massachusetts	3.09	0.055			6.73	0.162
New York	13.50***	0.000	16.31***	0.000	17.69***	0.000
Washington	5.09***	0.000			1.58	0.076
Applications						
All States	**5.27**	**0.060**	**163.99**	**0.072**	**1.47**	**0.764**
Florida	2.53	0.811			3.74	0.647
Massachusetts	45.17	0.139			7.03	0.860
New York	81.18	0.162	163.99	0.072	181.83	0.059
Washington	15.14	0.261			-1.04	0.969
Churn						
All States	**43.10*** **	**0.000**	**174.34**	**0.398**	**103.68*** **	**0.000**
Florida	17.75	0.510			5.37	0.890
Massachusetts	-8.59	0.984			-32.61	0.978
New York	-38.27	0.914	174.34	0.398	175.05	0.422
Washington	474.14***	0.000			1962.72***	0.000

Elders = households eligible for the intervention with one or more elders 60 years or older
Older Elders = households eligible for the intervention with one or more elders 75 years or older
Older Elders only = households eligible for the intervention with only elders 75 years or older

*Significantly different from zero at the .10 level, two-tailed test, after adjusting for multiple comparisons.
**Significantly different from zero at the .05 level, two-tailed test, after adjusting for multiple comparisons.
***Significantly different from zero at the .01 level, two-tailed test, after adjusting for multiple comparisons.

ESAP Effects

	Elders		Older elders		Older elders only	
	Average effect (%)	**p-value**	**Average effect (%)**	**p-value**	**Average effect (%)**	**p-value**
Caseload						
All States	**-0.21**	**0.019**	**0.11**	**0.520**	**0.35**	**0.066**
Florida	-0.04	0.947	-9.84***	0.000	-10.55***	0.000
Pennsylvania	-1.26***	0.000	0.28	0.531	0.43	0.363
Washington	0.61***	0.000	1.35***	0.000	1.43***	0.000
Washington (2)	-0.44***	0.004	0.41	0.051	0.90***	0.001
Alabama (2)	6.72***	0.001	7.49**	0.032	7.61**	0.037
Alabama (3)	-8.33***	0.000	-12.56***	0.000	-12.77***	0.000
Applications						
All States	**3.51**	**0.136**	**-6.69**	**0.157**	**-5.80**	**0.263**
Florida	20.98***	0.000	11.83	0.366	11.29	0.423
Pennsylvania	-16.28	0.178	-30.13	0.070	-31.19	0.089
Washington	-3.65	0.635	-12.02	0.284	-15.44	0.200
Washington (2)	-4.99	0.295	-15.97	0.091	-13.37	0.205
Alabama (2)	1.54	0.845	-5.54	0.764	-0.88	0.966
Alabama (3)	0.50	0.940	24.61	0.294	25.56	0.315
Churn						
All States	**-28.98**	**0.090**	**-54.76**	**0.045**	**-55.99**	**0.045**
Florida	7.11	0.756	60.69	0.436	66.53	0.426
Pennsylvania	307.64***	0.007	1349.34***	0.008	1433.84***	0.008
Washington	-402.4**	0.013	-1905.39**	0.011	-2073.45**	0.011
Washington (2)	-92.41	0.205	-476.04	0.156	-516.49	0.158
Alabama (2)	-42.32**	0.016	-42.17**	0.041	-42.04**	0.041
Alabama (3)	218.94	0.411	803.37	0.543	829.22	0.545

Elders = households eligible for the intervention with one or more elders 60 years or older
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Older Elders only = households eligible for the intervention with only elders 75 years or older

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***Significantly different from zero at the .01 level, two-tailed test, after adjusting for multiple comparisons.

SMD Effects

	Elders		Elders only		Older elders		Older elders only	
	Average effect (%)	p-value	Average effect (%)	p-value	Average effect (%)	p-value	Average effect (%)	p-value
Median SNAP benefit								
All States	**-5.14*** **	**0.000**	**-5.75*** **	**0.000**	**-8.51*** **	**0.000**	**-3.48*** **	**0.000**
Arkansas	-11.60***	0.000	-13.09***	0.000	-15.92***	0.000	-16.04***	0.000
Massachusetts	10.02	0.074	12.37	0.112	7.54	0.195	-0.10	0.903
North Dakota	-3.94	0.369	-5.45	0.236	-3.73	0.432	-3.87	0.441
Caseload								
All States	**2.76*** **	**0.000**	**3.08*** **	**0.000**	**9.51*** **	**0.000**	**10.49*** **	**0.000**
Arkansas	8.11**	0.020	9.89**	0.020	29.88**	0.023	35.02**	0.021
Massachusetts	-4.31	0.605	-4.79	0.596	-19.41	0.513	-20.89	0.514
North Dakota	14.16***	0.000	15.48***	0.000	43.95***	0.000	47.23***	0.000
Applications								
All States	**-5.15**	**0.503**	**-5.17**	**0.568**	**-20.69**	**0.527**	**-27.45**	**0.479**
Arkansas	161.86	0.264	219.34	0.241	1011.80	0.210	1235.86	0.207
Massachusetts	36.08	0.458	41.68	0.457	108.77	0.580	133.74	0.578
North Dakota	-70.89	0.367	-78.31	0.415	-306.96	0.399	-415.92	0.362
Churn								
All States	**-5.03**	**0.601**	**-7.73**	**0.515**	**-26.86**	**0.509**	**-33.54**	**0.493**
Arkansas	-154.02	0.304	-217.78	0.291	-714.06	0.310	-937.88	0.298
Massachusetts	28.92	0.585	36.56	0.559	206.28	0.461	239.16	0.463
North Dakota	-198.45	0.587	-302.87	0.498	-930.95	0.481	-1109.07	0.468

Elders = households eligible for the intervention with one or more elders 60 years or older
Elders Only = households eligible for the intervention with only elders 60 years or older
Older Elders = households eligible for the intervention with one or more elders 75 years or older
Older Elders only = households eligible for the intervention with only elders 75 years or older

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***Significantly different from zero at the .01 level, two-tailed test, after adjusting for multiple comparisons.

Recertification Interview (RI) Waiver Effects

	Elders		Older elders		Older elders only	
	Average effect (%)	**p-value**	**Average effect (%)**	**p-value**	**Average effect (%)**	**p-value**
Caseload						
All States	**-1.06*** **	**0.000**	**-1.70*** **	**0.000**	**-1.78*** **	**0.000**
Arkansas	-0.99	0.086	-1.76	0.062	-1.69	0.070
Massachusetts	-7.09	0.533	-7.58	0.604	-8.07	0.606
Nebraska	-3.91***	0.000	-6.54***	0.000	-6.62***	0.000
Pennsylvania	-0.50	0.444	-0.89	0.200	-1.32	0.074
Applications						
All States	**-10.60**	**0.098**	**-10.76**	**0.287**	**-12.03**	**0.231**
Arkansas	-280.00	0.299	-1453.92	0.273	-1534.26	0.274
Massachusetts	0.83	0.966	9.76	0.765	13.36	0.716
Nebraska	14.14	0.688	24.17	0.670	31.51	0.602
Pennsylvania	-22.77**	0.011	-22.84	0.077	-22.92	0.058
Churn						
All States	**-5.65**	**0.848**	**-25.49**	**0.808**	**-30.58**	**0.789**
Arkansas	-39.33	0.889	-216.18	0.817	-234.31	0.813
Massachusetts	59.18	0.688	216.29	0.711	248.71	0.707
Nebraska	-53.87	0.810	-215.53	0.791	-265.49	0.772
Pennsylvania	-39.11	0.777	-155.74	0.770	-169.36	0.770

Elders = households eligible for the intervention with one or more elders 60 years or older
Older Elders = households eligible for the intervention with one or more elders 75 years or older
Older Elders only = households eligible for the intervention with only elders 75 years or older

*Significantly different from zero at the .10 level, two-tailed test, after adjusting for multiple comparisons.
**Significantly different from zero at the .05 level, two-tailed test, after adjusting for multiple comparisons.
***Significantly different from zero at the .01 level, two-tailed test, after adjusting for multiple comparisons.