

RESEARCH REPORT

# Improving the Efficiency of Benefit Delivery

Outcomes from the Work Support Strategies Evaluation

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# Executive Summary

**Millions of working parents qualify for food, medical, and child care assistance that can help them support their families. But it can be difficult for families to access and retain these benefits, partly because of inefficiencies in how work support benefits are delivered by state and local social services agencies. Six states participated in a multiyear, foundation-funded effort, the Work Support Strategies (WSS) initiative, to help low-income families get and keep the full package of work supports for which they are eligible. States sought to streamline and integrate service delivery and reduce administrative burdens. They did this to increase participation and retention in work support programs that support the well-being and stability of families.**

This report uses data provided by the states and collected by the WSS evaluation team to examine the outcomes of state efforts to improve the efficiency and effectiveness of their benefit delivery systems. We build on earlier research documenting what the WSS states did to streamline and integrate program policies (Isaacs, Katz, and Kassabian 2016), upgrade technology systems (Loprest, Gearing, and Kassabian 2016), and modernize business practices (Hahn et al. 2016) to improve how they deliver work support benefits and help families get and keep the benefits for which they are eligible. We find that states made progress in several areas by the end of the initiative:

- ▾ Most states issued benefits in fewer days.
- ▾ States reduced some unnecessary churn, where families cycle off of and back onto benefits within a short period of time, although changes were hard to document. Two states were able to provide good data measuring churn, and both saw reductions in at least one program. However, neither state was able to reduce churn in all work support programs.
- ▾ Lobbies were less crowded and clients had lower wait times for service in several states. It was not clear whether there were similar declines in the average time that workers spent on various tasks.
- ▾ Certain changes, such as reducing churn and using electronic data to automatically enroll Supplemental Nutrition Assistance Program (SNAP) clients in Medicaid, were associated with savings for both agencies and clients. Overall, administrative costs per household appeared stable during the WSS period.

- Families eligible for both SNAP and Medicaid/Children’s Health Insurance Program (CHIP) were more likely to participate in and receive benefits from both programs.

Our analysis of data outcomes for WSS relies primarily on examining time trends to identify any observed changes in measures over time and determine whether these changes align temporally with state activities. It is often difficult to attribute changes in outcomes to specific policy, technology, or business process reforms because the WSS states pursued many reforms at the same time and because other factors, such as implementation of the Affordable Care Act and postrecession economic recovery, may have also had an effect. Nonetheless, the timing of some state reform efforts and changes in outcome measures suggests a connection between the two.

## Speeding Up Delivery of Benefits

Faster service matters to applicants because they often experience emergencies during the time of application that could be addressed through prompt receipt of benefits. Most WSS states succeeded in speeding up the approval process and getting benefits into the hands of needy clients faster. We measured timeliness in three ways, summarized below. Much of the data focuses on SNAP, which has more federal monitoring of timeliness than the other programs and thus more available data.

### Marked Improvements in Same-Day Service

**The most dramatic and consistent changes were in the percentage of applications processed on the same day they were received.** Rates of same-day service for SNAP applicants tripled in Rhode Island and doubled in Colorado. Illinois also saw notable improvement in same-day service. Finally, Idaho, a state that already provided same-day service to 70 percent of its SNAP clients, reported marginal increases in its rate of same-day service. Idaho and Rhode Island also saw improvement in same-day service for the Temporary Assistance for Needy Families program (both states), Medicaid (Idaho), and child care (Rhode Island).

South Carolina did not provide data on same-day service but did provide data showing an increase in the percentage of cases processed within 10 days of application. It is unlikely that same-day service improved in North Carolina during the WSS period given that the state experienced a substantial backlog of applications while implementing a new eligibility system. However, the state reported improvements in overall processing time in 2015.

**Improvements in same-day service for SNAP often followed improvements in business processes (how local offices organize work).** Some of the clearest evidence comes from Colorado and Rhode Island. In Colorado, individual counties implemented business process changes differently. In Rhode Island, improvements in same-day service occurred directly after implementing business process changes. Data from Idaho and Illinois show a steadier trend, suggesting the positive impact of ongoing, continuous efforts to increase same-day service.

**Clients identified faster benefit delivery as a top priority.** Through survey responses and focus groups, families reported more frequent receipt of same-day service and the positive impressions they had of this improvement.

## **Net Improvements in Average Application Processing Time**

**Four states—Idaho, Illinois, Rhode Island, and South Carolina—saw net improvements in the average number of days needed to process SNAP applications.** Data from two states also show improvements in average processing time for the Temporary Assistance for Needy Families program and child care applications.

Although processing times improved overall, **states often saw temporary slowdowns in processing while rolling out new business processes or technology systems.** Most of these issues were resolved by the end of the WSS period. For example, spikes in the average number of days needed to process SNAP benefits occurred in South Carolina (concurrent with the state’s rollout of business process changes) and in Illinois (concurrent with implementation of a new technology system). North Carolina also saw delays in SNAP processing after rolling out its new technology system.

In addition, Medicaid data from four states (Idaho, Illinois, North Carolina, and South Carolina) revealed periods of backlogs and delays in processing time generally following technology changes required by the Affordable Care Act. Delays in Medicaid processing times typically lasted longer than delays in SNAP processing times.

## **Federal Timeliness Measures Show Variation across States**

**Trends in the percentage of SNAP applications processed within federal requirements varied across the six states.** Two states, Idaho and Rhode Island, had 90 percent or more of applications meet

federal requirements (i.e., processing regular applications within 30 days and applications qualifying for expedited service within 7 days). Colorado made substantial improvements in the percentage of applications meeting federal timeliness in concert with its improvements in other metrics. In contrast, North Carolina's performance in this measure dropped over five years of observation, a trend that fits with other information about challenges following the rollout of their new technology system. There were fluctuations in timeliness measures in Illinois and South Carolina. One reason states saw less consistent improvement in this measure is that most states already process 80 to 90 percent of cases within the federal standards, so there is limited room for improvement.

## **No Consistent Relationship between Timeliness and Accuracy**

Although some states thought that faster benefit processing and delivery would produce more errors, others believed that determining eligibility as close to the point of application as possible would reduce opportunities for mistakes. In fact, **a review of data on SNAP error rates does not reveal any consistent relationship between payment accuracy and improvements in timeliness.** One state, Colorado, did provide an example of error rates rising over the same time period that applications were processed faster. Looking at these data, state officials believe that error rates may have gone up because of their focus on improving timeliness. However, other states did not see the same increase. Idaho is an example of a state with low error rates and fast benefit delivery, suggesting the two do not necessarily move together. Other states provide examples of the two measures moving together, either deteriorating or improving in tandem.

## **What States Did to Speed up Benefit Delivery**

The six WSS states used a combination of approaches in their efforts to speed up benefit delivery. One approach was to change the business design of local offices by shifting the way work is allocated, limiting the number of times a worker touches a case, and focusing on “one and done” case processing and same-day service. A second approach was to change office culture by putting greater emphasis on timeliness and customer service in local offices; many offices set goals to deliver benefits much faster than required under federal law. States also made changes to policies, such as removing unnecessary verification requirements, to expedite processes. Lastly, states improved efficiency by expanding their use of technology (e.g., electronic verification of client information).

## Reducing Churn at Time of Renewal

One insight from states' early work in WSS data analysis and self-assessment was that enabling families to get and keep the full package of work support benefits for which they are eligible extends beyond the initial application; state agencies must also focus on retention, and specifically on reducing churn, or the loss of benefits while still eligible. Work support program rules generally require families to have their eligibility for benefits redetermined periodically. Families often temporarily lose benefits during renewal because of breakdowns in administrative procedures only to subsequently reapply and qualify for benefits shortly after. Churn is costly to families who lose benefits and to agencies that have to process additional applications.

Developing and tracking churn measures was challenging, and only two WSS states (Idaho and Rhode Island) were able to provide monthly data measuring the rate of churn among cases up for renewal. Both states were able to reduce churn rates and/or incidence in some work support programs, but neither was able to do so for all programs.

## Dramatic Reductions in Churn in Some Programs, No Reductions in Others

Our primary analysis focuses on the renewal churn rate, defined as the percentage of clients sent renewal notices that reapply within 90 days. Given the subtle variations in how churn is measured and underlying differences in requirements for renewal, we cannot make comparisons across states or even across programs. We identify five key findings:

- ▼ **The number of Medicaid renewals that closed for procedural reasons dropped dramatically in Idaho** after implementation of the ACA and the use of electronic data to automatically renew eligibility. There were so few procedural closures in 2014–15 that **the churn rate dropped to near zero** (only 0.2 percent of all cases up for renewal).
- ▼ **There was a moderate downward trend in the procedural churn rate for SNAP in Idaho**, as well as a decline in the number of renewals relative to caseload. This led to a 25 percent reduction in the number of cases churned relative to the overall caseload.
- ▼ **Churn measures for Idaho's child care assistance program fluctuated considerably from month to month but with an underlying upward trend.** Child care renewals are processed in an older case management system by a separate child care unit and did not see the same improvements in processing time or churn outcomes as SNAP and Medicaid.

- ▼ **SNAP churn rates remained high in Rhode Island, despite the efforts of a special statewide certification unit.** SNAP churn rates averaged 30 percent for much of 2012 and 2013. Rolling out a special statewide recertification unit in 2013 did not improve things; in fact, SNAP churn rates rose throughout 2013 and the first half of 2014. Near the end of the WSS grant period, the state disbanded the centralized unit, a decision influenced in part by monthly churn reports showing that the new unit was not reducing churn rates.
- ▼ **The proportion of child care assistance cases needing reevaluation dropped fairly dramatically in Rhode Island.** This decline was driven by a state policy change lengthening certification periods to 12 months, which will become the norm across the country as states implement the requirements of the Child Care and Development Block Grant Act of 2014. Longer certification periods created less risk points for churn and led to fewer cases churning relative to the total caseload, even though there was little change in the rate of churn at time of renewal.

Reducing churn can save money for both clients and agencies, as demonstrated by the SNAP churn savings in Idaho discussed further below.

## How States Reduced Churn

To reduce churn, the WSS states took a number of actions to simplify the renewal process. They prepopulated redetermination forms, used technology to gather information that might already be available electronically, and revamped business operations to change how workers process renewals. States such as Idaho and South Carolina used electronic data already on file to administratively and automatically renew benefits—for example, using SNAP information to renew Medicaid—so no client action is necessary for renewal, as strongly encouraged by the Affordable Care Act.

Another key step, which contributed to Rhode Island's success with child care churn, was to lengthen certification periods for individual benefits, a policy approach incorporated into the Child Care Development Block Grant reauthorization enacted by Congress in 2014. Another policy change aligned redetermination dates so that families can now renew eligibility for multiple programs at the same time each year.

# Reducing Client Wait and Worker Service Times

Social services agencies face a varied workload, especially in local offices. Clients show up each day with new applications for benefits, renewal forms, verification documents for previously submitted applications, information requests, and/or a need to be interviewed by a caseworker. In addition to managing the flow of clients through the lobby, the office must manage work that comes in through online systems, the mail, phone, or fax.

As states made changes to how work flowed through offices, lobby wait times grew shorter for some services in some offices. Such improvements in customer service were much appreciated by clients and staff. Changes in worker service times (the time needed to accomplish various tasks) were harder to identify because there were so many changes at once, including changes in how productivity is measured. Workers and supervisors could identify steps that were now faster, but they also identified steps that took longer, and it was hard to make a clear comparison. In general, data on these measures are more limited than for timeliness and churn measures.

## Reduced Client Wait Times after Changes in Lobby Management

Business process changes were associated with shorter lobby wait times, according to administrative data from two locations, client surveys in two states, and qualitative data.

**Lobby wait times decreased for all clients in Boise, Idaho, and for clients submitting new applications in Providence, Rhode Island, according to lobby management data.** Average wait times in one Boise office fell from 26 to 15 minutes after the introduction of Q-Flow, a new lobby management system. A pre/post comparison is not available for Rhode Island, but wait times for new applicants declined during the first 14 months of implementing a new business process system in Providence. There were no comparable declines in other Rhode Island offices or for clients waiting for other services. Staff in both offices commented on less hectic and noisy lobbies, and clients also noted some changes in lobby management.

**Wait times also fell in Illinois and in certain counties in Colorado.** Clients in Illinois reported a reduction in average lobby wait times of 14 minutes and an overall reduction in office visits and phone calls. Use of online applications increased, as did client satisfaction. There was also evidence of shorter wait times from clients surveyed across a large group of counties in Colorado.

State and local office staff in North and South Carolina spoke to the advantages of a more orderly lobby process. A triage desk up front addresses clients' immediate needs and a coordinated "no wrong door" intake process ensures clients eligible for multiple programs do not have to wait in multiple lines. However, we do not have administrative or survey data documenting changes in wait times in these two states.

## Limited Evidence on Changes in Worker Service Times

The evidence on changes in worker service times was limited and mixed. **Two sites did see some declines in average time workers spent on tasks.** In Boise, Idaho, time per transaction dropped from 23 to 17 minutes, according to available data. Other sites did not provide comparable data.

**In interviews, state and local staff were unsure whether worker processing times were slower or faster overall after WSS,** given the vast number of changes that had occurred, including changes in the very way worker productivity is measured.

**Local managers and workers cited how specific business process changes saved time.** For example, increased same-day service and other improvements in the timeliness of benefit delivery reduced the number of calls offices receive from clients checking on the status of their case. Workers also noted that the new lobby intake systems, particularly the use of triage and front desk workers, reduced interruptions and allowed workers to process more cases without distraction. In addition, local supervisors spoke of the benefits of new workflow systems allowing them to monitor worker productivity.

**State and local staff had mixed views about how new technology effect on worker service times.** Although new workflow management systems and paperless processes were generally seen as positive changes, reviews for new integrated eligibility systems were more mixed. In particular, we heard several complaints about the slowness of the new systems. It was difficult to distinguish temporary delays caused by system implementation growing pains and worker adjustment from potential long-term problems. It was difficult to compare worker processing times between the old and new systems because the technology is so different (e.g., new systems are cloud-based and capable of interfacing with other systems). Some steps that were quick in the old system are time consuming in the new system, but other steps are now quicker, and expanded functionality of new systems offer potential for saving worker time.

## Savings for Agencies and Clients

Administrative expenditures per case were fairly stable during the WSS implementation period, following a large decline in the years prior caused by dramatic caseload increases and flat or falling staffing levels during the Great Recession. In the wake of this increased workload, state respondents highlighted their goal of using WSS changes to “work smarter” and process high numbers of cases without much change (up or down) in the number of staff.

Although additional cost savings were not a primary goal of WSS, states hoped that improvements to agency operations would result in savings, in time if not in dollars, by shifting from inefficient tasks to more productive ones. We provide estimates of potential savings associated with three specific changes:

- ▾ reducing churn,
- ▾ using electronic data to improve cross-program enrollment,
- ▾ reducing lobby wait times and the number of trips clients make to offices.

Time saved in these areas may have allowed states to improve overall benefit delivery without increasing administrative costs. Our estimates consider not only savings to the agency, but also the value to clients of shorter wait times and fewer trips to offices. Reducing the time and financial burden associated with applying for benefits is an important way to increase access to work supports.

### Relative Stability in Administrative Costs per Case

Administrative costs per SNAP household increased in three states (Idaho, North Carolina, and South Carolina) and decreased in three states (Colorado, Rhode Island, and Illinois) between 2011 and 2015. This relative stability in costs is consistent with what state officials told us during interviews, that **changes under WSS were made in response to past budget and staffing cuts and not as stimulus for further reductions in staffing levels.** The WSS planning grants were awarded in 2010, at the height of one of the worst recessions in recent history and at a time when state agencies struggled to serve rising caseloads with stable or reduced numbers of staff. In their WSS applications and in our interviews, state officials emphasized the need to increase efficiency so that fewer staff could keep up with the workload.

## Savings Associated with Reducing Churn

**Idaho's efforts to reduce SNAP churn saved the equivalent of 0.5 percent of total SNAP administrative spending.** Estimated agency savings are based on the fact that initial applications are more expensive to process than recertification. Specifically, in a 2014 study of SNAP churn, Mills and colleagues (2014) estimated that it takes two to three times longer to process an initial application than to process a recertification. Using state-specific estimates of the unit cost of SNAP churn avoided, we estimate a \$53,500 annual reduction in Idaho's SNAP administrative costs. This estimate, equivalent to 0.5 percent of the state's total spending on SNAP administration, is approximate and subject to caveats detailed in the report.

**A rough estimate shows the annual gain to clients—and equivalent cost to government—of continuous, uninterrupted SNAP benefits is \$1.3 million, or 0.5 percent of total annual benefit costs.** The average client gains \$195 in benefits for each instance of procedural churn avoided. In addition, the client saves time completing application paperwork, faces less anxiety about paying for groceries, and is less likely to experience hardships such as skipping meals or finding alternate ways to keep the family fed.

## Savings Associated with Using Electronic Data for Cross-Program Auto-Enrollment

**Automated processing of Medicaid eligibility using SNAP records has strong potential for administrative savings,** a clear example being South Carolina's implementation of Express Lane Eligibility (ELE). The state's health agency used the ELE provision of the 2009 CHIP Reauthorization Act to enroll uninsured children in Medicaid based on their SNAP records. As part of a mandated multistate evaluation of ELE, researchers at Mathematica Policy Research, the Urban Institute, and Health Management Associates estimated administrative savings in South Carolina at \$1.6 million annually (Hoag et al. 2013). These savings more than offset the estimated start-up cost of \$538,000, which was spent primarily on IT programming. This same study also found that ongoing savings were larger than start-up costs in three other states that implemented automated processing through Express Lane Eligibility. More generally, estimates of ELE savings in Alabama, Louisiana, Massachusetts, and South Carolina, along with estimates of fast-track enrollment in Illinois and West Virginia, suggest that many states experienced time savings of 20 to 30 minutes per case by using automated processing.

Using electronic data for automated cross-program enrollment also saves clients time and money by removing the need to visit an office to apply for or renew benefits. But the bigger impact on clients is greater access to and retention of benefits, including faster approval of health insurance, reduced churn at time of renewal and fewer coverage gaps, and increased coverage of uninsured but eligible individuals.

Data from South Carolina show an increase in the percentage of SNAP children who also receive Medicaid benefits after implementation of ELE for children. The percentage of children jointly eligible for both SNAP and Medicaid/CHIP who receive both benefits (as discussed below) also increased. More generally, multivariate analysis from the multistate ELE study suggests an increase of about 6 percent in Medicaid enrollment is attributable to ELE.

### **Savings Associated with Shorter Wait Times and Fewer Office Visits**

**Our estimates suggest that costs associated with applying for SNAP in Illinois fell by 15 percent (from \$32.21 to \$27.52 per applicant) between September 2014 and March 2015.** This includes transportation expenses and the value of time that would be spent visiting local offices and completing more in-person applications. It also factors in a 14-minute reduction in wait times for in-person applications. Our estimates use the minimum wage as one way to assess the dollar value of client time; this assumption and several other cost assumptions add uncertainty to the estimate, which is also affected by sampling error around the survey data. Even so, the estimate helps quantify the reduction in application burden for clients in Illinois.

Client savings are much more than shorter wait times and reduced transportation expenses. By reducing application burden, state agencies increase the likelihood that families will apply for the package of work supports for which they qualify. We do not attempt to quantify how many more eligible families may complete the benefit application process, but our findings show that program participation, particularly joint participation in SNAP and Medicaid, increased in WSS states.

## **Increasing Access to a Package of Work Supports**

One of the broader WSS goals was to improve access to work supports for low-income working families and help families receive the full package of benefits for which they are eligible. An earlier

WSS report (Loprest, Lynch, and Wheaton 2016) analyzed data provided by five WSS states to examine changes and potential progress in joint participation rates for SNAP and Medicaid/CHIP.

Loprest, Lynch, and Wheaton (2016) found that **families who were eligible for both SNAP and Medicaid/CHIP were more likely to jointly participate in both programs in 2013 than in 2011**. Joint participation rates for individuals under age 65 rose from 73 to 87 percent in Colorado, from 70 to 78 percent in Illinois, and from 73 to 81 percent in South Carolina. South Carolina's increase was concentrated among children, which is consistent with the state's use of ELE to enroll SNAP children in Medicaid. A fourth state, Idaho, had a smaller increase in its already high overall rate (from 93 to 96 percent), which included a substantial increase among nonelderly adults. One state, North Carolina, had fairly stable participation rates and actually showed a slight decrease among nonelderly individuals. Still, the progress made in the four other states shows that states can implement changes to improve access to the combined set of SNAP and Medicaid benefits.

## Conclusion

The outcomes in this report demonstrate that most WSS states achieved measurable improvements in their delivery of benefits. States improved their ability to deliver faster or even same-day benefits, reduced churn, revamped lobbies and reduced client wait times, found ways to save worker time, and increased multiple benefit receipt among eligible families.

Given the many concurrent changes during this period, we cannot attribute these outcomes solely to WSS. But they demonstrate that large-scale change is possible in these critical work support systems.

Implementing change in state agencies is hard work, and these results did not come quickly or easily. Some occurred early on; others were observed only after several years. As a state official in Illinois said of their technology rollout, "It got worse before it got better." An official in Rhode Island likened the effort to overhaul business processes to "the turning of the Titanic." After several efforts over an extended period of time, finally "the big ship turned." Although many leaders involved with WSS felt a sense of accomplishment at the end of the grant period, there remain many ongoing challenges and unachieved outcomes still being pursued. They recognize that working to improve benefit delivery is a continuous process.

Going forward, states have many opportunities to streamline and substantially improve access to work support programs. The experiences of the WSS states offer specific ideas about how to diagnose and remove the barriers that prevent families from participating in work support programs and overburden state workers and administrative systems. The outcomes in this report, along with the full set of WSS evaluation reports and additional resources provided by the WSS national partners (the Center for Law and Social Policy and the Center on Budget and Policy Priorities), can provide inspiration and lessons learned to other states seeking to improve work support delivery to support the well-being and stability of families.<sup>1</sup>

# Introduction

Millions of working parents qualify for food, medical, and child care assistance that can help them support their families. But it can be difficult for families to access and retain these benefits, partly because of inefficiencies in how work support benefits are delivered by state and local social services agencies. Through the Work Support Strategies (WSS) initiative, six states sought to modernize, align, and integrate work support systems to increase the well-being and stability of families (see box 1).

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## BOX 1

### **Work Support Strategies**

Work Support Strategies (WSS) is a multiyear, multistate, foundation-funded initiative to help low-income families get and keep the package of work supports for which they are eligible. Colorado, Idaho, Illinois, North Carolina, Rhode Island, and South Carolina were selected through a competitive process to participate in WSS, first in a planning and design year in 2011 and then in the implementation phase since 2012.

Through grants, expert technical assistance, and peer learning, the initiative helps states reform, modernize, and align the systems delivering work support programs intended to increase families' wellbeing and stability, particularly the Supplemental Nutrition Assistance Program (SNAP), Medicaid and the Children's Health Insurance Program (CHIP), and child care assistance through the Child Care and Development Block Grant. Through WSS, states seek to streamline and integrate service delivery, use 21st century technology, and apply innovative business processes to improve administrative efficiency and reduce the burden on states and working families, all toward the overall goal of increasing participation and retention to support work and well-being.

Findings from the WSS evaluation are based on analysis of hundreds of individual and group interviews conducted during annual site visits to the six states over the four years of planning and implementation; hundreds of quarterly reports, planning documents, and other written materials submitted by the states; other documents obtained through secondary sources; state administrative data tracking key outcomes over time; and additional data from client experience surveys and client focus groups conducted by the evaluation team in selected states. For additional reports and information, see [www.urban.org/work-support-strategies](http://www.urban.org/work-support-strategies).

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This final WSS evaluation report uses data provided by the states and collected by the WSS evaluation team to examine the outcomes of state efforts to improve the efficiency and effectiveness of their benefit delivery systems. We build on earlier research documenting what the six WSS states

did to streamline and integrate program policies (Isaacs, Katz, and Kassabian 2016), upgrade technology systems (Loprest, Gearing, and Kassabian 2016), and modernize business practices (Hahn et al. 2016) to improve how they deliver work support benefits and help families get and keep the benefits for which they eligible.<sup>2</sup> The key research question guiding this report is whether these efforts resulted in measurable outcomes, from both an agency and a client perspective. We review the evidence to see if WSS states were able to deliver benefits faster, more accurately, and with less burden on clients and staff. We examine data outcomes in four interrelated topic areas:

1. **Speeding up benefit delivery.** The first chapter addresses attempts to speed up the application and approval process to deliver benefits to families faster. Specifically, we examine measures from all six states tracking the number of days between benefit application and delivery in SNAP and other programs. We also examine whether faster benefit delivery affected—positively or negatively—program accuracy in SNAP.
2. **Reduced program churn at time of renewal.** The second chapter studies program churn, or the cycling of families off of and back onto benefit coverage often driven by breakdowns in administrative procedures during coverage renewal. We examine data on program churn from two states, Idaho and Rhode Island, and focus on the renewal churn rate, defined as the percentage of clients whose cases close at time of renewal and reapply within 90 days.
3. **Reduced client wait times and worker service times.** The third chapter reviews additional outcome measures related to how efficiently WSS states manage the flow of customers through office lobbies and the workload that comes in through online systems, the mail, phone, or fax machines. Specifically, we look at two sets of measures: (1) lobby wait times and other measures of client experiences and (2) worker efficiency, including service times (the time needed to accomplish specific tasks).
4. **Savings for agencies and clients.** Finally, chapter 4 addresses whether there is evidence that these outcomes resulted in savings to states and clients. After reviewing overall administrative expenditures, we examine savings related to reductions in churn, improvements in cross-program enrollment, reductions in client wait time, and other measures.

Although much of this outcomes report focuses on the efficiency of benefit delivery, broader WSS goals included improving access for low-income working families to the full package of benefits for which they are eligible. The concluding section of chapter 4 discusses how improving efficiency, particularly by reducing burdens on clients, can increase participation among eligible individuals and families. We also review earlier WSS research examining changes in participation in two key work support programs: SNAP and Medicaid (and the related Child Health Insurance Program, or CHIP).

Each chapter discusses states' key goals or motivations for change, summarizes the various changes in policy, technology, and business process undertaken, and reviews the measures used to track progress as well as data limitations. The heart of each chapter is an analysis of data collected by the states and the evaluation team to monitor outcomes. Key figures accompany each chapter, and appendix A provides supplemental figures for chapter 1.

Throughout the initiative, WSS states and the WSS evaluation team collected administrative data to monitor specific outcomes that can indicate improvements in efficiency. Some of these measures, such as the percentage of SNAP cases meeting federal timeliness requirements, have a long history of being tracked and reported to the federal government. Other measures, such as lobby wait times and measures of churn, rely on new data systems or were developed during the WSS implementation period. These administrative data are supplemented by additional data sources: client surveys and focus groups conducted by the WSS evaluation team in selected states; hundreds of individual and group interviews conducted during four annual site visits to each state; and a review of hundreds of quarterly reports, planning documents, and other written materials submitted by the states (see appendix B, the methods appendix, for further detail on data sources).

Analysis of data outcomes for WSS relies primarily on examining time trends to identify any observed changes in measures over time and determine whether these changes align temporally with state activities. Because the WSS states made many reforms all at once, and because of other influences (see box 2), it is often difficult to attribute changes in the measures to specific policy, technology, or business process improvements. Nonetheless, the timing of some state reform efforts and changes in outcome measures suggests a connection between the two.

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## BOX 2

### WSS in Context: The Great Recession and Implementation of Affordable Care Act

When the WSS planning grants were awarded in 2010, at the height of the worst recession in recent history, all six states were struggling with heavy caseloads caused by high numbers of families seeking assistance and worsened by reductions in available staff (Hahn, Isaacs, and Rohacek 2016b). Caseloads generally remained high even as the economy recovered, and implementation of the Affordable Care Act of 2010 (ACA) during the WSS period led to a further increase in Medicaid caseloads.

The ACA emphasized many of the same improvements to benefit delivery encouraged by WSS, including faster eligibility determinations, use of online applications and other technology to modernize enrollment processes, and use of electronic databases to streamline verification and administrative renewals. To comply with the ACA, states needed to make several changes to their Medicaid policies and technology within a limited time frame. Because of new, relaxed rules governing allocation of IT development costs, additional federal funding made available through the ACA could be used for technology improvements to state Medicaid eligibility systems and other work support eligibility systems.

One big question was whether states could maintain their commitment to reforming their whole range of work support programs through WSS while under pressure to implement the ACA. Some states concluded that preparing for health care reform was so demanding that they could not simultaneously modify other work support programs, but the six WSS states saw this as an opportunity to reform health care *and* human services programs and strengthen how programs assist families individually *and* how well they fit together (Golden 2013).

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This report draws primarily from data from SNAP, particularly in chapters 1 and 4. Data from the federal SNAP program are more readily available because of its stricter federal oversight and data reporting requirements compared with the Medicaid and child care assistance programs, which are jointly controlled by the federal and state governments. In addition, the major changes introduced by the ACA—new technology systems, new ways of classifying Medicaid cases, and an influx of subsidies under the new health insurance exchanges that affected processing of Medicaid applications—made it difficult for states to provide consistent time series of Medicaid data. Where possible, we present data from SNAP, Medicaid, and child care assistance programs. However, many of our examples and several analyses (e.g., payment error rates, administrative costs) rely predominantly or wholly on federally collected SNAP data.

In addition, the six WSS states varied in their capacity to develop and analyze outcomes, depending on factors such as the priority agency leadership placed on performance measures, the data capabilities of their integrated eligibility systems and other technologies, and the availability of in-

house or contracted staff with the necessary skills and time for data extraction and analysis. Although the outcomes data presented here draws more heavily from some states than from others, we attempt to provide outcomes from all states, supplementing administrative data with qualitative data on what staff and clients observed.

# 1. Speeding Up Benefit Delivery after Application

Families applying for cash, medical, food, or child care assistance typically need immediate assistance, but social services agencies may take days or even weeks to approve benefits. This chapter reviews available evidence regarding state efforts to speed up the benefit approval process, focusing on measures that track the time between application submission and benefit delivery. Most WSS states succeeded in issuing benefits in fewer days by the end of the project, but improvements were not uniform across states. In addition, states experienced periods of slower delivery while rolling out new technology and business process systems.

The first half of this chapter defines what is meant by speeding up benefit delivery, discusses why this was a state goal under WSS, and reviews the actions states took to achieve it. We then review data measuring how successful states were in speeding up benefit delivery and consider whether there was an association between timeliness and payment accuracy. States worked to speed up application processes for all programs, but most of the available data relate to SNAP.

## Overview of State Efforts

Social services agencies cannot issue benefits until they have taken appropriate measures to determine whether a client meets the program's eligibility requirements. Traditionally, this involves the client submitting an application and completing an intake interview. The agency must then review required documentation (e.g., paystubs) to verify the client's claims on the application, make a determination of eligibility, and deliver notice of eligibility to the client before it can issue benefits. This process can be completed in a single visit, but more often takes several days or weeks.

Federal eligibility and verification requirements affect the speed of the application process; for example, an in-person interview is not required to determine Medicaid eligibility but is generally required for SNAP unless the state has a federal waiver. Family circumstances, and how easily a particular family can document their level of need, also affect the application process. State and local agency actions also matter. A primary goal of the WSS initiative was to improve the efficiency of benefit delivery by working with states to streamline state eligibility and verification policies, upgrade technology systems, and improve the efficiency of workflow within local offices. This chapter

addresses whether such efforts resulted in measurable improvement in the speed of benefit delivery, specifically a reduction in the number of days typically needed to process an application for work support benefits.

Even before participating in WSS, the WSS states regularly tracked the number of days between application submission and an eligibility decision. This was particularly true for SNAP because the federal Food and Nutrition Service (FNS) agency closely monitors state adherence to federal legislation requiring that SNAP benefits be issued to eligible families in a timely manner (within 30 days). The standard is stricter (within 7 days) for families that meet certain requirements for expedited service (e.g., families with little to no income). Most states also track the timeliness of Medicaid and child care assistance applications but do not submit the data to the federal government. Medicaid regulations generally require that applications be processed within 45 days, with exceptions for pregnant women (within 30 days) and disabled individuals (within 90 days). Each state sets its own requirements for processing child care applications.

Note that reducing the time between application and benefit approval is not the same as reducing the time that a worker spends processing a case; cases typically sit inactive for many days waiting for an intake interview to be scheduled, for verification documents to be submitted, and so on. Efforts to reduce the actual worker time spent on each case (and how long clients spend waiting in offices or on the phone) are addressed in chapter 3.

## **Why Did States Want to Speed Up Benefit Delivery?**

States sought to speed up benefit delivery to meet federal timeliness requirements, provide better customer service to clients with pressing needs, and use workers' time more efficiently.

### **MEETING FEDERAL REQUIREMENTS**

States that fail to meet federal timeliness standards for SNAP are required to set up corrective action plans, and continued noncompliance results in a series of warnings that can ultimately lead to a loss of federal funding. The Centers for Medicare and Medicaid Services uses a similar approach of escalated warnings and ensuing sanctions, although its monitoring system is not as well-established as the FNS system.

In Colorado, failure to meet federal requirements led to a 2010 lawsuit and a court order mandating that 95 percent of applications for benefit programs be processed within the federal

timeliness standards. Colorado was motivated to pursue WSS partly because of this court order. Federal warnings in other states influenced the state to maintain its focus on timeliness even as it worked on other WSS priorities. For example, North Carolina received several warning letters from FNS between 2013 and 2015 following rollout of North Carolina Families Accessing Services through Technology (NC FAST). The need to meet FNS performance targets motivated changes in how North Carolina used management data and focused attention on processing applications faster. As one state administrator from North Carolina explained:

We got an advance warning letter, details about timeliness standards that we have to meet. So we are saying to counties that...they have to touch those applications on the first day. We can't wait until we get to a better place [in the functioning of NC FAST] to look at average processing times, et cetera. USDA [US Department of Agriculture] told us we have to look at it now.

The federal government also recognizes states that excel in providing timely service. Idaho received multiple performance bonuses from FNS during the project for its impressive performance in meeting federal SNAP timeliness standards and was featured in an FNS report (USDA 2013).

#### BETTER CUSTOMER SERVICE

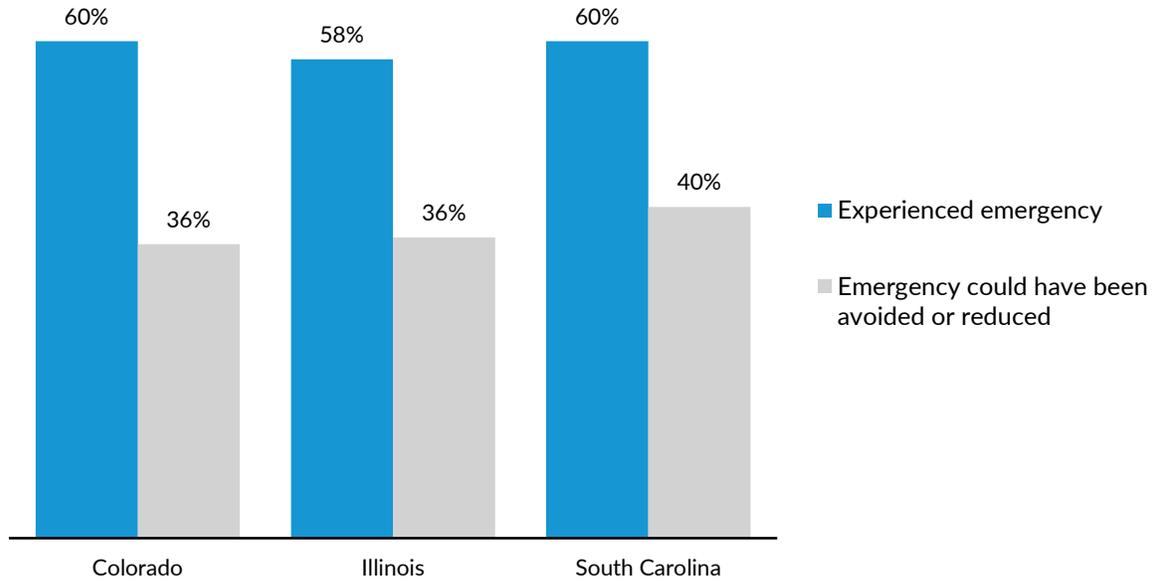
State and local staff throughout recognized that clients going through emergencies or hardships are adversely affected by delays in processing benefits. Faster eligibility determination—in some cases on the same day as application—was thus viewed as an integral part of client service. As one local agency staff member in North Carolina described:

When our families come in, they are in [a] crisis situation: no food, or insurance, or [they have] other immediate needs. My staff is going to come and try to stabilize that, and social workers will work with that family ongoing. [When initially determining eligibility,] we want to get [them] in and out and hook them up with all programs they are eligible for.

The importance of speedy benefit delivery to helping families avoid additional hardship was highlighted by the survey responses of SNAP applicants in three WSS states. Between 50 and 60 percent of SNAP applicants reported experiencing an emergency or other problem (e.g., loss of job, loss of car, loss of housing, not enough food) while applying for benefits. More than half of those with hardships—and 30 to 40 percent of all SNAP applicants—said the hardships they experienced could have been avoided or reduced through more timely benefit delivery (figure 1.1).

FIGURE 1.1

SNAP Applicants that Experienced Problems while Waiting for Benefits



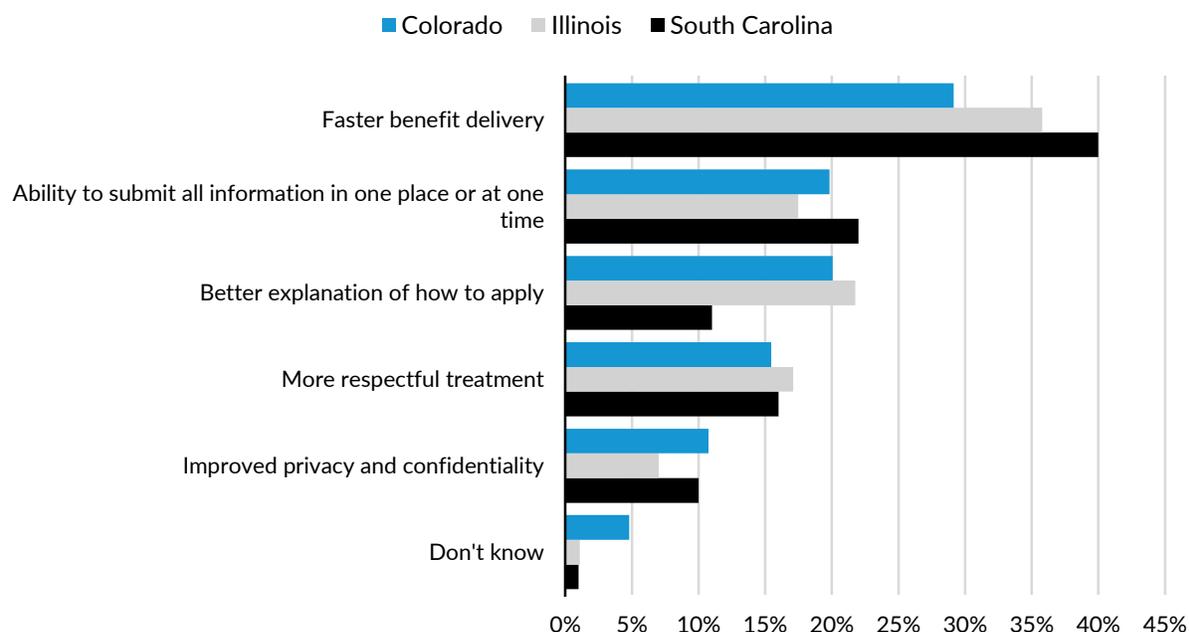
Sources: Client experience surveys of SNAP applicants with children in Colorado, Illinois, and South Carolina.

Notes: The analysis is based on 1,208 applicants in Colorado, 1,010 in Illinois, and 400 in South Carolina. Illinois responses are weighted to adjust for oversampling of expedited applicants. See appendix B for more information on survey methods.

The speed of benefit delivery was at the heart of client satisfaction. “Getting benefits sooner” was the most frequent response to the question “Of the following customer service improvements related to timeliness and process, which is the most important to you?” Clients were more concerned with faster benefit delivery than with the ability to submit information in one place or at one time, better explanation of the application process, improved privacy and confidentiality, or more respectful treatment. Faster benefit delivery was the top priority of 40 percent of SNAP applicants surveyed in South Carolina, 33 percent in Illinois, and 29 percent in Colorado (figure 1.2).

FIGURE 1.2

Most Important Service Improvement Related to Timeliness and Process, per SNAP Applicant Survey



Source: Client experience surveys of SNAP applicants with children in Colorado, Illinois, and South Carolina.

Notes: The analysis is based on 1,212 applicants in Colorado, 1,013 in Illinois, and 400 in South Carolina. Illinois responses are weighted to adjust for oversampling of expedited applicants. See appendix B for more information on survey methods.

State goals extended beyond the requirements of federal laws and regulations to more ambitious benchmarks such as same-day service. A state administrator in Idaho explained:

We think that 70 percent of the people who walk in should get a decision to be made that day, and our goal was to remove barriers to make that happen. I think we've started to work on some things to help us. ...We have really tried to bring the wait times down for families so they're not waiting two, three, four weeks for a decision. ...Now we've flipped that and said, "Families don't care if we met the federal standard...they care how quick they have access to benefits."

Not surprisingly, clients who received SNAP benefits within one to seven days reported significantly higher overall levels of client satisfaction than clients who waited two to four weeks for benefits (appendix figure A.1). State and county workers were well aware of client views, and it was clear that client experiences weighed heavily on their minds, especially during times when backlogs developed and clients were waiting for overdue benefits.

## MAKING MORE EFFICIENT USE OF WORKER TIME

Delays in approving eligibility can lead to additional work for agency staff, as clients may call to find out the status of their applications or submit the same paperwork multiple times because they have not received confirmation of its receipt. As a state administrator from North Carolina explained:

Phone calls, we get a lot [of] complaining about not having benefits. If we take care of [delays] on the front end then there are fewer phone calls.

Before WSS, if a worker did not complete a case and set it aside for processing on a later day, states required that worker or another worker to again “touch” the case—to pick it up, reopen the computer and/or paper files, and take time to become familiar with the details again or for the first time. The inefficiency of picking up and putting down cases, as well as tracking the status of pending cases, was emphasized by experts who consulted with the states on business process redesign. Experts also noted that letting a case sit idle for 29 days only to rush it to completion to meet a 30-day timeliness standard was an inefficient way to handle workload.

## What Did States Do to Speed Up Benefit Delivery?

To speed up benefit delivery, all six of the WSS states relied on some combination of (1) changing office culture on timeliness and customer service, (2) redesigning business processes, (3) upgrading technology systems, and (4) streamlining eligibility and verification policies.

## CHANGING OFFICE CULTURE

Many WSS states chose to set more ambitious goals for timeliness than laid out by federal requirements (e.g., delivery within 30 days for regular SNAP benefits). For example, although the initial court order in Colorado mandated improvements in line with federal timeliness requirements, the state amended its own goals and benchmark measures and focused first on the percentage of cases processed within seven days and then on the percentage receiving same-day service. Other states made similar adjustments to deliver benefits faster. Staff in one North Carolina county spoke about readjusting their timeliness goals for expedited SNAP cases to do better than the federal requirement of seven days:

We try to process the [expedited] applications in no more than three days. If [we] can't do it while they [the clients] are sitting there, [we] try to do it in three days.

In many cases, the message of providing faster service was part of a broader shift toward more client-oriented benefit delivery. This message was communicated from top leadership to local workers, as suggested by statements from staff in Colorado and Illinois:

Maybe 30 days is okay by law, but are we really doing right by our clients? So really it makes sense to process all of our benefits in the same day. ...Just looking at it through a client's eyes, which is what [our secretary and director] are good leaders on.

And we talk to them [the workers] a lot about the culture of caring. The best way to having the culture of caring is getting them [the clients] their benefits quickly and accurately. And the task-based system goes a long way toward that. Changing that culture basically revolves around getting those customers their benefits, making sure that they're accurate and on time.

## REDESIGNING BUSINESS PROCESSES

All six WSS states redesigned their local office business processes in some way. A range of state staff, county social services directors, local supervisors and workers, and external partners such as third-party business process specialists worked together to direct business process change. Most states, with significant involvement from county and local office staff, began by mapping their current processes and assessing needs. After identifying backlogs and inefficiencies in their processes, participants suggested ways to improve working efficiencies and client experiences (Hahn et al. 2016).

One of the keys to business process redesign (BPR) was a shift to a task-based approach to processing cases. In a task-based approach, workers handle specific functions of case processing (e.g., accepting applications or processing renewals or changes) rather than all functions as with the traditional case-based approach. The task-based approach, which requires modern electronic files, increases efficiency and lets workers concentrate on completing a specific function or action needed to reach an eligibility decision. This shift alleviated some of the pressure on overburdened workers with large numbers of clients and ensured that cases move to the next available worker rather than waiting for an assigned caseworker who may be occupied. States differed in their specific arrangements of task-based processes, such as whether tasks were handled by program-specific workers or a “universal worker” who could work across different programs, but all WSS states pursued this change to some degree.

A related change was to establish a “triage” desk or window near lobby entrances where a specialized intake worker or navigator assesses each client's need for services. That worker or navigator determines whether clients need to wait to see a worker or have a simple transaction (e.g., dropping off verification documents) that can be handled immediately.

Another focus of BPR efforts was to limit the number of case touches by leaving fewer cases pending—that is, keeping a case open and passing it along without making a decision. States aimed for “one and done” case processing, where all the information needed to make an eligibility decision is collected in one client interaction and each worker takes the case as far as they can in the eligibility determination process. By improving processes and guidelines for when eligibility decisions should be made or pended and by specializing staff functions through the task-based approach, states reduced the number of cases they were unnecessarily pending. Business processes that reduced the number of case touches were expected to speed up benefit delivery and maximize the rate of same-day service.<sup>3</sup>

### UPGRADING TECHNOLOGY SYSTEMS

The WSS initiative overlapped with implementation of the Affordable Care Act, which emphasized the use of technology to develop modern, simpler health enrollment processes and encourage faster, sometimes real-time eligibility determinations. The ACA imposed new mandates on states to use existing information sources to determine Medicaid eligibility and develop online applications and also provided enhanced federal funding to support related IT improvements. Many of the WSS states took advantage of this funding to modernize their eligibility systems, in some cases developing entirely new integrated eligibility systems across Medicaid, SNAP, and other social services programs.

Perhaps one of the biggest shifts related to technology was the use of integrated online applications that allow clients to apply for multiple programs at once. Although implementation was challenging for some states and at times slowed down benefit delivery, in other states, especially those that had a few years to improve the system, online applications helped speed up delivery of benefits. One important benefit of online applications is the aggregation of client information across benefit programs. Instead of clients reporting and workers reviewing verification information multiple times, workers are able to focus on one holistic case and cross-reference information. Colorado, for example, eventually folded most of their benefit programs into one integrated online application.<sup>4</sup> One worker explained the benefits of this system:

When I started, I did a lot paper [applications], but now with [the integrated online application] and all the updates and real-time eligibility, it makes it a lot faster and less work. ...It's faster because I'm working with them through [the online application]. ...a lot of the programs are trying to work together information-wise, so everything gels together so we're not asking for different [verification documents] or different programs, so it makes it easier for the client.

### STREAMLINING POLICIES

Another strategy to improve the speed of benefit delivery was to streamline eligibility and verification policies and cut out unnecessary steps in the application process. States discovered that some

burdensome policies were not actually required by federal law and could be changed by states either on their own or through a federal waiver (Isaacs, Katz, and Kassabian 2016). States then worked to reduce the number and types of verification documents needed. For example, states allowed families seeking child care authorization to self-certify their number of hours worked and then cross-checked information with paystubs instead of requiring paystubs before benefits could be approved. In some cases, entire categories of verification were eliminated by, for example, asking employers to report total hours worked rather than detailed analyses of actual work schedules. The ACA facilitated policy simplification by eliminating the assets or resource test for many Medicaid cases and thereby removing the need to verify the value of assets. These changes cut down on back and forth between clients and workers, delays caused by waiting for documentation, and processing times per case, all of which help reduce the burden on clients, workers, and employers. In another example, North Carolina and Illinois piloted efforts to reduce in-person SNAP interviews, a move that helped streamline the application process.

WSS states also made greater use of electronic verification and verification via phone and fax, not only in Medicaid but in other work support programs. States also pushed staff to be more proactive with verification, such as immediately calling employers to verify an applicant's employment status. Some states implemented changes to verification procedures across multiple programs to share information, cut out redundant verifications, and reduce the overall number of client interactions for families eligible for multiple benefits.<sup>5</sup>

## Outcomes of State Efforts

The six WSS states used various measures to monitor their efforts. This chapter presents three major measures of the speed of benefit delivery: (1) the percentage of applications processed on the same day as the application, (2) the average days needed to process applications, and (3) the percentage of SNAP applications meeting federal timeliness requirements. The chapter concludes with a review of SNAP error rates, drawing on state samples of data collected and analyzed by FNS. This analysis is included because state officials were divided on whether error rates would increase or decrease as a result of efforts to speed up processing times.

As noted in the introduction, there is a focus on SNAP outcomes in this chapter that reflects the greater availability of SNAP data versus data from Medicaid or child care. Whereas all states closely monitored timeliness of SNAP benefit delivery, states differed in how much data they had on the

speed of delivering Medicaid and child care benefits. These data are added where relevant and available. In addition, data on cash assistance under the Temporary Assistance for Needy Families program (TANF) are sometimes included to illustrate how changes in benefit delivery affected multiple programs. Payment accuracy rates are provided for SNAP only because state error rates for Medicaid and child care assistance are only reviewed at the federal level once every three years, making it difficult to track trends for any one state over a five-year period.

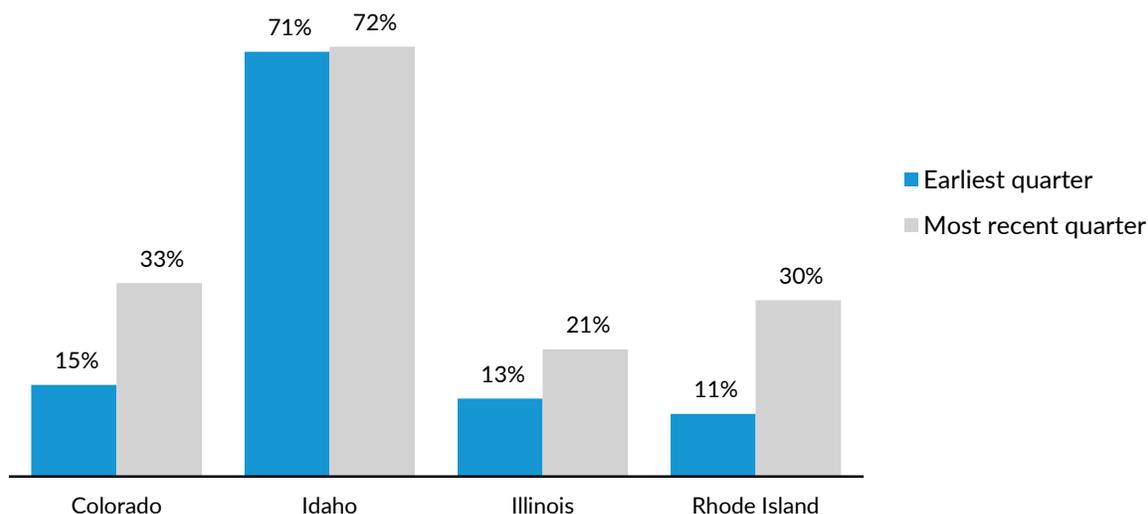
The three timeliness measures in this chapter—same-day service, average days until approval, and percentage of cases meeting federal requirements—are, of course, interrelated. A big improvement in processing times (e.g., after a substantial change in business processes) may be evident as an increase in same-day service and a decrease in average processing time. However, a state could make same-day processing a priority without improving the percentage of cases processed within 30 days. We therefore examine each of these measures individually. We also use each measure to illustrate different aspects of what happened as states set out to speed up benefit delivery. Specifically, our discussion of same-day service focuses on the effects of business process redesign, our discussion of average processing time explores the effects of slowdowns after technology changes, and our examination of applications meeting federal requirements provides an opportunity to recap what happened in each of the six states.

## **Improvements in Same-Day Service**

The most dramatic and consistent changes were in the percentage of applications processed on the same day they were received (figure 1.3). The percentage of same-day SNAP applications processed in Rhode Island increased from 10 to 30 percent between mid-2011 and early 2015. In Colorado, this number more than doubled, from 15 percent in winter 2013 to 32 percent in summer 2015. Illinois also saw notable improvement in same-day service, from 13 to 21 percent between 2012 and 2015. Idaho already provided same-day service to 71 percent of SNAP applicants before WSS but saw a small increase to 72 percent by the end of the initiative.

FIGURE 1.3

SNAP Applications Processed Same Day, Comparing Early and Late Quarter



**Sources:** Administrative data provided by the Colorado Department of Human Services, the Idaho Department of Health and Welfare, the Rhode Island Department of Human Services, and the Illinois Department of Human Services.

**Notes:** Estimates include all SNAP applications both regular and expedited. Estimates for Illinois were calculated by the Urban Institute based on microdata provided by the state. Earliest quarter is defined as January–March 2013 for Colorado, January–March 2010 for Idaho, March–June 2011 for Rhode Island, and May–July 2012 for Illinois. Most recent quarter is defined as July–September 2015 for Colorado, August–October 2015 for Idaho, February–April 2015 for Rhode Island, and January–March 2015 for Illinois.

South Carolina did not provide data on same-day service but did provide data showing an increase from 36 to 40 percent of cases processed within 10 days. Supplemental data shown in appendix A (figure A.2) indicate that other states also saw increases in the percentage served within 7 to 15 days. This demonstrates that the focus on same-day service did not divert attention from other cases and in fact was accompanied by an overall improvement in case processing times.

The one exception is North Carolina, which did not provide data on same-day service or the percentage of cases processed within one or two weeks. North Carolina is unlikely to have had increases in same-day service during the WSS period given the challenges it experienced rolling out its new technology system, as discussed in the section on average processing time. However, the state reported improvements in this area after the WSS period.

## WORKER AND CLIENT PERCEPTIONS OF SAME-DAY SERVICE CHANGES

Same-day service became a bigger priority for WSS states as they networked with other states, were exposed to what others were doing on same-day service, and consulted with third-party vendors on business process improvements. Both staff and clients were excited by the benefits of same-day service and appreciated the change. A state employee in Illinois said:

Every so often we get stories from [local offices] where the client will send an e-mail, where they applied in the morning and got called [with an eligibility decision] in the afternoon and say thank you! Three years ago, I would never have thought that this would be possible, that we would be able to do same-day processing. I know there's still improvement that we need to make, but I do think that a lot of clients are able to see a difference.

During client focus groups held in Idaho and Rhode Island, researchers heard positive feedback about changes to same-day service and satisfaction about the efficiency of new processes and their end result. Speaking to the speed of benefit delivery and the processing of multiple benefits simultaneously, one client noted:

The fact that you can walk in and within, let's just say two hours—which is a long time, two hours—you can walk out with a food stamp card, and in two days, you have food stamps. Your Medicaid is being processed, and whatever other program you want on, they're processing it. I mean, that's pretty amazing that they can do that.

## BUSINESS PROCESS REDESIGN AND SAME-DAY SERVICE

A closer look at state data reveals that improvements in same-day service often followed changes in business processes. The strongest evidence for this was in Colorado, where counties underwent differing degrees of business process redesign. Eight of the state's 10 largest counties received intensive BPR support from a third-party vendor, while the remaining 56 counties had varying but lower levels of BPR both independently and through a third-party vendor. Increasing same-day service was one of the key objectives, and counties began switching to a task-based approach using a front desk to triage client needs and reducing “touches” to applications.

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### BOX 3

#### Colorado's C-STAT, a Data-Driven Management Strategy

Colorado relies on a data-driven management strategy called C-Stat, to measure performance and outcomes across the Colorado Department of Human Services, including the progress and success of case processing. Since 2012, the agency has held monthly C-Stat data review meetings with each division in the department to identify positive trends and opportunities for improvement.

**Counties throughout the state are compared on a uniform, transparent set of measures and outcomes.** State and county respondents consistently pointed to the “peer pressure” aspect of C-Stat. One state official said, “We show [each county] through C-Stat how they are doing compared to everyone else. After a while, you have to wonder how so-and-so is maintaining 90 percent while your numbers are fluctuating; you have to ask what they are doing.” Having clear, unbiased data enhances accountability. As one respondent said, “There’s no way to argue when you see that county X’s performance is slipping 10 percent a month for three months, and [the executive director] or his staff follow up. And it’s a different conversation because it’s hard data. The conversation is on a different field when you’re looking at data.”

Respondents also consistently stated that **C-Stat is a solutions-focused strategy**. One respondent said of underperforming counties, “We would not point blame, but [ask] what can we learn? How can we connect [counties so they can] learn from one another?” According to the C-Stat website, “Divisions determine strategies for improvement and implement these strategies, while Executive Leadership help to reduce barriers to the Divisions’ success.”<sup>a</sup> Everyone is held accountable for their role in striving for successful outcomes.

**C-Stat reveals challenges facing individual counties as well as systemic issues.** For example, Colorado officials noticed declining accuracy rates as benefit delivery speed improved. Colorado leaders openly acknowledged what the data revealed and began addressing the challenge.

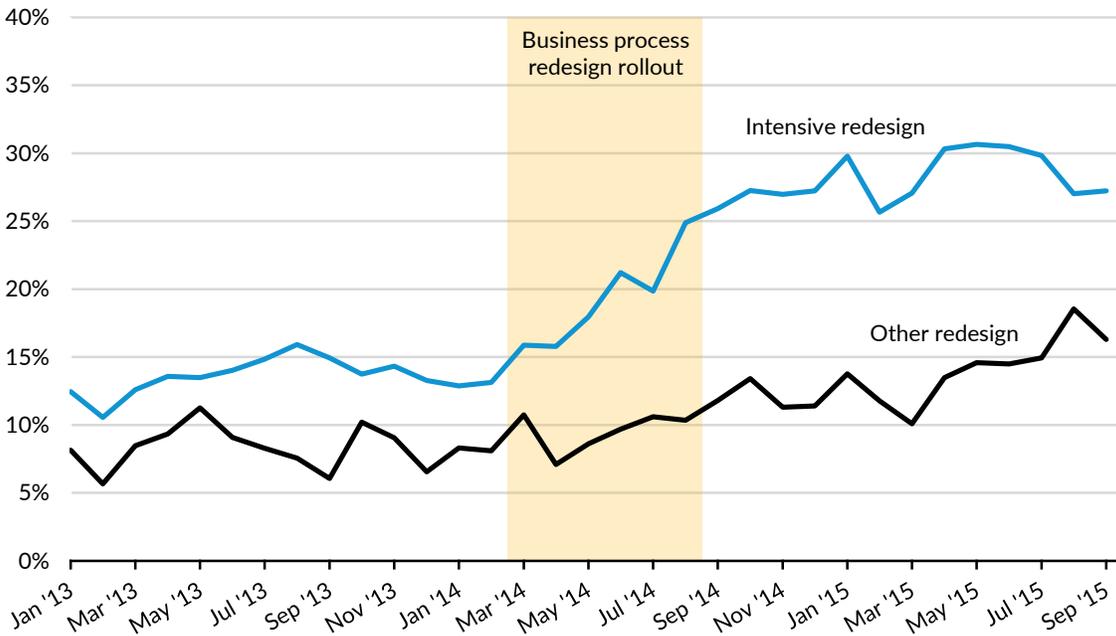
<sup>a</sup>“What is C-Stat?” Colorado Office of Performance & Strategic Outcomes, accessed November 4, 2016, <https://sites.google.com/a/state.co.us/performance-management/what-is-c-stat>.

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Same-day service doubled in BPR-intensive counties from 13 to 26 percent between February and September 2014. In contrast, the monthly average for same-day service in all other Colorado counties increased more modestly, from 8 to 12 percent, during this period (figure 1.4). Analysis of trends in individual counties reveals that the biggest improvements came in counties that had low rates of same-day service prior to the BPR rollout.<sup>6</sup> Although much of the success in same-day processing in Colorado may be attributed to BPR efforts, the state’s focus on monitoring county performance data for decisionmaking, including its implementation of the data-driven management strategy C-Stat, also may have influenced improved performance at the county level (see box 3).

FIGURE 1.4

SNAP Applications Processed Same Day in Colorado Counties, by Type of Business Process Redesign



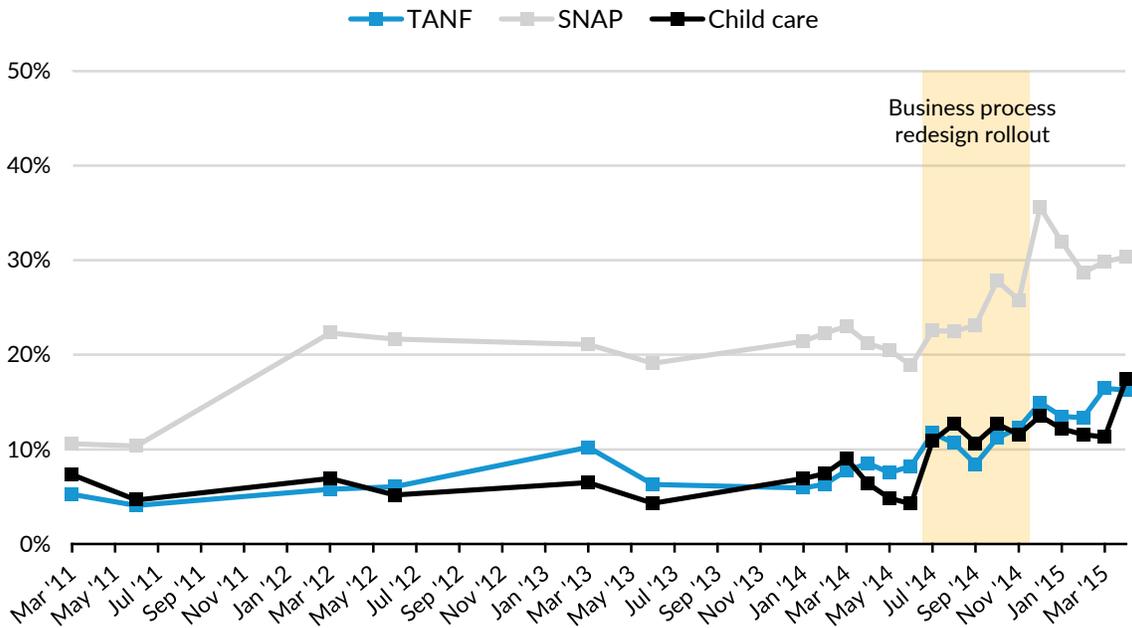
Source: Administrative data provided by the Colorado Department of Human Services.

Notes: This analysis focuses on regular SNAP applications and excludes expedited applications. The counties that underwent intensive business process redesign are El Paso, Adams, Larimer, Mesa, Denver, Jefferson, Weld, and Pueblo. These represent 8 of the 10 largest counties in the state. Fifty-six other counties did not undergo intensive business process redesign, including two large counties in Boulder and Arapahoe that declined the option.

Time trends in Rhode Island also suggest a strong association between business process redesign and improvements in same-day service. Early in the WSS planning year, Rhode Island used a “Plan-Do-Study-Act” approach to improving processes, drawing upon the experience and knowledge of local office workers to pilot efforts to improve same-day service in SNAP. The pilot test was subsequently rolled out statewide in 2012. Two years later, with the assistance of a vendor, the state underwent a more comprehensive business process redesign. Beginning in July 2014, the state implemented a task-based approach, introduced lobby management software, and reduced “touches” to applications. The percentage of SNAP cases receiving same-day service improved from 20 to 30 percent over the next 12 months (up from just 10 percent in 2011), as shown in figure 1.5. Rhode Island’s TANF and child care programs also saw increases in same-day service, although rates remained below 20 percent. State officials explained that TANF applicants must see two workers—an eligibility technician and a social worker—and scheduling both interviews for the same day was frequently challenging.

FIGURE 1.5

SNAP, TANF, and Child Care Applications Processed Same Day in Rhode Island



Source: Administrative data provided by the Rhode Island Department of Human Services.  
 Note: Data for 2011, 2012, and 2013 are limited to March and June of those years.

CONTINUOUS IMPROVEMENT AND SAME-DAY SERVICE

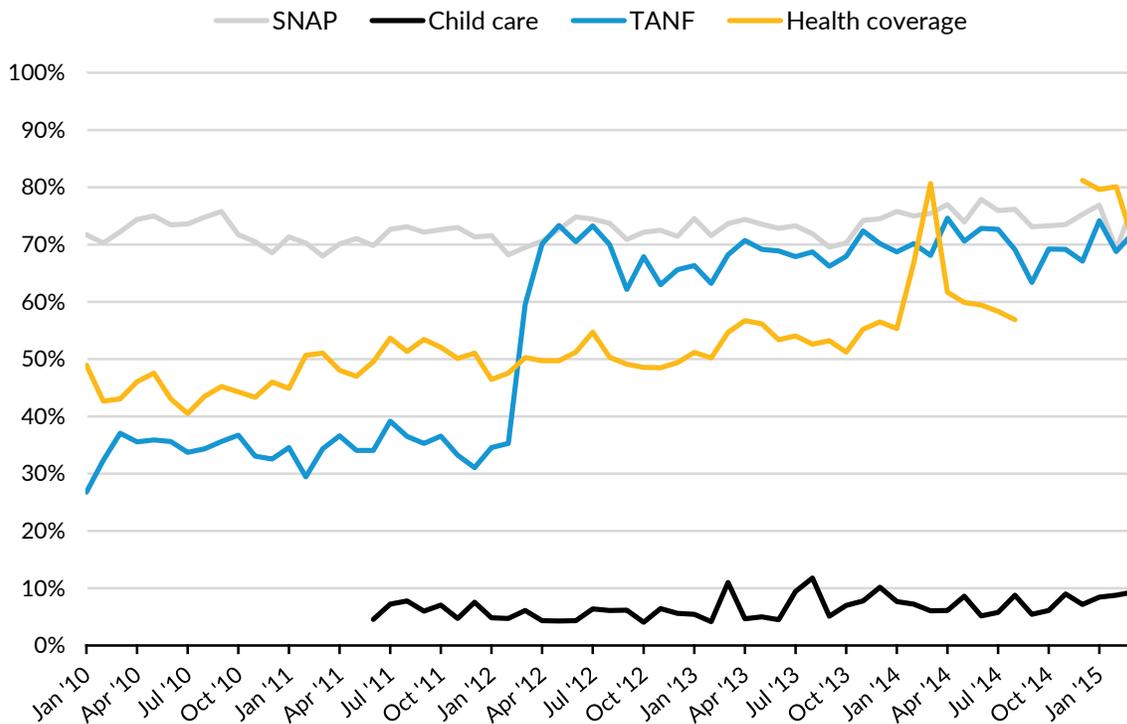
Idaho and Illinois also saw improvements in same-day service over time, although the improvements were not as clearly associated with a single business process change effort. Instead, improvement seemed to stem from a series of ongoing, continuous changes. From the onset of their grant, Idaho, which already met federal SNAP timeliness requirements for almost all cases, aimed to improve customer service by providing access to benefits as quickly as possible. Their goal was to maintain 70 percent same-day service for SNAP and increase same-day service for Medicaid from 50 to 70 percent. Review of data in figure 1.6 reveals several key points:

- ▾ Idaho achieved their goal for SNAP, with 70 percent or more of all applications approved same day in most months between 2010 and 2015.
- ▾ Same-day processing of health coverage assistance applications rose from an average of 45 percent in 2010 to 50 percent in 2011–12, above 60 percent in early 2014, and above 70 percent in early 2015. The elimination of the assets test for Medicaid under ACA rules implemented in October 2013 contributed to faster benefit delivery.

- Same-day service increased dramatically in the TANF program, from 35 to 70 percent between February and April 2012. This improvement was likely the result of changes allowing eligibility decisions to be made without delay by streamlining the client-facing processes and connections between clients and work support contractors.
- There was little improvement in child care assistance, and rates of same-day service hovered between 4 to 12 percent from June 2011 to March 2015. Child care eligibility was still processed in a legacy system in Idaho during the WSS initiative, so the state was not able to implement the same streamlined procedures used for SNAP and Medicaid. Furthermore, processing child care applications requires interaction and communication between clients, caseworkers, and child care providers, adding to processing time. In October 2016, child care was transitioned to the integrated eligibility system used by the other programs.

FIGURE 1.6

SNAP, TANF, Health Coverage, and Child Care Applications Processed Same Day in Idaho



Source: Administrative data provided by the Idaho Department of Health and Welfare.

Notes: Health coverage refers to Medicaid applications for January 2010–August 2014 and for the combination of Medicaid applications and advanced premium tax credit applications from December 2014 onward.

Finally, Illinois time trend data reveals improvements to SNAP same-day service over the course of the WSS grant. In 2012, about 14 percent of SNAP applications received same-day service. This dipped in October 2013 (for reasons discussed in the next section) but then steadily increased, reaching 24 percent in March 2015.<sup>7</sup> Factors that may have contributed to the change include ongoing business process improvements, a SNAP waiver that allowed caseworkers to proactively call clients eligible for expedited service for SNAP interviews (known as cold calling), and a shift in late 2014 to a task-based processing system.

## Average Days Needed to Process Applications

Another summary measure, average days needed to process applications, also showed net improvement over the WSS grant period. This improvement is seen in SNAP data for four states and in TANF and child care data for two of those states. However, states often experienced setbacks in average processing time during rollout of new business processes or new technology systems. The average days measure is useful for tracking delays that occur after rollout of new systems because it is sensitive to high numbers and rises that occur when many cases take much longer than 30 days to process.

### NET IMPROVEMENT IN AVERAGE DAYS NEEDED TO PROCESS APPLICATIONS

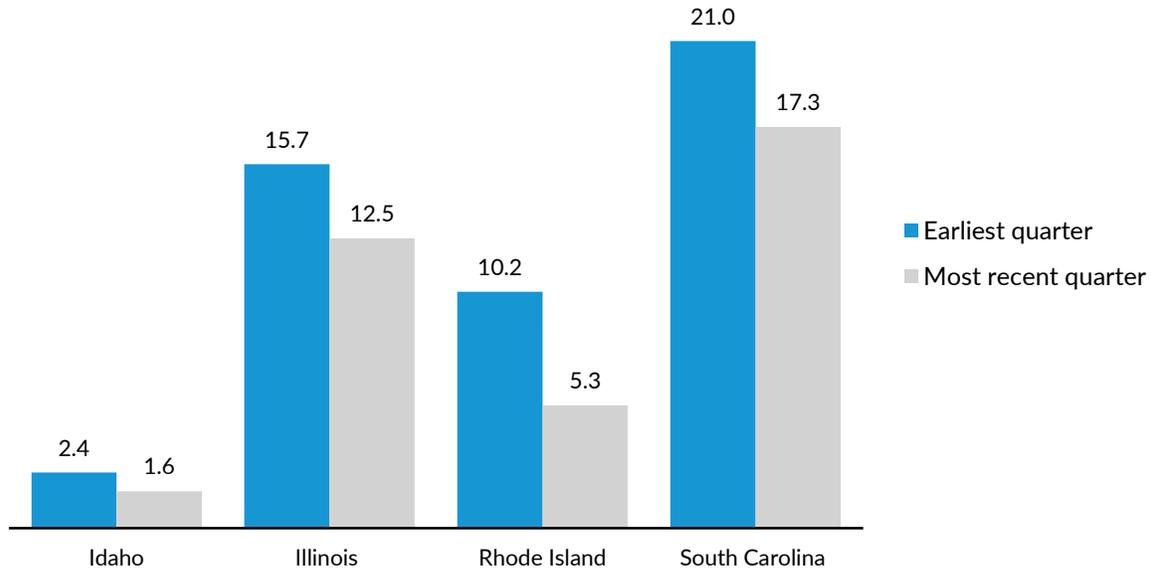
Four states provided data showing success in cutting the average days needed to process SNAP applications (figure 1.7):

- ▼ In Rhode Island, average processing time dropped from 10.2 to 5.3 days.
- ▼ In Idaho, average days in processing decreased from 2.4 to 1.6.
- ▼ In Illinois, average days in processing decreased from 15.7 to 12.5.
- ▼ In South Carolina, average days in processing dropped from 21 to 17.3.

As with other measures, there was considerable difference across states, with Idaho processing cases much faster than any other state. Data from Idaho and Rhode Island show improvement in the average days needed to process TANF and child care applications, although average processing times generally remained longer for these two programs than for SNAP.<sup>8</sup>

FIGURE 1.7

Average Days Needed to Process SNAP Applications, Comparing Early and Late Quarters



**Sources:** Administrative data provided by the Idaho Department of Health and Welfare, the Illinois Department of Human Services, the Rhode Island Department of Human Services, the South Carolina Department of Social Services, and the South Carolina Department of Health and Human Services.

**Notes:** Illinois provided microdata that were analyzed by Urban Institute. Earliest quarter refers to January–March 2010 for Idaho, May–June 2012 for Illinois, June 2011 only for Rhode Island, and October–December 2011 for South Carolina. Most recent quarter refers to August–October 2015 for Idaho, January–March 2015 for Illinois, February–April 2015 for Rhode Island, and May–July 2015 for South Carolina.

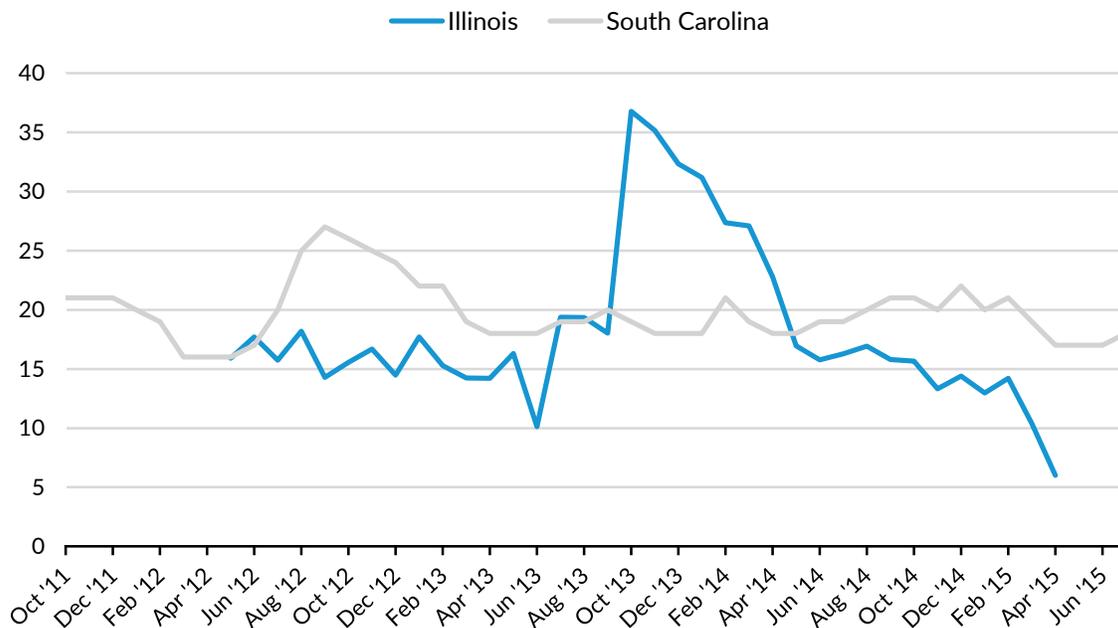
### DELAYS IN PROCESSING TIME AFTER ROLLOUTS OF NEW SYSTEMS

Processing times were often affected by rollouts of new technologies or business processes intended to increase efficiency. Sometimes these slowdowns were temporary, but some setbacks were so challenging that backlogs developed and persisted for months. Several examples of slowdowns in average processing time are discussed below, with more examples shown in appendix figures. Data on average days in processing are supplemented by alternate ways of measuring slowdown (e.g., number of pending cases or percentage of cases meeting federal timeliness requirements).

**Delays in SNAP processing.** Figure 1.8 shows two examples of temporary spikes in average processing time for SNAP applications. These spikes coincided with the rollout of a business process change in South Carolina (September 2012) and a new technology system in Illinois (October 2013).

FIGURE 1.8

Average Days Needed to Process SNAP Applications in Illinois and South Carolina



Sources: Administrative data provided by the Illinois Department of Human Services and the South Carolina Department of Social Services.

In South Carolina, business process redesign in its SNAP and TANF programs in the summer of 2012 forced staff to adjust to new processes and technologies. During the initial rollout, average processing times for SNAP applications rose from 16 to 27 days between June and September 2012. However, this dropped back down to 18 days in April 2013. As one state staff member in South Carolina noted:

When we initially changed, it was a nightmare. There were things that happened that we didn't anticipate. The phone provider didn't have capabilities to field the [phone interview] calls [and there were] more calls than anticipated. After two months, stuff started to level out. I think the clients have gotten more used to it, but [there are] still issues. We have these heavy moments, [we have to] find a way to be able to get the clients access to us quicker and not be on hold for 50 minutes.

Supplemental data shown in appendix figure A.7 confirm that the slowdown affected SNAP application processing across the board: there was a decline in the percentage of applications processed within 10 days, within 20 days, and within 30 days.

Likewise, Illinois had a spike in SNAP application processing time that was resolved within a few months. The state's new case processing system, IES (Illinois Eligibility System), which affected

Medicaid, SNAP, and cash assistance, was launched in October 2013. The average days needed to process SNAP applications rose dramatically, from 18 to 37 days, as the state struggled with glitches in the new system, the need to train new staff and bridge the gap between old and new systems, and an influx of Medicaid applications from the federal marketplace. As a local administrator explained:

The backlog was the result of implementing the new system, so we went from maybe 99 percent to 69 percent timeliness on new [applications]. They didn't want you doing anything in the new system, they didn't want you doing anything in the old system, so the state took a hit. We had to monitor every day; we had management calls every day. We had to rely on the legacy system because the timeliness reports weren't in IES...the hit came from the intake staff because that's where most of the new applications were coming from.

The state ramped up staff capacity and fixed technology glitches, and application processing time improved to 16 days by June 2014 and continued to improve through the last data shown (for April 2015). Again, supplemental data presented in appendix A (figure A.8) show that slowdown affected same-day processing as well as processing within one week, two weeks, and 30 days.

North Carolina also experienced delays in processing SNAP applications after rolling out its integrated eligibility system, NC FAST. Data on the average days needed to process were not provided, but management reports show an accumulated backlog of cases not yet processed after 30 days that developed after rollout of the Medicaid module in July 2013, which saw a two-week period of minimal functionality followed by ongoing glitches and compromised functionality. These cases built up over the summer and fall, reaching more than 14,600 in November 2013 and over 24,200 in December 2013 before falling to just 70 cases in April 2014.<sup>9</sup> As one caseworker explained:

We have clients that a worker has done the case correctly but the system doesn't take it. It's a system error. And it has to go through three [help desk] tiers [before it gets to someone who can fix it]. These clients are not getting benefits until six months later and we are having to explain to people it's a system error. That's totally uncalled for.

The growing backlog eventually led to a request from FNS for a corrective action plan in September 2013 followed by an advance warning letter in December 2013. The state was able to resolve its SNAP backlog by February 2014, although it continued to experience difficulty processing applications within FNS timeliness guidelines.

**Delays in Medicaid processing.** Many states had substantial backlogs and delays in processing times for Medicaid exacerbated by the need to also implement changes from the ACA in a compressed time frame. Medicaid agencies rolled out new eligibility systems, sometimes before they were fully functional. They also trained Medicaid workers in the new systems and in new standardized methods of calculating income for eligibility purposes (using modified adjusted gross income, or MAGI). States

also struggled when they received an influx of medical assistance applications from federal or state health marketplaces during enrollment seasons, particularly when applications were sent over in large batches and states had to determine eligibility for Medicaid (and whether the applicant already was receiving Medicaid). At the same time, the number of clients receiving Medicaid grew in all six states, particularly those that expanded Medicaid eligibility to cover childless adults.<sup>10</sup> In general, WSS states faced many of the same challenges as other states that struggled to implement ACA under tight timelines (Brooks et al. 2016).

States tracked Medicaid processing in various ways: average days in processing, median days in processing, and the percentage processed within the federal requirement (45 days for regular Medicaid cases). All four states that provided data on Medicaid processing times (Idaho, Illinois, North Carolina, and South Carolina) showed periods of delayed processing:

- North Carolina experienced large backlogs in Medicaid applications as a result of open enrollment for its marketplace and the rollout of NC FAST, which was troubled by glitches, slowdown, and training complications. Workers also needed to manually convert cases from the old system to the new. Statewide timeliness percentages for Medicaid fell from 97 percent in state fiscal year 2011–12 to 61 percent in 2014–15, according to an April 2016 report by the North Carolina General Assembly.<sup>11</sup>
- The median time needed to process a non-MAGI case in South Carolina rose from about 25 to 33 days in 2012 to a peak of 105 days in August 2014, reflecting a challenging rollout of a new eligibility system as well as an influx of new applications from the marketplace. Median time needed has declined since then to 64 days, or two months, in July 2015, the last month for which we have data. MAGI cases were relatively unaffected, with median processing times ranging from two to nine days over the same period.<sup>12</sup>
- Even high-performing states such as Idaho were not immune to the challenges the ACA presented. During the first year of open enrollment, Idaho had a one-month spike in processing times for medical assistance applications, from 8 days in November 2013 to 12 days in December 2013. As state officials explained, the transfer of cases from the federally facilitated marketplace to Idaho’s state-based marketplace, Your Health Idaho, initially made it hard to meet their goal of same-day processing. However, the agency’s universal workforce allowed it to focus more attention on health coverage applications. As officials described, “After about one week, we were current to the day and we have been current to the day ever since then. [Even after an influx of applications from the FFM], by the next day, we are caught

up. ...We've got good processes in place." The state achieved its fastest average processing times on record for health coverage applications during the second year of open enrollment, even though the state agency also began processing eligibility for advanced premium tax credits on behalf of the state-based marketplace during this time.<sup>13</sup>

- In Illinois, the same office and often the same generalist caseworker process both SNAP and Medicaid applications, and both sets of applications were affected by the rollout of new technology and implementation of the ACA. During the second half of 2013, there was a sharp decline in the percentage of Medicaid and SNAP applications processed within federal timeliness standards. SNAP recovered sooner than Medicaid, as the state focused on improving SNAP timeliness to avoid penalties from FNS.<sup>14</sup> As explained in a grantee report in 2014:

Due to the learning curve associated with IES, initial defects in the system, and the tremendous volume of applications brought about by ACA, Illinois was very behind in processing SNAP and medical applications in April [2014]. ...We had over 350,000 cases pending in IES, over 14,000 SNAP applications overdue, and over 150,000 medical applications overdue. Adding to these challenges, we received an Advanced Warning Letter from Food and Nutrition Services in May [2014] demanding that we eliminate the backlog and process all applications timely within 60 days or face penalties in excess of \$100 million.

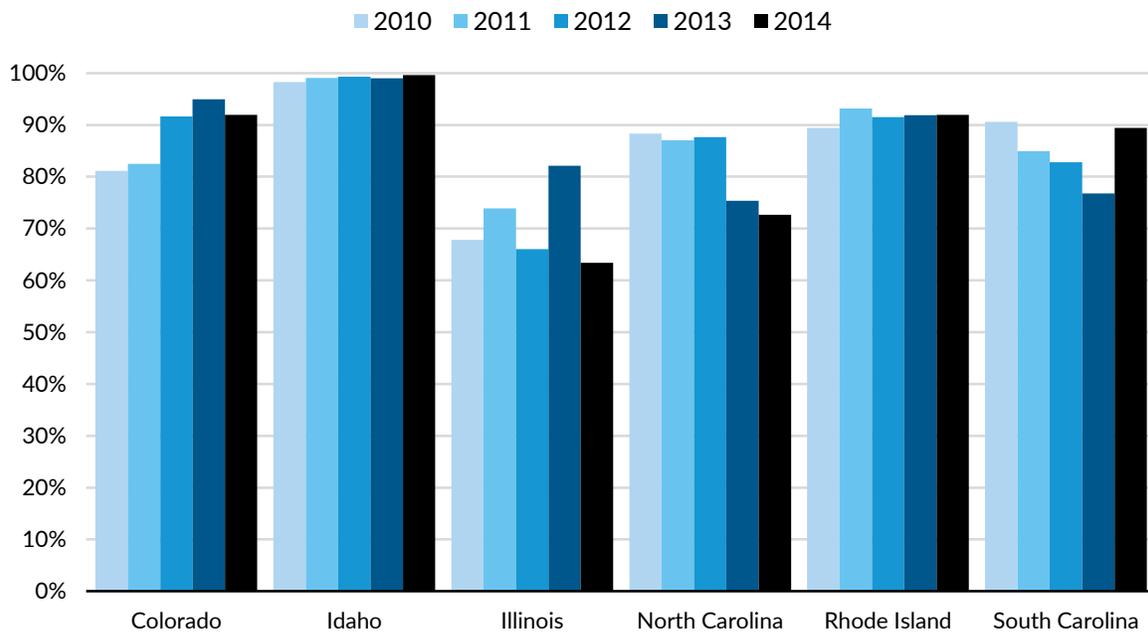
This review of data on average days in processing and related measures of processing times suggests that deliberate business process redesign, technology updates, and policy changes can result in substantial improvements in speed of benefit delivery. However, temporary setbacks in performance were not unusual. As one state staff member put it, "it got worse before it got better."

## Percentage of Applications Meeting Federal Timeliness Requirements

The third timeliness measure reviewed in this chapter, the percentage of SNAP applications meeting federal timeliness requirements, shows considerable variation across states. As shown in figure 1.9, the percentage of SNAP applications processed within federal requirements ranged from a low of 63 percent in Illinois to a high of 100 percent in Idaho, both in 2014. (In 2014, Illinois and Idaho ranked lowest and highest, respectively, not just among the six WSS states but across all 50 states, the District of Columbia, the US Virgin Islands, and Guam). These data are drawn from an annual FNS report on timeliness based on monthly samples of SNAP application data and so provides data that is more comparable across the six states than the state data reviewed thus far.<sup>15</sup>

FIGURE 1.9

SNAP Applications Meeting Federal Standards for Timeliness, Fiscal Years 2010–14



**Sources:** Data are drawn from annual Food and Nutrition Service Application Processing Timeliness reports. “Snap Program Improvement,” Food and Nutrition Service, last updated July 5, 2016, <http://www.fns.usda.gov/snap/snap-program-improvement>.

**Notes:** According to the US Department of Agriculture, a SNAP case meets federal standards “if the household has an opportunity to participate within seven days of the application date for expedited service cases and within 30 days of the application date for regular processing cases.”

Note that the Centers for Medicare and Medicaid Services is collecting Medicaid and CHIP performance data, including data on processing times for eligibility determinations, from states for their Performance Indicator project. However, data were not available at the time of this analysis (MAC Learning Collaboratives 2015). As already noted, there are no federal requirements for processing times for child care and minimal data about the timeliness of child care applications. This portion of the analysis therefore focuses exclusively on SNAP timeliness.

Across all six states, there was not a dramatic or consistent change over the course of the WSS grant in the percentage of SNAP applications meeting federal requirements. One challenge with this measure is that high-performing states (i.e., those processing 90 percent or more of all cases within federal standards) cannot show large improvements because the measure is bounded at 100 percent. Also, it combines data on regular applications and expedited applications, and one cannot tell from this measure alone whether states with poor performance struggle with one more than the other.

Patterns differ across states. Trends for each state are reviewed below and compared with data presented earlier in the chapter to provide a state-by-state recap of findings:

- ▼ Colorado made substantial strides in timeliness, improving its percentage of SNAP applications processed within federal guidelines from 80 to over 90 percent. This mirrors improvements in SNAP same-day service and overall average processing time.
- ▼ In contrast, North Carolina saw its percentage of timely SNAP applications drop over the project period from 88 to 73 percent. This fits with what we learned from qualitative data and from management reports about delays in processing time for both SNAP and Medicaid.
- ▼ Idaho continued to process an exceptionally high percentage of SNAP applications within federal standards over all five years (ranging from 98 to 100 percent, the highest or second highest in the nation each year). Idaho also was able to achieve its ambitious goals for same-day service and average processing time for both SNAP and Medicaid. Service lagged for child care applications, which are processed by a different unit and managed in an older case management system.
- ▼ Rhode Island showed little change in timeliness over the period, with the percentage of SNAP cases processed within federal standards staying close to the FNS goal of 90 percent (ranging from 89 to 93 percent). Other metrics showed much more improvement in SNAP, TANF, and child care (e.g., the average number of days needed to process SNAP and TANF applications both fell by half).
- ▼ In South Carolina, the percentage of SNAP applications processed within federal standards fluctuated, dipping in 2011 through 2013 but eventually returning to approximately 90 percent. This pattern is consistent with trend lines in the average days needed to process SNAP applications. Medicaid data showed fast processing of MAGI cases but slower processing of non-MAGI cases.
- ▼ Finally, the percentage of applications processed within federal standards in Illinois also fluctuated, but at much lower levels, ranging from 63 to 82 percent. Some of the poor performance in federal fiscal year 2014 was driven by challenges in the fall of 2013 discussed above and shown in other metrics (figure 1.8 and appendix figure A.8). In addition, detailed analysis by type of application (regular versus expedited) reveals that even as the state improved the percentage of regular applications processed within 30 days, it struggled to

meet the narrower 7-day requirement for expedited applications. This drove down the overall timeliness measure, which combines performance on both regular and expedited cases.<sup>16</sup>

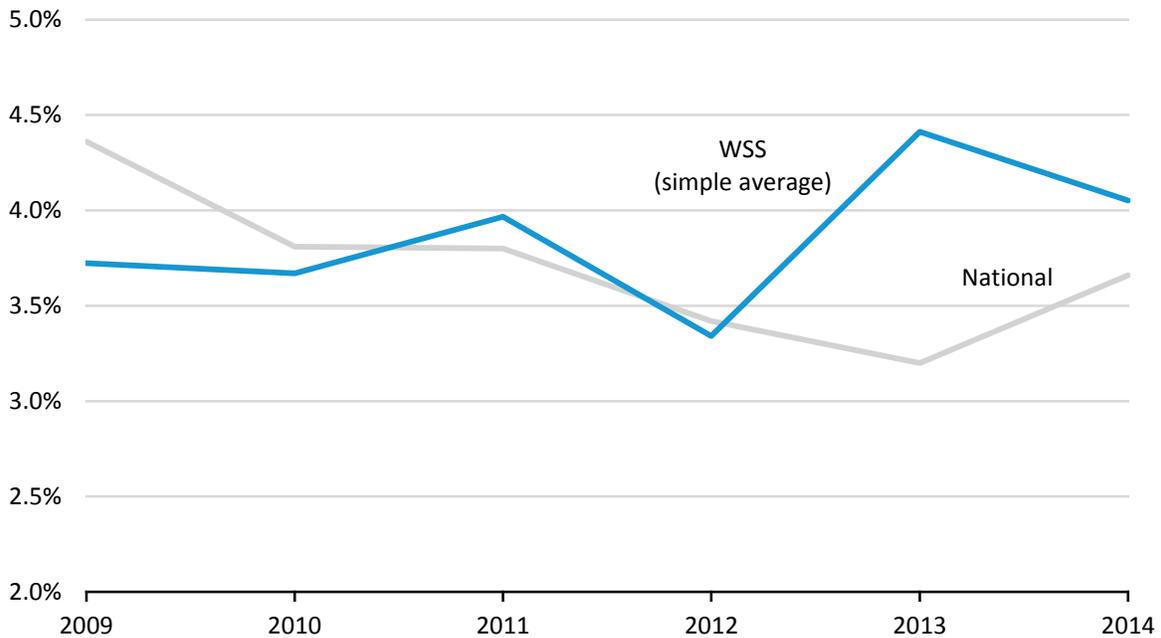
## No Consistent Trends in Accuracy

State staff had different views on how faster benefit processing would affect program accuracy. Minimizing time between application and determination has the potential to improve accuracy in SNAP, where payment error rates are judged against the client's circumstances at time of approval, which may change during processing. For this reason, and because same-day processing affords less opportunity for mistakes or "less chances of things getting lost," some officials in Illinois thought payment error rates would go down. However, others disagreed. As an Illinois official put it, "I would make the argument that it's hard to make everything your priority, so that sometimes when we make timeliness the priority, accuracy suffers." In Colorado, state officials were fairly united in their concern that the emphasis on faster benefit delivery was leading to higher error rates.

A review of available data on SNAP error rates for 2009–14 does not find a consistent pattern in error rates across the six WSS states. Overall, a simple six-state average (counting each state equally) suggests error rates similar to national error rates. The one exception is that SNAP error rates, which include both overpayments and underpayments, were higher than the national average in 2013 but dropped closer to the national average in 2014 (figure 1.10).<sup>17</sup>

FIGURE 1.10

SNAP Error Rates, Fiscal Years 2009-14

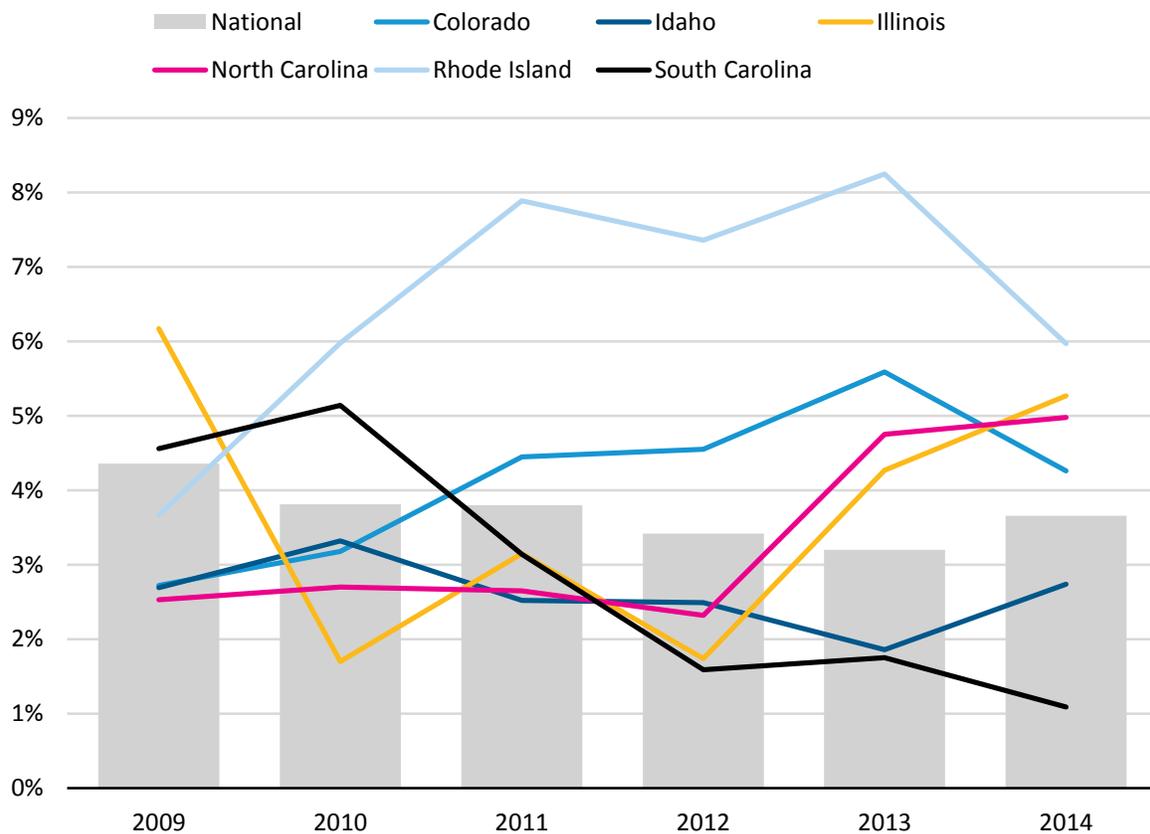


Source: “SNAP Quality Control Annual Reports,” US Department of Agriculture, Food and Nutrition Service, accessed November 7, 2016, <http://www.fns.usda.gov/pd/snap-quality-control-annual-reports>.

Moreover, there was no consistent pattern across states. Colorado is the one state where SNAP error rates rose at the same time that applications were processed faster. Looking at these data, state officials believed that error rates may have gone up because of their focus on improving timeliness. However, as shown in figure 1.11, other states did not see the same pattern. Idaho’s use of electronic data to verify client circumstances allowed the state to be both fast and accurate, suggesting that error rates and timeliness measures can move in the same direction. Both Illinois and North Carolina struggled on both measures in 2013 and 2014 because of issues rolling out new systems. Rhode Island saw an increase in error rates in 2011, prior to improvements in timeliness, and saw improvement in both error rates and timeliness in 2014. South Carolina saw an overall decline in error rates over time. And so only Colorado saw an inverse relationship between timeliness and error rates, suggesting it was not a general pattern.

FIGURE 1.11

SNAP Error Rates, by State, Fiscal Years 2009–14



Source: “SNAP Quality Control Annual Reports,” US Department of Agriculture, Food and Nutrition Service, accessed November 7, 2016, <http://www.fns.usda.gov/pd/snap-quality-control-annual-reports>.

## Conclusion

Most states were processing benefits faster at the end of the WSS period than they were at the beginning, driven in part by improvements in same-day service. Interestingly, changes in the overall speed of benefit delivery were larger than what was seen specifically in the percentage of SNAP applications meeting federal timeliness requirements. This is partly because many states focused on same-day service or accelerating provision of service to needy families. As one senior official in Idaho put it, “people...come into lobbies because they were hungry now...not 30 days from now.”

Near the end of the WSS grant, researchers asked state officials whether the various changes during the WSS initiative had yielded results that were visible to clients, specifically whether clients

had noticed a change in work support systems over the past two years. “Absolutely,” said one state official in Colorado. “The speed in which benefits are received is the biggest change. ... We don’t get calls about people waiting four months for status of application.”

This answer aligns with the data presented in this report. In most WSS states, not just Colorado, faster benefit delivery was one of the biggest improvements in customer service.

## 2. Reducing Churn at Time of Renewal

One insight from states' early work in WSS data analysis and self-assessment was that enabling families to get and keep the full package of work support benefits for which they are eligible extends beyond the initial application. It also is important to improve the eligibility renewal process to reduce the chance that families will temporarily lose benefits and cycle off of and back onto the program in a short period of time, known as churn. Reducing program churn requires some of the same attention to business practice as improving application processes but with a focus on policies and practices applying to benefit renewal.

Program rules for SNAP, Medicaid, child care, and other work supports generally require families to recertify their need for benefits at periodic intervals, usually every 6 or 12 months.<sup>18</sup> Self-assessments conducted by states early in the WSS grant period revealed that many families lose benefits at time of renewal, mostly for bureaucratic reasons not related to their actual eligibility, and subsequently reapply and qualify for benefits. Families may lose assistance for any number of reasons: perhaps a renewal notice was sent to an old address, a notice was confusing and the family failed to return the required forms or returned them incomplete, the required recertification interview was not scheduled and completed in a timely manner, the caseworker did not take all steps needed in the state's eligibility system to extend eligibility, or the computer system generated an automatic closure of benefits. As these examples suggest, it is difficult to know whether a failure to complete a renewal is due to actions by the agency, the family, or a combination of both.

This type of churn, often referred to as procedural churn or churn among continuously eligible families, can represent as much as 90 percent of all churn at time of renewal. In addition, some cycling at time of renewal occurs because of temporary losses in eligibility. For example, a family member may have lost eligibility because of a temporary increase in earnings (from more hours or a raise, etc.) and then subsequently requalify for benefits once their income returned to previous levels, all in a fairly short period.

All six WSS states were interested in reducing procedural churn. They recognized that it increases the burden on their workers, as it is typically more time consuming to process a new application than to renew an existing case, and that the disruption of benefits is harmful to families. States took several approaches to address churn, but only Idaho and Rhode Island developed data reports to track

changes in churn rates and incidence over time. Summary data from these states, analyzed in the second half of this chapter, show that both Idaho and Rhode Island were able to reduce churn rates and/or incidence in some, but not all, of their work support programs.

## Overview of State Efforts

Each WSS state was asked to submit data on program churn early in the grant period (April 2012) to inform technical assistance efforts. Two key themes emerged from this exercise. First, churn is difficult to measure, partly because it requires longitudinal data but also because there are numerous ways to conceptualize, analyze, and present churn. Second, despite imperfect measures, available data suggested that churn rates were high and causing unnecessary work for both clients and workers. The sheer scale of the problem merited attention from state officials. Idaho, the first state to measure churn, explained in their initial grant proposal:

Our data show that of those families that close at reevaluation for failing to complete the process, approximately 60 percent will reapply for Food Stamps within 90 days, and about 40 percent will reapply for Medicaid within 90 days. This causes unnecessary work for the family and for the agency in having to reprocess applications for families who probably remained eligible at the reevaluation.

### Why Did States Want to Reduce Churn?

Although not all states were able to track churn consistently, all saw enough data from their own state and/or other states to be convinced of the value of improving their renewal processes. As suggested by Idaho's grant proposal, states believed improving renewal processes and reducing procedural churn would help both families and agencies avoid unnecessary work. As officials from North Carolina put it:

Through data analysis and focused conversations with county staff, we learned that administrative churning was a major gap in the current service delivery system. ...This can have tremendous effect on clients in the form of lost work time to reapply, and on workers who often have to begin the application process again with the client each time benefits lapse.

### IMPROVING CUSTOMER SERVICE AND FAMILY WELL-BEING

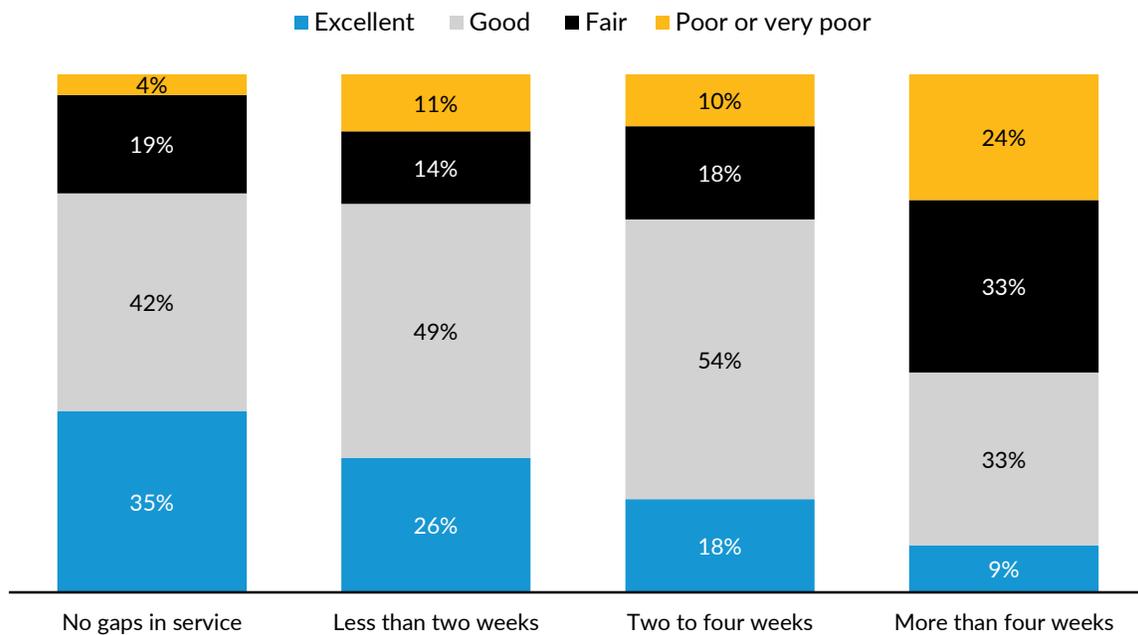
State staff were aware of the negative impact that gaps in benefits can have on clients who rely on benefits to help support their families. Families are sometimes not aware their benefits have lapsed until they discover at the grocery counter that their SNAP benefit card does not work or they are not able to access medical services with their Medicaid card, or their child loses care because their child

care provider is not paid. Even if benefits are restored retroactively, which is more common for Medicaid and child care than for SNAP, a temporary gap in benefits can mean that families are unable to secure necessary food, prescription drugs or medical care, or child care, and can also lead to increased stress and anxiety. State officials believed that continuity in benefits helps clients maintain employment. In addition, time that clients spend reapplying for benefits takes time away their work and family responsibilities.

Not surprisingly, gaps in benefit coverage have a negative impact on client satisfaction. A survey of clients renewing their SNAP benefits in Colorado found that clients who experienced gaps in service reported lower levels of overall client satisfaction, with satisfaction decreasing relative to the length of gaps (figure 2.1).<sup>19</sup>

FIGURE 2.1

**Client Satisfaction and Reported Gaps in Service among SNAP Participants in Colorado with Recent Redeterminations**



**Source:** Client experience survey of recipients with children seeking redetermination of SNAP benefits in Colorado.

**Notes:** The analysis is based on 538 responses, including 419 who reported no gaps in service, 35 with gaps of less than two weeks, 39 with gaps of two to four weeks, and 45 with gaps of more than four weeks. This excludes eight responses with missing data. A chi-square test of the differences by gaps in service of the percentage of respondents in each category of satisfaction shows they are statistically significant at the  $p < .01$  level. See appendix B for more information on survey methods.

## REDUCING UNNECESSARY WORK AND COSTS FOR LOCAL STAFF AND AGENCIES

Closing and reopening a case is inefficient and costly for states as well as customers. State staff spoke of the negative impact of churn on efficiency in various interviews and progress reports. Rhode Island explicitly mapped out the extra work and steps involved in starting a new application compared with processing a renewal form. Officials from another state pointed out that many of the clients who visit offices do so because of churn. One research study estimated that processing an initial SNAP application takes double or triple the time it would take to process a redetermination (Mills et al. 2014). This additional processing time, according to an estimate by Mills and colleagues, resulted in a six-state average of \$82–133 in additional administrative costs for each SNAP household that cycled off benefits and reapplied in 2011, with costs varying considerably across states.

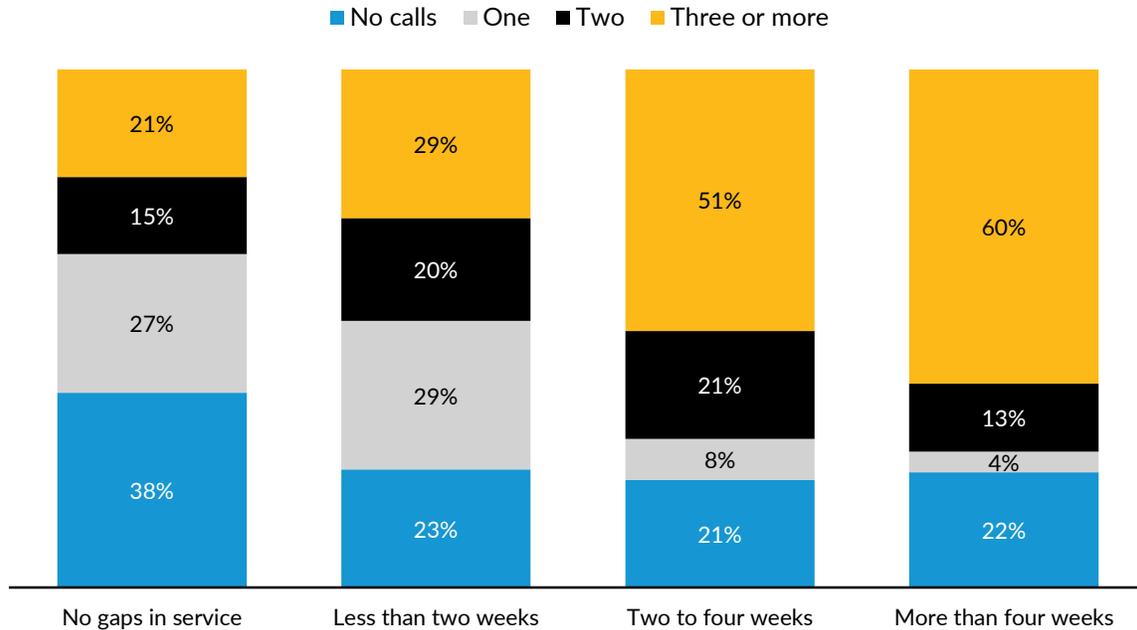
Idaho explicitly referenced the cost of churn to clients and state agencies as a driver for change in their WSS grant proposal:

Administratively, these [reevaluation] processes were costly. We are committed to improving the rate of completion at the time of reevaluation to ensure families maintain coverage and aren't forced to close their cases, lose access to services, and have to reenter the application process, which is time consuming to customers and the agency.

Churn also burdens clients and workers in the form of phone calls to local offices and call centers. Local staff reported that the majority of phone calls from clients are questions about the status of their benefits. Data from a client experience survey of SNAP reapplicants in Colorado show that those who reported gaps in benefits called offices more often, with the frequency of calls increasing with the reported length of the benefit gap (figure 2.2). Reducing churn can therefore help reduce the volume of phone calls to local offices.

FIGURE 2.2

**Calls Placed to Local Offices and Reported Gaps in Service among SNAP Participants Seeking Benefit Renewal in Colorado**



**Source:** Client experience survey of recipients with children seeking redetermination of SNAP benefits in Colorado.

**Notes:** The analysis is based on 533 responses, including 414 who reported no gaps in service, 35 with gaps of less than two weeks, 39 with gaps of two to four weeks, and 45 with gaps of more than four weeks. This excludes 13 responses with missing data. A chi-square test of the differences by gaps in service of the percentage of respondents in each category of times called shows they are statistically significant at the  $p < .01$  level. See appendix B for more information on survey methods.

A related efficiency concern was that families participating in multiple programs may complete the reevaluation process multiple times a year. Multiple recertification dates cause agencies to ask for and process the same—or at least similar—information multiple times a year, creating duplicative work. Multiple redeterminations create confusion for families, who may be uncertain whether they have complied with requirements for all programs, and more opportunities for families to lose benefits. As Idaho officials explained in an early grantee report:

Currently, a family may be asked to reevaluate for Food Stamps in one month, Medicaid the next month, and child care a month after that. Each reevaluation action requires the family to provide information and proof of their household circumstances to continue receiving services. Data shows that approximately 30 percent of the families fail to complete this process, resulting in a closure of the benefit program for which they may remain eligible.

## What Did States Do to Address Churn?

States took several steps to address churn, including (1) placing increased focus on measuring and studying churn, (2) reviewing and simplifying the renewal process, and (3) changing policies to reduce renewal risk points.

### PLACING A PRIORITY ON MEASURING AND UNDERSTANDING CHURN

Historically, states have placed more emphasis on the timeliness of application processing than the timeliness or outcomes of renewal processing (Bolen 2013). This reflects, in part, the emphasis that federal legislation and regulations place on timeliness and error rates at time of application. But as states learn more about the extent of procedural churn, they are more motivated to develop and track churn measures. Yet many of the WSS states struggled to do so.

To measure churn, states must combine data on case closings and openings over time. But first, states must decide how they define churn. Rosenbaum (2015) describes three different approaches to measuring churn:

- ▼ Renewal churn, which tracks how many participants facing renewal notices have case closures followed by reapplications.
- ▼ Churn among applicants, which tracks how many applicants had previously closed cases.
- ▼ Annual churn, which measures how many households have gaps in benefits in a year.

Each of these approaches can be implemented in varying ways. Rosenbaum notes that tracking churn is often hard because of how household data are stored in electronic eligibility systems. In many states, cases are closed automatically after a renewal date passes, and so it is hard to track churn and separate new applications from reapplications following a closure. Some states issue cases new ID numbers at each transaction, making it difficult to connect cases longitudinally.

The WSS states also found it difficult to measure churn following rollout of new technology systems because new reporting capabilities were not fully operational, particularly during bridge years when cases were split between the old and new systems. There also were challenges with hiring and retaining skilled data analysts and allocating resources to developing data reports on churn in lieu of more pressing priorities. Comments made by a data analyst in May 2015, late in the WSS implementation period, illustrate how a multiyear effort to develop a churn measure could be frustrated:

I was wrestling with how to measure churning. I went through a big fat file in my drawer...and I was wrestling with how to present it. I had presented the numbers as percentages, and I talked with [a WSS technical assistance expert] and had gone through some changes...but then it all sort of went away two years ago because...[of changes in data reporting]...and oncoming ACA and phase one of IES [Integrated Eligibility System]. That superseded everything else.

In the end, only Idaho and Rhode Island developed measures of churn and tracked them with sufficient regularity and consistency for inclusion in this report. Idaho had greater data capacity than the other WSS states and built a longitudinal data mart (see box 4). Rhode Island had its data contractor develop a specialized monthly churn report using data in its legacy system. Other states tracked churn only in some counties (North Carolina) or only for a limited time period (Colorado and Illinois), but all the states learned more about their renewal processes and how those processes could break down and result in higher levels of churn.

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## BOX 4

### Idaho's Information Management Infrastructure

Idaho's Division of Welfare has a robust information management infrastructure that senior leadership and local managers rely on to identify areas for potential improvement, assess the effects of policy and process changes, and manage work and allocate resources on a daily basis. One senior leader explained, "We all use data...We don't just fly by the seat of our pants to know what our priorities are...[Data] helps us make sure we are making good decisions and good judgments."

A **dedicated information management unit** is responsible for building and maintaining key reporting systems, running routine statistical reports for federal agencies, generating internal management reports, and responding to ad hoc requests for information. During WSS, the unit expanded the state's analytic capacity by hiring a data architect and building a **longitudinal data mart**. Among other things, the data mart allowed easier analysis of individual case trajectories over time. As a result, Idaho officials could better understand their administrative churn and implement changes to reduce it. Idaho also bolstered its information capacity with **Q-Flow, a lobby management system** that provides frontline workers, supervisors, and managers with real-time information about the volume of work.

One notable aspect of Idaho's approach to information management is that **the information management staff is represented on the senior leadership team and work closely with operational and policy staff** on program management and ongoing agency-wide improvement. One respondent contrasted Idaho's approach to many other states that "rely heavily on their IT department to build them canned reports" and explained that Idaho's information management unit is "more closely married to the operational side...so when [business managers] are asking for something, we are more [in tune] with what they are looking for...having [an information] unit close to [business] operations is important."

Another distinguishing characteristic is that **ad hoc information reports are timely, relevant, and routinely used**. One respondent explained, "Anytime, on a daily basis, when we're talking about [something field staff] are working on, or if I have a concern about something...they will immediately generate a report for me. ...It's really helpful to be able to make decisions when you can see things like that immediately." Ten years prior, it would take a week to get a similar report out of the mainframe, and as one respondent explained, "about four iterations of going back and forth [with IT] until I actually got what I want[ed]."

One state leader reported, "...before it was so hard to get the data, we would just make decisions based on our guts. ...Now we have data to support some of the decisions and questions we are asking."

Idaho was a model for other WSS states because of its high level of data capacity and its willingness to use data for decisionmaking.

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## SIMPLIFYING RENEWAL PROCESSES

State officials routinely expressed concern that there were too many steps in their renewal processes or that families had to provide too much information to maintain benefits. To simplify their renewal processes, states (1) reorganized business processes to complete more renewals in a more timely manner, (2) began prepopulating redetermination forms, (3) implemented online renewals, and (4) began using electronic data to allow for administrative renewals. Much of the impetus for these changes came from the ACA and its new requirements for streamlining access and renewal in Medicaid. As the WSS states moved to implement these changes in Medicaid, they considered how to simplify renewal for other work supports as well.

***Reorganizing business processes.*** As states revamped their business operations, mapping their current processes and suggesting ways to improve them (as discussed in chapter 1), they sought ways to speed up the redetermination process. Failure to complete the process, including the recertification interview in the case of SNAP, before the due date was a common cause of automatic case closure. To improve timeliness, states tried making greater use of task-based processing, with some workers or units focusing primarily on recertification. For example, Rhode Island created one centralized SNAP recertification unit to process renewals and establish a clearer path for renewal (with mixed results, as shown below). For other states, the move to a statewide, task-based caseload model allowed them to more easily share work and helped address workload crunches, especially during times of the month normally tied to renewals.

***Updating or prepopulating renewal forms.*** States found that their renewal forms were sometimes unclear and asked for information that was ultimately unnecessary considering the robust information captured in agency data systems. Clients might be asked to provide details such as their contact information that were already in the system. States believed that the complexity of these forms led to some clients putting off the renewal process. Therefore, several states moved to prepopulated renewal forms that simply asked clients to confirm information the state already had and to provide a limited amount of additional information.

***Facilitating online renewal.*** Another improvement came through the expansion of online and phone transactions for multiple programs. In Colorado, an online portal allowed clients to more easily monitor their benefits and renewal dates. States also provided options to renew online, over the phone, or via e-mail. These options were made available not just for Medicaid, as required by the ACA, but for all work support programs. Giving clients more ways to connect with agencies can ensure that more families are able to complete the redetermination process.

**Using electronic data to verify ongoing eligibility (administrative renewals).** Some states streamlined their renewal processes to the point of automatically renewing eligibility using client data and information the state agency already had from other benefit programs, in some cases supplemented with data from other sources (e.g., administrative records on earnings or Social Security benefits).

In Idaho, the state used information from SNAP records to verify ongoing eligibility and passively renew clients for Medicaid. This was facilitated by aligning the redetermination dates so that Medicaid renewals occur shortly after SNAP renewals.<sup>20</sup> In addition, the state established “no-touch” Medicaid redeterminations for a subset of clients, primarily those with only Supplemental Security Income, to cut down on work and limit churn. One state leader in Idaho explained the impact of these changes:

On Medicaid renewals, we made huge changes in that renewal process. Now, (clients) don't have to fill out a form every time they have to renew. Now, they get a notice saying, “Here is everything we know. If it's different, report back. If not, you'll be renewed again.” So we have many fewer people closing and much less churn. I think we've been able to reduce many unnecessary administrative burdens, which was one of our primary goals in this project.

Through South Carolina's Express Lane Eligibility initiative (ELE), the state health agency enrolled children in Medicaid using eligibility information from other programs such as SNAP. Initial efforts focused on renewals, and more than 200,000 ELE renewals were completed between April and November 2011. This approach ensured that eligible children did not lose the benefits to which they were entitled and also saved the agency money in administrative expenses, as discussed in chapter 4.

## CHANGING POLICIES TO REDUCE RENEWAL RISK POINTS

States also worked to reduce churn by cutting down on the number of times that families come up for renewal, or “renewal risk points.” An obvious way to do so is to lengthen the certification period. Three of the WSS states either piloted or implemented longer certification periods for child care assistance (Rhode Island on a statewide basis and Colorado and North Carolina in selected counties) and Idaho and Illinois lengthened certification periods for SNAP.<sup>21</sup>

Another way to reduce renewal risk points is to align redetermination dates so that families do not need to juggle multiple benefit redetermination dates throughout the year. As noted above, Idaho aligned redetermination dates so that Medicaid renewals always follow shortly after SNAP renewals and use electronic information from the SNAP renewal. State staff reported that the changes were substantial and beneficial to clients:

I thought the realignment of recertification process has been awesome. I've had feedback from recipients about how great it is. It's really removed some confusion for end recipients.

Colorado also aligned redetermination dates, and North Carolina did so on a pilot basis. A supervisor in a local office in North Carolina spoke about the impact of this new pilot policy on reducing churn, saying, “We [see] clients not being denied as much. There are less terminations and churn.” Another supervisor said she had heard clients saying they were glad to not have to provide the same information multiple times and that fewer clients complained about mailing documents or about those documents getting lost.

## Outcomes of State Efforts

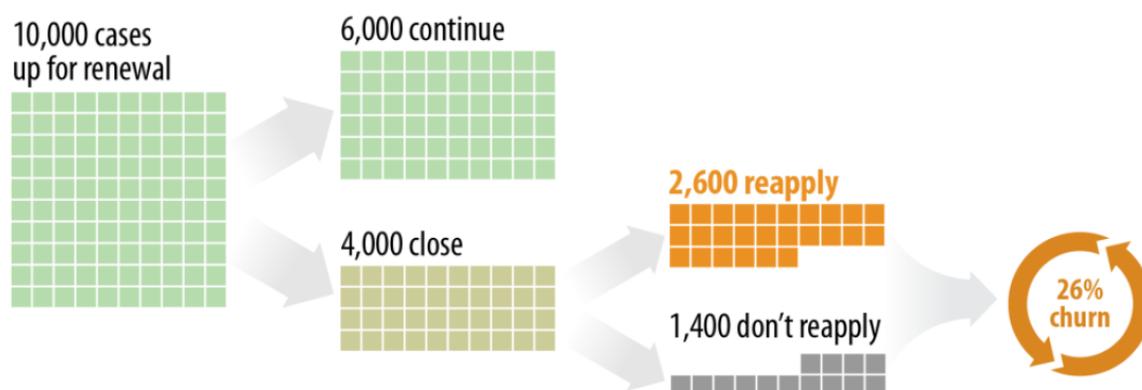
Idaho and Rhode Island provided monthly data measuring the rate of churn among cases up for renewal. Both were able to reduce churn rates and/or incidence in some work support programs, but neither was able to succeed in all programs.

### Churn Measures Used in this Analysis

The primary measure used in this analysis is the renewal churn rate, more specifically the percentage of clients sent renewal notices that reapplied within 90 days. The base or denominator for the rate is all cases up for renewal in a particular month. The numerator is the number of cases that close and reapply within 90 days. In figure 2.3, there are 10,000 cases up for renewal and 2,600 cases that close and reapply—a renewal churn rate of 26 percent. As noted by Rosenbaum (2015), the renewal churn rate is particularly useful for measuring churn related to procedural problems and diagnosing root causes.

FIGURE 2.3

Calculation of Renewal Churn Rate



Source: Rosenbaum (2015), figure 3.

In detailed tables accompanying the figures on churn in this section, we report the total number of cases churned relative to the total number of households receiving benefits, a supplemental measure that we label “churn incidence.” In the example above, if the overall caseload was 120,000, of which 10,000 were up for renewal each month, the churn incidence would be 2,600 out of 120,000, or 2.2 percent. This supplemental measure is useful because sometimes the number of cases churned is driven by changes in the number of renewals (which fall, for example, if certification periods are lengthened) rather than changes in the renewal churn rate.

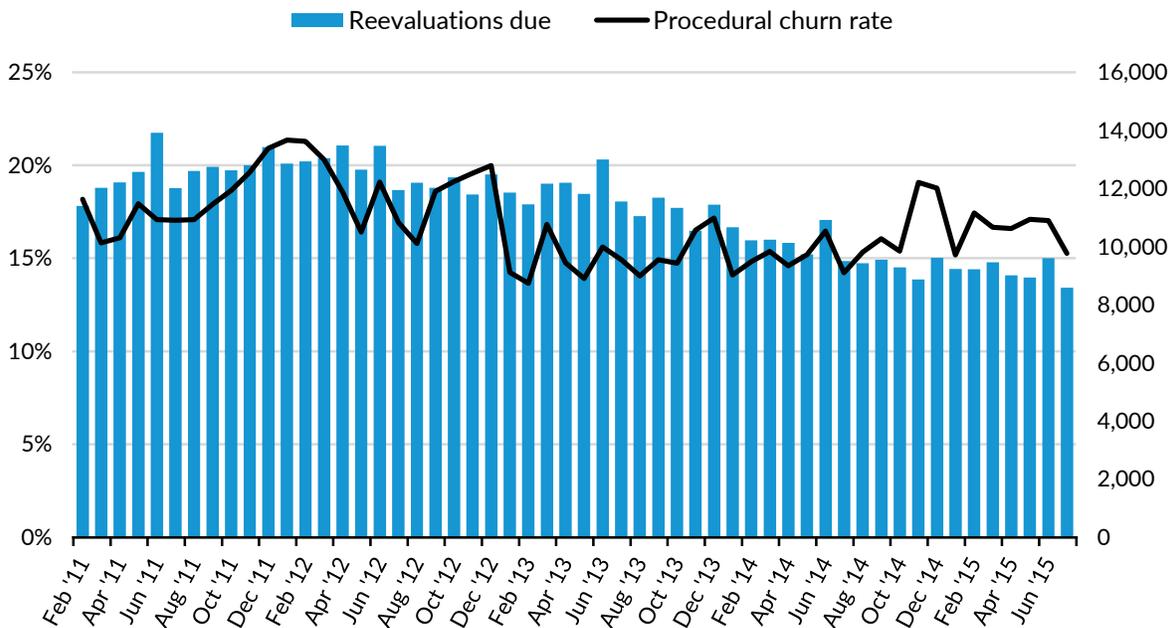
The churn measures presented below vary slightly between Idaho and Rhode Island. Rhode Island measures churn separately for cases facing recertification (typically annually) and cases due for interim reports (typically every six months); in contrast, Idaho presents a single churn rate for all SNAP renewals. As another example, Idaho focuses on the subset of renewal cases that close for procedural reasons, whereas the Rhode Island data encompass all renewal cases. Finally, one of Idaho’s three churn measures (child care churn) focuses on the subset of reapplicants who are approved, rather than all reapplicants. As explained in appendix C, Measuring Churn, the difference between these two groups is relatively small, since most cases close for procedural reasons and most reapplicants are found eligible. Even so, given the subtle variations in how churn is measured and the underlying differences in requirements for renewal, we cannot make comparisons in churn measures across states or even across programs. The key question examined by the figures and tables that follow is the trend in churn rates over time.

## Churn Outcomes in Idaho

Since 2008, Idaho has been implementing ongoing improvements to its benefit delivery system for SNAP, Medicaid, child care assistance, and other programs. Many of these changes, some of which were implemented before the WSS grant, have the potential to reduce churn, and include improving lobby management and workflow, using electronic data to verify ongoing eligibility, allowing families to renew online, and simplifying the requirements for six-month interim reports (only in SNAP). During the WSS period, these efforts to improve renewal procedures in Idaho led to modest reductions in SNAP churn and sharp reductions in Medicaid churn but no reductions (in fact, an increase) in churn in the child care assistance program.

FIGURE 2.4

SNAP Procedural Churn in Idaho, February 2011–July 2015



Source: Administrative data submitted by the state.

Notes: Churn is measured for reevaluations due at time of recertification or interim reporting.

### REDUCTIONS IN SNAP CHURN

Data show that the procedural churn rate among SNAP households facing recertification or interim reporting fluctuated from month to month in Idaho but showed an overall downward trend between February 2011 and July 2015, as shown by the black line in figure 2.4. Measured over the state fiscal year, the average procedural churn rate dropped from 19.0 to 16.6 percent from 2012 to 2015 (table

2.1). Over this same period, there was a decline in closures for procedural reasons among those facing recertification or interim reporting from an average of 40 to 36 percent. Note that these data do not reflect any improvements that may have occurred between 2008 and 2011.

There also was a decline in opportunities for churn, as the number of reevaluations (including both interim reports and recertifications) declined faster than the caseload. With fewer renewal risk points, the incidence of SNAP churn fell more than the procedural churn rate, from 2.4 to 1.8 percent between 2012 and 2015, a reduction of 25 percent.

TABLE 2.1

**SNAP Procedural Churn in Idaho**

	2012	2013	2014	2015
<b>Monthly average case statistics (state fiscal year)</b>				
A. Reevaluations due	12,888	12,111	10,793	9,313
B. Procedural reevaluation closures	5,208	4,467	3,890	3,363
Ineligible reevaluation closures <sup>a</sup>	579	551	469	406
C. Procedural closures that reapply within 90 days	2,454	2,011	1,645	1,542
<b>Churn rate (relative to reevaluations)</b>				
D. Percentage of reevaluations that close for procedural reasons <sup>b</sup>	40%	37%	36%	36%
E. Percentage of procedural closures that reapply within 90 days <sup>c</sup>	47%	45%	42%	46%
F. Renewal churn rate, or percentage of reevaluations with procedural closures that reapply <sup>d</sup>	19.0%	16.6%	15.2%	16.6%
<b>Churn incidence (relative to caseload)</b>				
G. Active household caseload (monthly averages)	101,851	99,447	93,433	85,857
H. Reevaluations due as percentage of caseload <sup>e</sup>	12.7%	12.2%	11.6%	10.8%
I. Churn incidence, or reapplicants after procedural closures as percentage of caseload <sup>f</sup>	2.4%	2.0%	1.8%	1.8%

**Source:** Administrative data submitted by the state.

**Notes:** Churn is measured for reevaluations due at time of recertification or interim reporting. State fiscal year 2012 ran from July 2011–June 2012. The authors calculated 12-month averages from monthly data. Churn measures were calculated as the ratio of the monthly average statistics.

<sup>a</sup> Cases that close for eligibility reasons are not included in Idaho’s churn statistics.

<sup>b</sup> Calculated as  $B \div A$ .

<sup>c</sup> Calculated as  $C \div B$ .

<sup>d</sup> Calculated as  $C \div A$  or  $D \times E$ .

<sup>e</sup> Calculated as  $A \div G$ .

<sup>f</sup> Calculated as  $C \div G$  or  $F \times H$ .

**MEDICAID CHURN DROPS TO NEAR ZERO**

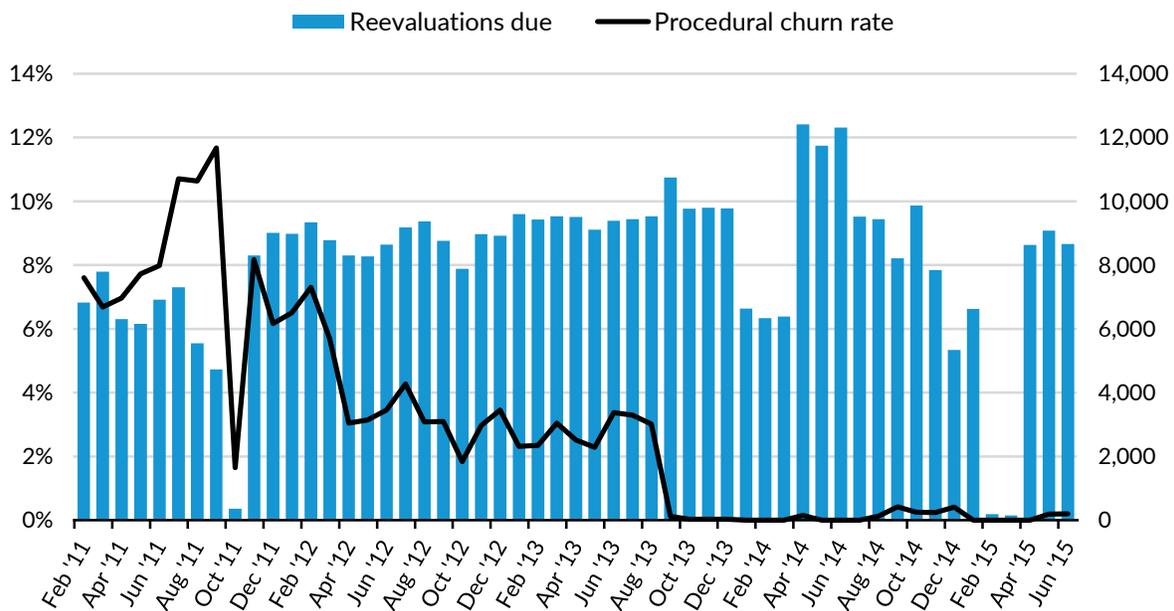
In Idaho, the procedural churn rate for Medicaid was already at fairly low levels in 2011, and dropped to near zero beginning in October 2013 (figure 2.5). This occurred even as 8,000 or more Medicaid

cases came up for renewal in most months. The sharp drop in procedural churn rates demonstrates the dramatic effect of using electronic verification to automatically renew Medicaid clients without proactive action by the client. Some of the decline occurred in early 2012, a result of using SNAP eligibility information in the state’s data systems for Medicaid renewal; the state also sent clients prepopulated forms to ease the renewal process. Further declines accompanied implementation of the ACA, as the state began using information from secondary data sources (e.g., administrative earnings records) and the ACA simplified eligibility requirements (e.g., dropping the resources test).

As a result of using administrative renewals, the number of renewals closed for procedural reasons dropped from an average of more than 1,500 per month in state fiscal year 2012 to an average of 35 per month in 2015 (table 2.2, line B). Roughly 25–35 percent of cases closed for procedural reasons subsequently reapplied throughout the four years examined, but there were so few procedural closures in 2014–15 that the churn rate dropped to just 0.2 percent. Churn incidence relative to caseloads would be even lower, but are not shown because the temporary extension of renewal periods during ACA implementation makes it difficult to calculate a meaningful estimate of churn incidence.

FIGURE 2.5

Medicaid Procedural Churn in Idaho, February 2011–June 2015



Source: Administrative data submitted by the state.

Notes: State fiscal year 2012 ran from July 2011–June 2012. The authors calculated 12-month averages from monthly data. Churn measures were calculated as the ratio of the monthly average statistics.

TABLE 2.2

## Medicaid Procedural Churn in Idaho

	2012	2013	2014	2015
<b>Monthly average case statistics (state fiscal year)</b>				
A. Reevaluations due	7,297	9,137	9,572	6,962
B. Procedural reevaluation closures	1,541	1,131	214	35
Ineligible reevaluation closures <sup>a</sup>	185	177	113	117
C. Procedural closures that reapply within 90 days	478	264	53	12
<b>Churn rate (relative to reevaluations)</b>				
D. Percentage of reevaluations that close for procedural reasons <sup>b</sup>	21%	12%	2%	1%
E. Percentage of procedural closures that reapply within 90 days <sup>c</sup>	31%	23%	25%	35%
F. Renewal churn rate, or percentage of reevaluations with procedural closures that reapply <sup>d</sup>	6.6%	2.9%	0.6%	0.2%

**Source:** Administrative data submitted by the state.

**Notes:** We do not show churn incidence relative to caseload in this table. Medicaid reevaluations were atypically low relative to caseload during ACA implementation, making it difficult to calculate a meaningful estimate of churn incidence over this period. State fiscal year 2012 ran from July 2011–June 2012. The authors calculated 12-month averages from monthly data. Churn measures were calculated as the ratio of the monthly average statistics.

<sup>a</sup> Cases that close for eligibility reasons are not included in Idaho's churn statistics.

<sup>b</sup> Calculated as  $B \div A$ .

<sup>c</sup> Calculated as  $C \div B$ .

<sup>d</sup> Calculated as  $C \div A$  or  $D \times E$ .

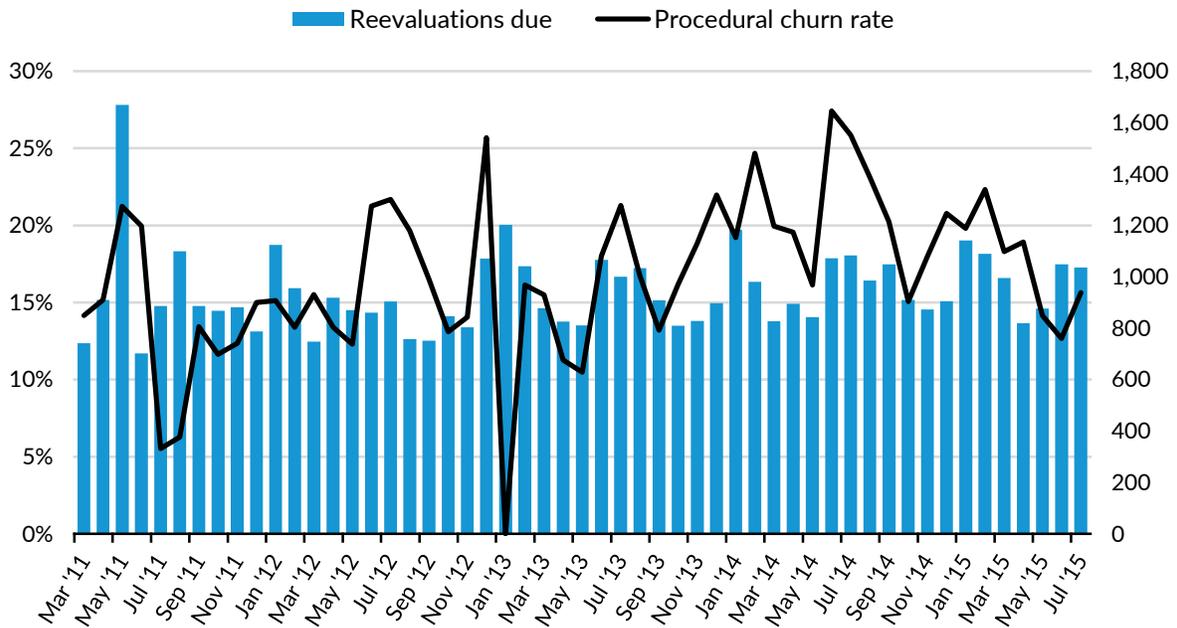
### CHILD CARE CHURN RATES FLUCTUATE AND INCREASE

The procedural churn rate for Idaho's child care assistance program, a small program a fraction of the size of SNAP or Medicaid, fluctuated considerably from month to month (figure 2.6). However, there was an underlying upward trend in procedural churn between 2012 and 2015, whether measured as the average rate at renewal (13 to 19 percent) or the incidence relative to caseload (2.6 to 4.0 percent).

Closer examination of the data in table 2.3 suggests there were increases in both the percentage of cases closed for procedural reasons and the percentage of closures that were reinstated. As noted in chapter 1, child care applications and renewals were processed in an older case management system by a separate child care unit through September 2016 and did not see the same improvements in processing times and outcomes as SNAP and Medicaid.

FIGURE 2.6

Child Care Assistance Procedural Churn in Idaho, March 2011–July 2015



Source: Administrative data submitted by the state.

Note: In contrast to the SNAP and Medicaid measures, this measure examines only those who reapply and are reinstated.

A fair number of households lose child care assistance each month because they are no longer eligible (they may have higher earnings or may have lost the job or work activity that qualified them for assistance), as shown in the third line of table 2.3. Nearly one-third of all child care closures are for eligibility reasons compared with only about 10 percent of SNAP closures. Because the churn rate as tracked does not include closures for eligibility reasons, it may be missing a significant source of discontinuity in child care assistance.

TABLE 2.3

## Child Care Assistance Procedural Churn in Idaho

	2012	2013	2014	2015
<b>Monthly average case statistics (state fiscal year)</b>				
A. Reevaluations due	907	913	940	981
B. Procedural reevaluation closures	291	394	388	420
Ineligible reevaluation closures <sup>a</sup>	227	191	200	199
C. Procedural closures that reapply within 90 days	116	149	186	189
<b>Churn rate (relative to reevaluations)</b>				
D. Percentage of reevaluations that close for procedural reasons <sup>b</sup>	32%	43%	41%	43%
E. Percentage of procedural closures that reapply within 90 days <sup>c</sup>	40%	38%	48%	45%
F. Renewal churn rate, or percentage of reevaluations with procedural closures that reapply <sup>d</sup>	13%	16%	20%	19%
<b>Churn incidence (relative to caseload)</b>				
G. Active household caseload (monthly averages)	4,412	4,624	4,695	4,747
H. Reevaluations due as percentage of caseload <sup>e</sup>	21%	20%	20%	21%
I. Churn incidence, or reapplicants after procedural closures as percentage of caseload <sup>f</sup>	2.6%	3.2%	4.0%	4.0%

**Source:** Administrative data submitted by the state.

**Notes:** State fiscal year 2012 ran from July 2011–June 2012. The authors calculated 12-month averages from monthly data. Churn measures were calculated as the ratio of the monthly average statistics. In contrast to the SNAP and Medicaid measures, this measure examines only those who reapply and are reinstated.

<sup>a</sup> Cases that close for eligibility reasons are not included in Idaho's churn statistics.

<sup>b</sup> Calculated as  $B \div A$ .

<sup>c</sup> Calculated as  $C \div B$ .

<sup>d</sup> Calculated as  $C \div A$  or  $D \times E$ .

<sup>e</sup> Calculated as  $A \div G$ .

<sup>f</sup> Calculated as  $C \div G$  or  $F \times H$ .

## Churn Outcomes in Rhode Island

In Rhode Island, as in Idaho, outcome data reveal mixed success in reducing churn. There was an increase in SNAP churn at time of recertification, no change in at time of interim reporting, and a reduction in churn among child care assistance cases. We do not show Medicaid churn data because Rhode Island was unable to track Medicaid churn consistently over time, partly because the caseload was split between a new integrated eligibility system and the older legacy system.

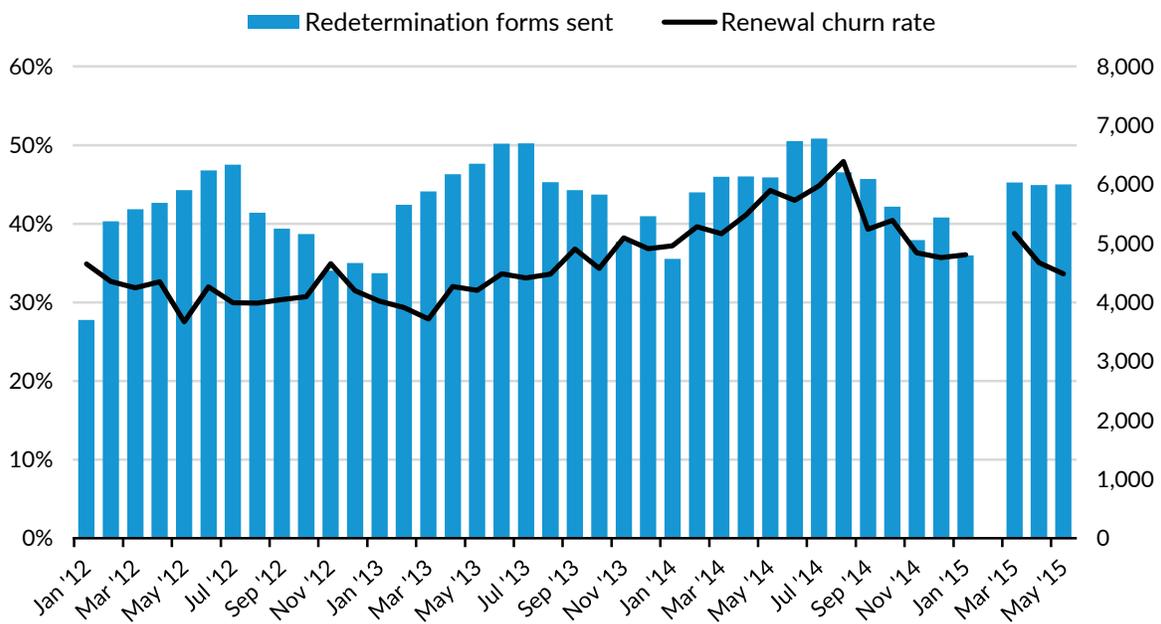
### HIGH LEVELS OF SNAP CHURN AT TIME OF RECERTIFICATION

Rhode Island struggled to process SNAP recertifications in a timely manner. More than 40 percent of SNAP cases due for renewal closed each month between January 2012 and June 2013, with the vast

majority closed for procedural reasons. More than 2,000 cases were “autoclosed” by the computerized eligibility system most months because the redetermination processes, including forms and interviews, were not completed in time. In some cases, recertification interviews were scheduled for a date *later* than the scheduled date for autoclosure. A small number of cases each month closed for eligibility reasons. With three-fourths of all closures eventually reopening, the churn rate was over 30 percent for most months between January 2012 and June 2013.

FIGURE 2.7

**SNAP Procedural Churn in Rhode Island, Measured at Time of Recertification, January 2012–May 2015**



**Sources:** Administrative data submitted by the state. SNAP active household caseloads are from the Food and Nutrition Service National Data Bank, version 8.2 public use.

In an effort to improve timeliness of renewal processing and reduce errors in recertification, the state set up a special statewide recertification unit in 2013 (rolled out between May and November) that separated the task of recertification from the other tasks of eligibility workers. Although the unit was praised as paving the way for a more extensive shift to task-based processing, after one year it had not resulted in a reduction in SNAP churn. In fact, SNAP churn rates rose fairly steadily between May 2013 and August 2014, peaking at 48 percent (figure 2.7) in August 2014. Annual averages reveal that the SNAP churn rate increased from 32 to 39 percent between 2012 and 2015 (table 2.4). The

number of churned cases relative to total caseload also increased from 1.8 to 2.2 percent over the same period, equivalent to a 25 percent increase in churn incidence.

TABLE 2.4

**SNAP Procedural Churn in Rhode Island, Measured for Redetermination Forms Sent at Time of Recertification**

	2012	2013	2014	2015
<b>Monthly average case statistics (state fiscal year)</b>				
A. Redetermination forms sent	5,416	5,560	5,890	5,802
Autoclosed for failing to complete redetermination	2,080	2,189	2,902	2,954
Closed by eligibility technicians	173	176	165	163
B. Total cases closed	2,253	2,364	3,067	3,117
C. Reapplied within 90 days	1,717	1,723	2,244	2,265
<b>Churn rate (relative to redeterminations)</b>				
D. Percentage of redeterminations that closed <sup>a</sup>	42%	43%	52%	54%
E. Percentage of closed redeterminations that reapplied within 90 days <sup>b</sup>	76%	73%	73%	73%
F. Renewal churn rate <sup>c</sup>	32%	31%	38%	39%
<b>Churn incidence (relative to caseloads)</b>				
G. Active household caseloads (monthly averages)	95,452	99,656	101,170	100,867
H. Redeterminations as percentages of caseload <sup>d</sup>	5.7%	5.6%	5.8%	5.8%
I. Churn incidence, or percentage reapplied relative to caseload <sup>e</sup>	1.8%	1.7%	2.2%	2.2%

**Sources:** Administrative data submitted by the state. SNAP active household caseloads are from the Food and Nutrition Service National Data Bank, version 8.2 public use.

**Notes:** The authors calculated 12-month averages from monthly data for all years except 2012, which is based on 6 months of data (January–July), and 2015, which is based on 10 months (data for February and June are not available). Annual churn measures were calculated as the ratio of the monthly average statistics.

<sup>a</sup> Calculated as  $B \div A$ .

<sup>b</sup> Calculated as  $C \div B$ .

<sup>c</sup> Calculated as  $C \div A$  or  $D \times E$ .

<sup>d</sup> Calculated as  $A \div G$ .

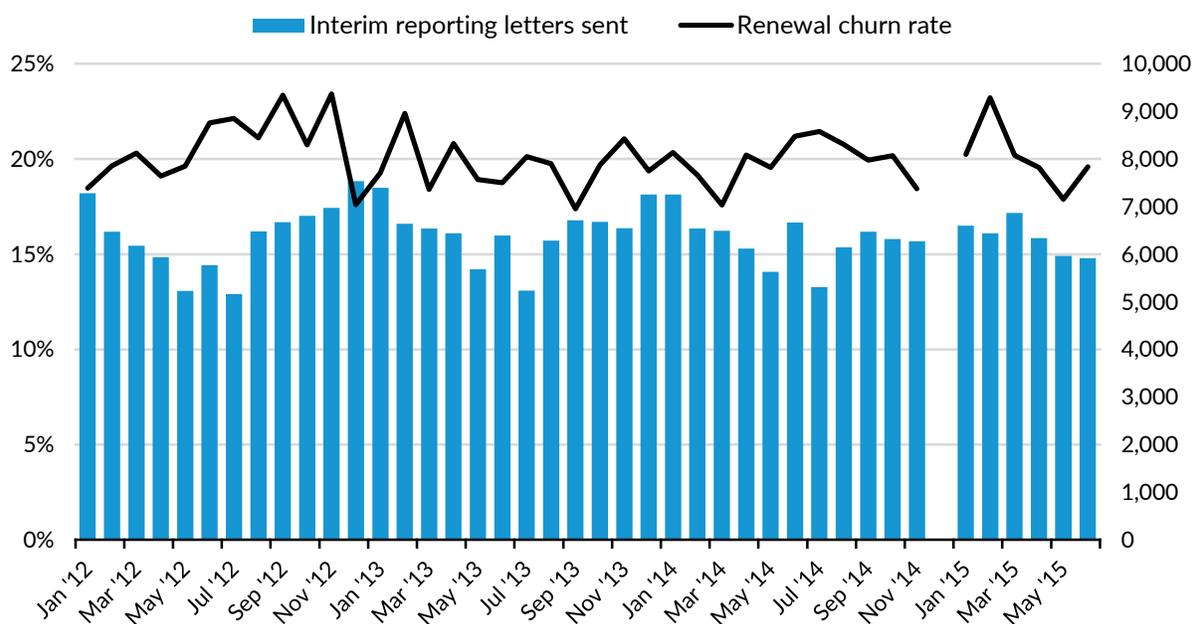
<sup>e</sup> Calculated as  $C \div G$  or  $F \times H$ .

The increase in churn rates and incidence was driven by an increase in the number of cases closed for procedural reasons (table 2.4). State staff explained that hiring challenges, absenteeism, and turnover prevented the new SNAP recertification unit from being staffed at sufficient levels to keep up with the 6,000 or so renewals that had to be manually scheduled for interviews and processed. As a result, many cases continued to autoclose each month. Staff also had difficulty coordinating between the new centralized unit and local offices, and clients sometimes showed up for recertification assistance at the local office when their files, still in paper form, were in Providence. Near the end of the WSS grant period—and after the period of data shown in the figure and table below—the state began a second redesign of SNAP recertification responsibilities and disbanded the

centralized unit, returning recertification tasks to local offices. Monthly churn reports, which showed that the new unit was not successful in reducing autoclosures or churn rates, contributed to the decision to disband the unit.

FIGURE 2.8

SNAP Procedural Churn in Rhode Island, Measured at Time of Interim Reporting, January 2012–June 2015



**Sources:** Administrative data submitted by the state. SNAP active household caseloads are from the Food and Nutrition Service National Data Bank, version 8.2 public use.

**Notes:** The authors calculated 12-month averages from monthly data for all years except 2012, which is based on 8 months (data for July–October are not available), and 2015, which is based on 11 months (December 2014 data were excluded as anomalous because there were no autoclosures). Annual churn measures were calculated as the ratio of the monthly average statistics.

### LOWER LEVELS OF SNAP CHURN AT TIME OF INTERIM REPORTING

In Rhode Island, as in many states, recipients submit interim reports (typically every six months) that require less verification than a full recertification form (typically every 12 months). Churn at the time of interim reporting was much lower than churn at time of recertification, averaging about 20 percent over the period examined (figure 2.8 and table 2.4). Churn rates fluctuated somewhat but with no long-term trend. Both the rate of closures (30 percent) and the rate of reapplications (65 percent) were lower than for cases up for recertification. (This raises the possibility that some clients did not complete their interim report because they began a job that would disqualify them from SNAP

benefits). Interim reports were not the responsibility of the new SNAP recertification unit and continued to be processed at local offices. Summing across churn at recertification and at interim reporting, the total incidence of SNAP churn in Rhode Island was 3 percent of the monthly caseload in 2012 and 3.5 percent in 2015.

TABLE 2.5

**SNAP Procedural Churn in Rhode Island, Measured at Time of Interim Reporting**

	2012	2013	2014	2015
<b>Monthly average case statistics (state fiscal year)</b>				
A. Redetermination forms sent	6,145	6,560	6,451	6,240
Autoclosed for failing to complete redetermination	1,712	1,900	1,884	1,885
Closed by eligibility technicians	153	147	133	139
B. Total cases closed	1,865	2,047	2,016	2,204
C. Reapplied within 90 days	1,216	1,347	1,265	1,256
<b>Churn rate (relative to redeterminations)</b>				
D. Percentage of redeterminations that closed <sup>a</sup>	30%	31%	31%	32%
E. Percentage of closed redeterminations that reapplied within 90 days <sup>b</sup>	65%	66%	63%	62%
F. Renewal churn rate <sup>c</sup>	20%	21%	20%	20%
<b>Churn incidence (relative to caseloads)</b>				
G. Active household caseloads (monthly averages)	95,452	99,656	101,170	100,867
H. Redeterminations as percentages of caseload <sup>d</sup>	6.4%	6.6%	6.4%	6.2%
I. Churn incidence, or percentage reapplied relative to caseload <sup>e</sup>	1.3%	1.4%	1.3%	1.2%

**Sources:** Administrative data submitted by the state. SNAP active household caseloads are from the Food and Nutrition Service National Data Bank, version 8.2 public use.

**Notes:** The authors calculated 12-month averages from monthly data for all years except 2012, which is based on 8 months (data for July–October are not available), and 2015, which is based on 11 months (December 2014 data were excluded as anomalous because there were no autoclosures). Annual churn measures were calculated as the ratio of the monthly average statistics.

<sup>a</sup> Calculated as  $B \div A$ .

<sup>b</sup> Calculated as  $C \div B$ .

<sup>c</sup> Calculated as  $C \div A$  or  $D \times E$ .

<sup>d</sup> Calculated as  $A \div G$ .

<sup>e</sup> Calculated as  $C \div G$  or  $F \times H$ .

**REDUCTIONS IN INCIDENCE OF CHILD CARE CHURN**

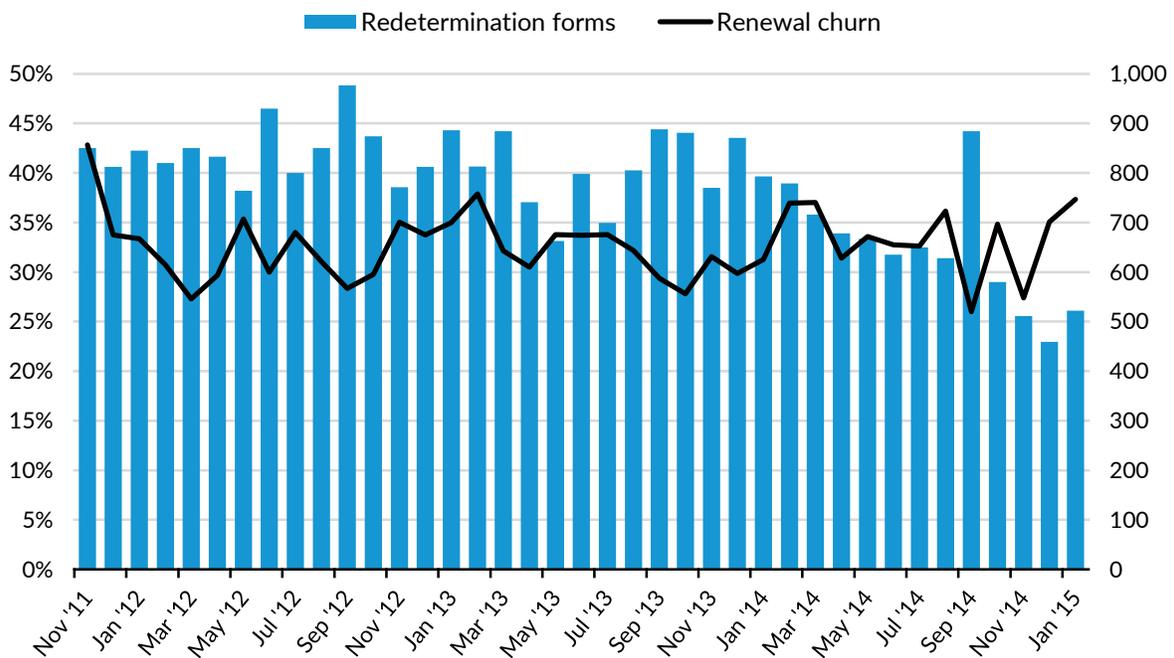
Finally, data from Rhode Island demonstrate how extending child care assistance eligibility periods to 12 months can reduce churn. This example is particularly relevant now, as state agencies are implementing the 12-month eligibility period required by the Child Care and Development Block Grant Act of 2014. Early in the WSS grant period, Rhode Island moved from a 3- to 6-month certification period (depending on work and participation activities and eligibility) to a 3- to 12-month period. However, it took time for the policy to be implemented by caseworkers, and relatively few

cases received a 12-month certification until a procedural memo in March 2014 emphasized that certifications shorter than 12 months should be the exception, not the norm. As shown in figure 2.9, the number of reevaluations dropped fairly steadily between March 2014 and January 2015, the last month of available data. The one exception is September 2014; September seems to be a month where recertifications increase, perhaps due to the change in child care needs with the beginning of the school year. There were only about 500 reevaluations per month in the last three months of data shown, considerably less than the average of 800 per month in state fiscal year 2015 (figure 2.9). The caseload grew at the same time, and so the proportion of the monthly caseload subject to reevaluation dropped fairly dramatically, from 16.8 to 9.7 percent between 2012 and 2015 (table 2.6).

The churn rate as a percentage of renewals dropped only marginally over this period. However, because of the drop in renewals overall, the number of cases churned relative to the total caseload dropped substantially, from 5.3 to 3.1 percent, a 43 percent reduction. Recall that this includes churn from cases closing for either procedural or eligibility reasons and that, as in Idaho, a substantial proportion of child care assistance closures (between 32 and 40 percent) were for eligibility reasons.

FIGURE 2.9

Child Care Assistance Churn in Rhode Island, November 2011–January 2015



Source: Administrative data submitted by the state.

TABLE 2.6

## Child Care Assistance Churn in Rhode Island

	2012	2013	2014	2015
<b>Monthly average case statistics (state fiscal year)</b>				
A. Redetermination forms sent	838	822	765	605
Autoclosed for failing to complete redetermination	266	249	251	220
Closed by eligibility technicians	159	168	133	106
B. Total cases closed	425	418	384	326
C. Reapplied within 90 days	275	270	246	195
<b>Churn rate (relative to redeterminations)</b>				
D. Percentage of redeterminations that closed <sup>a</sup>	51%	51%	50%	54%
E. Percentage of closed redeterminations that reapplied within 90 days <sup>b</sup>	65%	65%	64%	60%
F. Renewal churn rate <sup>c</sup>	33%	33%	32%	32%
<b>Churn incidence (relative to caseloads)</b>				
G. Active household caseloads (monthly averages)	5,000	5,200	5,600	6,300
H. Redeterminations as percentages of caseload <sup>d</sup>	16.8%	15.8%	13.7%	9.7%
I. Churn incidence, or percentage reapplied relative to caseload <sup>e</sup>	5.5%	5.2%	4.4%	3.1%

Source: Administrative data submitted by the state.

Notes: The authors calculated 12-month averages from monthly data for all years except 2012, which is based on 8 months (data for July–October are not available), and 2015, which is based on 7 months (data from February–June are not available). Child care caseloads are estimates, rounded to the nearest 100, based on incomplete data (3 months of data in state years 2012 and 2013, 7 months in 2014, and 10 months in 2015).

<sup>a</sup> Calculated as  $B \div A$ .

<sup>b</sup> Calculated as  $C \div B$ .

<sup>c</sup> Calculated as  $C \div A$  or  $D \times E$ .

<sup>d</sup> Calculated as  $A \div G$ .

<sup>e</sup> Calculated as  $C \div G$  or  $F \times H$ .

## Conclusion

Idaho and Rhode Island were not the only states to improve their renewal processes. Although we lack specific data on churn outcomes in other states, other data point to improvements in renewal processes. Most notable is South Carolina's adoption of Express Lane Eligibility, a change motivated by a desire to reduce churn, improve continuity of children's health care, and produce administrative cost savings. ELE had a major impact in South Carolina: nearly half (48 percent) of all Medicaid and CHIP renewals were done using ELE processes in the first two years after adoption (Hoag et al. 2013). We do not have sufficient data to measure the effects of ELE implementation on continuity and churn, but its implementation in two other non-WSS states appeared to have small positive effects.<sup>22</sup>

Data from other states also suggest modest improvements in renewal processes. In Colorado, the percentage of SNAP renewals processed within one day increased from 2 to 6 percent, and the percentage of renewals processed within two weeks increased from 51 to 58 percent (comparing the first quarter of 2013 to the third quarter of 2015, data not shown). Speeding up the recertification process could have an indirect positive effect on churn because many procedural closures occur when renewals are not completed within a prescribed time limit.

The churn outcomes from Idaho and Rhode Island demonstrate that states can be successful in reducing churn. Results were particularly striking for the Medicaid program in Idaho, where procedural closures were virtually eliminated by using existing electronic data to redetermine benefits automatically and passively without any client action. Also of policy relevance are the results from Rhode Island, which show that greater use of 12-month eligibility periods for child care assistance reduces the number of families cycling on and off the program relative to the total caseload. Reductions in churn result in administrative savings to states (discussed further in chapter 4) and save clients from temporary losses in benefits. At the same time, the failure to reduce churn for SNAP in Rhode Island and child care in Idaho show that addressing churn is not easy, and even focused efforts to recognize, track, and reduce churn may not have much effect.

# 3. Reducing Client Wait Times and Worker Service Times

Social services office lobbies are often full of families waiting to apply for benefits, submit verification documents, complete renewal reports, report changes in family circumstances, or simply inquire about the status of their benefits. At the same time, other clients are using online portals, the mail, the fax line, or lobby drop boxes to submit applications, verification documents, interim reports, and renewal forms. Telephone calls to caseworkers or centralized call centers offer yet another flow of incoming work. When agencies are overwhelmed, lobbies may overflow with clients waiting for hours, documents may get lost in the shuffle, phone calls may go unanswered, and workers can lose time jumping from one crisis to another.

Whether an agency is able to keep up with its daily demands or workflow depends in part on the volume of incoming work and the number of caseworkers available—two factors largely beyond the agency’s control. What agencies can control are the capacity and efficiency of their technology systems; their policies and practices surrounding eligibility, verification, and renewal requirements; the skills and training of local workers and supervisors; and how they organize work and manage workflow and lobbies.

This chapter builds on the first two chapters by reviewing two additional sets of outcomes related to the efficiency of workflow in a social services agency: (1) lobby wait times and other measures of client experiences and (2) worker service times (i.e., the time spent accomplishing specific tasks). We find that client wait times were lower in several states, based on various data. It is not clear whether there were similar declines in the average time workers spend on various tasks. Workers and supervisors reported that although some steps were completed faster, others took longer than before, and it was hard to make a clear comparison. As with the first two chapters, we begin by providing an overview of the issues, including motivations for improvements and what states did to improve workflow, and then present the outcome data.

## Overview of State Efforts

Social services agencies face a varied workload, especially at the local office level. The volume and composition of work shifts from day to day as different clients have different needs. For example,

one-third of all lobby transactions in Rhode Island during the first half of 2015 involved clients applying for benefits, one-sixth related to renewing benefits, and the other half were clients reporting changes, following up on pending requests (e.g., verification documents), or meeting with a TANF social worker about employment plans.<sup>23</sup> Organization of work must also take into account the fact that clients will be seeking different benefits (nutrition assistance, medical, etc.) and that many clients may be eligible for multiple benefits. Agencies must manage not only the flow of clients through the lobby but also through call centers, online systems, mail, and so on, along with the less visible processing work of compiling, storing, and tracking all relevant documents; scheduling and conducting interviews as needed; making eligibility or recertification determinations; and sending notices to clients.

It is difficult to track efficiency of a workflow across different channels (in-person versus online, phone, etc.) transaction types (e.g., applications, renewal, inquiries), and programs with differing management requirements (e.g., interviews for SNAP, more case management for child care, and employability plans for TANF). In chapter 1, we focused on the total time (in days) between application and benefit delivery. In this chapter, we focus on the actual time (in minutes) that workers spend processing cases, a measure called average service time or average transaction time. This measure differs from days in processing because many cases sit untouched for days at a time, waiting for clients to return documents or workers to take additional steps. We also examine the average amount of time that clients spend waiting in lobbies and selected other measures of client experience available from survey data.

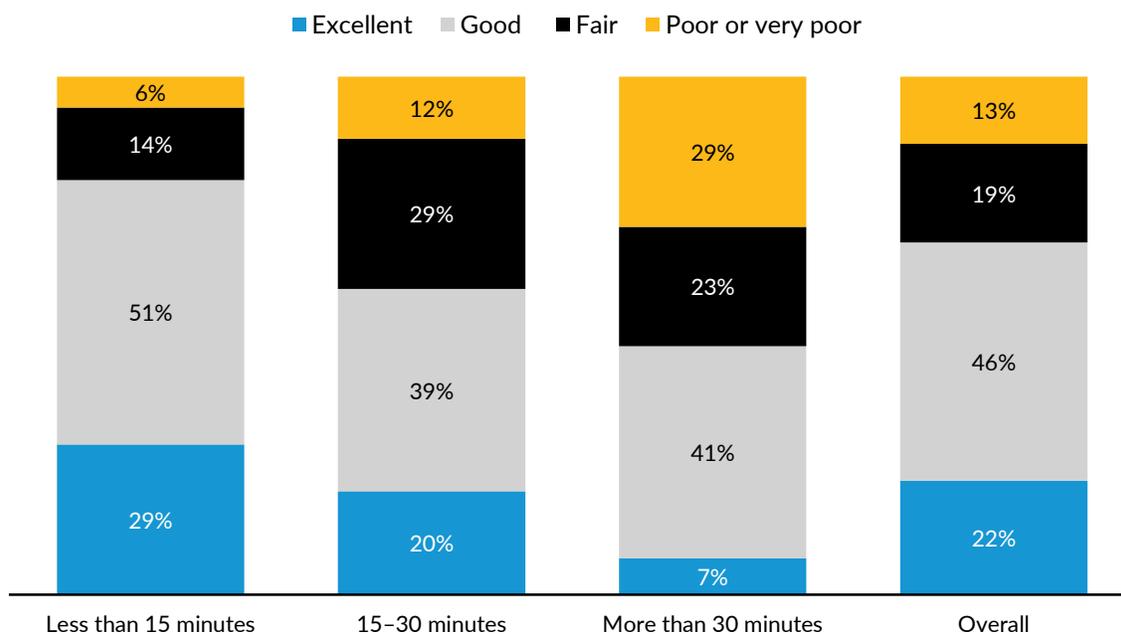
Shorter wait and service times are not always associated with faster benefit delivery. Sometimes, spending more time with an applicant on the front-end (and perhaps doing electronic verification or calling an employer while the client is sitting there) can reduce the need for the client to come back later, thus speeding up benefit delivery even while increasing wait and service times for the primary interaction. That said, the general goal of state agencies was to reduce wait and service times to the extent that doing so was consistent with their goals of speeding up benefit delivery, ensuring families gained access to the full package of benefits for which they were eligible, and maintaining accuracy of benefit payments.

## Why Did States Want to Improve Workflow?

Improving the efficiency of workflow was widely viewed to have two benefits: improving service to families and making more effective use of agency staff. Below, we outline why efficiency matters to both clients and agencies and why it remained a top priority throughout the initiative.

FIGURE 3.1

Client Satisfaction by Office Wait Time, South Carolina



**Source:** Client experience surveys of SNAP applicants with children in South Carolina.

**Notes:** The analysis is based on 230 respondents who applied in person. A chi-square test of the differences of the percentage of respondents in each category by time waited in office shows they are statistically significant at the  $p < .01$  level. See appendix B for more information on survey methods.

### WHY IT MATTERS TO CLIENTS

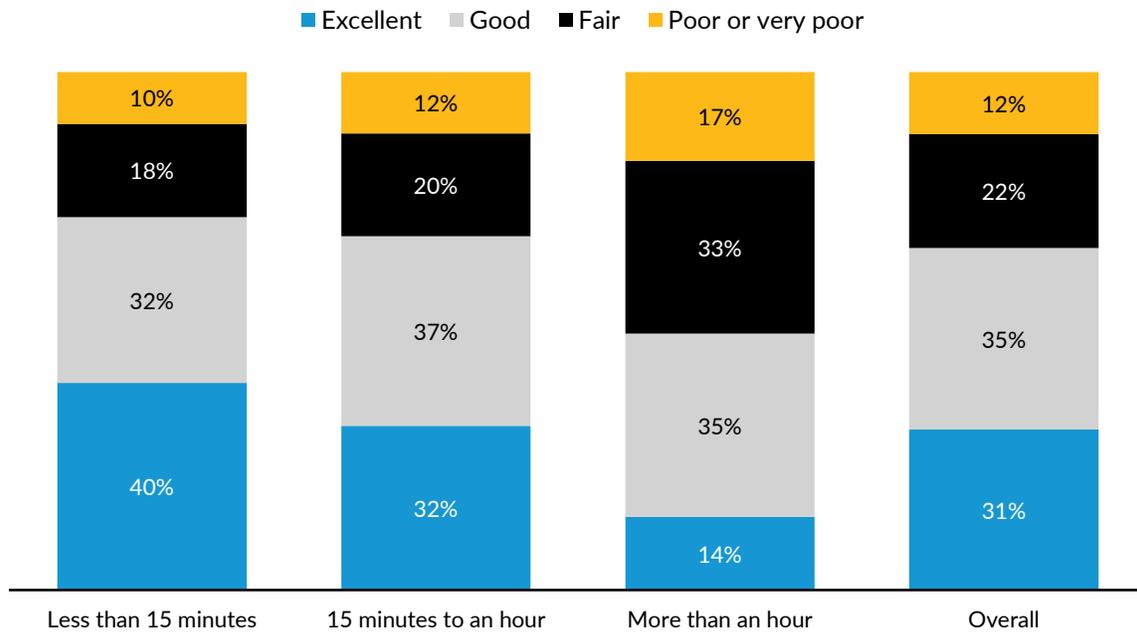
Families often turn to social services agencies during times of crisis when time and financial resources are scarce. Long wait and service times can add stress to clients' lives that are already challenging. As one local staff member noted, "clients don't like to wait, especially if they're in a bind...[Being seen] on the spot, that makes a world of difference." A client explained that waiting in line was frustrating, particularly if it looked like workers were not processing cases efficiently. She observed that "people get frustrated" when they see caseworkers "just sitting there chit-chatting like there's no tomorrow" while clients are waiting in line. She further explained that "if you have kids and you're in the line, it's

even more frustrating because the kid is getting cranky.” More generally, clients in our focus groups spoke of their desire to be treated with respect and with due regard for their feelings. Serving clients quickly was one way the agency could show respect and decrease the stigma often associated with applying for assistance.

More efficient workflow also can save clients time and money, including wages that would be lost or transportation costs incurred by lengthy or repeated trips to local offices. The reduction in “hassle” also can increase the chances that eligible families will engage with the agency and successfully complete an application. Reduced wait times and other efficiency improvements help increase access to the work supports, and in that way can help families stabilize their lives, maintain their workforce participation, and raise their children.

FIGURE 3.2

Client Satisfaction by Office Wait Time, Illinois



Source: Client experience surveys of SNAP applicants with children in Illinois.

Notes: The analysis is based on 638 respondents who applied in person. Responses are weighted to adjust for oversampling of applicants receiving expedited service. A chi-square test of the differences of the percentage of respondents in each category by time waited in office shows they are statistically significant at the  $p < .01$  level. See appendix B for more information on survey methods.

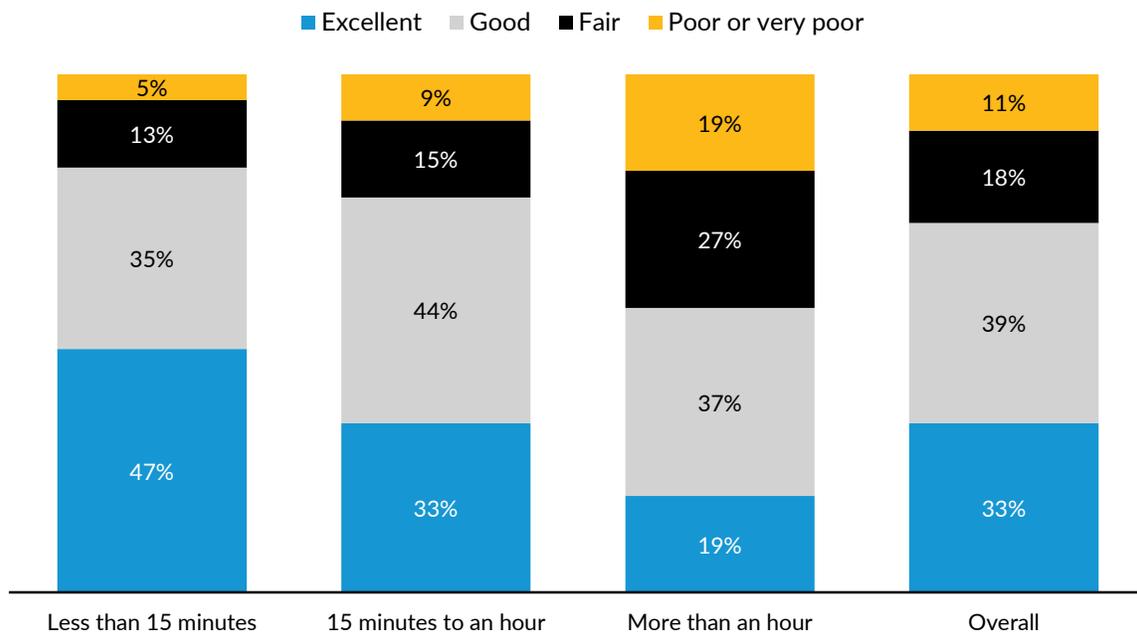
A focus on better customer service also can motivate staff, according to state and local leaders. Vision statements, agency communications, and staff trainings highlighted the value of serving families as the motivation behind process changes. As one state staff member in Idaho mentioned:

For me, it was letting our workers and staff see this is a service for our customers. Our customers are why we're here...[this is] truly about how to benefit them and us in our work.

Not surprisingly, wait and service times were a key concern for clients and often drove their satisfaction ratings and views on local offices. For example, 40 percent of SNAP applicants who waited 15 minutes or less for service in Illinois rated their overall application experience as positive, compared with 14 percent among those who waited more than an hour. More generally, client experience survey results from three states show satisfaction diminishes significantly as wait time rises (figures 3.1, 3.2, and 3.3).

FIGURE 3.3

Client Satisfaction by Office Wait Time, Colorado



Source: Client experience surveys of SNAP applicants with children in Colorado.

Notes: The analysis is based on 898 respondents who applied in person. A chi-square test of the differences of the percentage of respondents in each category by time waited in office shows they are statistically significant at the  $p < .01$  level. See appendix B for more information on survey methods.

## WHY IT MATTERS TO AGENCIES

In addition to their desire to improve customer service, agencies were motivated by an interest in reducing administrative expenditures and serving more clients under tight budget constraints and with reduced staffing levels. As one state administrator from Idaho explained, “When I’m talking about [moving to] universal workforce, we are responding to the closing of offices, reductions in workforce.” Another administrator from North Carolina explained how a tight budget climate made the shift to a single intake process for multiple benefits more attractive:

Given the climate of doing more with less...the notion that we have duplicative services does not make any sense. Why would we not try and put those together, particularly where clients are in need and eligible for both benefits?

More efficient lobby processes also can improve worker-client interactions. Staff reported that overcrowding and disorganization in lobbies made it hard to track wait times and the needs of clients. In turn, this work environment frazzled and frustrated workers. Being able to quickly identify a customer’s reason for visiting and give them an estimated response time, and the use of separate queues for quicker or longer transactions, was seen as a way to reduce client wait times and worker processing times.

More efficient lobby design can contribute to better dynamics between workers and clients. A local supervisor in one North Carolina county mentioned:

It used to look like a prison...There were two windows that had that little glass that you spoke through and couldn’t hear. It was very unfriendly. When we redid [the] front area, we wanted to think what will be most efficient for client[s]. There are two reception windows, sliding glass face to face. People are less hostile when there is nothing in between you.

Client frustration with long wait times sometimes contributed to problems between workers and clients, further inhibiting efficiency and productive work. Speaking about this issue, one local office staff member noted:

Sometimes the clients are waiting out there maybe an hour, and now maybe they’re agitated they had to wait that long. ...I think sometimes lately there’s a little bit of friction—you can see it on client side and the worker side.

## What Did States Do to Improve Workflow?

States set out to improve lobby management and overall workflow by focusing on their business processes, technology, and policies.

## BUSINESS PROCESS CHANGES

All states focused on some form of business process changes throughout the initiative as a way to improve efficiency. As detailed in Hahn and colleagues (2016) and in earlier chapters, states looked to shift from a case-based to a task-based approach. Some states were able to expand on this approach and share work across local offices or even the entire state, supporting productivity by fully utilizing all staff members even as the nature of the agency's workload varied from day to day or month to month.

Another key focus of business process efforts was to revamp lobby operations. States mainly focused on creating a clear layout and flow of work. This often involved establishing a triage desk at the front of the lobby (as discussed in chapter 1). This helped states track who visited offices, why they were there, and what that meant for staffing and working cases. As part of the triage process, many states improved lobby signage and set up "express transaction" counters to handle updates or changes to applications and other small requests. States found that they could actually address many questions and requests quickly without involving back-end workers, which increased efficiency and saved clients time. In addition, some offices established self-help stations, where clients could find program applications, forms, and informational pamphlets, and in some cases could complete online applications.

## TECHNOLOGY CHANGES

Throughout the WSS initiative, all states invested a lot of time and money into implementing new and improved technology systems. Technology changes such as integrated eligibility systems were often interconnected with business process changes, especially when they supported and enhanced task-based processing (Loprest, Gearing, and Kassabian 2016).

Almost all WSS states also implemented lobby and/or workflow management software. This software provided information about incoming work, including lobby queues and and/or queues of back-end processing tasks, and helped supervisors assess the workload in real time and efficiently reallocate staff as needed. Other technology changes, including document scanners to help offices go paperless and self-service kiosks, also had the potential to facilitate more efficient use of worker time.

## POLICY CHANGES

States also focused on implementing policy changes to help reduce burden and cut out steps that did not add value to the application or renewal process. As discussed in Isaacs, Katz, and Kassabian (2016) and in previous chapters, the best example of this change was reducing or streamlining verification requirements. By reducing the number and types of verification documents families needed to confirm

eligibility, states were able to cut down the time needed to review and process cases and limit the number of touches. States also worked to streamline verification by aligning requirements across programs and aligning and lengthening certification periods.

## Outcomes of State Efforts

Available data show that client wait times generally decreased as states made changes to how work flowed through their offices. The evidence was more limited—and mixed—as to whether there were changes in worker service time. Except where noted otherwise, wait and service times are averaged across all types of clients (SNAP and Medicaid, applicant and renewal, etc.).

Only Boise, Idaho; Larimer County, Colorado; and the state of Rhode Island provided workflow management data that could be used to examine client wait and/or worker service times. In all three locations, the data came from the workflow management systems that provide managers with real-time data about work queues and time spent on various tasks—data that can be viewed by local offices, units, and workers. These data are less ideal for research purposes for several reasons:

- ▾ States generally did not have data on wait and service times prior to implementation of the new lobby management systems, making it difficult to do a pre/post comparison.
- ▾ The quality and consistency of data entered into the systems was variable, particularly in early months when new data systems were being rolled out in conjunction with large changes in business processes. The way tasks were tracked may also have changed during implementation (e.g., being coded one way in January and another way in June).
- ▾ Lobby management systems were sometimes separate from integrated eligibility systems, at least during early rollout, so workers had to enter transactions into both systems, negatively affecting data quality.

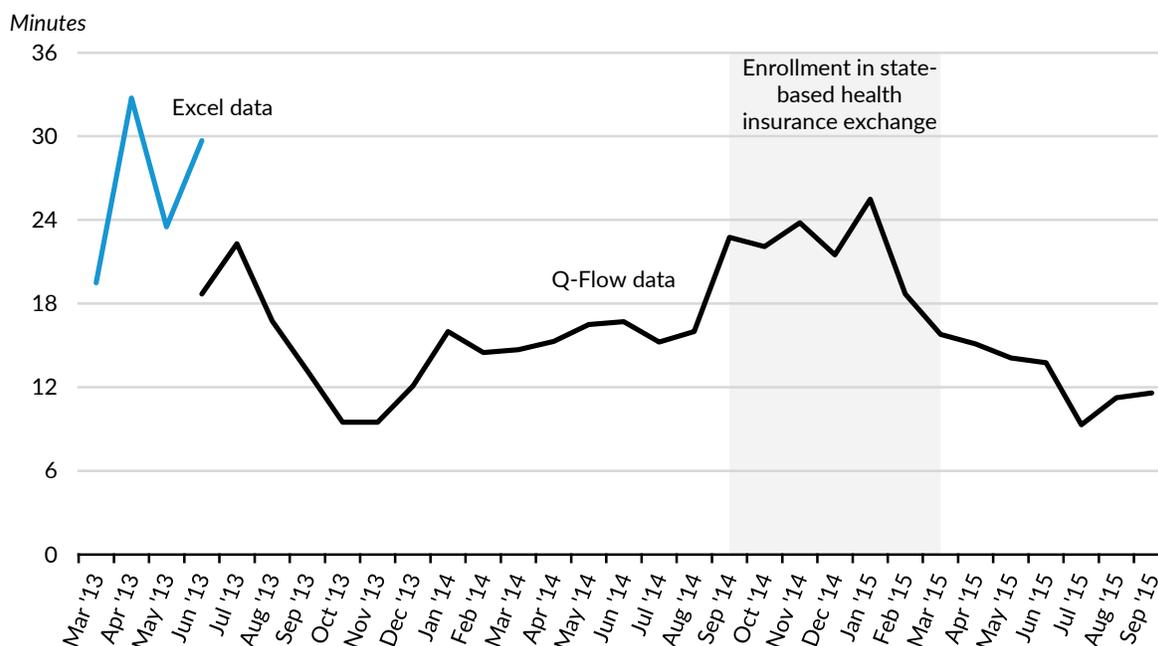
Because of these concerns, we take considerable care to assess whether the trends observed in the administrative data are consistent with other sources of information, including interviews with state and local staff, focus groups with clients, and client reports of wait times and other experiences.

## Wait Times after Changes in Lobby Management

The average amount of time that clients waited in lobbies decreased in some offices and for some types of services, according to available administrative and survey data. Specifically, administrative data show shorter wait times in certain offices in Idaho and Rhode Island, and client surveys inform our analysis of wait times in Illinois and certain counties in Colorado.<sup>24</sup> Qualitative data collected during site visits to all six states provide further evidence of the positive effects of lobby management changes.

FIGURE 3.4

### Average Client Wait Times in Boise, Idaho



Source: Administrative data submitted by the Idaho Department of Health and Welfare.

Notes: Data combines both lobby and non-lobby transactions.

### IMPROVEMENTS IN WAIT TIMES IN IDAHO

Lobby wait times in the office serving Boise, Idaho, fell from about 26 to 15 minutes after the introduction of Q-Flow, a lobby management system that allows supervisors to monitor staff workload and allocate resources across different tasks and even different offices. This analysis compares data that staff collected through a simple tracking system using Excel spreadsheets in spring of 2013 to data from the Q-Flow management system collected from mid-June 2013 (when the system was rolled out) to August 2014. (In the fall of 2014, lobby wait times grew longer, but state officials explain

this was temporary and caused by additional work related to enrollment in the state-based health insurance marketplace.) Although the pre/post comparison draws on data from two different systems, it suggests that the introduction of Q-Flow and more active management of workflow led to lower wait times (figure 3.4).

During interviews with state and local staff in Idaho, the WSS evaluation team heard many positive statements about the impact of Q-Flow. “Customers get in and out of the door faster,” state officials explained.

Q-Flow has been a real asset to streamlining our workflow...We're doing customer contact within 10 minutes of [the client entering] that front door. This has been a huge change. ...[We] used to have huge lines wrapping around the lobby [as clients would wait] to tell us what they needed, then wait two hours to talk to SRS [self-reliance specialists] ...[Now] clients[are] not in the office as long [and we are] able, visually, to see where we're at...the noise level in the lobby has decreased tremendously...the anxiety level has decreased.

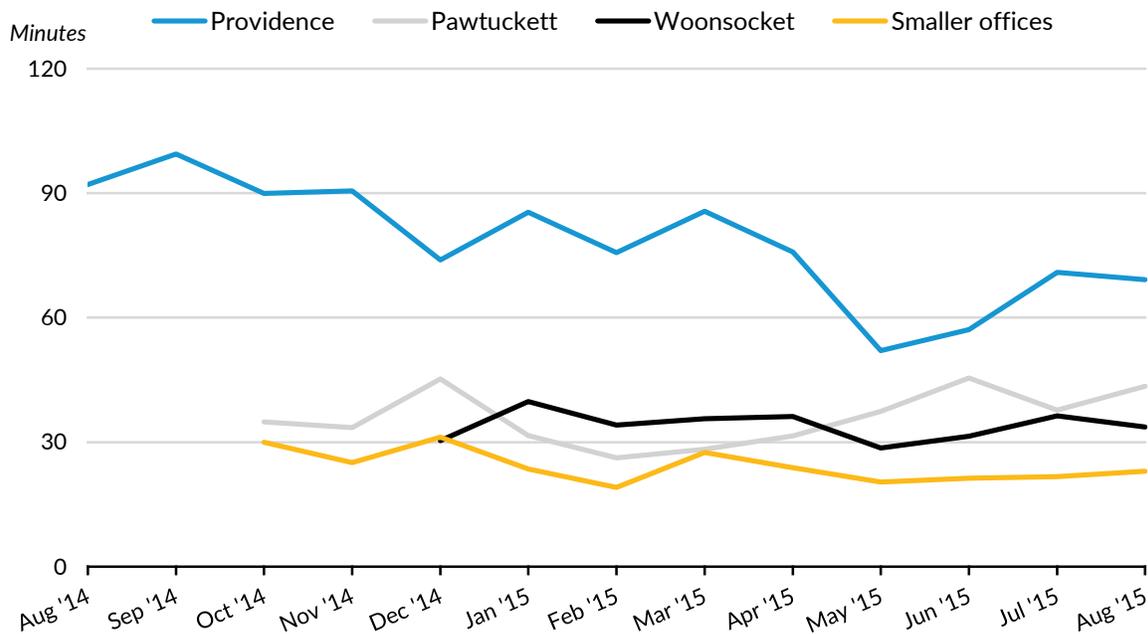
In instances where queues did build up, supervisors had the ability to reallocate workload and even transfer cases from one office to another. As supervisors and staff became more comfortable transferring cases, the number of transfers increased from about 240 per month from June to August 2014 (the first three-month period after Q-Flow was fully rolled out) to 320 per month from June to August 2015. Average worker service times also decreased, further contributing to overall shorter office visits for clients.

#### MIXED TRENDS IN LOBBY EXPERIENCES IN RHODE ISLAND

Waiting times for applicants in Providence, the largest social services office in Rhode Island, decreased from an average of 94 minutes from August to October 2014 to 62 minutes from June to August 2015. Wait times for applicants in other offices fluctuated without any clear time trend and at much lower levels (19–45 minutes), as shown in figure 3.5. Wait times for renewals, changes, and other transactions did not show clear trends either (data not shown). Note that data are only available after implementation of Rhode Island's business process reorganization, including its adoption of the PathOS process management software to manage workflow and teams of task-based workers. The data show a decline in wait time in Providence, as workers became more familiar with new business processes, but cannot show whether wait times were lower compared to the old system.<sup>25</sup>

FIGURE 3.5

Average Wait Times for SNAP Applicants in Rhode Island



Source: Administrative data provided by the Rhode Island Department of Human Services.

Notes: The new lobby management system was rolled out office by office from July through November 2014. Data shown here begin with the second month of implementation for each office to reduce the possibility that observed declines would be overly influenced by long wait times during the initial month of implementation.

Although we do not have wait time data from before 2014, interviews with state and local staff suggest that waiting times were higher before the business process changes. Before the changes, overflowing lobbies caused staff to close the lobby doors about six times a month in Providence and two to three times a month in Pawtucket (the second-largest office). “Since [we implemented] BPR in Providence, we haven’t had to lock the door,” said one staffer. “Not once since BPR have we had to close the door [in Pawtucket],” added another. As in Idaho, several staff spoke of the lobby being less noisy than it used to be. One state administrator felt that shorter waiting times were the biggest change in service delivery for clients over the WSS period. However, staff hoped to see continued improvements, with one administrator noting that lines, although shorter than they used to be, are still too long.

Clients interviewed in the spring of 2015 spoke of continued long waiting times particularly in Providence. One client in a focus group complained that “appointment or not appointment, you still got to wait. ...You’re still walking out of there three, four hours later.”

Some clients felt the new system, with coordinated intake across multiple programs, meant shorter wait times:

Before, we had to wait a long time. We had to go for [an] appointment for each one. Now, they do it the same day, even if it's three different things.

However, another client expressed dislike of the re-organized lobby with the new triage desk which added another line to the process, explaining:

It used to be way easier, because if [you were] doing food stamps, [you] could just go to [the food stamp line] and wait. ...Now you go to the front and wait and [the workers] see what it is you're there for...Now everyone is in the same [initial triage] line and I don't like it as much.

Wait times for the initial check-in line were not tracked in the data because the clock did not start until clients checked in. As a result, the total wait time in Providence in spring/summer 2015 averaged longer than the wait times shown in figure 3.5.

#### STAFF VIEWS OF LOBBY CHANGES IN NORTH CAROLINA AND SOUTH CAROLINA

The WSS evaluation team did not collect administrative data on lobby wait times in North Carolina and did not find clear trends in limited data collected from two pilot counties in South Carolina.<sup>26</sup> However, state and local officials in both states spoke to the advantages of a more orderly lobby process with a triage desk and a coordinated “no wrong door” intake process that spared clients eligible for multiple programs from waiting in multiple lines.

Because SNAP interviews in South Carolina were conducted by telephone rather than in person, lobby traffic was lighter than in other states. Even so, lobbies were often crowded. State officials noted that “before [the rollout of business process changes], the lobby was ridiculous” in Greenville, a large office that piloted business process improvements. Business process changes, they said, improved lobby management so that “you can get in the building now.”

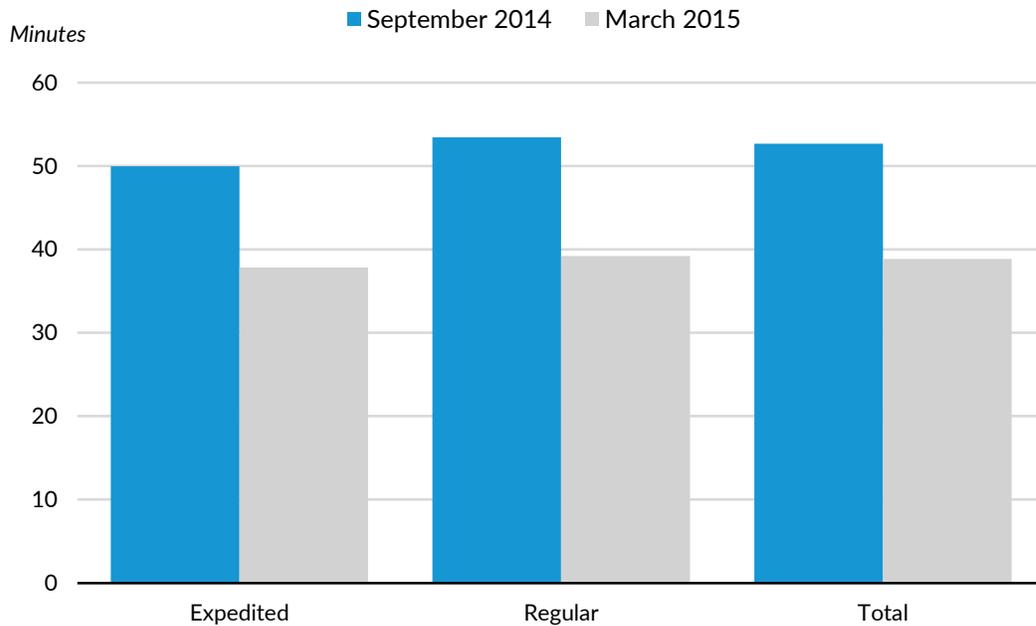
A triage worker in one North Carolina county heard positive comments about their new system from clients who “like [that] they can walk in, sign in, request to see the triage worker—me—and walk out.”

Another county staff member added:

Their wait time is a lot shorter now. Sometimes, if the client was here for, like, three or four different programs, they might be here all day doing an interview with separate workers. ...And we're getting it now where they can see one worker and get the majority of that done, so it's less time here.

FIGURE 3.6

Average Wait Times for SNAP Applicants in Illinois



Source: Client experience surveys of SNAP applicants with children in Illinois.

Notes: The analysis is based on 412 expedited applicants who applied in person or with another person (223 in September and 189 in March) and 223 regular applicants who applied in person or with another person (114 in September and 109 in March). Responses are weighted to adjust for oversampling of expedited applicants. Average waiting times were estimated based on categorical responses (<15 minutes, 15–30 minutes, 30 minutes to 1 hour, 1–2 hours, 2–4 hours and, 4 hours or more) using the midpoint of each category to estimate an average average (e.g., 7.5 minutes for <15 minutes, 22.5 minutes for 15–30 minutes) and assuming 5 hours for those answering 4 hours or more. See appendix B for more information on survey methods.

REDUCED WAIT TIMES AND IMPROVED SERVICE FOR SNAP APPLICANTS IN ILLINOIS

Reported wait times for SNAP applicants applying in person decreased from 53 to 39 minutes in Illinois, according to data from two groups of randomly selected SNAP applicants with children who were surveyed about their experiences applying for benefits. The first group had applied in September 2014, and the second group applied six months later in March 2015, after the state rolled out process changes. As shown in figure 3.6, reported wait times were lower for the second group for both regular applicants and those eligible for expedited service because of very low income. Although based on just two points in time, this decline is consistent with the perception of state staff. One staff member said, “Their wait times are a lot better than they used to be.” Another explained:

I do think that [the local offices] are getting better at getting people in and out. There seems to be a better system to manage people in the office. They seem to move people through relatively quickly. That part of it seems much smoother than it used to be. ...[However, some offices are] still bad, with massive amounts of people in line...”

In Illinois, as in Rhode Island, staff acknowledged that lines were shorter but still quite long, particularly in the larger offices.

Several other measures of client experience changed over the same six-month period (table 3.1). For example, use of the state's new online application among SNAP applicants qualified for expedited service increased from 17 to 26 percent.<sup>27</sup> There also was an increase in "cold call" interviews, where an applicant was directly called by a worker for an intake interview without an advance letter or call to schedule an interview time. The percentage of applicants cold called increased from 23 to 32 percent among those receiving expedited service, a difference that is statistically significant at the 90 percent level of confidence. Calls were also more likely to occur within five days of application.<sup>28</sup> With more online applications and telephone interviews, an increasing number of applicants (22 percent in March 2015) could apply without visiting an office. Clients receiving expedited service reported a corresponding decline in their average number of visits to local offices, from 1.5 to 1.1 per application. A local worker in Illinois explained that fewer people in the office contributed to shorter wait times:

When we first started, the waiting time [for SNAP intake] was quite long, maybe a couple of hours, but now we have less foot traffic, so most of the food stamp applications. ...If it goes to the expedited, they handle that right away. And if it's nonexpedited, we still call them. If they come into the office, they're not really waiting even an hour.

There was a noticeable increase in client satisfaction in Illinois between September 2014 and March 2015. The percentage of applicants reporting their overall experience as "excellent" rose from 40 to 52 percent among those receiving expedited service. Among regular SNAP applicants, the trend was upward but the difference was not statistically significant. Although some of the improvement may be reflecting unusually low satisfaction in September 2014, when service was negatively affected by the rollout of the new integrated eligibility system, state officials felt that the business process improvements, particularly those targeting expedited service, contributed to better customer service.

TABLE 3.1

## Changes in Client Experiences Reported by SNAP Applicants in Illinois

	Expedited Applicants			Regular Applicants			All Applicants		
	September 2014	March 2015		September 2014	March 2015		September 2014	March 2015	
<b>Key statistics (averages)</b>									
Minutes waiting in offices	50	38	***	53	39	**	53	39	***
Number of office visits	1.5	1.1	***	1.5	1.4	NS	1.5	1.4	NS
Number of phone calls	1.4	1.1	***	2.3	1.9	**	2.1	1.7	**
<b>Percentage of clients</b>									
Applied online	17%	26%	**	26%	33%	NS	25%	31%	*
Contacted for phone interview	23%	32%	*	27%	31%	NS	26%	31%	NS
Contacted within five days	53%	68%	**	19%	33%	**	25%	41%	**
Never visited office	11%	22%	***	28%	22%	NS	25%	22%	NS
Rated client experience as excellent	40%	52%	***	26%	29%	NS	29%	34%	NS

**Source:** Client experience surveys of SNAP applicants with children in Illinois.

**Notes:** The analysis is based on different numbers of responses depending on the skip pattern and the number of those with missing data, but in general includes 605 expedited applicants (302 in September and 303 in March) and 409 regular applicants (202 in September and 207 in March). Responses are weighted to adjust for oversampling of expedited applicants. See appendix B for more information on survey methods.

\* difference significant at the 90 percent level of confidence

\*\* significant at 95 percent

\*\*\* significant at 99 percent

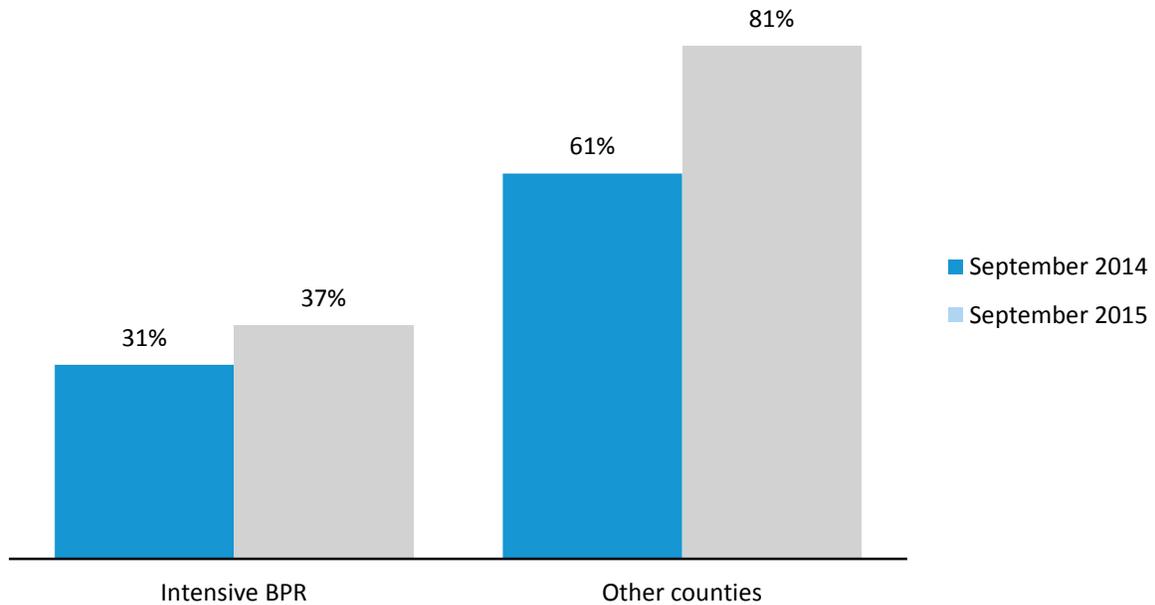
NS = Not significant

### WAITING TIMES AND SAME-DAY SERVICE FOR SNAP APPLICANTS IN COLORADO

Waiting times also decreased in Colorado, as shown by client survey data from two waves of SNAP applicants in September 2014 and September 2015. Specifically, the percentage of clients reporting a wait of less than 30 minutes increased between 2014 and 2015 (figure 3.7). Because some counties implemented business process redesign (BPR) changes *before* the first wave of the survey, we analyze results separately for two groups of counties: (1) the group of eight “intensive BPR” counties that implemented major business process changes early and were unlikely to see changes during 2014 and 2015 and (2) all other counties, which made improvements over a longer time frame encompassing 2014 and 2015 (as shown in figure 1.4).

FIGURE 3.7

SNAP Applicants Served in Less than 30 Minutes in Colorado



Source: Client experience surveys of SNAP applicants with children in Colorado.

Notes: BPR = business process redesign. The analysis is based on 498 applicants in intensive BPR counties (272 in 2014 and 226 in 2015) and 402 in other counties (180 in 2014 and 222 in 2015). The difference between waiting time is significant at the .01 level for other counties and at .10 for intensive BPR counties. See appendix B for more information on survey methods.

Not surprisingly, improvements in waiting times were larger among counties that made improvements over the longer time frame, but both changes were statistically significant. Note that clients were more likely to wait longer in the intensive BPR counties. Although the longer wait times partly reflect the urban nature and large client volume of intensive BPR counties, one of the underlying philosophies of the changes made in these counties was that it was important to spend sufficient time with each client to complete as much of his or her application as possible in the first visit, even if it meant a longer visit. One state official explained:

I think with the [new business process] model, the lobby wait times go up but you get your benefits faster, and I think in general consumers are less confused. ...They're getting the right information the first time.

Another state official noted that increased lobby traffic was a side effect of the emphasis on same-day service:

It's my understanding that word is spreading among the client community that cases are being processed the same day that you are in the office. We're actually seeing more people in the office because people now know they can show up in the office and get their determination same day.

One issue states faced was how to strike the right balance between emphasizing improvements in lobby management, same-day service, and reducing wait times while still serving clients who apply online, by mail, or over the telephone or fax. Local workers in one Rhode Island office complained that “non-lobby is on the back burner,” with staff often pulled from non-lobby processing work to help clear long lines, particularly before closing time. Some felt there was undue emphasis placed on clients waiting in person, explaining that “people don’t always think of the non-lobby stuff as people waiting for their benefits [but]...if you did non-lobby [correctly], then half the people wouldn’t come into the lobby.” Many states found ways to strike the right balance and not unduly prioritize one mode of application, but it was not always easy, particularly during early periods of business process rollout. One way to ensure balance was to track the efficiency of non-lobby work, including phone and mail transactions and back-end processing. But as we discuss below, tracking time spent on these other processes is harder than tracking client waiting times.

## Limited and Mixed Evidence on Changes in Worker Service Times

Data on changes in worker service times, or the average minutes that workers spend across a wide range of tasks, are imperfect. Two sites that performed well on a variety of measures saw decreases in the average time workers spent on tasks, according to administrative data, but comparable data were not available from other sites. In interviews, state and local staff were generally unsure whether overall processing times were slower or faster as a result of changes that occurred over the WSS period. They had mixed views about how new technology affected processing times, with some seeing time savings and others seeing technology-related slowdowns. They were generally more confident that changes in business processes saved worker time.

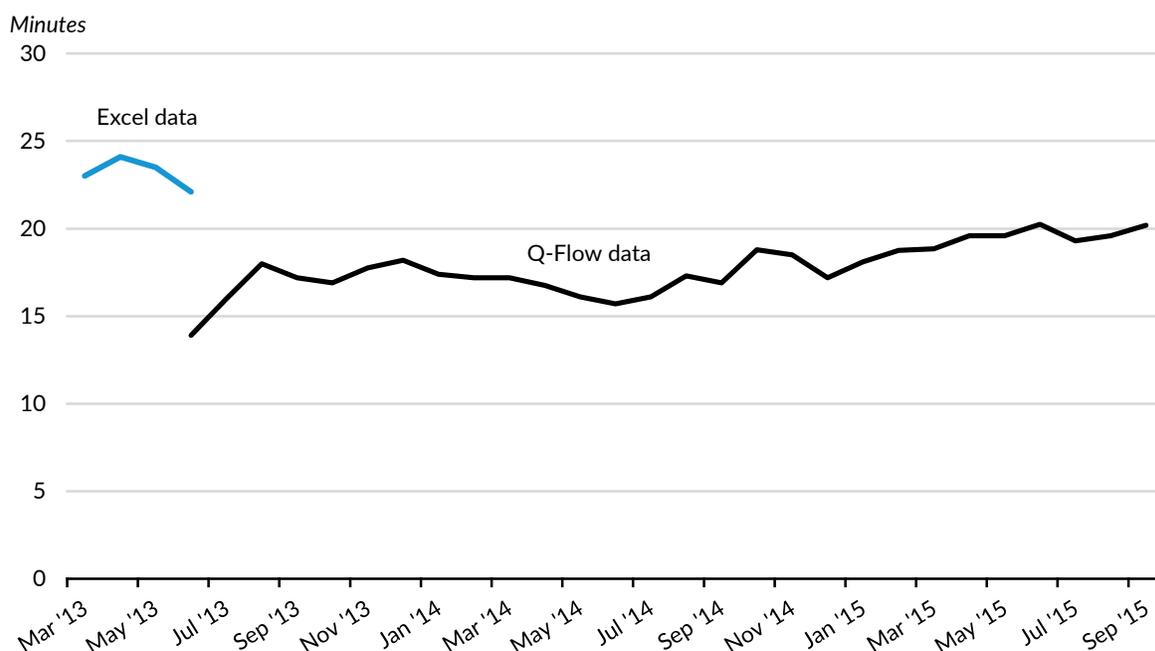
### ADMINISTRATIVE DATA SUGGEST REDUCED WORKER SERVICE TIMES

Data from Boise, Idaho, suggest a decrease in average worker service times after the introduction of Q-Flow, although not as large as the decrease in wait times. As shown in figure 3.8, average worker service time per transaction for SNAP, Medicaid, and other programs dropped from an average of 23

minutes in the spring of 2013 to an average of 17 minutes between June 2013 and August 2014.<sup>29</sup> (Subsequent small increases during state fiscal year 2015 were likely caused by shifting eligibility determinations for subsidies in the state-based health insurance marketplace from the federal platform to a state platform). As with the wait time data, the pre/post comparison involves data from two different sources, an Excel spreadsheet and Q-Flow.

FIGURE 3.8

**Average Worker Service Times in Boise, Idaho**



Source: Administrative data submitted by Idaho Department of Health and Welfare

Notes: Data combines both lobby and nonlobby transactions for SNAP, Medicaid, and other programs.

Although the administrative data were for one office in Idaho, state and local staff across the state spoke of reductions in worker service time, which combined with shorter wait times to reduce total customer time in the office. One state official reported, “We had a 10-minute reduction in interview time and 20-minute reduction in customer time in office.” A local worker quantified the change by saying she could now conduct 12 interviews a day compared with 10 before Q-Flow. Workers appreciated the ability to transfer cases from one office to others across the state and to have electronic files in front of them when they interact with clients.

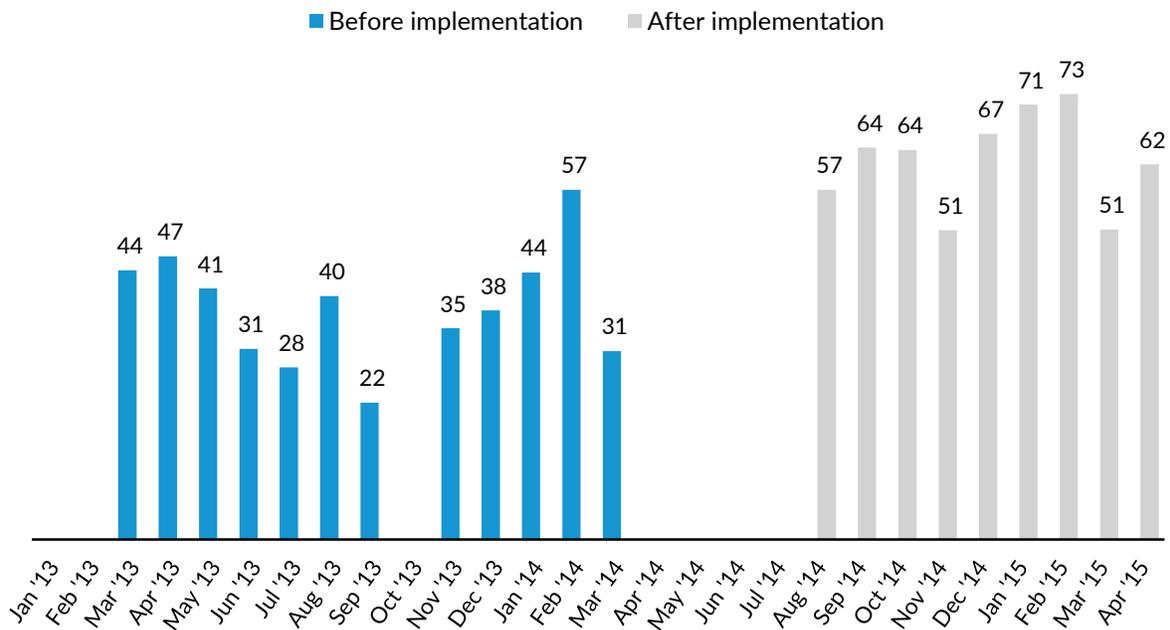
Changes were noticeable to customers in Idaho, according to comments made during focus group interviews in spring 2015. One client comparing experiences from several years ago to today said, “Wow, I can't believe how fast and efficient and everything they are.” Another explained:

I went down to the office and, yeah, I had to wait for my number to be called. But once I got up there, it was...like everybody said, streamlined. ...I didn't even have to go into another room with another person like they did a while back ago. They just asked everything—boom, boom, boom. And however many minutes later, I was given a card and [told] I'll get [this amount of] food stamps in a day and a half or two days. I was like, “Wow, okay, this is pretty cool.”

The combination of shorter wait times, shorter interactions with workers, and faster benefit delivery led to a positive experience for this client and other clients in Idaho.

FIGURE 3.9

**Nonlobby Documents Completed per Worker in Larimer County, Colorado, Before and After Implementation of Business Process Changes**



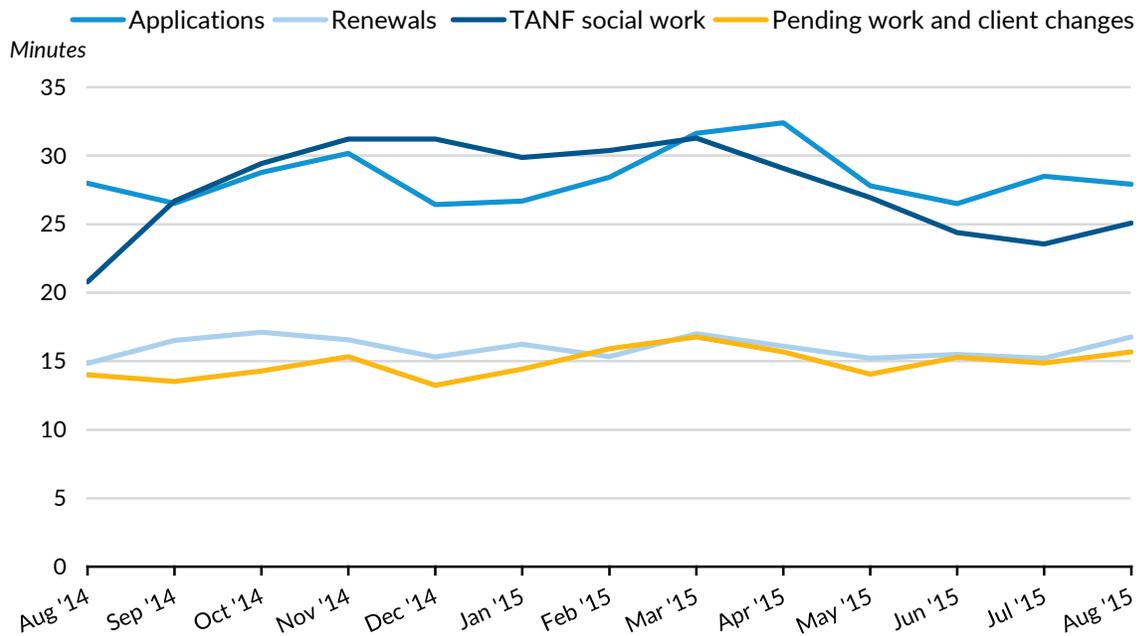
**Source:** Administrative data submitted by Larimer County Department Human Services

**Notes:** Nonlobby documents include applications, redeterminations, completions (e.g., verification materials), and changes/questions that are mailed in, sent in by fax, or dropped off. It does not include phone or lobby interactions. Three months (January, February, and October 2013) where technicians worked overtime are excluded from the preimplementation period. An average of 59, 57, and 51 nonlobby documents per worker were completed during these months, respectively. The four months of the implementation period (April–July 2014) also are excluded.

A second location, Larimer County, Colorado, had administrative data allowing comparison of worker activities before and after its business process rollout. These data, shown in figure 3.9, suggest that, on average, workers completed 38 documents per day prior to the business process changes and 57 per day afterward. Although rising caseloads likely contributed to this increase, state and county officials believe there was also a significant improvement in efficiency in the Larimer County office. One state worker noted that the changes in Larimer County were one of the highlights of the WSS initiative and reflected on how encouraging they were to see during a recent visit. “Just seeing the workers, how relaxed they were,” they said, “and the oldest piece of paper in the office was two days old.” Other Colorado counties did not provide comparable data, so it is not known whether they experienced noticeable changes in worker service times. However, seven other counties worked with the same third-party vendor and used the same tenets to drive their business process changes.

FIGURE 3.10

**Average Worker Service Times for Lobby Transactions in Providence, Rhode Island**



Source: Administrative data provided by the Rhode Island Department of Human Services.

Rhode Island began collecting administrative data tracking average worker service times in all offices after its process changes but did not have comparable data from before implementation. These data did not show any changes in worker service times following BPR implementation in either large or small offices, and how they compare to services times before implementation is unknown. In the

Providence office (figure 3.10), service times for lobby transactions averaged about 15 minutes for renewals and changes, 30 minutes for new applicants, and an additional 30 minutes for TANF applicants working on employment plans.

Two locations with better than average data and processes (Boise, Idaho, and Larimer County) showed a decrease in the average time spent on a typical transaction (or an increase in the number of transactions completed per day). Rhode Island data do not show similar trends, and other states did not have comparable data, leaving it unclear whether any other states had similar increases in efficiency.

### QUALITATIVE DATA ON WORKER SERVICE TIMES

The WSS evaluation team interviewed state and local workers, asking them to estimate how much time they spent on an average task and/or how their use of time had changed in recent years. Staff found it difficult to provide an “average processing time” because the time needed to process, for example, a SNAP application can vary considerably depending on multiple factors, such as the number of family members, their sources of income, the speed of the computer system, the experience level of the worker, and so on. Estimating changes over time was also challenging because of the large number of interrelated changes affecting agencies: the expansion of Medicaid under ACA and other policy changes and the rollout of new technology systems and changes in business processes. The latter usually involved a new workflow, a shift to task-based processing, and other significant changes.

Although it was difficult to get quantifiable estimates, state staff described specific types of changes that seemed to improve efficiency. A few of these were policy changes, such as allowing clients to self-attest their assets or self-declare their work schedule in child care or the advantages of having one worker interview clients for two programs. However, most were changes in technology systems and business processes.

***How technology changes affected the time workers spend on tasks.*** State and local workers in several states spoke about how technology changes made work smoother and more efficient. In South Carolina, where the Medicaid agency went paperless during the WSS period, staff noted how the new system “saves a lot of time with filing cases.” Although clerical staff time was still needed to scan files, one local supervisor noted, “Before, our offices were full of case files, and if you wanted to work a case, [a clerical worker or the caseworker] had to pull it and then had to go put it back. That is the time you are saving.” A pair of photographs comparing office corridors in Illinois before and after the state moved to electronic records provides further evidence of the time (and paperwork) that could get lost under old systems.

FIGURE 3.11

Electronic Recordkeeping Brought Visible Improvements in Illinois



Source: Photographs taken by Alicia Huguelet (left) and Heather Hahn (right).

Another time-saver related to electronic records was the use of workflow systems where, as a worker in Colorado explained, a client’s ID would be entered at the lobby window, then “[the system] creates a task and it sits until a worker is available. The worker then pulls it and sees the case electronically and pulls [their] most recent application and last recert using the ID [number]. It’s a time-saver so you don’t have to get up and go find a file.”

Workers in Idaho also noted that having a good electronic system meant that when a caseworker sat down to talk with a client, the worker already had “their birth certificates, their ID, their whatever they have in their electronic file.” This allows them to move through the interview faster. Electronic verification also saves workers and clients the time associated with locating, reviewing, and storing paper documentation. Idaho took steps to automate the transfer of data from other information systems into their eligibility system. One such change meant that workers no longer had to manually search and enter income verification from a Social Security Administration database.

In some states, however, state and local workers had mixed views about the effects of new integrated eligibility systems on case processing times. Systems in Illinois, North Carolina, South Carolina, and Rhode Island were in fairly early stages of implementation during the WSS project period, and so these views may reflect workers’ inexperience with the systems, a lack of training, issues with technological glitches, and/or difficulty working across multiple systems during bridge

periods. The WSS evaluation team heard complaints in all four of these states that during the early stages of implementation workers had to spend more time per case in the new system than in the old one.

- ▼ During a site visit in 2014, some respondents in North Carolina reported that processing cases in NC FAST took twice as long, although this was expected to improve over time as workers got used to the system and programmers worked to reduce hang time. Another local supervisor complained that “NC FAST has [inadequate] checks, and so workers can spend lots of time inputting information and then find out after 45 minutes there was an error.” Workers are then forced to start over from the beginning. Yet during that same visit, and even more so a year later, the WSS team also heard positive reports. Some workers said working in NC FAST is faster for some types of cases and that—when the program works—cases could be processed in as little as 10 minutes, especially cases that require little verification or documentation. Another respondent affirmed that NC FAST sped up the process, saying, “Instead of taking an hour to work on a case, I can actually take probably no more than 10 minutes.”
- ▼ As a manager in South Carolina explained, under the old system, workers were expected to process 10 Medicaid cases a day, but this became more challenging in the new eligibility system, ACCESS. “[When] we first went to ACCESS,” they said, “I had some workers who could work only one or two cases a day, good workers that is. Now they should be up...to five to seven cases a day. ” Local workers complained that adding a baby to a case “was one of the simplest things to do” in the old system and that “you could do it in 5 or 10 minutes.” However, when the state first went to ACCESS, that increased to an hour and a half or more until programmers added a “new baby wizard”—a software assistant that leads workers through a series of well-defined steps. During the last WSS site visit, which occurred only six months after the initial rollout of ACCESS, a state official concluded that “currently, it takes workers more time to take a case action than...in the old simplified system.” The state focused its energy on improving productivity and getting workers back to the level they were at before the system rollout, but this had not yet happened by mid-2015.
- ▼ In Illinois, where a new system was rolled out earlier in the grant period, state officials could look back and reflect that “it got worse before it got better” and note that, as in South Carolina, they had to “figure out workarounds” in the early days when the system was not functioning as planned.

- In Rhode Island, local workers complained about the “slow response time” of the new system and said cases took longer in the new system than in the old. However, it was difficult to know whether this perception was shared by all.

In general, although the WSS evaluation team heard several complaints about the slowness of new systems, it was difficult to disentangle how much of the perceived slowdowns were temporary and caused by fixable system issues and worker adjustment and how much might be a more long-term problem. Comparisons were difficult in part because the new technology is quite different (cloud-based and capable of searching for electronic collateral contacts). Although some steps that could be done faster in the old systems were time consuming in the new systems, other steps could now be done faster and the systems had expanded functionalities to potentially save workers time. As one official explained, the new system “was designed to require more information initially, up front, but should save time on tasks once information is entered.”

***How business process changes affected the time workers spend on tasks.*** State officials and local managers and workers explained how changes to workflow improved the efficiency of office operations. They spoke less in terms of speeding up average processing times and more about how eliminating certain tasks was a net benefit to the office. The changes they discussed can be grouped into three broad areas: (1) reducing phone calls, (2) improving workflow, and (3) using data systems to monitor time spent on each task.

**Fewer phone calls.** When asked to quantify changes in work processes over the WSS grant period, respondents frequently mentioned fewer phone calls coming into offices. State and local staff explained that many calls and walk-in clients want to know “What is the status of my case?” As same-day service and overall benefit delivery improved, there were fewer phone calls into the office. A county official in Colorado explained:

At one point, we had 300 calls a day, and now it’s probably one-tenth of that because we’re processing things more timely. We’re able to keep up so there are fewer phone calls.

Increased use of triage workers at front desks also reduced phone calls to the desks of caseworkers. A local supervisor explained:

One of biggest impacts {of triage} is the number of phone calls the workers don’t get. ...Many people like talking with someone. By having [the triage workers] up there [at the front desk], the ongoing caseworkers don’t have that interruption anymore.

The transition to call centers, triage desks, or other new methods for addressing phone inquiries was not always smooth. In some cases, call centers had long wait times. In other cases, clients

continued to call workers directly, even though workers often left calls unanswered because of competing priorities. Some WSS states planned to continue working on how to handle incoming phone calls after the grant ended. What was clear was that working without the interruption of phone calls was viewed as a big time-saver by local workers. Responding to client questions on the phone was very time consuming, explained one worker:

Every time I stop [to answer the phone], I've got to go out of this case, go in their case—you're talking 30 minutes minimum [loss of work time], and for a 5-minute phone call. ... [It's hard] having to stop in the middle of working a case, whether it be a review or an application. ...Because once you lay that down, it's very hard to pick it back up and figure out where you were and start right back where you were.

**Improvements in workflow, especially in the lobby.** Improving office workflow also had the potential to increase worker productivity. A state staff member in Idaho spoke of how the reorganization of the lobby process with Q-Flow, the use of tickets to queue up clients, and an automated system that directs clients to numbered cubicles where workers conduct interviews meant “the customer experience...[was] a lot better, but it was also time saving because [workers] didn't have to lock their computer, get up, walk out, get the customer, come back to the desk, and unlock the computer. They just sat at their desk and finished up the one while another one was coming.”

Another manager in Idaho pointed out that small efficiency improvements could add up over time. Saving a worker from having to get up and call out a customer's name might only save a minute or two, “but once you account for an entire staff and an eight-hour period, it adds up.”

As with the reduced number of telephone calls, the need for fewer trips to the lobby eliminated interruptions to workflow and allowed for more efficient case processing. Workers in Illinois noted the time-saving potential of cold calling clients:

It saves a lot of time. If I call a customer and I'm able to get the customer over the phone, while I'm talking to the customer, I'm processing the case. Versus sending out the form for the scheduling, having them come in...

A big benefit of same-day processing was that it eliminated the time previously spent scheduling appointments and the time wasted when clients did not show up and appointments had to be rescheduled. Much of the work in business process redesign was not in making things faster, but eliminating unnecessary steps.

**Using data systems to track time spent on tasks.** Most states implemented new lobby management and workflow systems that provided transparency on where clients were in the process and how much time workers spent on each task. Officials in at least two states observed that some of

the improvements in service times may have come about from the insight into which steps or workers were taking longer than others. One manager spoke of how the new system “allows supervisors to assess worker production and productivity and make improvements from there.” Having regional performance managers look week by week at the numbers, they said, may have had as much impact on efficiency as the policy changes. An official in another state noted that overall interview times were down but they were not sure if it is because their status is “footprinted,” or tracked, in the new lobby management system. Another supervisor said that although workers in her state could not be disciplined for only processing three cases a day, it did raise questions if workers start at 8:30 a.m. and “there’s a huge gap when they’re supposed to be pulling their case and 10:00 when they actually pull their first case. So you question what they’re doing in that time.”

Local workers in one office expressed concern that greater tracking of worker productivity had increased tension and, in some cases, created perverse incentives. One worker said staff “work at a different pace. One worker can do 12 same-day service [applications], and others do 1 or 2. That causes a bit of a rift.” They even raised the possibility that “the people who were able to produce and see 15 or 20 intakes a day have slowed down” because they were tired of being called in to address an overflow of the lobby or another backlog related to slow work by their peers. State staff in another location noted that “[when] people have a minimum number they need to do...you don’t want a big family.” Larger families can take longer to process, so workers “were cherry-picking from the queue...Foreigners and large families, they got left in the queue.” Other concerns raised were that workers did not have extra time to make a personal connection with their clients and/or that some workers might feel stressed, as if they were working in a factory under conveyor belt conditions.

Despite these concerns, many of the state and local staff interviewed felt that the task-based system was an improvement over the previous caseload-based system, and many said they would never go back. There was a sense that the overwhelming workloads were somewhat more under control. As one respondent put it, “Even though we’re the same numbers [of staff], it feels like there are more hands on deck.” Unfortunately, with the exception of Boise, Idaho, and Larimer County, Colorado, it was hard if not impossible to translate this into quantifiable changes in the length of service times or the number of cases a worker could process in a day.

## Conclusion

As the WSS states set their visions for providing services, many placed clients at the center and made a strong commitment to improving customer service and providing families with easier access to work supports. Improvements to lobby flow were visible to both clients and workers and resulted in shorter lobby wait times reflected in administrative data in some locations and client survey data in others.

Improvements to the overall flow of work throughout the agency were harder to document. The administrative data are weaker, and state and local staff could not say whether worker processing times were slower or faster because of WSS given the number of changes that had occurred, including changes in the very way that worker productivity is measured and variations in the functionality of new technology. This lack of good data makes it harder to say whether agencies operated more efficiently overall and whether or not they achieved administrative cost savings, the subject of the final chapter in this outcomes report.

## 4. Savings for Agencies and Clients

The first three chapters of this report have shown changes in measureable outcomes during the WSS grant period, including faster approval of benefits, reduced churn (in two states), and shorter lobby wait times. An earlier report (Loprest, Lynch, and Wheaton 2016) showed positive outcomes associated with state efforts to improve cross-program enrollment, namely, an increase in joint participation in SNAP and Medicaid/CHIP among families eligible for both programs. This concluding chapter reviews whether there is evidence of administrative savings and improved access to benefits in conjunction with those outcomes.

We begin by looking at administrative costs in the WSS states over the past several years. In general, our findings show relatively stable administrative costs during the WSS period. This is consistent with what state officials expressed during interviews, that the changes under WSS were made *in response to* past budget and staffing cuts and not as a stimulus for further reductions in staffing levels. We then provide ballpark estimates of potential savings associated with three specific changes: (1) reducing churn, (2) using electronic data to automatically enroll SNAP clients in Medicaid, and (3) reducing lobby wait times and the number of trips clients make to offices. Where possible, we look at both agency costs and savings to clients. Although the focus is on administrative costs, we also highlight how changes in administrative burdens have the potential to increase access to benefits.

### Context and Approach to Measuring Cost Savings

Documenting savings in a public agency setting is difficult. In a private firm, if there are 100 workers producing 1,000 widgets and they work 10 percent faster, one would expect to see an increase in the number of widgets produced or a decrease in the number of workers needed. In a public agency, the number of cases processed annually is not set by the productivity of the workers but by economic conditions and other factors. In times of recession, more families are in need of and apply for benefits, and so the number of cases goes up. At the same time, the number of workers generally declines as state budgets are constrained by the same economic conditions that drive rising caseloads. Because state agency expenditures are set through a political process involving the executive and legislative branches and are constrained by revenues and economic conditions, the true cost of processing a case is imperfectly captured in data on total expenditures or expenditures per case.

The WSS planning grants were awarded in 2010, at the height of one of the worst recessions in recent history. As detailed in Hahn, Isaacs, and Rohacek (2016), all six states struggled with rising caseloads coupled with reductions in available staff. In this economic context, with many agencies grappling with cuts to agency staffs and budgets, WSS applicants did not set goals for further budget savings so much as they found ways to cope with high workloads. Two grant applications included explicit language about reducing costs: North Carolina wanted to “reduce administrative costs per case,” and Rhode Island set a goal to efficiently respond to client needs “while reducing state administrative burdens and costs, [and] cutting overtime in half to prerecession 2008 levels.” Idaho’s application spoke to the value of “keeping government costs low.” All of the WSS states put emphasis on increasing efficiency not to further reduce costs, but so that fewer staff could still keep up with the workload, which remained high even as the recession ended, partly because of Medicaid expansion under the ACA.

One state official explained that the goal of WSS was to “find ways to work smarter” with existing staff, given the reality that “there is not going to be a lot of new funding” for staffing social services agencies. As another state official explained, “the budget situation makes an increase in our staffing allocation unlikely...[which]makes the need for business process changes all the more critical.”

Although additional cost savings were not a primary goal of WSS, states hoped that improving efficiency of operations would result in savings in time if not in dollars, allowing a shift from inefficient tasks to more productive ones. Yet states did not generally have the capacity to document whether the broad changes they implemented resulted in savings in dollars or time. The WSS evaluation team also found it hard to document overall changes in costs or time. As already discussed in chapter 3, evidence was limited and mixed regarding changes in average worker service times, with no clear conclusion on whether there were global changes in time use. We also did not find clear trends in administrative expenditures. What we are able to provide, in addition to a review of expenditure data, is time and dollar estimates for certain specific changes (e.g., agency and client savings associated with reduced churn). We provide these specific examples to contribute to the relatively scant literature about savings associated with changes in state administrative practices.

Before examining the expenditure and other quantitative data, it is useful to outline the general way in which outcomes reviewed in this report and earlier reports have the potential to translate into savings. For example, the reductions in churn outlined in chapter 2 have the potential to reduce administrative costs, because, as discussed further below, processing a renewal application takes considerably less time than processing a new application (as the client has to do if the case has closed). Reductions in churn also increase the total amount of benefits paid to clients, reducing temporary gaps in benefit coverage. As shown in table 4.1, most outcomes have potential savings and costs to both agencies and clients.

**TABLE 4.1**

**Potential Savings Associated with WSS Outcomes**

<b>Outcome</b>	<b>Savings/costs to agencies</b>	<b>Savings/costs to clients</b>
Faster benefit delivery (chapter 1)	Fewer phone calls/visits from clients checking on application status. Less time spent managing and reworking pending cases.	Avoidance of material hardship. Less anxiety about benefit receipt.
Reducing churn (chapter 2)	Reduced case processing costs, calculated as the difference between new applications and renewals. Increase in benefit costs during what otherwise might be gap months.	Avoidance of gaps in benefit coverage. Avoidance of material hardship. Less anxiety about benefit redetermination. Reduced time and expense of doing a new application (rather than a renewal).
Reducing client wait and worker service time (chapter 3) <sup>a</sup>	Fewer interruptions to caseworkers. Less worker time spent on case processing. Costs of new technology systems, including lobby management systems. Costs of contracts with business process consultants. Costs of training.	Less time spent waiting in line and making multiple visits. Avoidance of lost wages during office visits. Reduced transportation costs associated with office visits.
Using electronic data to improve cross-program enrollment <sup>b</sup>	Less worker time spent on case processing. Benefit costs associated with higher participation rates.	Value of receiving full package of benefits. Reduced time and expense associated with application or renewal to multiple programs.

**Notes:** <sup>a</sup> See also the findings in Hahn and colleagues (2016) and Loprest, Kassabian, and Gearing (2016).

<sup>b</sup> See Loprest, Lynch, and Wheaton (2016) and Isaacs, Katz, and Kassabian (2016).

This chapter examines annual expenditures on administrative costs, provides estimates of agency and client savings associated with specific WSS changes, and discusses the relationship between efficiency improvements and improved access to benefits.

# State Expenditures on Administrative Costs

The WSS evaluation team analyzed two sets of expenditure and related data:

- ▼ Annual expenditures on SNAP administrative costs across WSS and non-WSS states.
- ▼ Annual expenditures on field operations and overtime costs (across SNAP, Medicaid, cash assistance, and child care assistance) collected from Idaho and Rhode Island.

## SNAP Administrative Costs in the Six WSS States

We examined two measures of SNAP administrative costs:

- ▼ Annual expenditures on SNAP administrative activities associated with household certification (i.e., the costs most closely associated with determining eligibility and renewing certification).
- ▼ Average certification costs per SNAP household.<sup>30</sup>

Both measures were tracked for federal fiscal years 2007 through 2014 (data for 2015 were not available at the time of analysis) and reported in inflation-adjusted 2014 dollars, drawing on data reported by all states to FNS. We focus on expenditures during the WSS implementation period (2011–14), but also review expenditures for earlier years (2007–11).

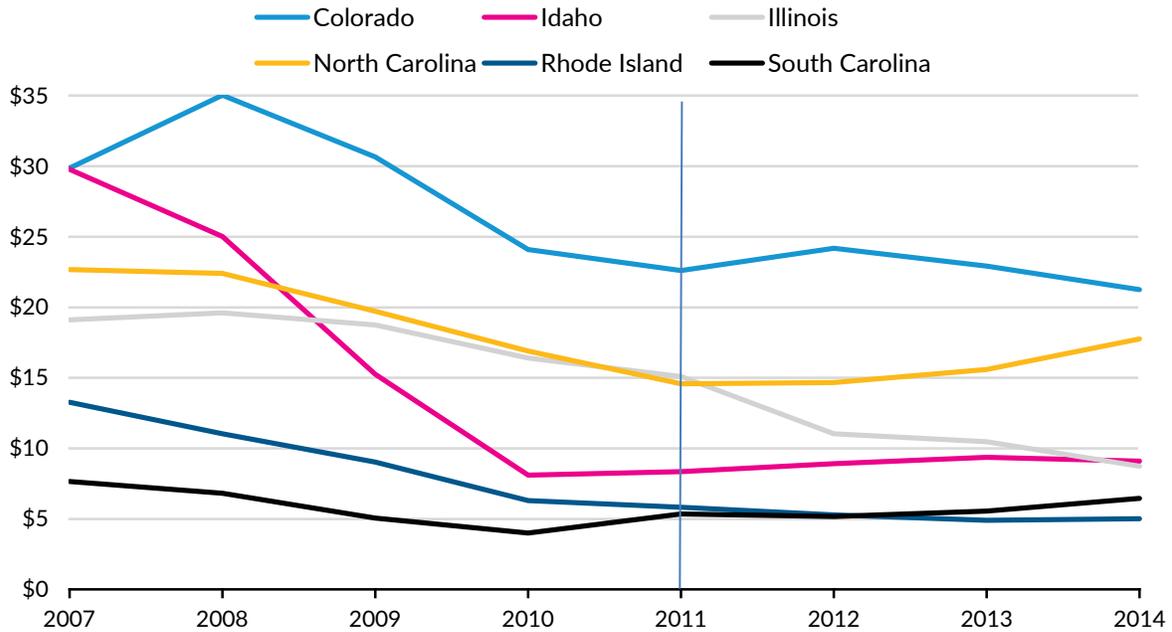
It is important to acknowledge the limitations of SNAP expenditure data, most notably that states differ in how they charge administrative costs to SNAP and specifically differ in cost-allocation methods used to bill SNAP, Medicaid, and other programs for shared activities (i.e., workers who work on both SNAP and Medicaid cases).<sup>31</sup> For this reason, we follow our analysis by examining total field operations (across SNAP, Medicaid, cash assistance, and other programs) in two states.

Five of the six WSS states reported slight to moderate increases in administrative expenditures on household certification over the WSS implementation period. Among these states, certification costs increased between 1 and 26 percent from 2011 to 2014, consistent with a 10 percent increase nationwide. The one outlier was Illinois, where overall SNAP certification costs declined by 31 percent. In most states, the upward trend continued a pattern of increased spending, in the aggregate, on SNAP administration prior to WSS.

SNAP caseloads, which skyrocketed during the recession and continued to increase moderately in most WSS states through 2014, drove some of the increase in administrative costs. Caseloads grew much faster than administrative costs during the recession, and average costs per household fell in every state in the years before WSS. From 2011 to 2015, the WSS states were split: Idaho, North Carolina, and South Carolina had increasing costs per SNAP household and Colorado, Rhode Island, and Illinois had decreasing costs (figure 4.1 and table 4.2). Again, Illinois was the only state with a large decline in administrative costs. With the exception of Illinois, WSS states seemed to follow the national trend of declining costs per household prior to 2011 and fairly flat costs per household between 2011 and 2015.

FIGURE 4.1

Average Monthly SNAP Certification Costs per Household, 2007–14



Source: Authors' analysis of data provided in Food and Nutrition Service State Activity Reports for 2010–14. "SNAP State Activity Reports," US Department of Agriculture, Food and Nutrition Service, accessed November 7, 2016, <http://www.fns.usda.gov/pd/snap-state-activity-reports>.

Notes: Costs are reported by federal fiscal year and adjusted to 2014 dollars using the GDP deflator. See table 4.2 for specific dollar levels. A vertical blue line marks the beginning of the WSS implementation period.

TABLE 4.2

## SNAP Certification Costs, in Aggregate and per Household, 2007–14

	Colorado	Idaho	Illinois	North Carolina	Rhode Island	South Carolina	National
<b>SNAP administrative costs related to household certification (in millions)</b>							
2007	\$38	\$13	\$130	\$106	\$6	\$21	\$3,682
2008	\$46	\$12	\$140	\$113	\$5	\$21	\$3,298
2009	\$51	\$10	\$152	\$120	\$6	\$18	\$3,815
2010	\$51	\$8	\$153	\$124	\$6	\$17	\$3,925
2011	\$54	\$10	\$156	\$128	\$6	\$25	\$4,308
2012	\$64	\$11	\$121	\$138	\$6	\$26	\$4,385
2013	\$64	\$11	\$128	\$147	\$6	\$28	\$4,509
2014	\$60	\$10	\$107	\$162	\$6	\$31	\$4,758
<b>Growth</b>							
2007–11	42%	-25%	19%	21%	4%	17%	17%
2011–14	10%	2%	-31%	26%	1%	22%	10%
<b>SNAP households (in thousands)</b>							
2007	107	36	569	391	37	233	11,790
2008	109	41	596	419	42	256	12,729
2009	138	54	677	506	52	302	15,232
2010	176	78	775	611	73	360	18,618
2011	200	96	860	734	86	391	21,072
2012	221	100	914	785	95	410	22,330
2013	231	98	1,017	786	101	417	23,052
2014	234	90	1,021	761	101	395	22,700
<b>Growth</b>							
2007–11	87%	168%	51%	88%	136%	68%	79%
2011–14	17%	-6%	19%	4%	17%	1%	8%
<b>Monthly SNAP certification costs per household</b>							
2007	\$29.90	\$29.80	\$19.10	\$22.70	\$13.30	\$7.70	\$26.00
2008	\$35.00	\$25.00	\$19.60	\$22.40	\$11.00	\$6.80	\$21.60
2009	\$30.70	\$15.30	\$18.80	\$19.70	\$9.00	\$5.10	\$20.90
2010	\$24.10	\$8.10	\$16.40	\$16.90	\$6.30	\$4.00	\$17.60
2011	\$22.60	\$8.40	\$15.10	\$14.60	\$5.80	\$5.40	\$17.00
2012	\$24.20	\$8.90	\$11.00	\$14.70	\$5.30	\$5.20	\$16.60
2013	\$22.90	\$9.40	\$10.50	\$15.60	\$4.90	\$5.60	\$16.30
2014	\$21.30	\$9.10	\$8.70	\$17.80	\$5.00	\$6.50	\$17.50
<b>Growth</b>							
2007–11	-24%	-72%	-21%	-36%	-56%	-30%	-35%
2011–14	-6%	9%	-42%	22%	-14%	21%	3%

**Source:** Authors' analysis of data provided in FNS State Activity Reports for 2007–14. "SNAP State Activity Reports," US Department of Agriculture, Food and Nutrition Service, accessed November 7, 2016, <http://www.fns.usda.gov/pd/snap-state-activity-reports>.

**Notes:** Costs are reported by federal fiscal year and adjusted to 2014 dollars using the GDP deflator.

The downward trend in Illinois is somewhat puzzling because the state added field staff during the same period. State officials were unable to explain this, and it may relate to the state's methods of allocating costs between SNAP and Medicaid (the data limitation noted above). Because the agency was focusing more on Medicaid certification, it may have billed more worker time to Medicaid instead

of SNAP, resulting in a decline in SNAP administrative costs without a concurrent decline in overall administrative expenses. This underlines the importance of looking at more comprehensive spending data, when available.

## **Total Spending on Field Operations in Idaho and Rhode Island**

The WSS evaluation team collected more comprehensive expenditure data, including expenditures on total field operations across multiple programs and on overtime, from Idaho and Rhode Island.<sup>32</sup>

### **EXPENDITURES ON TOTAL FIELD OPERATIONS**

In both states, total expenditures on field operations generally followed patterns already shown for the subset of administrative expenses charged to SNAP, and expenditures in both states tracked closely with overall staffing levels. Both states entered the 2011–15 period with a reduced level of field staff. Idaho experienced furloughs in 2009 and 2010 and layoffs in May 2010 because of the recession, and Rhode Island experienced a reduction in staff between 2008 and 2011, with many staff retiring early in 2008. Staffing levels in Idaho gradually rose between 2011 and 2015 because the state legislature hired in support of Medicaid expansion and the implementation of the state-based health insurance marketplace. As a result, costs were 10 percent higher in 2015 than in 2011 (but remained below 2007 levels). In contrast, Rhode Island’s staffing levels and payroll costs continued to decline, with payroll dropping by 4 percent over the same period.

### **EXPENDITURES ON OVERTIME**

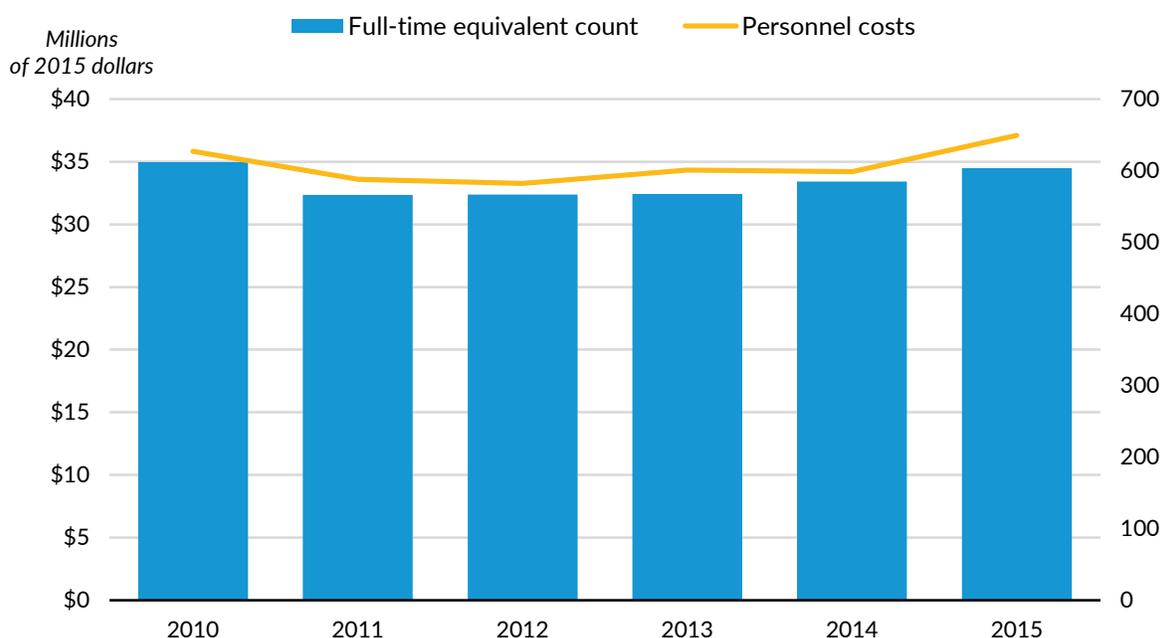
The evaluation team also examined state spending on overtime. Overtime costs in Idaho fluctuated from year to year, with an increase in 2014 and 2015 during rollout of the state-based health care marketplace, but these were quite low overall (between 0.1 and 0.7 percent of total payroll costs). As already noted, Rhode Island’s initial three-year action plan set a goal of “cutting overtime in half to prerecession 2008 levels.” This did not happen. Overtime expenditures on field staff remained fairly constant over from 2011 to 2015, roughly \$3 million in inflation-adjusted dollars, or 6–7 percent of field staff payroll. One official explained that use of overtime was not as inefficient as it appears, given the challenges of hiring new permanent staff and the costs of providing fringe benefits. Another official explained that because “workers were so entrenched in overtime,” often provided a weekly allotment of up to six or even eight overtime hours in some offices, it seemed prudent to make change “incrementally” and “[move] slowly [in] ratcheting back the use of overtime.” Rhode Island maintained a long-term goal of reducing overtime, but it did not occur over the period examined.

## Interpreting the Financial Data

Looking across the data displayed in figures 4.1, 4.2, and 4.3, we see an increase in administrative costs per household in three states and a decrease in three others (with the decrease in Rhode Island occurring while overtime spending remained high). In general, this review confirms what state officials expressed during interviews, that changes under WSS were made *in response to* past budget and staffing cuts and not as a stimulus for further reductions.

FIGURE 4.2

### Field Staff and Payroll Costs in Idaho, 2010–15



**Sources:** Idaho Legislative Budget Books and data provided by Idaho Department of Health and Welfare.

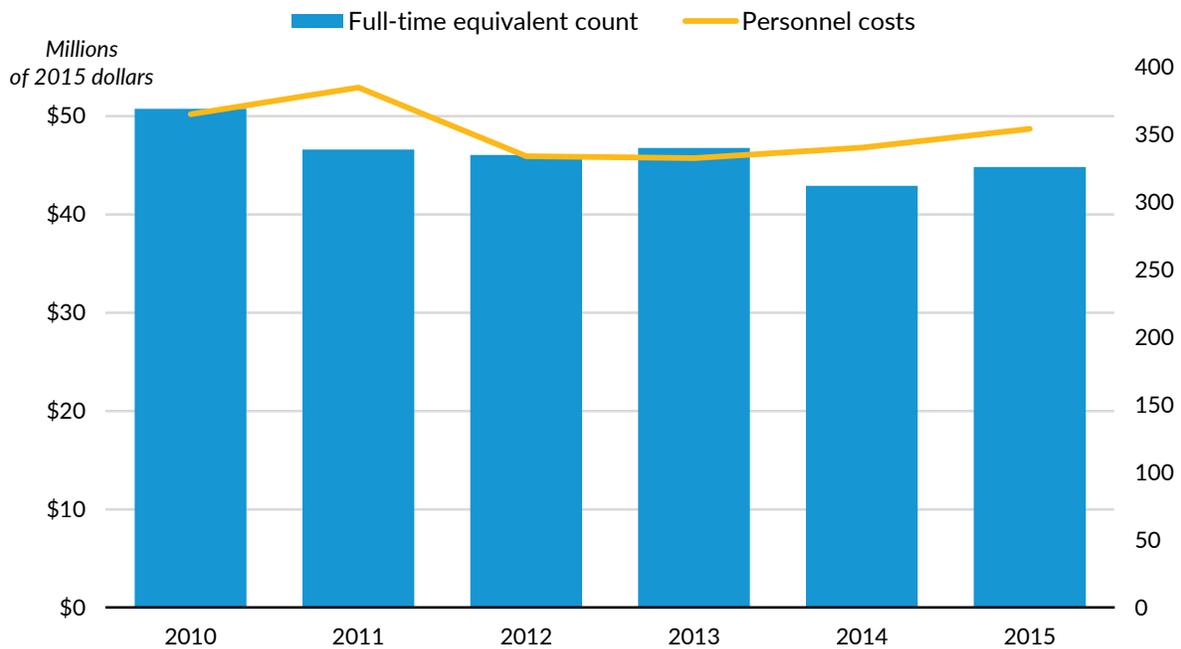
**Notes:** Data are reported by state fiscal year (fiscal year 2010 runs from July 2009 to June 2010). Costs are reported in 2015 dollars using the GDP deflator to adjust for inflation. Reported costs and staff are for the Division of Welfare.

Officials from several states and counties explained that tight staffing situations and the absence of plans to reduce staff further made it easier to enlist the cooperation of local workers. As the head of a county office in North Carolina explained:

One of the hurdles in our county was convincing our staff a new way of business did not mean a reduction in employees. Once we put those fears to rest, people really embraced the change and wanted to be part of it.

FIGURE 4.3

Field Staff and Payroll Costs in Rhode Island, 2010–15



Source: Data provided by the Rhode Island Department of Human Services.

Notes: Data are reported by state fiscal year (fiscal year 2010 runs from July 2009 to June 2010). Costs are reported in 2015 dollars using the GDP deflator to adjust for inflation. Reported costs and staff are for field operations of the Department of Human Services.

An official in Illinois also reported that union leaders and local workers were more open to changes as they came to trust the goal was not to cut staff, but to find ways to make work more manageable. In Idaho, workers in small offices were open to joining a statewide operating team working across offices because it allowed them to keep their jobs without having to move.

## Savings from Specific WSS Changes

Although administrative costs appear fairly stable overall, several WSS changes documented in earlier chapters are likely to have resulted in savings. Time saved through efficiency improvements may have been reinvested in activities operating under tight budget constraints. One respondent explained that their organization was “down to bare bones” after the recession and that efficiency gains were reinvested in improvements to the quality of the agency’s work. Generally, time savings allowed states to improve benefit delivery without increasing administrative costs.

In this next section, we evaluate the existing literature, interviews with state and local employees, administrative data, and client experience survey data to provide ballpark estimates of savings associated with three types of changes:

- ▼ Reduced churn.
- ▼ Use of electronic data to improve cross-program enrollment.
- ▼ Shorter lobby wait times and fewer office visits.

In these estimates, we consider both savings to agencies and value to clients. To measure client savings, we quantify both direct cash savings (e.g., reduced transportation costs) and time savings and also discuss the value of increased access to benefits.

## Reducing Churn

We draw on data from Idaho's SNAP program to illustrate the potential administrative savings to agencies and clients, as well as the implications of avoiding benefit losses. We use SNAP as an example, rather than Medicaid or child care, because we have more administrative cost data for SNAP. Moreover, measuring Medicaid benefit loss is complicated because such benefits are sometimes provided retroactively; in these cases, the major loss to the client is most likely the forgone health care during the coverage gap (rather than the value of a specific monthly benefit). That some Medicaid programs are fee-for-service and others are managed-care programs adds further complexity.

### AGENCY SAVINGS

**Idaho's reduction in SNAP churn saved the equivalent of 0.5 percent of total SNAP administrative spending.** Estimated agency savings are based on initial applications being more expensive to process than recertification. Specifically, in a study of SNAP churn, Mills and colleagues (2014) estimated that it takes two to three times longer to process an initial SNAP application than to process a recertification. Cases that reopen within 30 days can typically do so without a new application, so it is cases that are closed more than a month that drive the administrative costs associated with churn.

The incidence of procedural churn in Idaho's SNAP program fell from 2.4 to 1.8 percent of the monthly SNAP caseload between state fiscal years 2012 and 2015, a reduction of 0.6 percent of the caseload (as was shown in table 2.1). This translates to 526 cases per month where procedural churn was avoided in 2015. However, most of these cases reopened within 30 days and did not result in

new applications. Further analysis indicates that the incidence of cases reapplying within 31–90 days after a closure for procedural reasons fell from 0.66 to 0.46 percent of the monthly caseload over the same period. This translates to 97 fewer cases per month that required a new application.

Idaho was one of the six states studied by Mills and colleagues (2014), and so we are able to use specific estimates of the unit cost of SNAP churn avoided. Mills and colleagues estimated a savings of \$43 in Idaho for each new application avoided in 2011, based on a 2:1 ratio of time spent on initial applications and recertifications combined with data on certification costs and estimates of annual certifications and recertifications.<sup>33</sup> Adjusted for inflation, the estimate increases to \$46 per case of churn avoided. Applying these savings to the 97 cases of new applications avoided each month results in an estimated annual savings of approximately \$53,500 (table 4.3).

This estimated reduction in SNAP administrative costs, equivalent to 0.5 percent of total spending on SNAP administration in Idaho, is subject to many caveats. First, estimated savings per unit of churn are subject to considerable uncertainty, as detailed further in Mills and colleagues (2014). For example, assuming a 3:1 rather than 2:1 ratio of initial applications to recertifications, the unit cost of savings per new application avoided would be higher (\$69 in Idaho in 2011). On the other hand, total savings would be lower assuming lower ongoing maintenance costs for cases off the rolls for one to three months (an offset assumed by Mills and colleagues (2014), but not included in our estimate). The reduction in churn also may not necessarily have been associated with WSS. It occurred during the WSS period, but may have been driven by changes the state made in the absence of WSS or by changes in caseload dynamics or family characteristics that occurred independently of state administrative procedures.

## GAINS TO CLIENTS

Reducing churn affects benefits as well as administrative costs. Avoiding gaps in benefits represents savings to clients and an equivalent cost to the government.<sup>34</sup> A rough estimate shows the annual gain to clients and cost to governments of providing continuous, uninterrupted SNAP benefit coverage is \$1.3 million, or 0.5 percent of annual benefit cost (table 4.3).

The average client gains \$195 in SNAP benefits for each case of avoided churn. The client also saves time, because an initial application and accompanying verification documents take more time to complete than a renewal form. The client also is saved anxiety about paying for groceries (some clients only discover a benefit loss when their Electronic Benefit Transfer card does not work at the grocery register) and the hardship of skipping meals or finding alternate ways to feed their family. We do not attempt to place a dollar value on avoiding anxiety and hardship.

TABLE 4.3

**Estimated Costs and Savings to Agencies and Clients: Reducing SNAP Churn in Idaho**

	Churn of 30 days or less	Churn of 31- 90 days	Churn total
<b>Reduction in SNAP churn</b>			
Procedural churn incidence in state fiscal year 2012	1.86%	0.66%	2.41%
Procedural churn incidence in state fiscal year 2015	1.36%	0.55%	1.80%
Reduction in procedural churn incidence	0.50%	0.11%	0.61%
Active monthly SNAP caseload in 2015			85,857
Number of cases avoiding churn in 2015 (per month)	429	97	526
<b>Administrative savings</b>			
Number of cases avoiding new applications (per month)	--	97	
Administrative savings per case <sup>a</sup>	--	\$46	
Annual administrative savings	--	\$53,500	\$53,500
Annual household certification costs <sup>b</sup>			\$98.1 million
Savings as percentage of household certification costs			0.5%
<b>Continuation of benefits (savings to clients and costs to government)</b>			
Number of cases avoiding churn in 2015 (per month)	429	97	
Average months of benefit gap avoided <sup>c</sup>	0.5	1.9	
Average benefit loss avoided <sup>d</sup>	\$136	\$416	\$195
Annual benefit loss avoided	\$700,000	\$600,000	\$1,300,000
Total SNAP benefits in Idaho in state fiscal year 2015			\$277,300,000
Continued benefits as percentage of benefits			0.5%

**Sources:** Estimates based on churn data provided by the Idaho Department of Health and Welfare. Administrative savings per case in Idaho estimated in Mills and colleagues (2014). Average SNAP benefits in Idaho are from the Food and Nutrition Service National Data Bank, version 8.2 public use.

**Notes:** Estimates are for state fiscal year 2015 (July 2014–June 2015).

<sup>a</sup> Administrative savings per month assume a 2:1 ratio between costs for an initial application and a recertification, as explained in text and in Mills and colleagues (2014). Total administrative savings of \$53,500 are the product of 97 cases per month, \$46 per case, and 12 months per year, rounded.

<sup>b</sup> See table 4.1.

<sup>c</sup> The estimate of 1.9 months is a weighted average of 1.5 months for cases open 1 to 2 months (61 percent) and 2.5 months for those open 2 to 3 months (39 percent).

<sup>d</sup> Average benefit loss assumes an average monthly household benefit of \$272 in Idaho. Total benefit losses are the product of cases per month, average benefit loss, and 12 months per year, rounded.

## Using Electronic Data for Cross-Program Auto-Enrollment

Our second example draws on the experiences of South Carolina and Illinois in using electronic data on SNAP eligibility to automatically enroll and retain individuals in Medicaid. In South Carolina, the state health agency used ELE provision of the 2009 CHIP Reauthorization Act to enroll uninsured children in Medicaid based on SNAP records. ELE was first implemented for renewals in July 2011 and then used to bring on new children beginning September 2012. Under an ACA enrollment option known as Strategy 3, Illinois received a fast-track enrollment waiver from the Centers for Medicaid

and Medicare Services to enroll nonelderly, nondisabled SNAP participants into Medicaid on the basis of SNAP eligibility beginning in fall 2013 (Mann 2013; Kaiser Family Foundation 2013).

### AGENCY SAVINGS

Automated enrollment has strong potential for administrative savings. A multistate evaluation of ELE (Hoag et al. 2013) estimated annual administrative savings in South Carolina at \$1.6 million. This estimate was based on the number of ELE cases processed annually (120,000 renewals and 110,000 new enrollments, according to administrative data), the estimated time saved per case (90 minutes for new applications and 30 minutes for renewals, based on staff interviews), and the wages and benefits of eligibility staff. These savings more than offset the estimated start-up cost of \$538,000, spent primarily on IT programming. This same study also found that ongoing savings were larger than start-up costs in three other states that implemented automated processing through Express Lane Eligibility (see table 4.4).

Similarly, there appear to have been savings in Illinois from using the fast-track enrollment waiver. One study (Hagan and Kishore 2014) estimated savings of 27 minutes per case in Illinois (with average processing times reduced from 30 to 3 minutes, according to staff interviews). But the authors did not have sufficient data to translate this savings estimate to dollars or compare it to start-up costs of 870 hours in IT programming time.

More generally, estimates of ELE implementation in Alabama, Louisiana, Massachusetts, and South Carolina, and estimates of fast-track enrollment in Illinois and West Virginia, suggest many states experience time savings of 20 to 30 minutes per case when using automated processing. Savings ranged from a low of 8 minutes in Massachusetts to a high of 90 minutes in South Carolina.

TABLE 4.4

**Estimated Costs and Savings to Agencies and Clients: Using SNAP Records to Renew or Enroll Clients in Medicaid in South Carolina and Illinois**

	Savings and costs to agencies	Savings and costs to clients
Using SNAP records to automatically renew and automatically enroll new children into Medicaid under Express Lane Eligibility (ELE) in South Carolina	<p><b>Reduction in staff processing times and costs.</b> A reduction of 20<sup>a</sup> or 25 minutes<sup>b</sup> per renewal case that otherwise would reapply within 30 days and 90 minutes<sup>b</sup> for new applications and late renewals that would have been required to submit new applications. Estimated annual savings of \$1.6 million across 120,000 renewals and 110,000 new enrollments.<sup>b</sup></p> <p><b>Start-up costs</b> of \$538,000, primarily due to IT programming.<sup>b</sup></p> <p><b>Cost of health care coverage</b> for eligible uninsured children. The state did not expect much effect on benefits for renewals (most children who lose eligibility return within 90 days and receive retroactive eligibility) but estimated the legislature needed to increase funding by \$40 million for the state share of benefits to new enrollees under ELE.<sup>c</sup> Multivariate analysis of ELE implementation in eight states (including South Carolina) suggests average Medicaid participation increased about 6 percent.<sup>b</sup></p>	<p><b>Reduced time and expense</b> of renewing or applying through conventional means.</p> <p><b>Fewer days to wait for approval</b> of coverage.</p> <p><b>Reduction in gaps in health coverage due to reduced churn.</b> Although most children who lose coverage at renewal would get retroactive eligibility (if they reapply within 90 days), families may forgo health care during gaps in eligibility.<sup>b</sup></p> <p><b>New insurance coverage</b> for eligible uninsured children. Multivariate analysis of ELE implementation in eight states (including South Carolina) suggests average Medicaid participation increased about 6 percent.<sup>b</sup></p>
Using SNAP records to enroll nonelderly individuals into Medicaid under Strategy 3 in Illinois	<p><b>Reduction in staff processing times</b> from 30 minutes to 3 minutes.<sup>d</sup></p> <p><b>Start-up costs</b> of an estimated 870 hours for state IT staff to build a new interface and prepare mailings and \$60,000 for one-time mailing and hours in training (one hour for all supervisors, who then trained staff).<sup>d</sup></p> <p><b>Cost of health care coverage</b> for eligible uninsured individuals. However, many may have entered through the marketplace eventually anyway.</p>	<p><b>Reduced time and expense</b> of applying for coverage through Medicaid or the marketplace.</p> <p><b>Fewer days waiting for approval</b> of coverage.</p> <p><b>New insurance coverage</b> for eligible uninsured individuals (although many may have eventually entered through the marketplace).</p>

**Sources:** Urban Institute, using data from Supra (2011), Hoag and colleagues (2013), interviews with state officials conducted by the WSS evaluation team, and Hagan and Kishore (2014).

**GAINS TO CLIENTS**

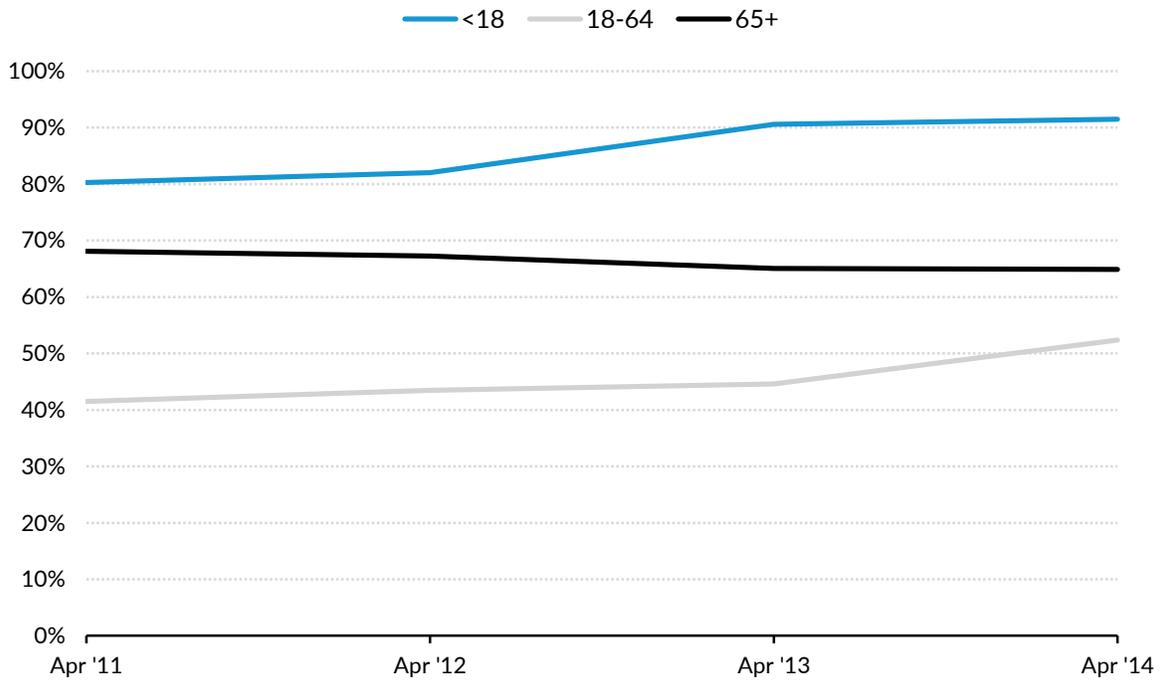
Using electronic data for cross-program enrollment also saves clients time and money when they do not need to come into the office to apply for or renew benefits. These savings include potential lost wages and the opportunity cost of time spent traveling to or waiting in social services offices (these savings are not quantified in table 4.5 but are analogous to savings discussed in the next section). The bigger impact on clients is greater access to and retention of benefits, including faster approval of health insurance, reduced churn at time of renewal and fewer gaps in coverage, and increased coverage of eligible uninsured individuals.

In discussing impacts on clients—and on agency budgets—it is important to distinguish between renewals and new enrollments. Using ELE for Medicaid renewals in South Carolina had minimal effect on costs, according to state officials, because most children who lost eligibility at time of renewal returned to coverage after an average gap of 1.4 months (and benefits are available retroactively for 90 days). ELE improved continuity of health insurance, and likely improved child well-being by reducing the risk that families might need to forgo filling prescriptions or seeking medical care for children, but it did not substantially increase Medicaid expenditures. In contrast, before expanding ELE for new enrollments, the state’s Medicaid director had to ask the state legislature for an estimated \$40 million in expanded benefits (which would draw down an additional \$93 million in federal benefits) to cover eligible uninsured children. The legislature approved the funding. In this case, the benefit to clients was increased coverage for uninsured children and not just fewer gaps in coverage.

Data from South Carolina show that the percentage of SNAP children also enrolled in Medicaid increased by 9 percentage points after ELE was expanded to enroll previously uninsured children (figure 4.4). (Adult participation in Medicaid did not increase until the following year, 2014, after implementation of federal health exchange marketplaces, and elderly participation did not increase at all). Similarly, the number of children in South Carolina eligible for both SNAP and Medicaid/CHIP who received both benefits increased by 12 percentage points between 2011 and 2013, but nonelderly adults saw only a 2 percentage point increase (Loprest, Lynch, and Wheaton 2016). More generally, a multivariate analysis used in the mandated multistate ELE study to tease out the impact of ELE from other facts affecting Medicaid enrollment suggests total Medicaid enrollment increased about 6 percent because of ELE implementation across several states. Taken together, these findings demonstrate that using auto-enrollment to bypass the administrative burdens of traditional application processes is effective in increasing enrollment among eligible children and families.

FIGURE 4.4

SNAP Caseload in South Carolina Also Receiving Medicaid, by Age, 2011–14



Source: Administrative data submitted by the South Carolina Department of Health and Human Services.

## Reducing Wait Times and Trips to Social Services Offices

For our third illustration of how specific changes result in savings, we quantify the time and dollar savings associated with simpler application processes, focusing on shorter lobby wait times and fewer office visits. Our estimates suggest a 15 percent reduction in wait and travel times and costs for SNAP clients in Illinois. To generate this estimate, we focused on three areas of burden for clients:

- Time spent waiting in lobby.
- Time and transportation costs associated with additional office visits.
- The dollar value of wages lost during office visits.

Our estimates are primarily based on survey data gathered from Illinois SNAP applicants in September 2014 and March 2015, but we also provide information about experiences in other states.

To summarize findings presented in chapter 3, in-person wait times fell by 14 minutes for SNAP applicants in Illinois between September 2014 and March 2015. Wait times fell by 11 minutes per transaction in Boise, Idaho, after the introduction of the Q-Flow lobby management system and by 32 minutes for in-person applications in Providence, Rhode Island, between early fall 2014 and summer 2015. No other Rhode Island offices experienced noticeable changes.

If we use state minimum wages to assess the dollar value of client time, the estimates above translate to dollar savings of \$1.93 for SNAP applicants in Illinois, \$1.33 across all transactions in Boise, Idaho, and \$5.12 for applicants in Providence, Rhode Island (table 4.5). These estimates are based on traditional economic assumptions used to monetize time, namely that an hour spent waiting in a lobby is an hour not working, and can be valued as the wages a person could be expected to earn in the labor market whether or not that person is currently working. Although imperfect, this measure allows comparison between time and other expenses (e.g., transportation expenses).

TABLE 4.5

**Estimated Savings from Shorter Lobby Wait Times**

	<u>Wait Time in Minutes</u>			<u>State minimum wage</u>	<u>Opportunity cost savings per applicant</u>
	<u>Early</u>	<u>Late</u>	<u>Change</u>		
Illinois (in-person SNAP applications)	53	39	-14	\$8.25	\$1.93
Boise, Idaho (all transactions)	26	15	-11	\$7.25	\$1.33
Providence, Rhode Island (in-person applications)	94	62	-32	\$9.60	\$5.12
Other Rhode Island offices (in-person applications)	30	30	0	\$9.60	\$0

**Sources:** Authors' analysis of Excel and Q-Flow data provided by the Idaho Department of Health and Welfare, survey data collected from SNAP applicants in Illinois, and PathOS data provided by the Rhode Island Department of Human Services.

**Notes:** Illinois data compare SNAP clients applying in person in September 2014 to those applying in March 2015. Idaho data compare March through mid-June 2013 with mid-June 2014 through August 2015. Rhode Island data compare August–October 2014 with June–August 2015.

SNAP applicants in Illinois reported several improvements beyond shorter wait times, such as fewer in-person applications and follow-up office visits. We can estimate associated savings by making assumptions about the time and cost of travel to and from social services offices and time spent during follow up-visits (table 4.6). Although these estimates are somewhat provisional, they illustrate how the accumulated effects of various changes produce a greater package of savings (figure 4.4). For example, the \$2.05 in time saved on in-person applications combines the effects of shorter wait times and fewer in-person applications because clients who apply online spend no time traveling

or in office lobbies. Reducing follow-up office visits saves almost as much time (valued at \$1.83) as reducing in-person applications and associated wait times. Finally, clients save an estimated \$0.82 on transportation costs in this example.

TABLE 4.6

**Estimated Savings to Clients: Shorter Wait Times and Fewer Office Visits for SNAP Applicants in Illinois**

	September 2014	March 2015	Savings
<b>Less time spent on in-person applications</b>			
Minutes waiting when applying in person	53	39	14
Assumed minutes traveling when applying in person	75	75	0
Percentage of applicants applying in person	61%	55%	
Combined wait and travel time averaged over all applicants	78	63	15
Opportunity cost of initial application <sup>a</sup>	\$10.69	\$8.64	\$2.05
<b>Less time spent on follow-up visits</b>			
Number of follow-up visits	0.92	0.81	0.12
<i>Assumed total minutes per visit</i>	115	115	
Opportunity cost <sup>a</sup>	\$14.59	\$12.77	\$1.83
<b>Lower travel costs</b>			
Total number of office visits	1.54	1.36	0.18
Travel costs <sup>b</sup>	\$6.93	\$6.11	\$0.82
<b>Total wait and travel time and costs</b>	<b>\$32.21</b>	<b>\$27.52</b>	<b>\$4.69</b>

**Source:** Authors' estimates based on data collected through client experience surveys of SNAP applicants with children in Illinois.

**Notes:** Assumptions (noted in italics) are not based on survey data but represent the authors' assumptions. The estimated travel time of 75 minutes assumes a 30–45 minute trip each way. The total 115 minutes per follow-up visit assumes 75 minutes in travel time and 30 minutes in wait and service time (assuming some clients are just dropping off documents and others are waiting to see a worker).

<sup>a</sup> Opportunity cost calculations are based on the \$8.25 minimum wage in Illinois.

<sup>b</sup> Travel cost calculations are based on a \$4.50 round-trip fare on a Chicago bus or train.

Our estimates suggest the wait and travel time and costs associated with applying for SNAP fell by 15 percent (from \$32.21 to \$27.52) between September 2014 and March 2015.<sup>35</sup> This estimate is rough because of sampling error around the survey data and uncertainty around the underlying assumptions detailed in table 4.6. Even so, the estimate helps quantify the reduced application burden for clients in Illinois.

For some clients, time spent waiting in agency lobbies does not represent a theoretical loss in the monetary value of time but an actual loss in wages. Working parents may forfeit 3 or 4 hours of wages to travel to and from social services offices, wait in line, and spend time with an eligibility worker. However, the percentage of Illinois clients that said they lost pay when applying for benefits was low (7 percent) and did not change between the two rounds of survey. The other 93 percent of SNAP

applicants applied without visiting the office (24 percent), visited the office without missing work (67 percent), or missed work but did not take a cut in pay (2 percent), as shown in table 4.7. When focusing on SNAP applicants employed at the time of their application, the percentage who missed wages is somewhat higher (15 percent) but still relatively low. Findings were similar in South Carolina and Colorado, where 5 and 9 percent of SNAP applicants, respectively, reported losing wages because they missed work.

TABLE 4.7

**SNAP Applicants Who Lost Pay when Applying for Benefits**

	Colorado	Illinois	South Carolina
<b>All applicants</b>			
Visited office, missed work and lost pay	9%	7%	5%
Visited office, missed work but did not lose pay	3%	2%	2%
Visited office, did not miss work	79%	67%	75%
Did not visit office	10%	24%	18%
<b>Applicants currently employed</b>			
Visited office, missed time at work and lost pay	15%	15%	9%
Visited office, missed work but did not miss pay	5%	4%	3%
Visited office, did not miss work	69%	56%	70%
Did not visit office	12%	25%	17%

**Source:** Client experience surveys of SNAP applicants with children in Colorado, Illinois, and South Carolina.

**Notes:** The analysis is based on 1,214 applicants in Colorado (506 employed), 1,014 in Illinois (335 employed), and 400 in South Carolina (211 employed). See appendix B for more information on survey methods.

As before, gains to clients go beyond the reduced time and expense associated with applying for benefits. By reducing application burden, state agencies increase the likelihood that families will apply for benefits that can provide stability to their lives, help them advance in the workforce, and protect them and their children from material hardship. We cannot quantify how many more eligible families may apply for benefits as a result of the 15 percent reduction in application burden outlined above. Instead, we conclude this consideration of agency and client savings with a more general discussion of the relationship between efficiency improvements and family access to benefits.

## Increasing Access to a Package of Work Supports

Although much of this outcomes report focuses on the efficiency of benefit delivery, WSS had broader goals, including improved access for low-income working families to the full package of benefits for which they are eligible. Improvements in administrative procedures and reduced burden

on clients could increase participation among eligible families by reducing the costs of applying and the stigma associated with trips to social services offices.

Several research studies have shown that reduced administrative burdens are associated with higher participation rates. Schwabish (2012) found the use of online applications has increased participation in the SNAP program. Simpler verification processes and longer certification periods also increase SNAP participation (Ratcliffe, McKernan, and Finegold 2007; Schwabish 2012). A randomized experiment focused on alleviating administrative burden found that low-income individuals who received assistance completing a SNAP application were more likely to submit an application than those who only received information about how and where to apply (Shanzenbach 2009). Work focused on Medicaid has demonstrated that reducing administrative burden by simplifying the application and renewal processes, offering continuous coverage, and minimizing verification materials had positive effects on take-up rate (Bansak and Raphael 2006; Herd et al. 2013).

Several efficiency improvements reviewed in this report have the potential to increase program participation. Reducing the cost in time and money of applying for benefits can increase the likelihood that a family will apply for the package of work supports for which they qualify. Changes to lobby environments also contribute to better interactions between clients and agency staff, potentially reducing the stigma associated with applying for public benefits. Changes in renewal processes, especially those that reduce churn, help eligible families retain benefits and thus increase the percentage of eligible families receiving benefits. Finally, automatic enrollment based on electronic records of program participation, which eliminates the need for a family to file an application, can have a particularly strong impact on participation.

All WSS states took steps to simplify their application and renewal processes, improve the efficiency of lobby and office workflow, and generally improve family access to benefits. As one measure of overall progress, an earlier WSS report (Loprest, Lynch, and Wheaton 2016) examined changes in joint program participation rates, or the percentage of those eligible for multiple programs that receive benefits from all of those programs. Specifically, the authors examined changes in joint participation rates in SNAP and Medicaid/CHIP in five WSS states (Colorado, Idaho, Illinois, North Carolina, and South Carolina) between 2011 and 2013 to track whether WSS activities were associated with increases in those rates. The analysis only included data through 2013 because that was the last year before implementation of some of the biggest changes included in the ACA, which could have had significant effects on joint participation rates.

Families eligible for both SNAP and Medicaid/CHIP were more likely to receive both benefits in 2013 than in 2011, according to their findings (Loprest, Lynch, and Wheaton 2016). Increases in joint participation for individuals under age 65 were substantial in three states: from 73 to 87 percent in Colorado, from 70 to 78 percent in Illinois, and from 73 to 81 percent in South Carolina. As already noted, South Carolina's increase was concentrated among children, in keeping with the state's use of ELE to automatically enroll SNAP children in Medicaid. A fourth state, Idaho, had a smaller increase (from 93 to 96 percent) because the state's initial rate was already high, although it experienced a substantial increase among nonelderly adults. North Carolina's participation rates remained fairly stable and actually decreased slightly among adults and children.

Although we cannot definitively attribute increases in joint participation rates to WSS activities, that four out of five states saw substantial increases in multiple benefit receipt among eligible families demonstrates that states can implement changes to improve access to both SNAP and Medicaid.

## Conclusion

Throughout the WSS initiative, states focused on implementing changes in policy, technology, and business processes to improve client experiences, make agency processes more efficient, and improve family access to benefits. The first three chapters of this report show how states achieved faster—and sometimes same-day—benefit delivery, made progress in reducing procedural churn, and revamped office lobbies and reduced client wait times.

This final chapter has reviewed evidence that these changes resulted in savings to agencies and gains to clients. Certain changes, such as reducing churn and using electronic data to automatically enroll SNAP clients in Medicaid, saved workers time and agencies money. Administrative costs per household appeared stable during the WSS period, suggesting that savings in these areas freed up time for other tasks or for doing more in-depth work on cases than was possible when staff were stretched thin during the Great Recession. Client gains include increased single and multiple benefit receipt, less time and expense associated with applying for and renewing benefits, and decreased anxiety, stress, and material hardship associated with delays and gaps in benefit receipt.

Given the many concurrent changes during the WSS period, we cannot attribute the outcomes in this report solely to WSS. But they demonstrate that large-scale change is possible in these critical work support systems.

Implementing change in state agencies is hard work, and these results did not come quickly or easily. Some occurred early on; others were observed only after several years. As a state official in Illinois said of their technology rollout, “It got worse before it got better.” An official in Rhode Island likened the effort to overhaul business processes to “the turning of the Titanic.” After several efforts over an extended period of time, finally “the big ship turned.” Although many leaders involved with WSS felt a sense of accomplishment at the end of the grant period, there remain many ongoing challenges and unachieved outcomes still being pursued. They recognize that working to improve benefit delivery is a continuous process.

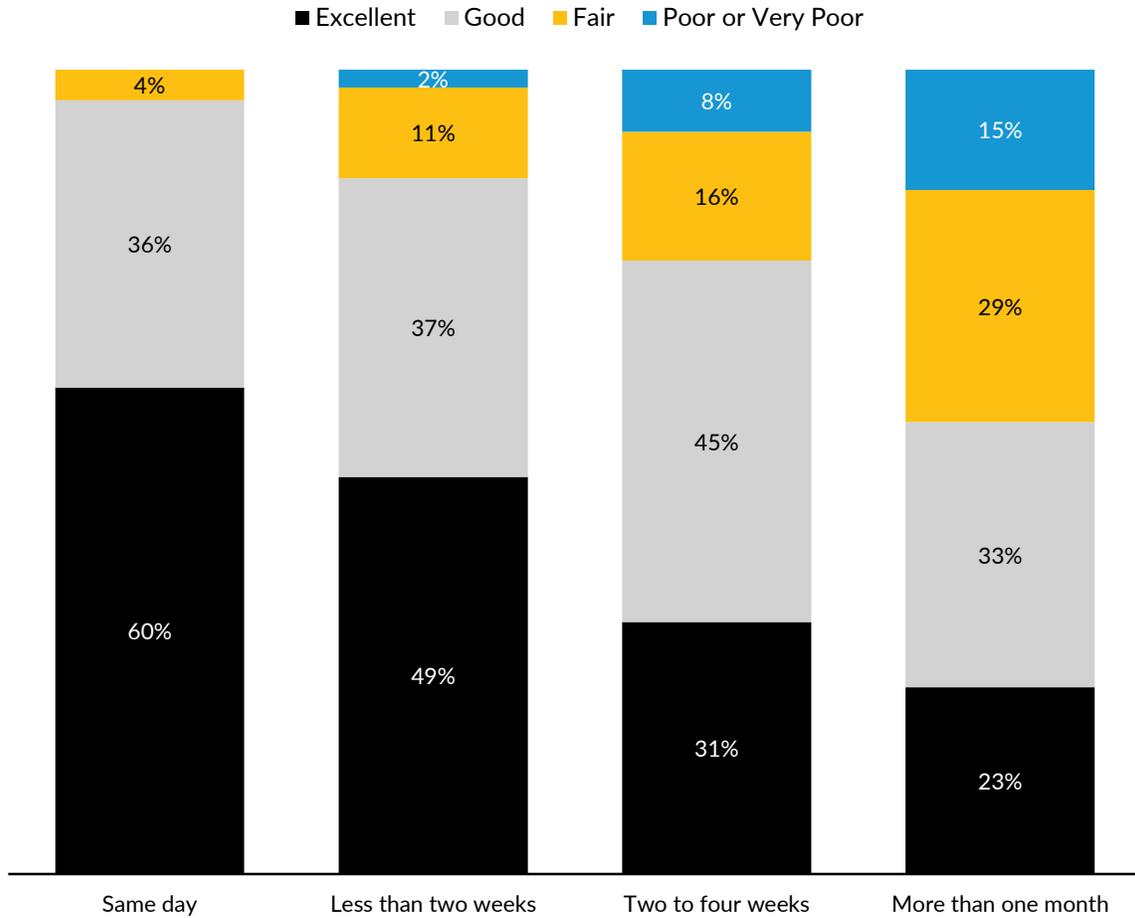
Going forward, states have many opportunities to streamline and substantially improve access to work support programs. The experiences of the WSS states offer specific ideas about how to diagnose and remove the barriers that prevent families from participating in work support programs and overburden state workers and administrative systems. The outcomes in this report, along with the full set of WSS evaluation reports and additional resources provided by the WSS national partners (the Center for Law and Social Policy and the Center on Budget and Policy Priorities), can provide inspiration and lessons learned to other states seeking to improve work support delivery to support the well-being and stability of families.<sup>36</sup>

# Appendix A. Supplemental Figures

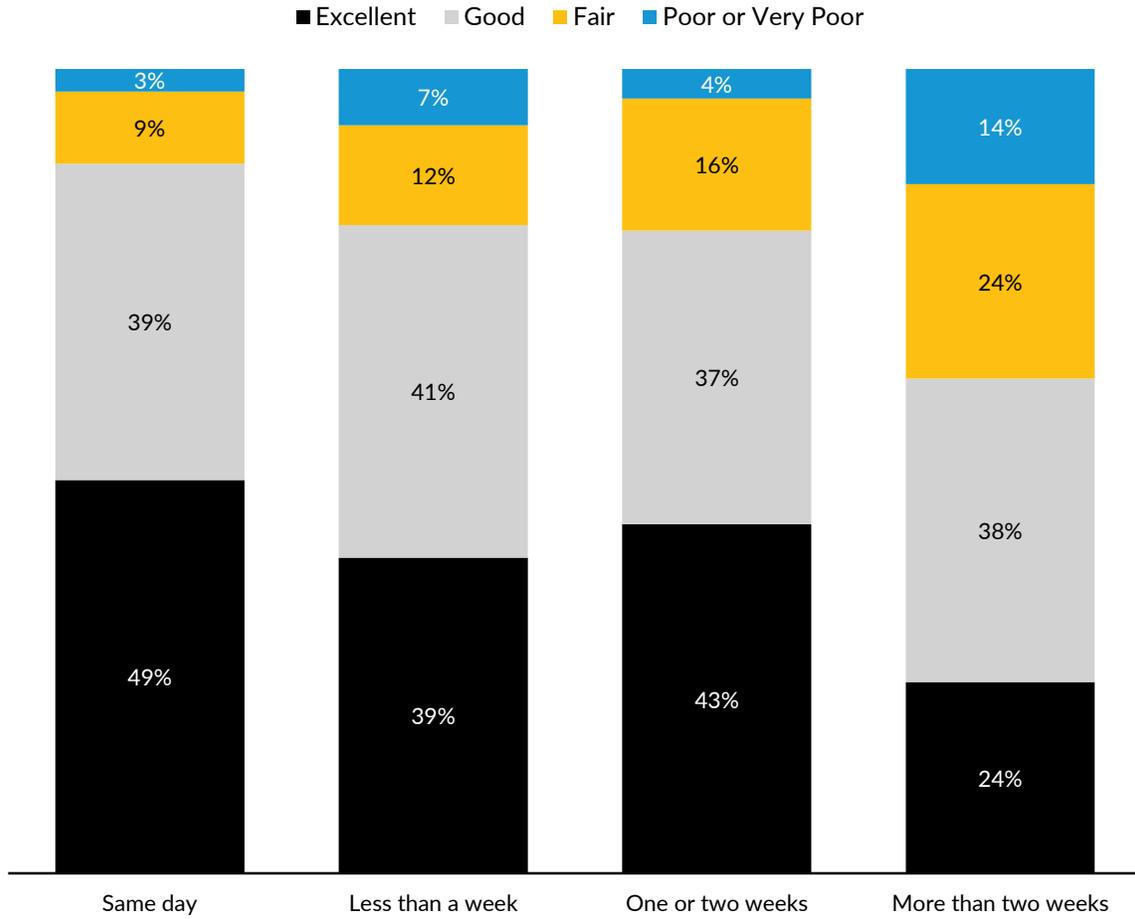
FIGURE A.1

## Client Experience by Benefit Processing Time

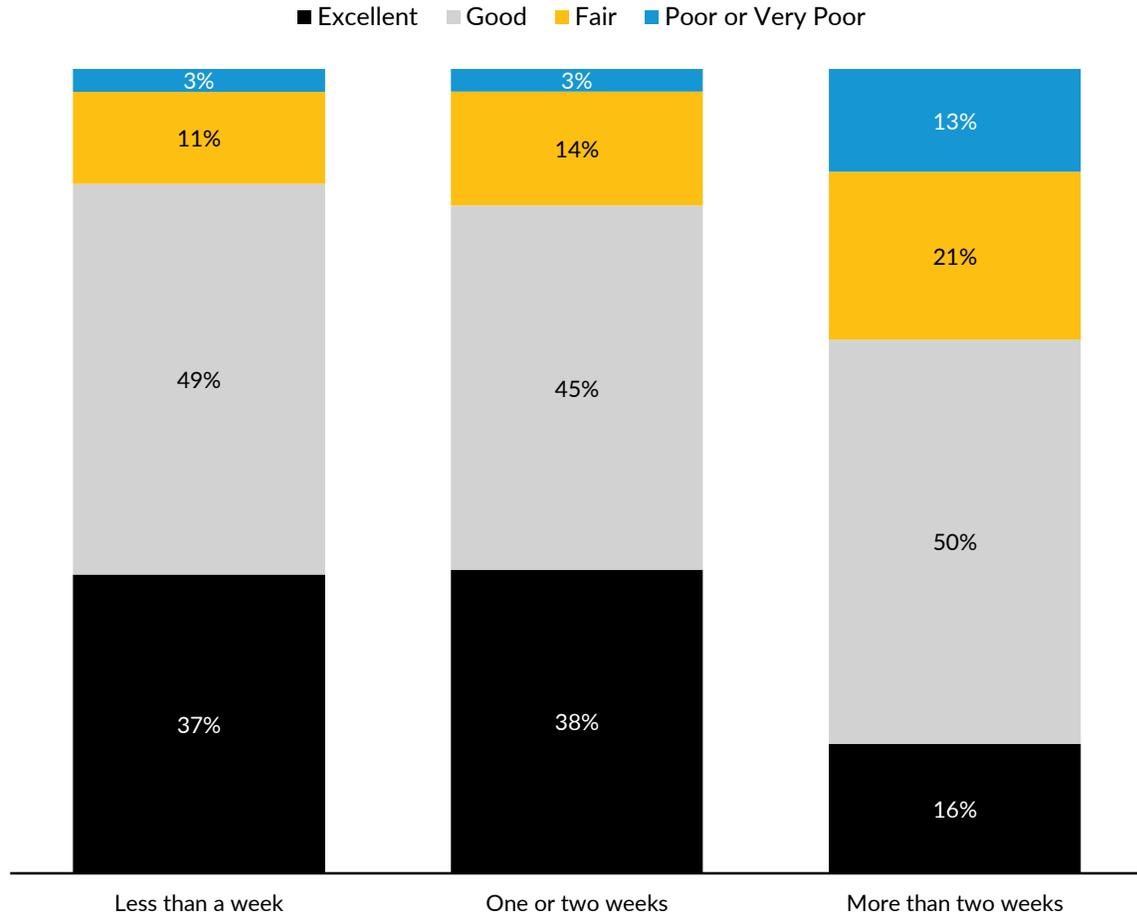
Illinois



Colorado



South Carolina

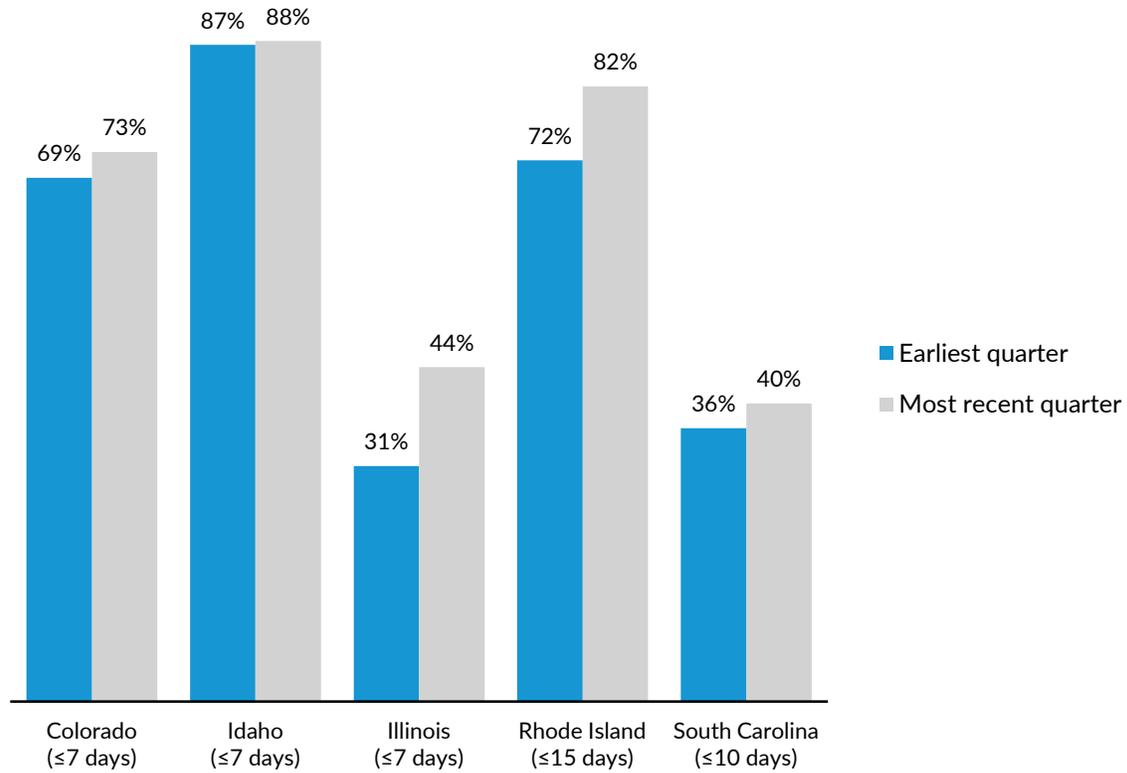


**Source:** Client experience surveys of SNAP applicants with children in Colorado, Illinois, and South Carolina.

**Notes:** The analysis is based on 878 applicants in Colorado, 846 in Illinois, and 352 in South Carolina. Respondents with missing data are excluded. Tests for statistical significance of differences have been performed. A p-value of less than 0.05 was considered statistically significant. In each state, differences between overall experience based on wait time were found to be statistically significant with p-values less than .01.

FIGURE A.2

SNAP Applications Processed within 7–15 days, Comparing Early and Late Quarters



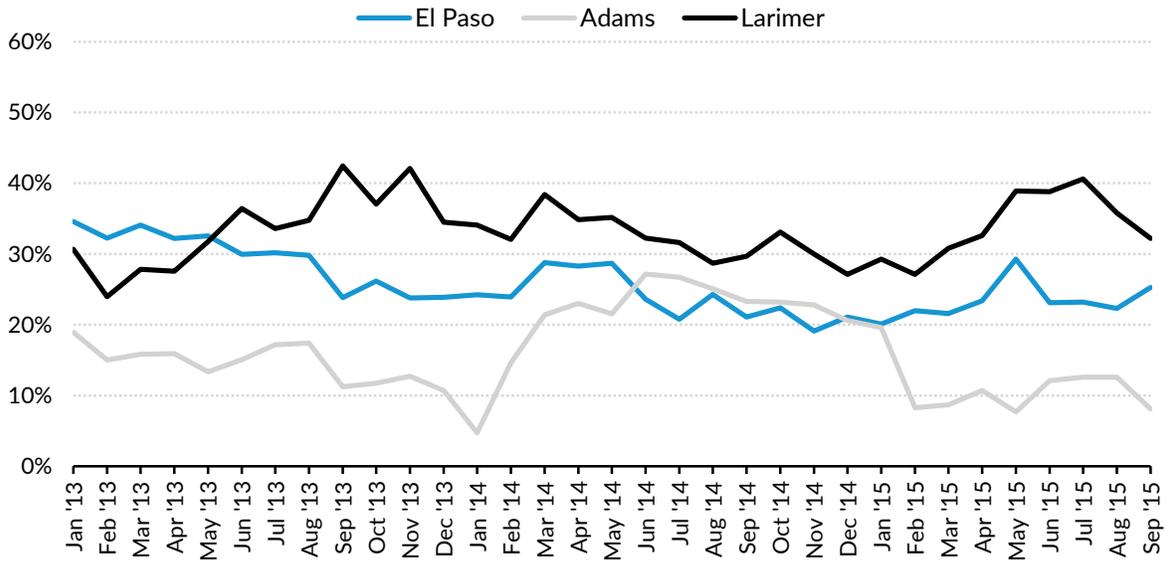
**Sources:** Administrative data provided by the Colorado Department of Human Services, the Idaho Department of Health and Welfare, the Illinois Department of Human Services, the Rhode Island Department of Human Services, the South Carolina Department of Social Services, and the South Carolina Department of Health and Human Services.

**Notes:** Illinois provided microdata that were calculated by the Urban Institute. Earliest quarter is defined as January–March 2013 for Colorado, January–March 2010 for Idaho, March–June 2011 for Rhode Island, and May–July 2012 for Illinois. Most recent quarter is defined as July–September 2015 for Colorado, August–October 2015 for Idaho, February–April 2015 for Rhode Island, and January–March 2015 for Illinois. Processing data are measured over all SNAP cases, regardless of whether the case was eligible for expedited or regular processing or whether the case was approved or denied. States measured different intermediate processing times. As a result, processing times are measured within 7 days, within 10 days, or within 15 days. Rhode Island data include cases with advanced approval.

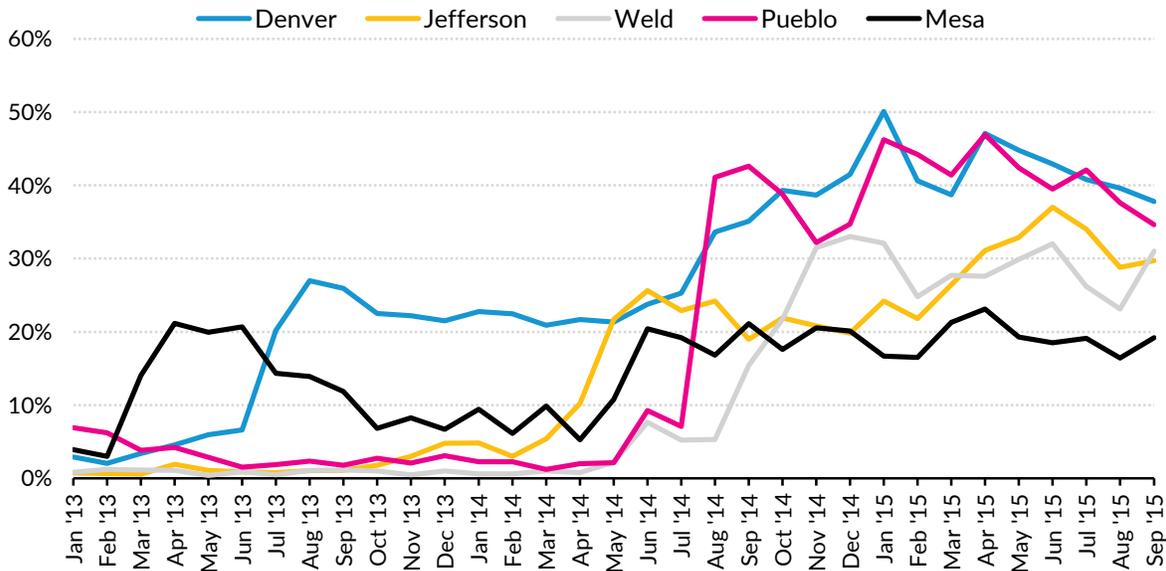
FIGURE A.3

**SNAP Applications Processed Same Day in Intensive BPR Counties in Colorado, by Initial Rate of Same-Day Processing, 2013–15**

*Counties with Initial Same-Day Rate over 50 Percent*



*Counties with Initial Same-Day Rate below 10 Percent*

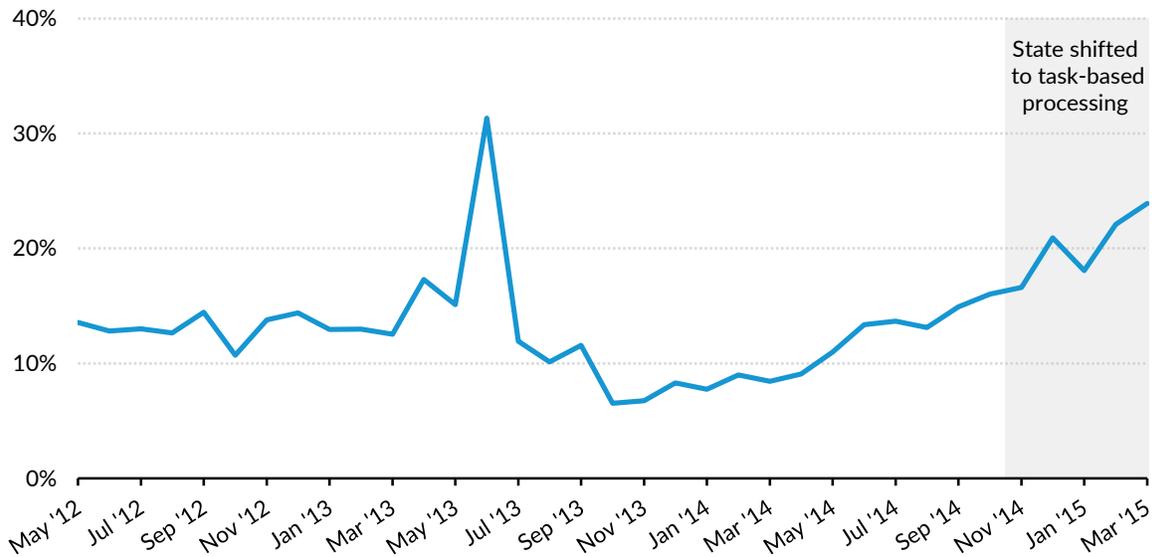


**Source:** Administrative data provided by the Colorado Department of Human Services.

**Notes:** This analysis focuses on regular SNAP applications and excludes expedited applications. The first graph displays intensive BPR counties that already provided same-day service to more than 50 percent of applicants in January 2013. The second graph displays intensive BPR counties that provided same-day service to less than 10 percent of applicants in January 2013.

FIGURE A.4

SNAP Applications Processed Same Day in Illinois

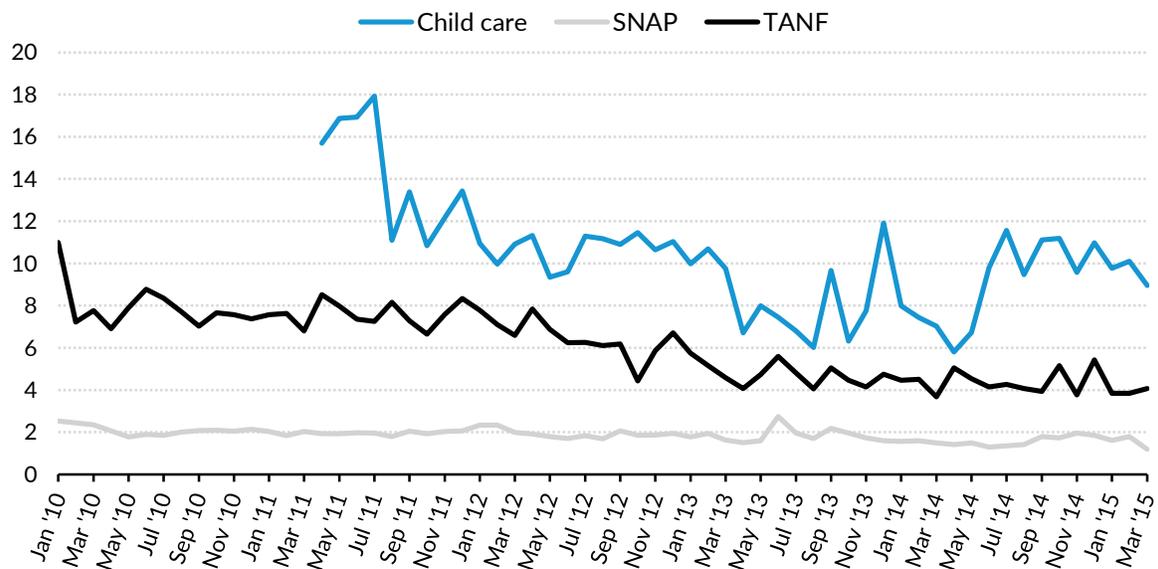


Source: Administrative data provided by the Illinois Department of Human Services.

Notes: Estimates for Illinois were calculated by the Urban Institute based on microdata provided by the state. Processing time was calculated using the date of application and the date of disposition by a caseworker rather than the date of benefit availability.

FIGURE A.5

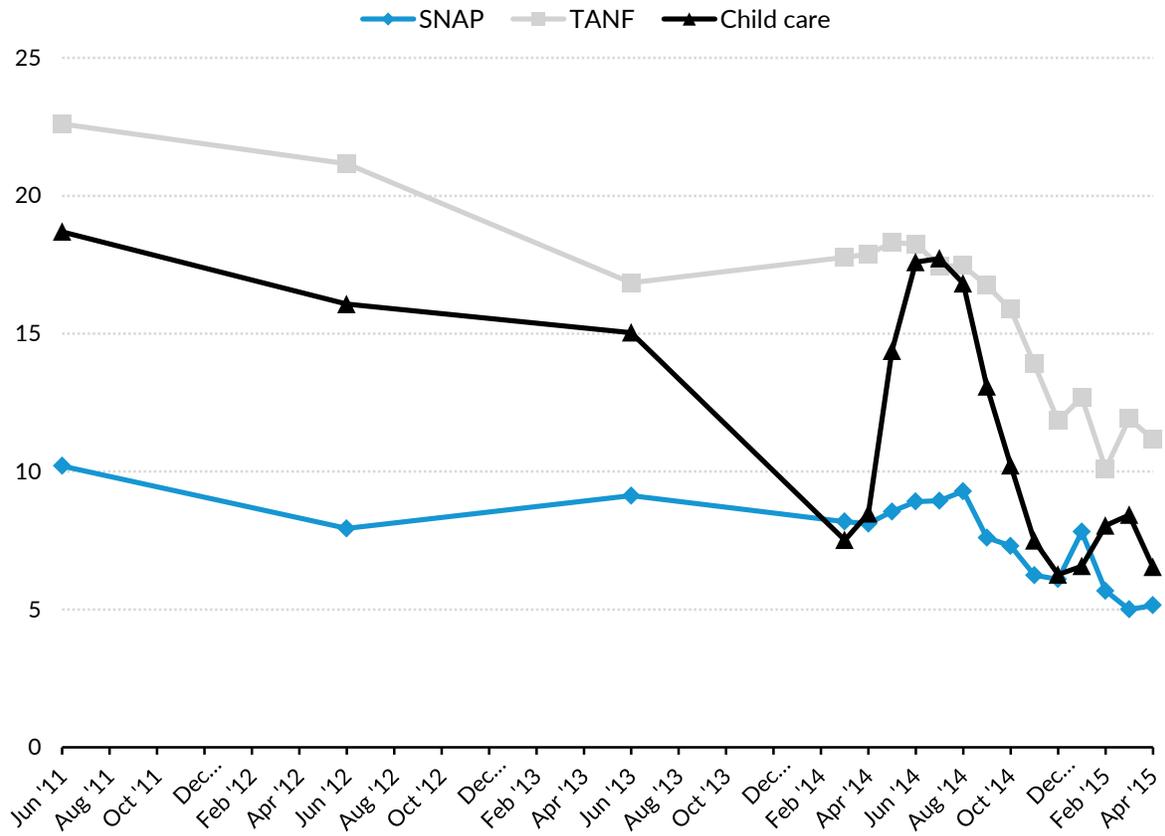
Average Days Needed to Process Applications in Idaho, by Program



Source: Administrative data provided by the Idaho Department of Health and Welfare.

FIGURE A.6

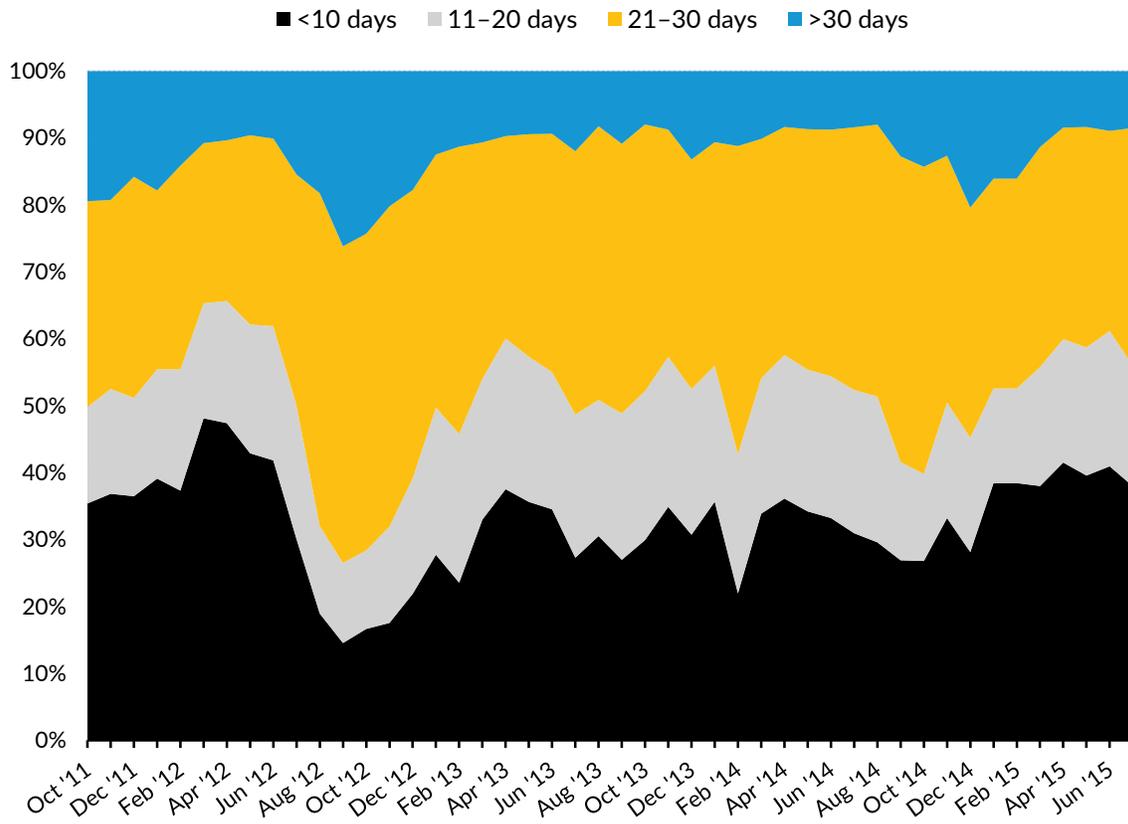
Average Days Needed to Process Applications in Rhode Island, by Program



Source: Administrative data provided by the Rhode Island Department of Human Services.

FIGURE A.7

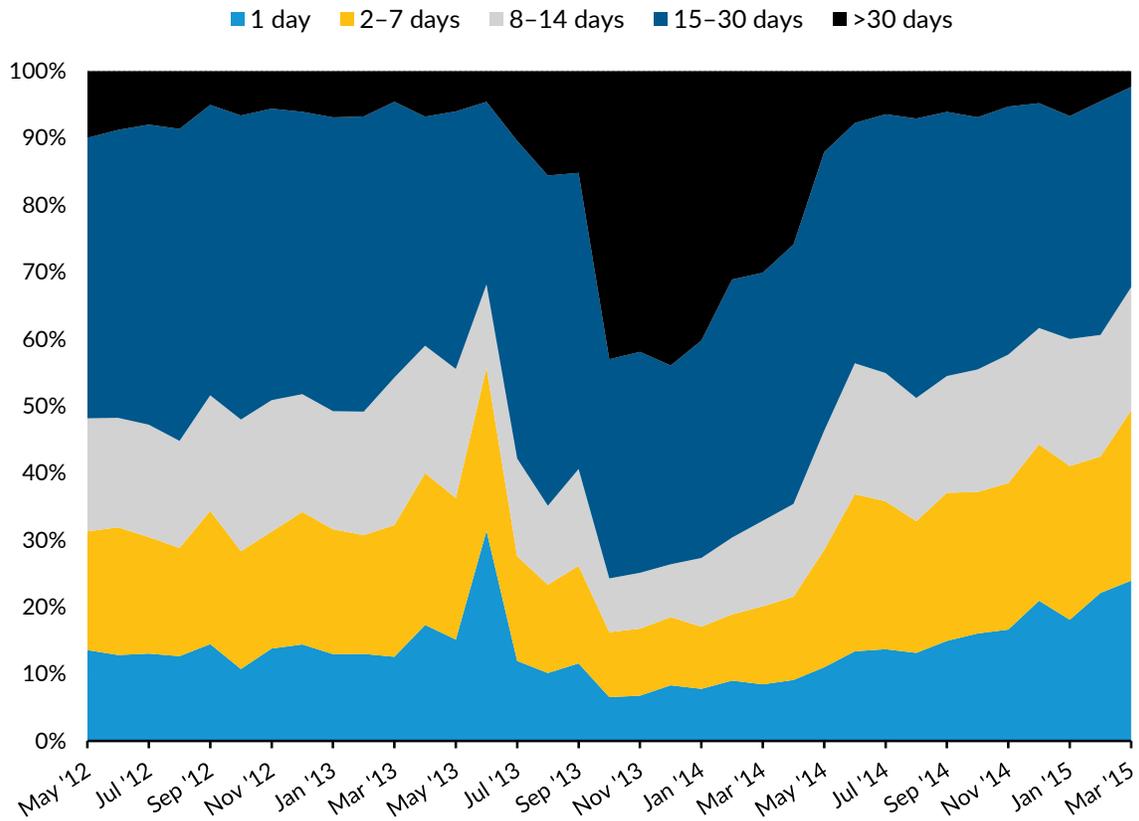
Processing Time for SNAP Applications in South Carolina



Source: Data provided by the South Carolina Department of Social Services.

FIGURE A.8

Processing Time for SNAP Applications in Illinois

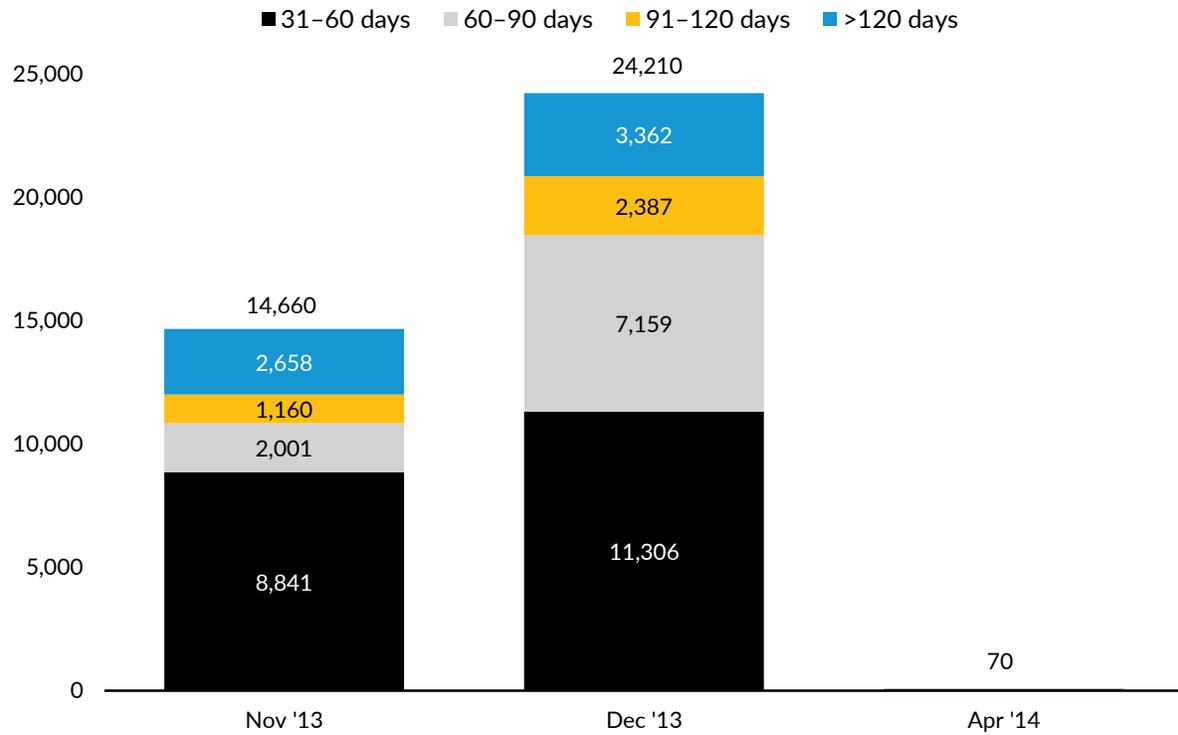


Source: Data provided by Illinois Department of Human Services.

Notes: Estimates for Illinois were calculated by the Urban Institute based on microdata provided by the state. Processing time was calculated using the date of application and the date of disposition by a case worker rather than the date of benefit availability.

FIGURE A.9

SNAP Applications Pending over 30 days in North Carolina

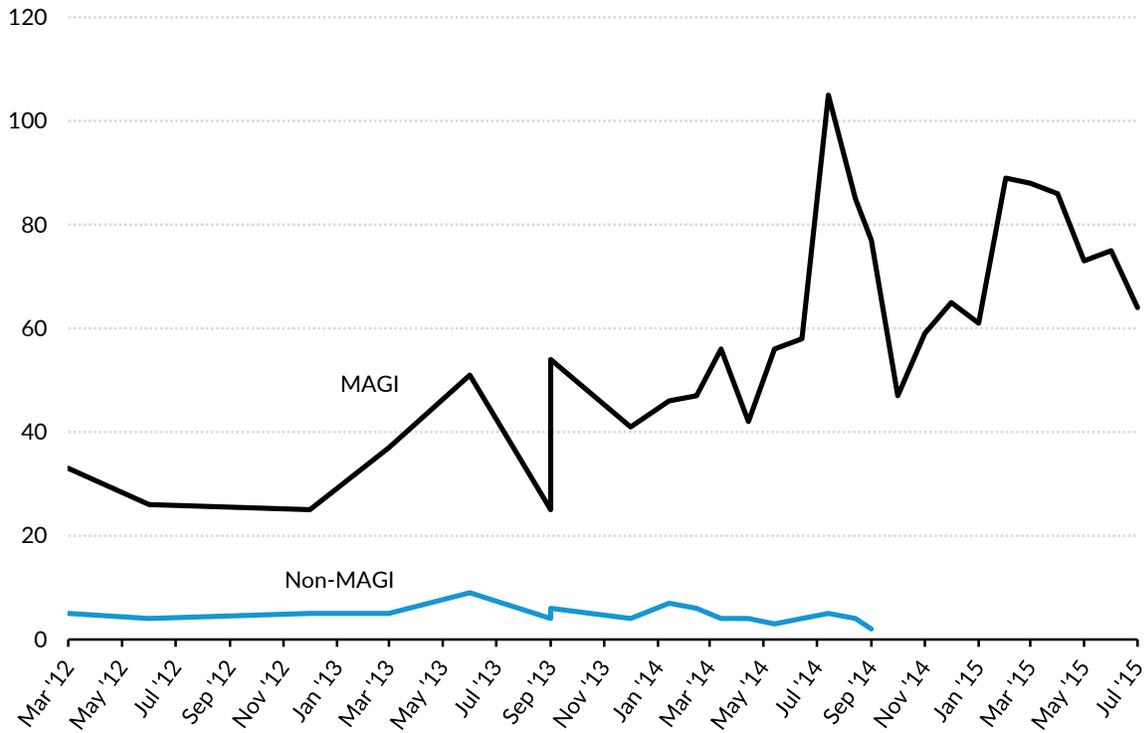


Source: SNAP data obtained from "Document Center," North Carolina Association of County Commissioners, accessed November 7, 2016, <http://www.ncacc.org/DocumentCenter>.

Note: Pending applications are applications waiting in the queue that have been submitted but not processed.

FIGURE A.10

Median Days Needed to Process Medicaid Applications in South Carolina

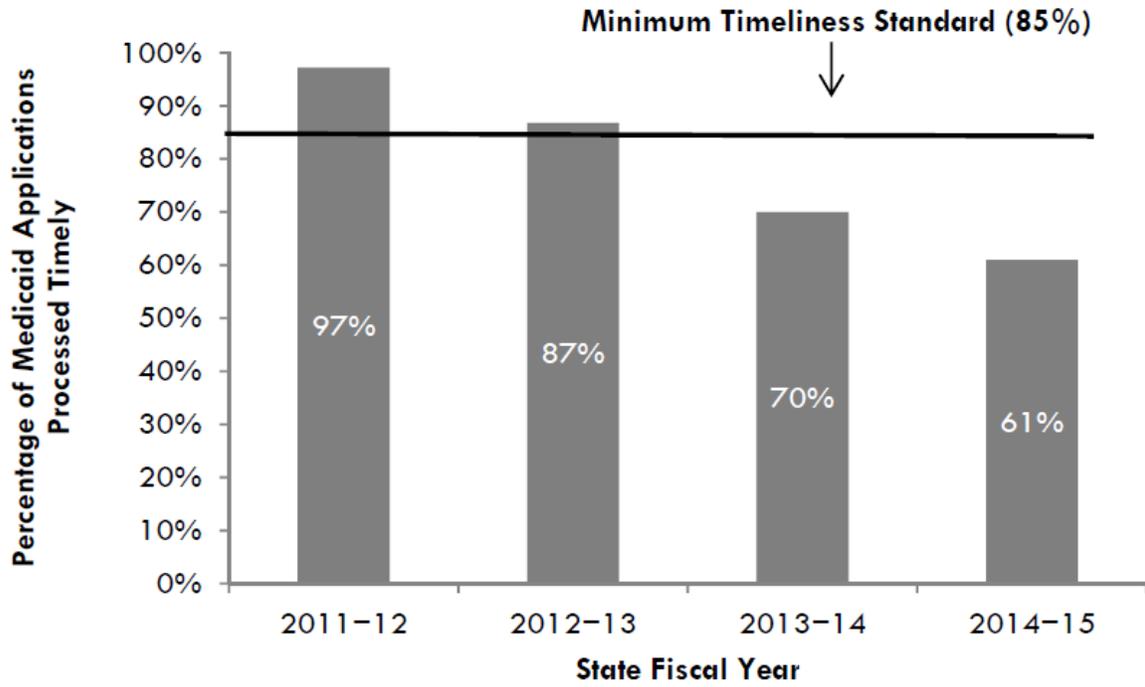


Source: Data provided by the South Carolina Department of Health and Human Services.

Note: MAGI = modified adjusted gross income.

FIGURE A.11

Medicaid Applications Meeting Timeliness Requirements in North Carolina

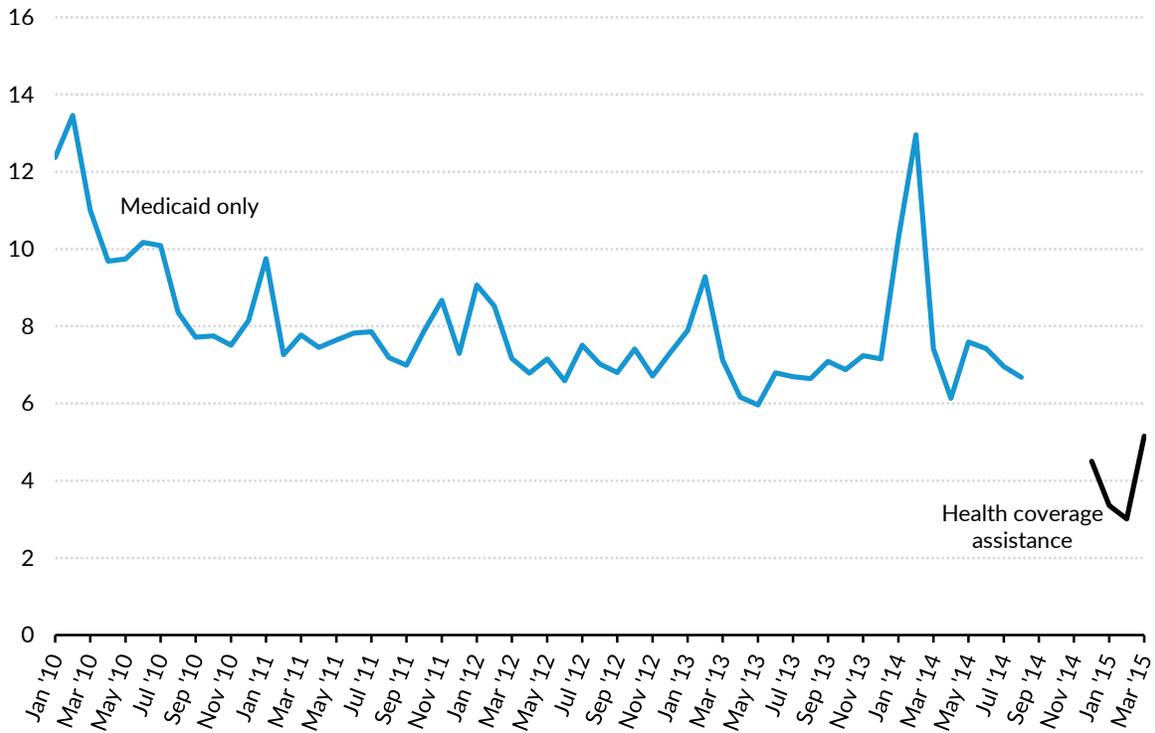


Source: PED (2016).

Notes: Percentage of Medicaid applications processed timely is based on the adjusted percent processed timely for each fiscal year. Fifty-two counties are subject to an 85 percent processed timely standard and 48 counties are subject to the higher 90 percent processed timely standard.

FIGURE A.12

Average Days Needed to Process Medical Assistance Applications in Idaho

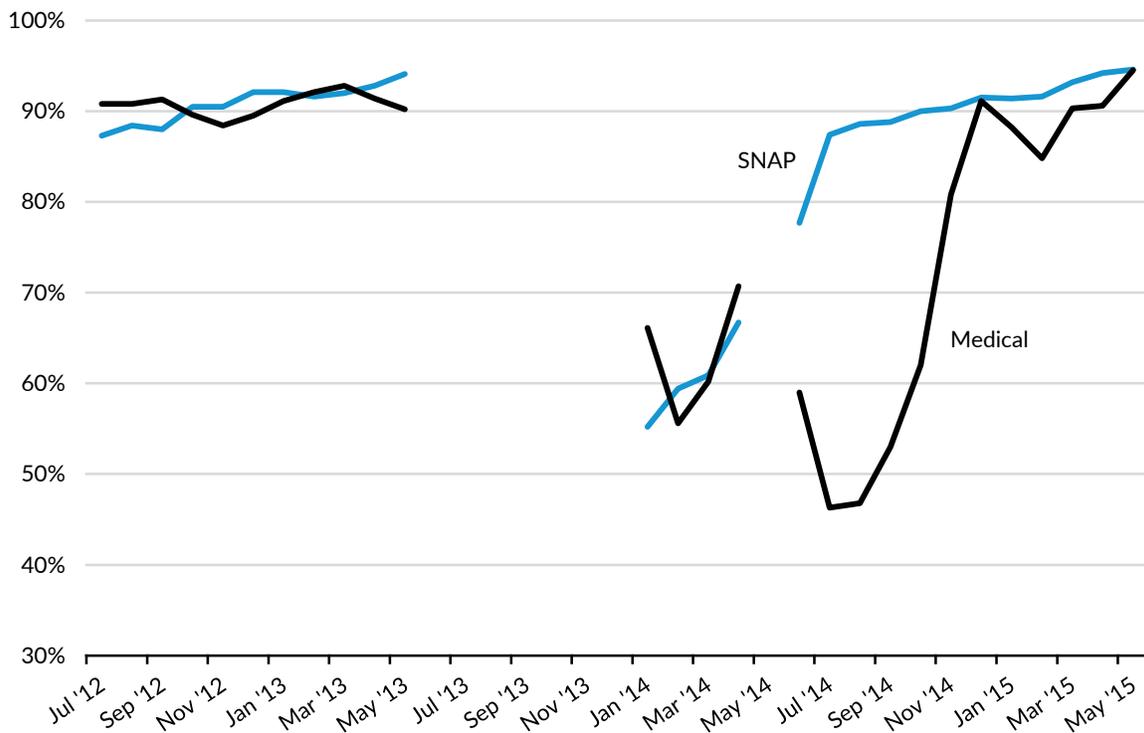


Source: Administrative data provided by the Idaho Department of Health and Welfare.

Notes: Data through August 2014 are for Medicaid applications only. From December 2014 forward, data for health coverage assistance include both Medicaid applications and advanced premium tax credit applications.

FIGURE A.13

SNAP and Medical Applications Meeting Federal Timeliness Requirements in Illinois

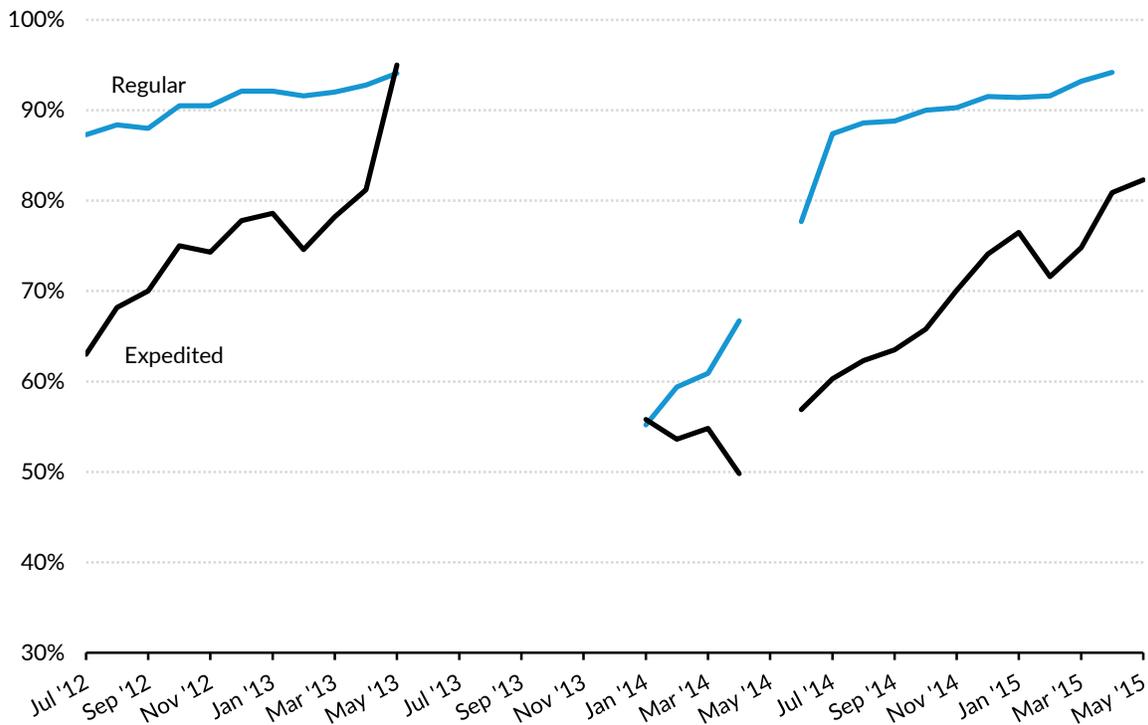


Source: Administrative data provided by the Illinois Department of Human Services.

Notes: Estimates for Illinois were calculated by the Urban Institute based on microdata provided by the state. Processing time was calculated using the date the application was submitted and the date of disposition by a case worker rather than the date of benefit availability. Data are missing for June-November 2013, but other data (see figure 1.8) suggest the sharpest deterioration was in October 2013).

FIGURE A.14

SNAP Applications Meeting Federal Timeliness Requirements in Illinois



Source: Administrative data provided by the Illinois Department of Human Services.

Notes: Estimates for Illinois were calculated by the Urban Institute based on microdata provided by the state. Processing time was calculated using the date of application and the date of disposition by a case worker rather than the date of benefit availability. Data are missing for June–November 2013, but other data (see figure 1.8) suggest the sharpest deterioration was in October 2013.

# Appendix B. Methods

This appendix describes the methods used by the WSS evaluation team to collect and analyze (1) qualitative data during annual site visits to the six states, (2) administrative data submitted by the six states, and (3) data collected through client surveys in three states.

## Qualitative Data

The WSS evaluation team collected qualitative data throughout the five-year initiative. Below, we discuss the different types of data collected and the process used to analyze and synthesize these data into key themes and findings.

Qualitative data mostly came from annual site visits to the six states conducted in spring and summer 2013, 2014, and 2015. (Similar site visits were also made in 2012 to all nine states that received WSS planning grants). Researchers also conducted telephone interviews as needed. During the site visits, a team of two to three researchers visited each state for three or four days, typically spending roughly two days interviewing state agency directors and other key staff, including program directors, policy leads, and WSS project team members, and another day visiting local sites and interviewing county leaders and staff, local supervisors and workers, and representatives from community-based organizations.

Each individual or group interview lasted 60–90 minutes and used semistructured protocols focused on each state's vision and goals for the project, project organization and communication, key activities conducted, challenges faced, and lessons learned. Each year, the evaluation team developed a new protocol incorporating questions about emerging activities and influences along with reflective questions assessing project progress. One interviewer led the interview while another researcher took verbatim notes or recorded the conversation. In total, the project team conducted over 400 interviews.

In addition to these interviews, the WSS evaluation team conducted client focus groups in Idaho and Rhode Island during the final year of the project. Focus groups discussed client experiences with application and redetermination processes, interactions with workers, office wait times and experiences, and office changes. We analyzed the results along with data from the interviews to assess the effects of office changes and the clients' experiences interacting with local offices.

The WSS evaluation team also reviewed numerous quarterly reports, planning documents, and other written materials submitted by the states and obtained through secondary sources. Secondary source documents used included legislation, relevant research and literature, and budget documents.

Along with site visits and document reviews, the WSS evaluation team participated in monthly technical assistance and quarterly leadership calls with WSS team members from each state. The evaluation team took notes on these calls, focusing primarily on updates and information related to the WSS evaluation. The evaluation team also gathered information at a dozen cross-state and intra-state conferences throughout the project.

The WSS evaluation team used NVivo qualitative analysis software to aggregate this information and categorize key themes and findings. At the beginning of the project, the team developed a coding structure that facilitated the grouping of key themes into specific topic areas and used that coding structure to code each document. Throughout the project, we discussed emerging themes and returned to the coding structure to assess any gaps or needs to add, delete, or condense certain topic areas. During the outline, drafting, and writing phase of the project, we relied on queries of NVivo to determine key themes, findings, and relevant quotes for the reports.

## Administrative Data

The WSS evaluation team worked to collect and analyze administrative data provided by the states. All states submitted data aggregated across the state or, in some cases, across counties within the state. Illinois also submitted data on individuals to be analyzed by the evaluation team. We also collected some state-by-state data directly from federal agency reports and websites.

WSS evaluation team members submitted data requests to states that outlined the reports, variables, and frequency of administrative data necessary for analysis. We held bimonthly or quarterly calls with project team members to discuss data challenges, new requests, and updates. In some states, we also participated in WSS state team data meetings.

WSS state officials sent Medicaid, SNAP, child care assistance, and TANF data regularly. The key data elements tracked included timeliness, caseload volume, churn, cost, lobby management and workflow, approvals and denials, and more. In most cases, the reports we requested were already produced by the states, but states sometimes pulled data for new reports. Much of the data were submitted and stored in spreadsheets, but occasionally in other formats as well.

WSS evaluation team members tracked data over time by adding monthly or quarterly updates to existing spreadsheets. By the end of the project, the evaluation team had three to five years of data for each relevant measure and developed tables and graphs to show time trends for states and sometimes counties. The consistency of available data varied widely by state, and some state data had gaps for some measures.

The evaluation team met weekly to discuss state trends, factors that influenced outcomes, and best practices for presenting the data. We checked in with state staff via e-mail or short phone calls when questions arose about the data, especially around inconsistent or surprising patterns. We also drew heavily upon qualitative data to better understand data patterns.

## Client Experience Surveys

The WSS evaluation team conducted client experience surveys in Colorado, Illinois, and South Carolina to assess how changes in these states affected the experiences of clients applying for benefits. (Input from clients in two other states, Idaho and Rhode Island, was collected through focus groups, as described above). We developed these surveys, which focused on SNAP applicants but also asked questions about Medicaid and, in some instances, child care assistance, with help from each state WSS team. While many of the questions were similar, each survey was structured differently based on what changes were being assessed and how we wanted to stratify the sample by types of applicants and geographic regions.

To capture as many clients receiving multiple benefits as possible, the samples consisted entirely of SNAP applicants with children, many of whom are likely to also be eligible for Medicaid. Each state agency provided administrative data with names and contact information for all SNAP applicants (both approved and denied) over a one-month period (six weeks in the case of South Carolina). In all three states, we administered the survey via phone through the University of South Carolina's Survey Research Laboratory at the Institute for Public Service and Policy Research. Surveys generally lasted about 15 minutes, and respondents were given a \$20 gift card as a token of appreciation. Below, we detail the specifics of survey efforts in each state, including sample, timing, stratification, and response rate.

TABLE B.1

Summary of Client Experience Surveys in Colorado, Illinois, and South Carolina

	Colorado			Illinois		South Carolina
	Wave 1 applicants	Wave 1 redetermination	Wave 2 applicants	Wave 1 applicants	Wave 2 applicants	Applicants
Sampling frame	Applied September 2014	Renewed September 2014	Applied September 2015	Applied September 2014	Applied March 2015	Applied May–June 2014
Timing of survey administration	October–December 2014	October–December 2014	November–December 2015	March–April 2015	May–July 2015	October 2014
Stratification	Intensive BPR counties versus other counties			Regular service versus expedited		--
Sample size	608	604	606	504	510	400
Response rate	52.2%	49.2%	43.3%	30.9%	34.4%	51.4%

State-Specific Details for Client Experience Surveys

COLORADO

- ▼ The client experience survey focused on the effects of intensive business process redesign (BPR), especially those related to same-day service.
- ▼ The sample was stratified into two groups based on BPR efforts. The intensive BPR county group included 8 of the 10 largest counties that underwent intensive changes with the assistance of a third-party vendor. These were El Paso, Adams, Larimer, Mesa, Denver, Jefferson, Weld, and Pueblo counties. The other group included 2 of the 10 largest counties, Boulder and Arapahoe, who declined to receive intensive BPR services, and the remaining 54 smaller counties.
- ▼ Wave 1 included applicants applying for SNAP and those renewing SNAP. The sample was split evenly between the two groups and two types of clients (25 percent intensive BPR SNAP applicants, 25 percent intensive BPR SNAP renewals, 25 percent other SNAP applicants, percent other SNAP renewals).
- ▼ Wave 2 only included SNAP applicants, and the sample was split evenly between intensive BPR and other counties.

## ILLINOIS

- ▼ The client experience survey focused on the effects of business process changes, including those related to cold calling expedited clients for interviews rather than waiting for them to call.
- ▼ The sample was stratified based on the type of applicant, regular service versus expedited, with an oversampling of expedited applicants.
- ▼ Wave 1 surveyed 302 expedited applicants and 202 regular applicants.
- ▼ Wave 2 surveyed 303 expedited applicants and 207 regular applicants.

## SOUTH CAROLINA

- ▼ The survey sample was statewide and without stratification. The original plan to conduct a second wave after the rollout of BPR pilots in several counties was abandoned because delays to rollout plans meant there would not be sufficient changes by spring 2015 to justify a second wave.

## ANALYSIS

Data were analyzed using Stata. Illinois responses are weighted to adjust for oversampling of expedited applicants. Sampling weights were calculated using the applicants in the sample and the population of regular and expedited applicants for the month that the sample was drawn. Responses from the other two states are reported unweighted.

Tests for the statistical significance of differences have been performed on select measures, generally those reported as differences in the text. A p-value less than 0.05 was considered statistically significant.

Percentages are rounded to the nearest whole, sometimes resulting in rows and columns that sum to more or less than 100 percent. Response categories of “do not know” or other missing data are generally excluded to simplify the figures.

# Appendix C. Measuring Churn

The churn analysis in chapter 2 focuses on the renewal churn rate, which tracks how many participants facing renewal notices experience a closure followed by a reapplication. As Rosenbaum (2015) notes, this churn measure is particularly useful for measuring churn related to procedural problems at renewal and for diagnosing root causes. Rosenbaum identifies two other basic approaches: “applications from churn,” where one examines the percentage of all applications that come from previously closed cases, and “annual churn rates,” which require 12 months of longitudinal data and calculation of the share of cases experiencing at least one gap during the year. The application from churn measure does not allow for as much diagnostic analysis as the renewal measure, but it may be more intuitive. The annual churn rate reviews what happened in a prior year and so is more useful for research purposes—it was used in Mills and colleagues (2014)—than for tracking churn in real time.

The renewal churn rate can be measured in many different ways and over varying periods of time. For simplicity, our analysis focuses on churn measured after 90 days. In addition to the renewal churn rate, we report on the total number of cases churned relative to the total number of households receiving benefits, a supplemental measure we label “churn incidence.”

A stylized example of how we calculate and present the renewal churn rate and churn incidence is shown in table C.1 (following the example presented in figure 2.1). A similar table is shown for each of the five analyses presented in chapter 2. These tables facilitate exploration of the underlying drivers of change in churn rates, showing whether a reduction in churn rates (line F) is driven by changes in the percentage of cases closing (line D) or in the percentage of closures that reopen (line E). It also shows changes in the percentage of households up for renewal (H) and thus the incidence of churn (line I).

TABLE C.1

**Stylized Table Showing Churn Rate and Churn Incidence**

<b>Case statistics</b>	
A. Renewals due	10,000
B. Closures	4,000
C. Reapply within 90 days	2,600
<b>Renewal churn rate</b>	
D. Percentage of renewals that close	40%
E. Percentage of closures that re-apply within 90 days	65%
F. Renewal churn rate <sup>a</sup>	26%
<b>Churn incidence (relative to caseload)</b>	
G. Active household caseload (monthly averages)	120,000
H. Renewals as percentage of caseload <sup>b</sup>	8.3%
I. Churn incidence, or percentage reapplied relative to caseload <sup>c</sup>	2.2%

**Notes:** <sup>a</sup> Calculated as  $C \div A$  or  $D \times E$ .

<sup>b</sup> Calculated as  $A \div G$ .

<sup>c</sup> Calculated as  $C \div G$  or  $F \times H$ .

## Variants of Renewal Churn Measure

The results presented in chapter 2 are based on the basic measure shown above but with certain variants based on data available from the state.

### OVERALL VERSUS PROCEDURAL CHURN RATE

Although Rhode Island tracks the renewal churn rate as described above, Idaho tracks a variant that focuses on reapplicants among cases closed **for** procedural reasons (e.g., forms not submitted or interviews not completed in time) rather than reapplicants among all cases closed at time of renewal. As shown in table C.2, this “procedural churn rate,” differs from the overall churn rate by ignoring reapplicants from cases closed for eligibility reasons (i.e., the reevaluation was completed and the client was found ineligible). The difference between the two rates is often not large (26 versus 24 percent in the example shown) because the vast majority of closings are for procedural rather than eligibility reasons. (This is true in both states. Note that both states distinguish between closings for procedural versus eligibility reasons, but Rhode Island tracks all reapplicants and Idaho tracks reapplicants only among those closed for procedural reasons).

TABLE C.2

**Stylized Example Showing Difference between Overall Churn Rate and Procedural Churn Rate**

Case statistics	Overall churn rate	Procedural churn rate	
A. Renewals due	10,000	10,000	
<b>Reasons for closure</b>	<b>All</b>	<b>Procedural</b>	<b>Eligibility</b>
B. Closures	4,000	3,600	400
C. Reapply within 90 days	2,600	2,400	Not reported
Renewal churn rate	26%	24%	

Both rates are valid and useful measures of churn. One justification for focusing on procedural churn is that this is the area where the state has more control. But all churn, including churn from eligibility loss, matters to clients. During focus group interviews, clients more often attributed their problems cycling on and off benefits to temporary earnings gains. Such gaps in benefits would show up in the churn data if the reapplication occurred within 90 days. It is not clear why procedural churn was less common among respondents despite occurring more often). It may be that benefits are sometimes reinstated quickly, sometimes retroactively, and so clients are more aware of longer gaps related to eligibility loss than of gaps caused by procedural churn. It also may reflect client frustration with how a small raise can result in a loss of SNAP benefits. As clients explained, “You earn an extra dollar...and you lose all your benefits.”

**ALL REAPPLICANTS VERSUS REAPPLICANTS WHO ARE APPROVED**

Another variant measure is to count only the subset of churn reapplicants **who** are approved (i.e., those who are continuously eligible). Data from both states suggest that high percentages of those who reapply—as high as 95 percent for SNAP—are reinstated, and thus the level of churn is only slightly lower if calculated using reapplicants who are approved instead of all reapplicants. Both measures show similar trends, and so the figures and tables present a single measure: all those who reapply. The one exception is the churn rates for child care assistance in Idaho, where the data most readily available from the state focus on the subset of reapplicants approved for benefits.

**CHURN AT TIME OF RENEWAL VERSUS AT TIME OF INTERIM REPORTING**

A final variant measure concerns the definition of “reevaluations due” for SNAP, which generally has both a full recertification (generally every 6 or 12 months) and an interim reporting requirement (generally at the 6-month point between 12-month recertifications). Rhode Island calculates two separate churn rates: one at recertification and one at the time of the interim report. Idaho, on the other hand, reports a single churn rate combining SNAP closures at time of recertification and interim reports.

# Notes

1. For further resources, see “WSS Resources,” Center for Law and Social Policy, accessed September 6, 2016, <http://www.clasp.org/issues/work-support-strategies/resources> and “Advancing Strategies to Align Programs,” Center for Law and Social Policy, accessed September 6, 2016, <http://www.clasp.org/issues/work-supports/pages/asap>.
2. In addition, highlights of the evaluation are summarized in “Findings from the Work Support Strategies Evaluation: Streamlining Access, Strengthening Families” (Hahn 2016). This brief and other WSS evaluation publications can be found at [www.urban.org/work-support-strategies](http://www.urban.org/work-support-strategies).
3. See Hahn et al. (2016) for more information on how improving business processes helped benefit delivery in WSS states.
4. See Loprest, Gearing, and Kassabian (2016) for more information on technology improvements in WSS states.
5. See Isaacs, Katz, and Kassabian (2016) for more information on policy changes to streamline program access in WSS states. See also USDA (2013) for more information on actions states have taken to improve timeliness in the SNAP program.
6. See figure A.3 in appendix A.
7. See figure A.4 in appendix A.
8. See figures A.5 and A.6 in appendix A.
9. See figure A.9 in appendix A.
10. See Isaacs, Katz, and Kassabian (2016) for more information on how Medicaid caseloads expanded in the six WSS states.
11. See figure A.10 in appendix A.
12. See figure A.11 in appendix A. Note that the state tracks the median number of days rather than the average number of days.
13. See figure A.12 in appendix A.
14. See figure A.13 in appendix A.
15. See “SNAP Program Improvement,” US Department of Agriculture, Food and Nutrition Service, accessed November 3, 2016, <http://www.fns.usda.gov/snap/snap-program-improvement> for reports for fiscal years 2010, 2011, 2012, 2013 and 2014. Data for 2015 were not available at the time of this analysis. As explained in those reports, “A case is considered processed timely if the household has an opportunity to participate within 7 days of the application date for expedited service cases and within 30 days of the application date for regular processing cases. This measure is not a strict measure of regulatory compliance. In some cases, applicant-caused delay (such as missing an interview on an expedited application) may result in the action being coded as untimely although the State agency was in full compliance with program regulations. Cases that are properly pending for the household’s failure to provide verification are excluded from the measure.”
16. See figure A.13 in appendix A.
17. For SNAP, the error rate is the sum of the overpayment error rate (defined as the percentage of benefit dollars issued to ineligible households or to eligible households in excess amounts) and the underpayment error rate (defined as the shortage in payments to eligible households owed higher benefits than they receive). These errors are monitored closely by states and the Food and Nutrition Service.

18. As noted in Rosenbaum (2015), the renewal process has different names in different programs and in different states. These include *recertification* (used in federal SNAP regulations), *redetermination* (often used in child care and Medicaid programs), *renewal* (also used in Medicaid programs), and *reevaluation*. This report uses all four terms interchangeably.
19. Colorado is the only state where the WSS evaluation team conducted a survey of SNAP clients receiving renewal notices; surveys in other states were limited to SNAP applicants only.
20. See Wagner and Hoguelet (2016) for more information about the redetermination policies for SNAP and Medicaid under ACA, opportunities for states to coordinate Medicaid and SNAP renewals, and the benefits of aligning renewal processes.
21. See Isaacs, Katz, and Kassabian (2016) for more information.
22. Multivariate regression analysis suggested that the probability of continuous Medicaid coverage for a 15-month period for children in Alabama and Louisiana was 2 to 4 percentage points higher in the post-ELE period compared to the pre-ELE period. The effects on churn were weaker and only statistically significant in Alabama. There were not sufficient data to study the effects of churn in South Carolina (Hoag et al. 2013, Table IV.6).
23. Authors' analysis of lobby transaction data extracted from Pathos, the lobby management software used in Rhode Island.
24. Information on client wait times and other experiences were collected from a survey in South Carolina, but at only one time point. Plans to conduct a follow-up survey after implementation of business process changes were cancelled because the changes did not roll out statewide before the end of the WSS initiative.
25. We omitted the first month of rollout in each office to reduce the danger that our time trend would be overly influenced by longer wait times during the transition to a new system.
26. Lobby management data from Greenville and Anderson counties were limited to data from after business process redesign and did not lend themselves to analysis over time because both the piloted activities and the methods of collecting data evolved over time.
27. Illinois introduced the Application for Benefit Eligibility online system in October 2013.
28. This measure counts calls where the agency contacted the client and conducted an interview during the first phone call.
29. Note that these averages combine all types of lobby and nonlobby transactions, including applications, renewals, and change requests.
30. Certification costs represent about half of all SNAP administrative costs. Other major costs include issuance, automated data processing development and operations, and fraud control. See USDA (2014). We conducted the same analysis for all SNAP administrative costs and found similar results.
31. We chose to examine SNAP administrative costs rather than Medicaid administrative costs because (1) data were more readily available and are broken down into certification costs and other costs and (2) changes introduced by the ACA had a large effect on Medicaid administration.
32. These two states were selected because they expressed an interest in reducing costs (Idaho wanted to minimize overall administrative costs and Rhode Island wanted to reduce overtime costs) and because budgetary data collection was easier than in state-county administered states (Colorado and North Carolina) or South Carolina, where two different agencies administer Medicaid and SNAP. In hindsight, it would have been useful to collect similar data from Illinois to determine if the observed decline in SNAP administrative costs applied to other programs.

33. These costs are estimated as one-time costs per application or recertification and cannot be compared to the certification cost per case per month in table 4.2. Costs per instance of churn in other states ranged from \$24 in Florida to \$137 in Virginia (if one assumes a 2:1 cost ratio of new applications and recertifications).
34. The government cost of benefits would be borne by the federal government, whereas administrative savings would be split 50/50 between the federal and state government, according to the financing structure of the SNAP program.
35. These estimates do not include the time that applicants spend completing the application and doing an in-person or telephone interview with a worker and so do not reflect the total time burden of applying for SNAP. Estimates only represent the time and transportation expense burden, which are the costs most affected by the changes discussed here.
36. For further resources, see “WSS Resources,” Center for Law and Social Policy, accessed September 6, 2016, <http://www.clasp.org/issues/work-support-strategies/resources> and “Advancing Strategies to Align Programs,” Center for Law and Social Policy, accessed September 6, 2016, <http://www.clasp.org/issues/work-supports/pages/asap>.

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