

Pre-Waiver/Post-Waiver Comparison

OMB

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

Pre-ESAP Research Cohort

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

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

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

Post Implementation ESAP Cohort

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

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

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

Table B: Elderly and/or Disabled Households with No Earned Income After ESAP Imp

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

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

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

Certifications/Recertification (broken out by fiscal year):

For all Project applications, the State shall provide:

1. Number of initial certification applications approved.
2. Number of initial certification applications denied.
3. Number of recertification applications approved.
4. Number of recertification applications denied.
5. How many of the above recertifications required an interview.
6. The total number of ESAP participants.

Certification/ Recertification Reporting Template

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

Total Number of ESAP Participants (in fiscal year):

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

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

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

Error Rate Reporting Template

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

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

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

CAPER Rate for ESAP cases (in fiscal year):

Quality Control Reporting Template

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

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

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

Payment Variance Worksheet

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

Notes on Variance Worksheet:

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covered in the below payment variance

rate, payment variance is any amount

.if needed.

rocedural (e.g. failure to provide

ivict, alien status, and self-reported

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

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ess: (broken out by fiscal year)

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

For the 200 active cases:

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

Timeliness Reporting Template

Table 4: Initial Timeliness (n = 100)
Number of normal applications process within 30 days
Number of expedited application processed within 7 days
Percent of all cases processed within statutory timeframes (APT rate for ESAP cases)

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

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