







June 2002

Re-engineering the Welfare System— A Study of Administrative Changes to the Food Stamp Program

State Data Collection Instrument

By Health Systems Research, Inc., and The Urban Institute

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Abstract

All States in a recent study undertook at least one "re-engineering" activity in their Food Stamp Programs (FSPs) as a result of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA). In addition, 35 States implemented changes in 3 or more re-engineering categories, while 24 States planned changes for fiscal year (FY) 2000 in 2 or more categories. PRWORA dramatically changed the systems that provide cash assistance and food stamps to low-income Americans. Along with mandatory changes in food stamp eligibility, States were given greater flexibility to administer their programs to meet their unique needs. While States had begun changing the way program services were delivered before passage of welfare reform legislation, PRWORA provided additional opportunities for them to "re-engineer" FSPs. The purpose of the study was to examine State-level administrative changes to FSPs as a result of PRWORA, both those made before FY 2000 and those planned for FY 2000. This report provides the State data collection instrument. For the results of the study, see *Re-engineering the Welfare System—A Study of Administrative Changes to the Food Stamp Program: Final Report, FANRR-17*. The report is available online at http://www.ers.usda.gov/publications/fanrr17.

This report was prepared by Health Systems Research, Inc., and The Urban Institute, under a research contract from the Economic Research Service. The views expressed are those of Health Systems Research and The Urban Institute and not necessarily those of ERS or USDA.

TELEPHONE SURVEY FOR STATE FOOD STAMP OFFICIALS

COMPLETE DURING DATA ABSTRACTION PROCESS:

STATE:			
NAME OF DATA ABSTRACTOR:			
Name of State contact who forwarded documents:_			
Title:			
Agency:			
Phone Number:			
DATE DOCUMENTS RECEIVED: MONTH	_ DAY	1999/2000 YEAR (Circle)	
LIST OF DOCUMENTS RECEIVED:			
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			
/			

COMPLETE DURING FOLLOW-UP TELEPHONE SURVEY:

STATE:	
NAME OF INTERVIEWER:	
RESPONDENT 1:	
Name:	
Title:	
Agency:	
Phone Number:	
RESPONDENT 2 (If applicable):	
Name:	
Title:	
Agency:	
Phone Number:	
DATE OF INTERVIEW:	2000 YEAR
TIME INTERVIEW BEGAN: :	AM01 PM02

Hello [NAME OF RESPONDENT]. My name is [INTERVIEWER'S NAME] and I'm with Health Systems Research in Washington D.C. I'd like to thank you for speaking with me about the administrative changes your State has made to its food stamp program in response to welfare reform.

Please be aware that according to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0536-0050. The time required for each State to complete this information collection is estimated to average 50 minutes for both respondents. Participation in this information collection is voluntary; however, your cooperation is greatly appreciated and is essential to constructing an accurate profile of actual and planned administrative changes in State Food Stamp Programs.

We are conducting this interview for the Economic Research Service of the U.S. Department of Agriculture to assess administrative changes States have or will be making to their Food Stamp Programs. We have categorized relevant changes into six groups of questions. We do not expect States to have conducted changes in all six areas, but want to ensure that we do allow the changes States have made to be appropriately captured. Please note that we are interested in changes that were made in response to Personal Responsibility and Work Opportunity Reconciliation Act enacted in August of 1996. The results of this interview will be utilized in a report for the Economic Research Service.

Do you have any questions before we begin?

ANSWERS TO COMMONLY-ASKED QUESTIONS

What is this survey about?

This survey is being carried out by Health Systems Research (HSR) for the U.S. Department of Agriculture. We are conducting telephone interviews with State food stamp directors to collect descriptive information about administrative changes States have made to their Food Stamp Program as a result of welfare reform. We are also interested in administrative changes States are making to their Food Stamp Programs in Federal Fiscal Year 2000.

How will the survey results be used?

The data collected through this survey will be used to assess administrative changes States have made to their Food Stamp Programs. The results will be included in a report to the Economic Research Service (ERS) of the USDA.

Why do you have to do a survey to get this information? Isn't this information already available in our Food Stamp State plans?

This survey is designed to provide more detailed descriptive information than is available from the State plans. From our experience working with States, we also recognize that administrative changes to the Food Stamp Program can occur throughout the year. We want to capture any changes that will be implemented in Federal Fiscal Year 2000 which may not have been noted in the State plans.

If I don't know the answers to some of your questions, can we refer you to someone else?

If at any point during the interview you determine that I need to speak to someone else in your office to obtain an answer to a specific question, please let me know at that time. I will get the name of the other person from you and schedule a follow-up short interview after we have completed the survey.

How long will this survey take?

This survey should take approximately one hour.

How will you present the information collected in the study?

The information we collect during this interview will be analyzed and presented in a report on administrative changes States have made to their food stamp programs for the Economic Research Service. The report will be issued by the ERS.

When can I get a copy of the report?

HSR will complete the final report for ERS by August 2000. We anticipate that the report will be released soon after.

A. CHANGES IN ORGANIZATIONAL STRUCTURES

The fir	est set of question examines changes to organizational structures.
A1.	Is your Food Stamp Program (FSP) located within a single State agency?
	NO. In which agencies are functions of the FSP located?00
	YES. What is the name of the agency?
A2.	As a result of welfare reform, did [STATE] make any organizational changes that affected the agency (or agencies) that house the Food Stamp Program?
	NO
	YES01
A3.	Did the organizational change(s) affect the operation of the Food Stamp Program?
	NO
	YES01

(SKIP TO A4a DURING INTERVIEW)

4.	WHAT WERE THE GOALS OF THE ORGANIZATIONAL CHANGE(S)? <u>Circle all that apply:</u>
	INCREASE RESPONSIBILITIES OF THE AGENCY (OR AGENCIES)01 THAT HOUSES THE FSP
	DECREASE RESPONSIBILITIES OF THE AGENCY (OR AGENCIES) 02 THAT HOUSES THE FSP
	INCREASE THE SIZE OF THE STAFF OPERATING THE FSP
	REDUCE THE SIZE OF THE STAFF OPERATING THE FSP
	CONSOLIDATE FUNCTIONS PREVIOUSLY PERFORMED BY05 SEPARATE DEPARTMENTS AS A RESULT OF POLICY CHANGES
	RE-STRUCTURE REPORTING RELATIONSHIPS WITHIN OR
	CONTRACT OUT FUNCTIONS PREVIOUSLY PERFORMED
	REDUCE COSTS
	INCREASE PROGRAM EFFICIENCIES
	IMPROVE COORDINATION BETWEEN THE FSP AND TANF
	OTHER (Describe)

	TATE] transfer functions or organizational units from the food star organizational entity or contract out services to a private group?	np agency
NO	00	GO TO
YES (F	Please describe functions and/or organizational units) 01	
	e organizational changes involve transferring functions from the Sta	ate level to
	or regional office OR from the regional or county level to a more l	
county	or regional office OR from the regional or county level to a more l	
county	or regional office OR from the regional or county level to a more l	localized l
NO YES	or regional office OR from the regional or county level to a more I	localized l
NO YES Were p	or regional office OR from the regional or county level to a more I	localized l
NO YES Were p	or regional office OR from the regional or county level to a more I	O TO A8

	A7b.	From regional offices to county or local offices?
		NO00
		YES01
	A7c.	Between any other organizational levels?
		NO00
		YES (Describe)
A8.		e food stamp agency absorb organizational units or functions previously istered in another agency?
	NO	00
	YES.	01
A9.	_	STATE] eliminate functions or organizational units that were no longer necessary in od stamp agency?
	NO	00
	YES.	01
A10.		STATE] create new functions or organizational units in the food stamp agency that it exist previously?
	NO	00
	YES.	01

	e State make any other organizational changes to the food stamp ag
NO	
YES (l	Describe)
Did the	e organizational change(s) require the approval of:
A12a.	The Governor's office?
	NO
	YES01
A12b.	The Full State legislature?
	NO00
	YES01
A12c.	A Legislative committee?
	NO00
	YES01
A12d.	A Department or Agency Head?
	NO00
	YES01
A12e.	A Labor union(s) or State Employee Organization(s)?
	NO
	YES01

	A12f. A State Personnel Board or Civil Service Agency?		
	NO00		
	YES01		
	A12g. A Federal Agency?		
	NO		
	YES01		
A13.	Did the organizational change(s) lead to changes in State government job classifications?		
	NO		
	YES01		
A14.	How many classifications were affected by the change(s)?		
A15.	How many employees were affected?		
A16.	When were the organizational change(s) implemented? (List month/year):		
A17.	What was the cost of implementing the organizational change(s)?		
A18.	Did the changes require amending [STATE's] Food Stamp plan of operation submitted to USDA?		
	NO		
	YES01		
A19.	Were positions eliminated as a part of the change(s)?		
	NO		

A20.	How many positions were eliminated?
A21.	Were additional positions created because of the change(s)?
	NO
	YES01
A22.	How many new positions were created?
A23.	Is [STATE] implementing any organizational changes in Federal Fiscal Year (FY) 2000 that will affect the agency (or agencies) that house the Food Stamp Program as a result of welfare reform?
	NO
	YES01
A24.	Will the organizational change(s) affect the operation of the Food Stamp Program?
	NO
	YES01
(SKII	P TO A25a DURING INTERVIEW)

ő.	WHAT ARE THE GOALS OF THE ORGANIZATIONAL CHANGE(S)? <u>Circle all that apply:</u>
	INCREASE RESPONSIBILITIES OF THE AGENCY (OR AGENCIES)01 THAT HOUSES THE FSP
	DECREASE RESPONSIBILITIES OF THE AGENCY (OR AGENCIES) 02 THAT HOUSES THE FSP
	INCREASE THE SIZE OF THE STAFF OPERATING THE FSP
	REDUCE THE SIZE OF THE STAFF OPERATING THE FSP
	CONSOLIDATE FUNCTIONS PREVIOUSLY PERFORMED BY 05 SEPARATE DEPARTMENTS AS A RESULT OF POLICY CHANGES
	RE-STRUCTURE REPORTING RELATIONSHIPS WITHIN OR
	CONTRACT OUT FUNCTIONS PREVIOUSLY PERFORMED
	REDUCE COSTS
	INCREASE PROGRAM EFFICIENCIES
	IMPROVE COORDINATION BETWEEN THE FSP AND TANF
	OTHER (Describe)

Will [STATE] transfer functions or organizational units from the food stamp agend another organizational entity or contract out services to a private group?
NO
YES (Please describe functions and/or organizational units)01
Do the planned organizational changes involve transferring functions from the State
Do the planned organizational changes involve <u>transferring functions from the State to a county or regional office</u> OR <u>from the regional or county level to a more local level?</u>
Do the planned organizational changes involve <u>transferring functions from the State</u> to a county or regional office OR <u>from the regional or county level to a more local</u>
Do the planned organizational changes involve <u>transferring functions from the Statesta a county or regional office</u> OR <u>from the regional or county level to a more local level?</u>
Do the planned organizational changes involve <u>transferring functions from the Statesta a county or regional office</u> OR <u>from the regional or county level to a more local level?</u> NO
Do the planned organizational changes involve <u>transferring functions from the State to a county or regional office</u> OR <u>from the regional or county level to a more local level?</u> NO
Do the planned organizational changes involve transferring functions from the State to a county or regional office OR from the regional or county level to a more local level? NO

	A28b.	From regional offices to county or local offices?
		NO00
		YES01
	A28c.	Between any other organizational levels?
		NO00
		YES (Describe)
A29.		ne food stamp agency absorb organizational units or functions previously istered in another agency?
	NO	
	YES	01
A30.	_	STATE] eliminate functions or organizational units that are no longer necessary in od stamp agency?
	NO	00
	YES	01
A31.		STATE] create new functions or organizational units in the food stamp agency that t exist previously?
	NO	00
	YES	01

Is [STATE] making any other organizational changes to the food stamp a	
NO	
YES (Describe)
Do the	e organizational change(s) that will be implemented in FY 2000 requival of:
A33a.	The Governor's office?
	NO00
	YES01
A33b.	The Full State legislature?
	NO
A33c.	YES
	NO00
	YES01
A33d.	A Department or Agency Head?
	NO
	YES01
A33e.	A Labor union(s) or State Employee Organization(s)?
	NO00
	YES 01

	A33f. A State Personnel Board or Civil Service Agency?
	NO00
	YES01
	A33g. A Federal Agency?
	NO00
	YES01
A34.	Has approval been obtained for the change(s)? <u>Circle all the apply:</u>
	YES, ALL APPROVALS HAVE BEEN OBTAINED
	SOME APPROVALS HAVE BEEN OBTAINED
	REQUESTS FOR ALL APPROVALS HAVE BEEN SUBMITTED, BUT NOT YET APPROVED
	REQUESTS FOR SOME APPROVALS HAVE BEEN SUBMITTED, BUT NOT YET APPROVED
	REQUESTS FOR ALL APPROVALS HAVE NOT LEFT THE FOOD STAMP AGENCY
	REQUESTS FOR SOME APPROVALS HAVE NOT LEFT THE FOOD STAMP AGENCY
A35.	Will the planned organizational change(s) lead to changes in State government job classifications?
	NO
A36.	How many classifications will be affected by the change(s)?
A37.	How many employees will be affected?

A38.	When will the organizational change(s) be implemented? List month/year:
A39.	What is the estimated cost of implementing the organizational change(s)?
A40.	Do the changes require amending the [STATE's] Food Stamp plan of operation submitted to USDA?
	NO
A41.	YES
	NO
A42.	How many positions will be eliminated?
A43.	Are additional positions being created?
	NO
A44.	How many positions are being created?

B. CHANGES IN THE ROLE OF THE CASE WORKER

Now I am going to ask you about changes in the role of case workers that resulted from welfare reform. For our purposes, the term "case worker" includes any staff that determines eligibility, conducts ongoing eligibility, or provides case management for food stamp recipients. Since food stamp clients may receive these services from several different workers (one person might conduct intake and another case management), these questions may refer to more than one worker.

B1.	Did [STATE] require or recommend any changes that altered the responsibilities of case workers who serve food stamp clients as a result of welfare reform?
	NO
(SKIP	TO B2a DURING THE INTERVIEW)
B2.	WHAT WERE THE GOALS OF THE CHANGE(S)? <u>Circle all that apply:</u>
	INCREASE EFFICIENCY IN THE OPERATION OF THE FSP
	INCREASE COORDINATION BETWEEN FSP AND TANF PROGRAM02
	INCREASE COORDINATION BETWEEN FSP AND OTHER SOCIAL 03 SERVICE PROGRAM
	REDUCE FRAGMENTATION IN THE PROVISION OF SERVICES 04
	STREAMLINE THE CERTIFICATION PROCESS
	INCREASE PROGRAM ACCOUNTABILITY
	OTHER (Describe)

	d case workers assume job functions that were previously performed by anoth ency?
NO	D00
YE	ES01
	d case workers assume job functions that were previously performed within thamp Agency, but by workers with different job classifications?
NO	D00
ΥE	ES01
Di	d [STATE] require or recommend any other changes in the role of caseworker
NC	D00
ΥE	ES (Describe)

B6.		any of the changes to the role of caseworkers the result of efforts to combine food activities with activities previously performed by caseworkers for:
	B6a.	The TANF program?
		NO
		YES01
	B6b.	The Medicaid program?
		NO
		YES01
	В6с.	An employment security or training program?
		NO
		YES01
	B6d.	Another social service or health program?
		NO
		YES01
B7. Did [STATE] decrease caseworker responsibilities as a result of e functions?		STATE] decrease caseworker responsibilities as a result of eliminating programs or ons?
	NO	00
	YES.	01
B8.	Did th	ne changes to the role of case workers increase or decrease their workload?
	DECF	REASE
	INCR	EASE
	NO C	HANGE

B6.

Y	TES (How?)
_	
_	
— Н	Ias the working relationship between caseworkers and clients changed due
	rogram policies and/or structures?
N	IO
Y	ES (Describe changes (in type/structure/emphasis of relationship) 01
_	
D	oid job descriptions for case workers change?
N	IO00
Y	TES (Describe)

NO	
YES (Describe)
Did th	e changes in the role of caseworkers require any of the following a
B13a.	Civil service board or State personnel agency?
	NO00
	YES01
B13b.	Governor's office?
	NO00
	YES01
B13c.	State legislature?
В13с.	
В13с.	NO

B13	3e. Another source?	
NO)	00
YE	S (Describe))1
. Were cases	workers involved in the planning and/or implementation of th	e changes?
		GO TO B16
. Please desc	cribe how the case workers were involved:	
		-
		-
		-
		-
When were	e the changes implemented? (List month/year):	. _
What was	the estimated cost of the change(s)?	
Has the cha	ange(s) in caseworker responsibility resulted in:	
A decrease	e in the number of caseworkers who handle food stamp cases?	00
An increas	e in the number of caseworkers who handle food stamp cases	? 01
No change	in the number of caseworkers who handle food stamp cases?	02

B19. Have changes made to the role of caseworkers required additional	l training
NO)
YES (Describe)	1
	_
Have changes made to the role of caseworkers resulted in changes in the experience requirements for newly hired caseworkers?	- educatio
NO)
YES (Describe)	1
Has the State Agency developed a plan to evaluate the change(s)?	-
NO	GO TO
YES (Describe)	
	_
	_
	_
When will the evaluation take place? (List month/year):	

	B23. Is [STATE] implementing any changes in Federal FY 2000 that will alter the responsibilities of case workers who serve food stamp clients?
	NO
	YES01
(SKIP	TO B24a DURING THE INTERVIEW)
B24.	WHAT ARE THE GOALS OF THE CHANGE(S)? Circle all that apply:
	INCREASE EFFICIENCY IN THE OPERATION OF THE FSP
	INCREASE COORDINATION BETWEEN FSP AND TANF PROGRAM02
	INCREASE COORDINATION BETWEEN FSP AND OTHER SOCIAL 03 SERVICE PROGRAM
	REDUCE FRAGMENTATION IN THE PROVISION OF SERVICES 04
	STREAMLINE THE CERTIFICATION PROCESS
	INCREASE PROGRAM ACCOUNTABILITY
	OTHER (Describe)
B24a.	What are the goals of the change(s)?

		Will case workers assume job functions that were previously performed by er State agency?
	NO	
	YES.	01
B26.		ase workers assume job functions that were previously performed within the Food Agency, but by workers with different job classifications?
	NO	00
	YES.	01
B27.	Will [S	STATE] require or recommend any other changes to the role of caseworkers?
	NO	00
	YES (Describe)
B28.		ny of the changes to the role of caseworkers be the result of efforts to combine food activities with activities previously performed by caseworkers for:
	B28a.	The TANF program?
		NO00
		YES01
	B28b.	The Medicaid program?
		NO00
		YES01

	B28c. An employment security or training program?	
	NO00	
	YES01	
	B28d. Another social service or health program?	
	NO00	
	YES01	
B29.	Will [STATE] decrease caseworker responsibilities by eliminating programs of functions?	r
	NO	
	YES01	
B30.	Will the changes to the role of the case workers increase or decrease their work	doad'
	DECREASE	
	INCREASE	
	NO CHANGE	
B31.	Will the changes to the role of caseworkers vary between rural and urban areas	?
	NO	
	YES (Describe)	

	B32. Will the working relationship between caseworkers and clients change due to program policies and structures?
	NO00
	YES (Describe (in type/structure/emphasis of relationship) 01
333.	Will job descriptions for case workers change?
	NO
	YES (Describe)
•	Will any job categories be reclassified or retired as a result of the change(s)?
	NO
	YES (Describe)
	Will changes in the role of caseworkers require any of the following approvals:

B35a.	Civil service board or State personnel agency?
	NO00
	YES01
B35b.	Governor's office?
	NO00
	YES01
В35с.	State legislature?
	NO00
	YES01
B35d.	Labor unions or State employee agency?
	NO00
	YES01
B35e.	Another source?
	NO
	YES (Describe)

B36.	Were caseworkers involved in the planning of the change(s)?	
	NO	
	YES (Describe)	
В37.	When will the change(s) be implemented? (List month/year):	
B38.	B. What is the estimated cost of the change(s)?	
B39.	Will the change(s) in caseworker responsibility resulted in:	
	A decrease in the number of caseworkers who handle food stamp cases?00	
	An increase in the number of caseworkers who handle food stamp cases? 01	
	No change in the number of caseworkers who handle food stamp cases? 02	
B40.	Will the planned change(s) to the role of caseworkers require additional training?	
	NO	
	YES (Describe)	

B41.	Will the planned change(s) to the role of caseworkers result in changes in or experience requirements for newly hired caseworkers?	the education
	NO	
	YES (Describe)	
B42.	Does [STATE] plan to evaluate the change(s)?	
	NO00	GO TO C1
	YES (Describe)	
B43.	When will the evaluation take place? (List month/year):	

C. PROGRAM ACCESSIBILITY AND CHANGES IN CERTIFICATION SYSTEMS

Now I am going to ask you about changes that you may have made as a result of welfare reform to increase accessibility to the Food Stamp Program.

C1.	Did [STATE] make any changes to improve accessibility to the Food Stamp Program as a result of welfare reform? Such changes can include providing clients with additional services or increasing awareness of the FSP.
	NO
C2.	Did the changes include providing child care at food stamp offices?
	NO00
	YES01
C3.	Did the changes include improving transportation between residential areas and food stamp sites?
	NO00
	YES01
C4.	Did the changes include establishing satellite offices to take food stamp applications and provide food stamp recertification?
	NO
	YES
C5.	Did the changes include establishing satellite offices that only take food stamp applications?
	NO
	YES01
	C6. Did the changes include outstationing food stamp workers at other agencies?
	NO
	YES 01

a

	C7. Did the changes include providing weekend and/or evening hours'	?
	NO	GO TO C9
	YES01	
C8.	Do expanded hours include:	
	Weekend hours?	
	Evening hours?01	
	Both?02	
C9.	Were there any other changes to improve program accessibility?	
	NO	
	YES (Describe)	
C10.	Did changes to promote accessibility vary in rural and urban areas?	
	NO	
	YES (Describe)	

C11.	Is [STATE] using any "private partners" to assist clients who apply for food stamps?
	NO
	YES (Describe)
C12.	Since welfare reform, has [STATE] created any new outreach efforts to increase awareness of the Food Stamp program?
	NO
	YES01
C13.	Do the methods of outreach include:
	C13a. Public service announcements or notices on television or radio?
	NO00
	YES01
	C13b. Print advertisements on public transportation?
	NO00
	YES01
	C13c. Referrals from other means tested programs or social services?
	NO00
	YES01

	C13d.	Other methods?
		NO00
		YES (Describe)
C14.	Were	specific populations targeted for these outreach efforts?
	NO	
	YES.	01
C15.	Did th	e targeted populations include:
	C15a.	Parents of young children?
		NO00
		YES01
	C15b.	ABAWDs?
		NO00
		YES01
	C15c.	The working poor?
		NO00
		YES01
	C15d.	The elderly?
		NO00
		VES 01

YES. 01 C15f. Former TANF recipients? 00 NO. 00 YES. 01 C15g. Another population? 00 NO. 00	C15e.	The disabled?
C15f. Former TANF recipients? NO		NO00
NO		YES01
YES	C15f.	Former TANF recipients?
C15g. Another population? NO		NO00
NO		YES01
YES (Describe)	C15g.	Another population?
Do outreach efforts vary between urban and rural areas of the State? NO		NO00
NO		YES (Describe)
	Do ou	treach efforts vary between urban and rural areas of the State?
YES (Describe)	NO	00
	YES (Describe)

C17.	Is [STATE] implementing any additional changes to improve accessibility to the Food Stamp Program in Federal FY 2000? Such changes can include providing clients with additional services or increasing awareness of the FSP.
	NO
	YES (Describe)
C18.	Will the changes include providing child care at food stamp offices?
	NO
	YES01
C19.	Will the changes include providing improved transportation between residential areas and food stamp sites?
	NO
	YES01
C20.	Will the changes include establishing satellite offices to take food stamp applications and provide food stamp recertification?
	NO
	YES
C21.	Will the changes include establishing satellite offices that only take food stamp applications?
	NO
	YES01

C22.	Will the changes include outstationing food stamp workers at other agencies?
	NO
	YES01
C23.	Will the changes include providing weekend and/or evening hours?
	NO
	YES01
C24.	Will the expanded hours include:
	Weekend hours?
	Evening hours?
	Both?02
C25.	Is the State implementing any other changes to promote program accessibility?
	NO
	YES (Describe)

Will efforts to promote accessibility vary in rural and urban areas?	
NO	
YES (Describe)	
Is [STATE] planning to use any "private partners" to assist clients who apply for stamps?	fo
NO	
YES (Describe)	
Is [STATE] implementing any new outreach efforts in Federal FY 2000 to increase awareness of the Food Stamp program?	se
NO	С3
YES01	
Do methods of outreach include:	
C29a. Public service announcements or notices on television or radio?	
NO00	
YES01	

	C29b.	Print advertisements on public transportation?
		NO
		YES01
	C29c.	Referrals from other means tested programs or social services?
		NO00
		YES01
	C29d.	Other methods?
		NO00
		YES (Describe)
C30.	Will s	pecific populations be targeted for these outreach efforts?
	NO	
	YES.	01
C31.	Will tl	he targeted populations include:
	C31a.	Parents of young children?
		NO00
		YES01
	C31b.	ABAWDs?
		NO00
		YES01
	C31c.	The working poor?
		NO00
		YES01

YES	C31d.	The elderly?
C31e. The disabled? 00 NO. 00 YES. 01 C31f. Former TANF recipients? 00 YES. 01 C31g. Another population? 00 YES (Describe) 0 YES (Describe) 0 Will these outreach efforts vary between urban and rural areas of the Start NO. 00		NO00
NO. 00 YES. 01 C31f. Former TANF recipients? 00 NO. 00 YES. 01 C31g. Another population? 00 NO. 00 YES (Describe) 0 Will these outreach efforts vary between urban and rural areas of the States 00 NO. 00		YES01
YES	C31e.	The disabled?
C31f. Former TANF recipients? NO		NO00
NO		YES01
YES	C31f.	Former TANF recipients?
C31g. Another population? NO		NO00
NO		YES01
YES (Describe)	C31g.	Another population?
Will these outreach efforts vary between urban and rural areas of the Star NO		NO00
NO		YES (Describe)
	Will th	nese outreach efforts vary between urban and rural areas of the State?
YES (Describe)	NO	00
	YES (Describe)

CERTIFICATIONS SYSTEMS

Now I am going to ask about changes to client certification that you made in response to welfare reform.

(SKIP TO C35a DURING INTERVIEW)

C33.	Has [STATE] implemented changes to client certification in the Food St. Such changes might include the increased use of computer automation of application or recertification processes.	1 0
	NO	GO TO C53
	YES	
C34.	Did [STATE] change its client certification system through the increased automation?	l use of computer
	NO	GO TO C42
	YES (Describe)	
		_
		_
		_
		_

35.	WHAT GOALS DID [STATE] EXPECT TO REACH BY CHANGING THE COMPUTER SYSTEM USED FOR CLIENT CERTIFICATION? <u>Circle all that apply:</u>
	REDUCE THE NUMBER OF CERTIFICATION ERRORS
	IMPROVE ACCESS TO THE FSP AND OTHER SOCIAL SERVICE02 PROGRAMS
	REDUCE THE COST OF CERTIFYING CLIENTS INTO THE FSP 03
	REDUCE THE AMOUNT OF TIME THAT IS NEEDED TO CERTIFY04 CLIENTS
	IMPROVE THE OVERALL EFFICIENCY OF THE CERTIFICATION 05 PROCESS
	INCREASE PROGRAM ACCESSIBILITY FOR CLIENTS IN RURAL
	INCREASE PROGRAM ACCESSIBILITY FOR HARD-TO-SERVE
	INCREASE PROGRAM ACCESSIBILITY FOR WORKING CLIENTS 08
	OTHER (Describe)

C35a.	What goals did [STATE] expect to reach by changing the computer system used for client certification?				
C36. system	Did [STATE] employ a private data processing contractor to develop and install its , utilize "in house" data processing support to develop and install its system, or both ?				
	USED PRIVATE CONTRACTOR				
	USED "IN HOUSE" DATA PROCESSING SUPPORT				
	USED BOTH02				
C37.	Was an advanced planning document required for the changes that were made?				
	NO				
	YES01				
C38.	When was the advanced planning document submitted to FNS for approval? (List month/year):				
C39.	What was the cost of changing the client certification system?				
C40.	When was the change(s) implemented? (List month/year):				
C41.	What percentage of clients would you estimate have been affected by the change(s)?				

C42.	Did [STATE] make any change(s) to the application and/or certification were NOT computer related?	n process that
	NO	GO TO C53
	YES (Describe)	

(SKIP TO C43a DURING INTERVIEW)

C43.	WHAT GOALS DID [STATE] EXPECT TO REACH BY CHANGING THE APPLICATION AND/OR CERTIFICATION PROCESS?
	Circle all that apply:
	REDUCE THE NUMBER OF CERTIFICATION ERRORS01
	IMPROVE ACCESS TO THE FSP AND OTHER SOCIAL SERVICE
	REDUCE THE COST OF CERTIFYING CLIENTS INTO THE FSP 03
	REDUCE THE AMOUNT OF TIME THAT IS NEEDED TO CERTIFY04 CLIENTS
	IMPROVE THE OVERALL EFFICIENCY OF THE CERTIFICATION 05 PROCESS
	INCREASE PROGRAM ACCESSIBILITY FOR CLIENTS IN RURAL
	INCREASE PROGRAM ACCESSIBILITY FOR HARD-TO-SERVE
	INCREASE PROGRAM ACCESSIBILITY FOR WORKING CLIENTS08
	OTHER (Describe)
C43a.	What goals did [STATE] expect to reach by changing the application and/or certification process?

Did [STATE] reduce the number or type of certification questions clients are asked on the FSP application?
NO00
YES01
Did [STATE] require clients to provide case workers with additional documentation?
NO00
YES (Describe)
Did [STATE] combine Food Stamp Program applications with applications used by other social service programs to allow for multiple program certification?
NO00
YES (Describe)
Did [STATE] develop special food stamp application or recertification processes for specific "categories" of clients?
NO
YES01
C47a. Were processes developed for parents of young children?
NO00
YES01

C47b.	ABAWDs?
	NO00
	YES01
C47c.	The working poor?
	NO00
	YES01
C47d.	The elderly?
	NO00
	YES01
C47e.	The disabled?
	NO00
	YES01
C47f.	Another population?
	NO00
	YES (Describe)

C48.	Did [STATE] make any other changes to the application and/or certification process that were NOT computer related?
	NO
	YES (Describe)
C49.	Did the changes to the application and/or certification process vary in urban and rural areas?
	NO
	YES (Describe)
C50.	What was the cost of the change(s) to the application and/or certification process that were NOT computer related?
C51.	When were the change(s) implemented? (List month/year):
C52.	What percentage of clients would you estimate have been affected by the change(s)?
C53.	Is [STATE] implementing changes to client certification in Federal FY 2000? Such changes might include the increased use of computer automation or changes in application or recertification processes.
	NO
	YES01

C54. Is [STATE] making changes to its client certification system throughout computer automation in Federal FY 2000?	ough the use of
NO	GO TO C62
YES (Describe)	

(SKIP TO C55a DURING INTERVIEW)

55.	WHAT GOALS DOES [STATE] EXPECT TO REACH BY CHANGING THE COMPUTER SYSTEM USED FOR CLIENT CERTIFICATION? <u>Circle all that apply:</u>
	REDUCE THE NUMBER OF CERTIFICATION ERRORS
	IMPROVE ACCESS TO THE FSP AND OTHER SOCIAL SERVICE02 PROGRAMS
	REDUCE THE COST OF CERTIFYING CLIENTS INTO THE FSP 03
	REDUCE THE AMOUNT OF TIME THAT IS NEEDED TO CERTIFY04 CLIENTS
	IMPROVE THE OVERALL EFFICIENCY OF THE CERTIFICATION 05 PROCESS
	INCREASE PROGRAM ACCESSIBILITY FOR CLIENTS IN RURAL 06 AREAS
	INCREASE PROGRAM ACCESSIBILITY FOR HARD-TO-SERVE
	INCREASE PROGRAM ACCESSIBILITY FOR WORKING CLIENTS 08
	OTHER (Describe)

	What goals does [STATE] expect to reach by changing the computer system used for client certification?
C56.	Will the [STATE] employ a private data processing contractor to develop and install its n, utilize "in house" data processing support to develop and install its system, or both?
	USED PRIVATE CONTRACTOR
	USED "IN HOUSE" DATA PROCESSING SUPPORT01
	USED BOTH02
C57.	Was an advanced planning document required for the pending change(s)?
	NO
C58.	When was the advanced planning document submitted to FNS for approval? (List month/year):
C59.	What is the approximate cost of the planned change(s) to the client certification system?:
C60.	When will the change(s) be implemented? (List month/year):
C61.	What percentage of clients will be affected by the change(s)?:

	Is [STATE] planning to make any changes to its application and/or certice NOT computer related in Federal FY 2000?	fication process
	NO	GO TO D1
	YES (Describe)	
		_
		_
		_
(SKIP	P TO C63a DURING INTERVIEW)	

C63.	WHAT GOALS DOES [STATE] EXPECT TO REACH BY CHANGING THE APPLICATION AND/OR CERTIFICATION PROCESS? Circle all that apply:
	REDUCE THE NUMBER OF CERTIFICATION ERRORS
	IMPROVE ACCESS TO THE FSP AND OTHER SOCIAL SERVICE 02 PROGRAMS
	REDUCE THE COST OF CERTIFYING CLIENTS INTO THE FSP 03
	REDUCE THE AMOUNT OF TIME THAT IS NEEDED TO CERTIFY04 CLIENTS
	IMPROVE THE OVERALL EFFICIENCY OF THE CERTIFICATION 05 PROCESS
	INCREASE PROGRAM ACCESSIBILITY FOR CLIENTS IN RURAL
	INCREASE PROGRAM ACCESSIBILITY FOR HARD-TO-SERVE
	INCREASE PROGRAM ACCESSIBILITY FOR WORKING CLIENTS 08
	OTHER (Describe)
C63a.	What goals does [STATE] expect to reach by changing its application and/or certification process?

C64.	Will [STATE] reduce the number or type of certification questions clients at the FSP application?	are asked on
	NO	
	YES	
C65.	Will [STATE] require clients to provide case workers with additional documents of the control of	mentation?
	NO00	
	YES (Describe)	
C66.	Will [STATE] combine Food Stamp Program applications with application other social service programs to allow for multiple program certification?	s used by
	NO00	
	YES (Describe)	
C67.	Will [STATE] develop special food stamp application or recertification pro specific "categories" of clients?	cesses for
	NO	O TO C68
	YES01	
	C67a. Will they be developed for parents of young children?	
	NO00	
	YES01	
	C67b. ABAWDs?	
	NO00	
	YES01	

NO. 00 YES. 01 C67d. The elderly? 00 NO. 00 YES. 01 C67e. The disabled? 00 NO. 00 YES. 01 C67f. Another population? 00 NO. 00 YES (Describe) 01 Is [STATE] making any other changes to the application and/or certification NO. 00 YES (Describe) 01	YES. 01 C67d. The elderly? 00 NO. 00 YES. 01 C67e. The disabled? 00 NO. 00 YES. 01 C67f. Another population? 00 YES (Describe) 01 Is [STATE] making any other changes to the application and/or certificated not	YES. 01 The elderly? 00 NO. 00 YES. 01 The disabled? 00 YES. 01 Another population? 00 YES (Describe) 01 TE] making any other changes to the application and/or certification 00 00	C67c.	The working poor?
C67d. The elderly? NO. 00 YES. 01 C67e. The disabled? 00 NO. 00 YES. 01 C67f. Another population? 00 NO. 00 YES (Describe) 01 Is [STATE] making any other changes to the application and/or certification NO. 00	C67d. The elderly? 00 NO. 00 YES. 01 C67e. The disabled? 00 NO. 00 YES. 01 C67f. Another population? 00 YES (Describe) 01 Is [STATE] making any other changes to the application and/or certificatence. 00 NO. 00	The elderly? NO		NO00
NO	NO	NO		YES01
YES. 01 C67e. The disabled? 00 NO. 00 YES. 01 C67f. Another population? 00 NO. 00 YES (Describe) 01	YES. .01 C67e. The disabled? .00 NO. .00 YES. .01 C67f. Another population? .00 NO. .00 YES (Describe) .01 Is [STATE] making any other changes to the application and/or certification. .00 NO. .00	YES. 01 The disabled? 00 NO. 00 YES. 01 Another population? 00 YES (Describe) 01 TE] making any other changes to the application and/or certification	C67d.	The elderly?
C67e. The disabled? 00 NO. 00 YES. 01 C67f. Another population? 00 YES (Describe) 01	C67e. The disabled? NO	The disabled? NO		NO00
NO	NO	NO		YES01
YES	YES	YES	C67e.	The disabled?
C67f. Another population? NO	C67f. Another population? NO	Another population? NO		NO00
NO	NO	NO		YES01
YES (Describe)	YES (Describe)	YES (Describe)	C67f.	Another population?
Is [STATE] making any other changes to the application and/or certification NO	Is [STATE] making any other changes to the application and/or certification	TE] making any other changes to the application and/or certification		NO00
NO	NO	00		YES (Describe)
			Is [ST	ATE] making any other changes to the application and/or certification
YES (Describe)	YES (Describe)	Describe)	NO	
			YES (Describe)

C69.	Will changes to the application and/or certification process vary between rural and urlareas?	ban
	NO	
	YES (Describe)	
C70.	What is the estimated cost of the change(s) that will be made to [STATE's] application and/or certification process?	n
C71.	When will the change(s) be implemented? (List month/year):	
C72.	What percentage of clients will be affected by the change(s)?:	

D. CHANGES IN CLIENT TRACKING AND ACCOUNTABILITY SYSTEMS

Now I am going to ask about changes to client tracking and accountability systems that you may have made in response to welfare reform.

D1.	Has [STATE] implemented changes in the way the Food Stamp Program tracks clients or ensures program accountability as a result of welfare reform? Such changes can include the increase use of computer matching of clients records and efforts to reduce error rates.
	NO
	YES01
D2.	Did changes to client tracking and accountability systems include increased use of computer matching of client records?
	YES
D3.	Did [STATE] increase the number of databases it uses to match client records as a result of welfare reform?
	NO00
	YES (List databases)
D4.	Did [STATE] increase the frequency with which it matches client records with other databases?
	NO
	YES 01

D5.	Did [STATE] increase its use of computer matching for select or special client populations?
	NO00
	YES (List populations)
D6. as a r	Did [STATE] begin to match client food stamp records with those in neighboring States esult of welfare reform?
	NO00
	YES01
D7.	Did [STATE] begin to match client records with Federal databases that were not used before welfare reform?
	NO
	YES01
D8.	Did [STATE] begin to share client records between counties or regional offices as a result of welfare reform?
	NO00
	YES01
D9.	Did [STATE] begin using private partners to assist the Food Stamp Program with client record matching?
	NO00
	YES (Describe)

D10.	Did [STATE] develop a special system to track working clients as a result of welfare reform?
	NO
	YES (Describe)
D11.	Did [STATE] develop an automated system to track food stamp participant sanctions?
	NO00
	YES (Describe)
D12.	Did [STATE] develop automated system for tracking time limits for ABAWDs?
	NO
	YES (Describe)
D13.	Did [STATE] develop new methods to reduce error rates?
	NO
	YES01

D13a.	Does [STATE] use shorter recertification periods as a result of welfare reform?
	NO00
	YES01
D13b.	Does [STATE] require additional documentation for eligibility?
	NO00
	YES01
D13c.	Did [STATE] alter its change reporting requirements?
	NO00
	YES (Describe)
D13d.	Did [STATE] provide additional staff training?
	NO00
	YES01
D13e.	Did [STATE] utilize any other efforts to reduce error rates?
	NO00
	YES (Describe)

D14.	Did [STATE] implement changes or enhancements to its fraud detection and prevention programs?
	NO
	YES (Describe)
D15.	Is [STATE] implementing any changes in the way the Food Stamp Program tracks clients or ensures program accountability in Federal FY 2000?
	NO
D16.	Will the changes to client tracking and accountability systems include the increased use of computer matching of client records?
	NO
	YES01
D17.	Will the changes include increasing the number of databases [STATE] uses to match client records?
	NO
	YES (List databases)
D18.	Will the changes include increasing the frequency with which [STATE] matches client records with other databases?
	NO
	YES01

D19.	Will the changes include increasing the use of computer matching for select or special client populations?
	NO
	YES (List populations)
D20.	Will [STATE] begin to match client food stamp records with those in neighboring States?
	NO
D21.	YES
	NO
	YES01
D22.	Will [STATE] begin to share client records between counties or regional offices as a result of the changes?
	NO
	YES01
D23.	Will [STATE] begin using private partners to assist the Food Stamp Program with client record matching?
	NO00
	YES (Describe)

D24.	Will [STATE] develop a special system to track working clients?	
	NO	
	YES (Describe)	
D25	Will [STATE] develop an automated system to track food stamp participa	nt sanctions?
	NO	
	YES (Describe)	
D26.	Will [STATE] develop an automated system for tracking time limits for A	BAWDs?
	NO00	
	YES (Describe)	
D27.	Will [STATE] develop new methods to reduce error rates?	
	NO00	GO TO D28
	YES	
	D27a. Will [STATE] use shorter recertification periods?	
	NO00	
	YES01	

D27b.	Will [STATE] require additional documentation for eligibility?
	NO00
	YES01
D27c.	Will [STATE] alter its change reporting requirements?
	NO00
	YES (Describe)
D27d.	Will [STATE] provide additional staff training?
	NO00
	YES (Describe)
D27e.	Will [STATE] utilize any other efforts to reduce error rates?
	NO00
	YES (Describe)

D28.	Will [STATE] implement changes or enhancements to its fraud detection and prevention programs?
	NO00
	YES (Describe)
Now 1	am going to ask you some questions about your current or planned EBT system.
D29.	What is [STATE's] current status with regard to development and implementation of electronic benefits transfer (EBT)?
	STATE HAS NOT YET COMPLETED A PLAN FOR
	STATE HAS DEVELOPED A PLAN FOR IMPLEMENTING 01 EBT, BUT HAS NOT YET PILOTED AN APPROACH
	STATE IS IMPLEMENTING PILOT PROGRAMS IN LIMITED 02 AREAS
	STATE IS IN THE PROCESS OF IMPLEMENTING EBT 03 STATEWIDE
	STATE HAS IMPLEMENTED EBT STATEWIDE
D30.	Has [STATE] added or planned enhancements to its EBT system as a result of welfare reform?
	NO
	YES01

D31.	Do these enhancements include coordinating the delivery of food stamp and TANF benefits?
	NO
	YES01
	D31a. This enhancement:
	Has been made
	Will be made01
D32.	Do these enhancements include coordinating the delivery of food stamp benefits with medical payments under Medicaid?
	NO
	YES01
	D32a. This enhancement:
	Has been made
	Will be made01
D33.	Do these enhancements include expanding EBT technology to include information on a "smart card" related to eligibility and enrollment?
	NO
	YES01
	D33a. This enhancement:
	Has been made00
	Will be made

D34.	Do these enhancements include expanding EBT technology to cover non-traditional vendors, such as farmers markets or small rural stores?
	NO
	YES01
	D34a. This enhancement:
	Has been made00
	Will be made
D35.	Is [STATE] planning any other enhancements to its EBT system?
	NO
	YES (Describe)

E. CONFORMING THE STATE FOOD STAMP PROGRAM AND TANF PROGRAM

The next set of questions focuses on coordinating the Food Stamp Program and the TANF Program.

E1.	Has [S	STATE] implemented a Simplified Food Stamp Program?
	NO	
	YES.	01
E2.	•	ar current Simplified Food Stamp Program, which of the following provisions are inated with [STATE's] TANF Program:
	E2a.	Work requirements?
		NO00
		YES01
	E2b.	Income and resource eligibility criteria?
		NO00
		YES01
	E2c.	Income deductions (for shelter or medical expenses)?
		NO00
		YES01
	E2d.	Are any other provisions coordinated?
		NO00
		YES (Describe)

NO	
YES.	01
	planned Simplified Food Stamp Program, which provisions will be coordinated STATE's] TANF Program?
E4a.	Work requirements?
	NO
	YES01
E4b.	Income and resource eligibility criteria?
	NO
	YES01
E4c.	Income deductions (for shelter or medical expenses)?
	NO
	YES01
E4d.	Are there any other provisions that will be coordinated?
	NO
	YES (Describe)
Did [S	STATE] coordinate any TANF Program rules to conform with Federal Food Stam

בן מוע	STATE] coordinate:
E6a.	Work requirements?
	NO00
	YES01
E6b.	Income and resource eligibility criteria?
	NO
	YES01
E6c.	Income deductions (for shelter or medical expenses)?
	NO00
	YES01
E6d.	Other requirements?
	NO00
	YES (Describe)
_	[ATE] planning to coordinate any TANF Program rules to conform with Feder Stamp Program rules?
Food	
	00

F. INCREASED PROGRAM MONITORING AND EVALUATION

Now I am going to ask you questions about Food Stamp Program monitoring and evaluation. For the purpose of this study, efforts to monitor the FSP include routinely assessing program operations. Efforts to evaluate the FSP, on the other hand, are generally more formal studies which assess a program's effectiveness.

NO	
	01
Pleas	e describe the focus of the efforts to monitor the Food Stamp Progra
Is [S]	ΓATE] monitoring:
F3a.	Changes in the number of people receiving food stamps?
	NO
	YES01
F3b.	Accessibility to the Food Stamp Program?
	NO
	YES01
F3c.	Case worker efficiency?
	NO00

	F3d.	Client satisfaction?			
		NO00			
		YES01			
	F3e.	Anything else?			
		NO			
		YES (Describe)			
F4.	Who is monitoring the FSP?:				
	FOO	D STAMP AGENCY STAFF00			
	OTH	ER STATE STAFF01			
	UNIV	/ERSITY STAFF02			
	PRIV	ATE CONTRACTORS			
	OTH	ER (Explain)			
F5.	What	is the estimated cost of monitoring the Food Stamp Program?			
F6.	Will	[STATE] begin monitoring the Food Stamp Program in FY 2000?			
	NO	00			
	YES	(Describe)			

	Has [STATE] conducted a formal evaluation of the Food Stamp Program as a result of welfare reform?		
NO			
YES.	01		
Please	e describe the focus of the evaluation of the Food Stamp Program:		
Is [ST	ATE] evaluating:		
F9a.	Changes in the number of people receiving food stamps?		
	NO00		
	YES01		
F9b.	Accessibility to the Food Stamp Program?		
	NO		
	YES01		
F9c.	Case worker efficiency?		
	NO00		
	YES01		
F9d.	Client satisfaction?		
	NO00		
	YES01		

Fde.	Is [STATE] evaluating anything else?
	NO
	YES (Describe)
What	time period does the evaluation(s) cover? (List month/year):
What	is the estimated cost of the evaluation(s)?
Who i	is conducting the evaluation?:
FOOI	O STAMP AGENCY STAFF00
OTHI	ER STATE STAFF
UNIV	YERSITY STAFF
PRIV	ATE CONTRACTORS
ОТНІ	ER (Explain)
I ₀ [CT	CATEL avaluating the Food Stown Program in EV 20002
	[ATE] evaluating the Food Stamp Program in FY 2000?
NO	
T.T.C.	(Describe)

F14.	Is [STATE] presently evaluating the TANF program?	
	NO00	
	YES (Describe)	
F15.	Are there any plans to coordinate the evaluation of the TANF Program with	th the FSP?
	NO00	
	YES (Explain)	
	• Thank you for your thoughtful responses to my questions. I appreciate your busy schedule to participate in this interview.	ır taking time
TIME	E INTERVIEW COMPLETED	
	: AM01 PM02	