



United States Department of Agriculture

Promising Approaches and Challenges for SNAP State Agencies in Implementing Corrective Action Plans

Appendices



Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

Promising Approaches and Challenges for SNAP State Agencies in Implementing Corrective Action Plans

Appendices



December 2023

Authors

Jake Beckerman-Hsu, Chrissy Steigelman, Kelley Calvin, Lizzie Nelson, James McCall, Betsy Thorn

Submitted to

Office of Policy Support
Food and Nutrition Service, USDA
1320 Braddock Place
Alexandria, VA 22314

Submitted by

Insight Policy Research, Inc.
1310 North Courthouse Road
Suite 880
Arlington, VA 22201

Project Officer

Maya Sandalow

Project Director

Betsy Thorn

This study was conducted by Insight Policy Research, Inc., under Contract No. GS-10F-0136X/140D0421F0709 with the U.S. Department of Agriculture's Food and Nutrition Service. The findings and conclusions in this report are those of the authors and should not be construed to represent any official USDA or U.S. Government determination or policy.

Suggested Citation

Beckerman-Hsu, J., Steigelman, C., Calvin, K., Nelson, L., McCall, J., & Thorn, B. (2023). *Promising approaches and challenges for SNAP State agencies in implementing corrective action plans: Appendices*. Insight Policy Research. U.S. Department of Agriculture, Food and Nutrition Service.

Table of Contents

Appendix A. Objectives and Research Questions by Data Source	A-1
Appendix B. Data Collection Instruments	
Appendix B.1. Challenges for SNAP State Agencies in Implementing Corrective Action Plans: State Web Survey Protocol.....	B.1-1
Appendix B.2. Challenges for SNAP State Agencies in Implementing Corrective Action Plans: Followup Interview Guide Protocol.....	B.2-1
Appendix B.3. Excel Template for Recording Followup Interview Topics	B.3-1
Appendix B.4. Followup Interview Guide Template.....	B.4-1
Appendix B.5. Challenges for SNAP State Agencies in Implementing Corrective Action Plans: Regional Office SNAP QC SME Interview Protocol	B.5-1
Appendix B.6. Challenges for SNAP State Agencies in Implementing Corrective Action Plans: Federal SME Interview Protocol.....	B.6-1
Appendix B.7. Challenges for SNAP State Agencies in Implementing Corrective Action Plans: Environmental Scan and Literature Review Protocol.....	B.7-1
Appendix C. Memorandum on Best Practices in SNAP and Similar Programs	C-1
Appendix D. State Profiles	D-1

Appendix A. Objectives and Research Questions by Data Source

	Research Questions	State Profiles	Federal Interviews	Environmental Scan and Literature Review
Objective 1. Describe the approaches each of the nine States uses to develop, implement, and monitor CAPs to address program deficiencies in PERs, CAPERs, and QC completion rates.	What assistance do States receive on CAP development from FNS Regional Offices? a. How do they use the assistance in their CAP planning and implementation processes?	•	•	
	What steps do States take to develop and implement CAPs and monitor activities and progress? a. Do States use different approaches to develop CAPs for different types of deficiencies? If so, how do approaches differ?	•		
	What staff (or staff with what types of qualifications) are responsible for analysis to identify deficiencies and root causes and monitor progress? a. What are their roles in this process?	•		
	What staff and other stakeholders are involved in CAP development and implementation? a. What are their roles?	•		
	How do States collaborate across departments and/or counties to develop and implement CAPs?	•		
	How do States coordinate the development and implementation of CAPs with different deficiencies? a. What aspects of CAP development and implementation do they coordinate and how?	•		
	What methods and data sources do States use to identify deficiencies and their root causes? How do they identify the deficiencies and root causes they will address in their CAP? a. Do they use the results of management evaluations (MEs) and other related reviews? How do they use these results?	•		
	How do States monitor progress and results? a. What measures and tools do they use? b. In what other ways do States monitor progress and results?	•	•	
	What information do States provide to FNS for the semiannual update?	•	•	
	How do States ensure the corrective action activities implemented are sustainable?	•		

	Research Questions	State Profiles	Federal Interviews	Environmental Scan and Literature Review
Objective 2: For each of the nine States, identify the policy and operational factors that challenge or aid the development and implementation of CAPs.	What factors do States identify as challenges to their ability to develop and implement CAPs? a. Which of these challenges, if any, are specific to the PER, CAPER, or QC completion rate?	•	•	
	What factors do States identify as helpful to CAP development and implementation? a. Which of these factors, if any, are specific to the PER, CAPER, or QC completion rate?	•	•	
	What policy and/or operational changes have States made to improve their ability to develop and implement CAPs? What have been the results?	•	•	
	What policy and/or operational changes would States like to make to improve their ability to develop and implement CAPs and why?	•		
Objective 3. Identify effective approaches to CAP development and implementation and recommendations for improving States' ability to conduct corrective action activities.	What are common trends across the nine States' approaches to and experiences with CAPs?	•		
	What lessons can be learned from the approaches and experiences of States that have been more successful in addressing CAPs? And for States that have been less successful? For States that are more successful in addressing CAPs, what are they doing or not doing that could contribute to their relative success?	•	•	
	What CAP development and implementation strategies do States think are effective and why? a. In what situations are they effective? b. Who was involved in the development and implementation?	•		
	What are the components or characteristics of successful efforts to develop and implement improvement plans in other public programs that are similar to SNAP? a. What lessons learned and best practices identified in improvement efforts in other public programs can be used to inform effective approaches to CAP development and implementation?		•	•
	How do States' approaches to CAPs align with lessons learned and best practices in developing and implementing improvement plans in other public programs?	•	•	•
	In what areas of CAP development and implementation do States need assistance?	•	•	

Note: CAP = corrective action plan; CAPER = case and procedural error rate; PER = payment error rate; QC = Quality Control; SME = subject matter expert

Appendix B. Data Collection Instruments

Appendix B.1. Challenges for SNAP State Agencies in Implementing Corrective Action Plans: State Web Survey Protocol

PURPOSE: *This survey protocol will be used to program the State agency web survey for the study of Challenges for SNAP State Agencies in Implementing Corrective Action Plans. This draft questionnaire was formatted to provide clear instructions to the Qualtrics survey programmer for question and response wording, response options, text piping, and skip patterns. The web survey will appear differently when programmed in Qualtrics; for instance, the final programmed version will include radio buttons or checkboxes for selecting responses.*

Instructions

The U.S. Department of Agriculture's Food and Nutrition Service (FNS) is sponsoring a study to describe how SNAP State agencies develop, implement, and monitor corrective action plans (CAPs); understand successful strategies in CAP development; and explore common challenges States face. The study results will be used to recommend actions to FNS that will help support State agencies in successfully implementing and completing CAPs.

- ▶ This study focuses on three types of CAPs your State may have developed for fiscal year (FY) 2019 payment error rates (PER), case and procedural error rates (CAPER), and Quality Control (QC) completion rates. Your State was identified as having at least one of these CAPs for FY 2019, and the survey will ask you about those specific CAPs.
- ▶ *This survey should be completed by a staff member who is very familiar with the development and implementation of your State's FY 2019 PER, CAPER, and/or QC completion CAPs.* If that is not you, please forward this survey request to someone at your agency who is familiar with the State agency's CAP development and implementation processes.
- ▶ Please answer all the questions as completely and accurately as possible.
- ▶ This survey may take 2 to 4 hours to complete; additional time may be needed to find the information you need to answer the questions. The survey, however, does not need to be completed in one session.
- ▶ Your responses will save automatically. In the event you need to exit the survey and return later, click the link provided to you in the invitation email, and you can pick up where you left off.
- ▶ Please use the buttons *at the bottom of each page* to move through the survey. You may need to scroll down on the page to view the "Forward Arrow" and "Back Arrow" buttons.
- ▶ Note: Using your browser's "Back" function may cause errors.
- ▶ Throughout the survey, you will be asked to describe specific processes or procedures. If you have a document or file that describes those processes, you can instead upload the file using the "File Upload" field.

If you have questions about the study or experience any difficulty completing this survey, please contact the study team by email at CAPS_STUDY@insightpolicyresearch.com.

Verification Screen

Q1. Please enter your name, title, phone number, and email address so we can contact you if we have any questions about the survey.

- a) First Name [textbox]
- b) Last Name [textbox]
- c) Title [textbox]
- d) Phone Number [textbox] (Phone number format XXX-XXX-XXXX)
- e) Email Address [textbox]

[PROGRAMMING: Validation prompt if any missing information in Q1a-Q1d: “You may have forgotten to input some of the information on this page. If you would like to leave your answers as they are, please click ‘next’ to continue.”]

[PROGRAMMING: pipe in sample information]

The following questions ask about your State’s processes for FY 2019 payment error rate (PER), case and procedural error rate (CAPER), and Quality Control (QC) completion rate corrective action plans (CAPs).

[PROGRAMMING: display only case-specific CAPs]

Our records show that [pipe in State] had FY 2019 CAPs for—

- <POPULATE TYPE_OF_CAP1: PER ≥ 6% >
- <POPULATE TYPE_OF_CAP2: CAPER above the national average >
- <POPULATE TYPE_OF_CAP3: QC completion rates below 94% >

If this information is not correct, please contact the study team as soon as possible by email (CAPS_STUDY@insightpolicyresearch.com) or phone (XXX-XXX-XXXX).

[PROGRAMMING: Module 1 IF PERCAP=1 OR CAPERCAP=1]

Module 1. FY 2019 PER and CAPER CAPs

[PROGRAMMING: Display text below IF PERCAP=1 AND CAPERCAP=1]

This section asks about your State’s FY 2019 PER and CAPERs CAPs.

Some of the questions in this section will ask you to consider your State’s PER CAP and CAPER CAP separately. Other questions are more general; please consider processes and procedures for both PER and CAPER CAPs when responding to those questions.

[PROGRAMMING: Display text below IF PERCAP!=0 OR CAPERCAP!=0]

This section asks about your State’s FY 2019 <POPULATE CAP: PER or CAPER> CAP.

Internal and External Resources

[PROGRAMMING: PERCAP=1]

PER CAP Staff and Stakeholders

This section asks questions about the staff and stakeholders involved in your State's PER CAP process.

Q2. Please provide the name of the department or office responsible for development and oversight of the FY 2019 PER CAP.

[textbox]

Q3. Please indicate which State agency staff were involved in each phase of the FY 2019* PER CAP. You may select more than one CAP phase for each staff person listed. If a staff person was not involved in any CAP phase, please check "Not applicable." Please include only State agency merit personnel in considering your responses to this question; another question will ask about other stakeholders at the State and local levels.

[PROGRAMMING: Display text in popup window on "Phase"]

~*Planning* includes all activities from the time a State agency is notified or aware it needs a CAP to when it starts drafting the CAP. Activities can include conducting the root cause analysis, program analysis, and risk assessment.

~*Drafting* includes all activities that lead to the delivery of the CAP to the FNS Regional Office, including identifying and selecting corrective actions and developing a plan to monitor and evaluate CAP implementation.

~*Implementation* includes the activities that occur after the FNS Regional Office has approved a CAP, such as communicating corrective actions to State and/or local staff and executing the corrective action.

~*Evaluation and validation* include activities that occur during or after implementation to monitor deficiencies, evaluate corrective actions, and validate their completion with the FNS Regional Office.

Stage Agency Staff	Planning	Drafting	Implementation	Evaluation and Validation	Not Applicable
a) QC director	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
b) QC reviewers	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
c) State QC staff (excluding reviewers and director)	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
d) Statistician(s)	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
e) Policy staff	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
f) IT or systems staff	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
g) Claims staff	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
h) Fraud prevention staff	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
i) SNAP administrator	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
j) Other State agency leadership	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
k) Other staff not listed, please specify: [textbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]

* FY 2019 payment error rates were published in July 2020; States' CAPs were drafted and approved in the months that followed. When thinking about staff involvement during implementation, evaluation, and validation, consider all activities from the time the corrective actions were implemented to when the actions were validated by the Region and the CAP ended (if applicable).

- Q4. Does your agency offer training to State agency staff working on PER CAPs? Please select “Yes, for ALL State staff working on CAPs,” “Yes, for SOME State staff working on CAPs,” or “No” for each. Consider only State agency staff working on PER CAPs.**

[PROGRAMMING: Display text in popup window on “measurable benchmarks”]

~A **measurable benchmark** is a standard or criteria for assessing progress toward achieving a specific outcome.

Training Topic	Yes, for ALL Staff	Yes, for SOME Staff	No
a) Basic training on CAP processes	[radio]	[radio]	[radio]
b) Quantitative analysis	[radio]	[radio]	[radio]
c) Planning of corrective actions	[radio]	[radio]	[radio]
d) Broad-based communication strategies	[radio]	[radio]	[radio]
e) Continuous process improvement	[radio]	[radio]	[radio]
f) Setting of measurable benchmarks	[radio]	[radio]	[radio]
g) Interim reviews	[radio]	[radio]	[radio]
h) Benchmark review	[radio]	[radio]	[radio]
i) Other topics [textbox]	[radio]	[radio]	[radio]

[PROGRAMMING: IF (Q4a | Q4b | Q4c | Q4d | Q4e | Q4f | Q4g | Q4h | Q4i = 1) | (Q4a | Q4b | Q4c | Q4d | Q4e | Q4f | Q4g | Q4h | Q4i = 2)]

- Q5. Please upload any training materials covering these or other topics. You may upload up to five documents.**

- Document 1 [choose file upload]
- Document 2 [choose file upload]
- Document 3 [choose file upload]
- Document 4 [choose file upload]
- Document 5 [choose file upload]

- Q6. In addition to State agency staff, please indicate which other stakeholders were involved in each phase of FY 2019 PER CAP. You may select more than one CAP phase for each stakeholder listed. If a stakeholder was not involved in any CAP phase, please check “Not applicable.”**

Other Stakeholders	Planning	Drafting	Implementation	Evaluation and Validation	Not Applicable
a) Local area office representatives	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
b) Accuracy or review teams (separate from QC reviews)	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
c) SNAP eligibility workers	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
d) SNAP eligibility worker supervisors	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
e) SNAP outreach programs	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
f) Community partners	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
g) Contractor(s)	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
h) Others not listed; please specify: [textbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]

- Q7. Did (or does) your State agency have a workgroup or committee that worked/works to improve PERs?**
Please consider both internal groups and external or third-party contractors in your response.
 1) Yes
 2) No

[PROGRAMMING: IF Q7 = 1]

- Q8. Please indicate which phases of FY 2019 PER CAP development were informed by the State's workgroup or committee. Please select "Yes" or "No" for each.**

FY 2019 CAP Development Phase	Yes	No
a) Planning	[radio]	[radio]
b) Drafting	[radio]	[radio]
c) Implementation	[radio]	[radio]
d) Validation and evaluation	[radio]	[radio]

[PROGRAMMING: IF CAPERCAP=1]

CAPER CAP Staff and Stakeholders

This section asks questions about the staff and stakeholders involved in your State's CAPER CAP process.

- Q9. Please provide the name of the department or office responsible for the development and oversight of the FY 2019 CAPER CAP?**

[textbox]

- Q10. Please indicate which State agency staff were involved in each phase of the FY 2019* CAPER CAP. You may select more than one CAP phase for each staff person listed. If a staff person was not involved in any CAP phase, please check "Not applicable." Please include only State agency merit personnel in considering your responses to this question; another question will ask about other stakeholders at the State and local levels.**

[PROGRAMMING: Display text in popup window on "Phase"]

~*Planning* includes all activities from the time a State agency is notified or aware it needs a CAP to when it starts drafting the CAP. Activities can include conducting the root cause analysis, program analysis, and risk assessment.

~*Drafting* includes all activities that lead to the delivery of the CAP to the FNS Regional Office, including identifying and selecting corrective actions and developing a plan to monitor and evaluate CAP implementation.

~*Implementation* includes the activities that occur after the FNS Regional Office has approved a CAP, such as communicating corrective actions to State and/or local staff and executing the corrective action.

~*Evaluation and validation* include activities that occur during or after implementation to monitor deficiencies, evaluate corrective actions, and validate their completion with the FNS Regional Office.

State Agency Staff	Planning	Drafting	Implementation	Evaluation and Validation	Not Applicable
a) QC director	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
b) QC reviewers	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
c) State QC staff (excluding reviewers and director)	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
d) Statistician(s)	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
e) Policy staff	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]

Stage Agency Staff	Planning	Drafting	Implementation	Evaluation and Validation	Not Applicable
f) IT or systems staff	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
g) Claims staff	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
h) Fraud prevention staff	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
i) SNAP administrator	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
j) Other State agency leadership	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
k) Other staff not listed; please specify: [textbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]

* FY 2019 case and procedural error rates were published in July 2020; States' CAPs were drafted and approved in the months that followed. When thinking about staff involvement during implementation, evaluation, and validation, consider all activities from the time the corrective actions were implemented to when the actions were validated by the Region and the CAP ended (if applicable).

Q11. Does your agency offer training to State agency staff working on CAPER CAPs? Please select "Yes, for ALL State staff working on CAPs," "Yes, for SOME State staff working on CAPs," or "No" for each. Consider only State agency staff working on CAPER CAPs.

[PROGRAMMING: Display text in popup window on "measurable benchmarks"]

~A **measurable benchmark** is a standard or criteria for assessing progress toward achieving a specific outcome.

Training Topic	Yes, for ALL Staff	Yes, for SOME Staff	No
a) Basic training on CAP processes	[radio]	[radio]	[radio]
b) Quantitative analysis	[radio]	[radio]	[radio]
c) Planning of corrective actions	[radio]	[radio]	[radio]
d) Broad-based communication strategies	[radio]	[radio]	[radio]
e) Continuous process improvement	[radio]	[radio]	[radio]
f) Setting of measurable benchmarks	[radio]	[radio]	[radio]
g) Interim reviews	[radio]	[radio]	[radio]
h) Benchmark review	[radio]	[radio]	[radio]
i) Other topics [textbox]	[radio]	[radio]	[radio]

[PROGRAMMING: IF (Q11a | Q11b | Q11c | Q11d | Q11e | Q11f | Q11g | Q11h | Q11i = 1) or (Q11a | Q11b | Q11c | Q11d | Q11e | Q11f | Q11g | Q11h | Q11i = 2)]

Q12. Please upload any training materials covering these or other topics. You may upload up to five documents.

- a) Document 1 [choose file upload]
- b) Document 2 [choose file upload]
- c) Document 3 [choose file upload]
- d) Document 4 [choose file upload]
- e) Document 5 [choose file upload]

Q13. In addition to State agency staff, please indicate which other stakeholders were involved in each phase of the FY 2019 CAPER CAP. You may select more than one CAP phase for each stakeholder listed. If a stakeholder was not involved in a CAP phase, please check "Not applicable."

Other Stakeholders	Planning	Drafting	Implementation	Evaluation and Validation	Not Applicable
Local area office representatives	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
Accuracy or review teams (separate from QC reviews)	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
SNAP eligibility workers	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]

Other Stakeholders	Planning	Drafting	Implementation	Evaluation and Validation	Not Applicable
SNAP eligibility worker supervisors	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
SNAP outreach programs	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
Community partners	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
Contractor(s)	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
Others not listed; please specify: [textbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]

Q14. Did (or does) your State agency have a workgroup or committee that worked/works to improve CAPERs? *Please consider both internal groups and external or third-party contractors in your response.*

- 1) Yes
- 2) No

[PROGRAMMING: IF Q14 = 1]

Q15. Please indicate which phases of FY 2019 CAPER CAP development were informed by the State's workgroup or committee. *Please select "Yes" or "No" for each.*

FY 2019 CAP Development Phase	Yes	No
a) Planning	[radio]	[radio]
b) Drafting	[radio]	[radio]
c) Implementation	[radio]	[radio]
d) Validation and evaluation	[radio]	[radio]

[PROGRAMMING: IF PERCAP=1 OR CAPERCAP=1]

FNS Regional Office Resources

[PROGRAMMING: IF PERCAP=1 AND CAPERCAP=1 THEN SHOW BOTH RESPONSE COLUMN
ELSE IF PERCAP=1 THEN SHOW PER RESPONSE COLUMN ONLY
ELSE IF CAPERCAP=1 THEN SHOW CAPER RESPONSE COLUMN ONLY]

Q16. Did the FNS Regional Office provide guidance or technical assistance on any of the following topics during any phase of FY 2019 CAP development?

[PROGRAMMING: IF PERCAP=1 AND CAPERCAP=1]

Note: This question asks about types of CAP support for both PER and CAPER. Where applicable, please indicate types of support for both types of CAPs.

Guidance or Technical Assistance Topics	PER	CAPER
a) Program analysis	[checkbox]	[checkbox]
b) Risk assessment	[checkbox]	[checkbox]
c) Root cause analysis	[checkbox]	[checkbox]
d) Suggestions for corrective actions	[checkbox]	[checkbox]
e) Selection of corrective actions	[checkbox]	[checkbox]
f) Draft CAP content	[checkbox]	[checkbox]
g) Implementation of corrective actions	[checkbox]	[checkbox]
h) Monitoring and evaluation	[checkbox]	[checkbox]
i) Preparation of CAP semiannual updates	[checkbox]	[checkbox]
j) CAP validation	[checkbox]	[checkbox]
k) Other topics; please specify: [textbox]	[checkbox]	[checkbox]

Q17. Please describe the guidance or technical assistance received from the FNS Regional Office your agency found most valuable to FY 2019 CAP development; include how the FNS Regional Office provided the information, how the State agency used it, and how it was valuable to your processes.
[textbox]

If you have materials the FNS Regional Office provided that were valuable to FY 2019 CAP development, please use the file upload field to share this information. *You can upload up to four documents in the fields below.*

- a) Document 1 [choose file upload]
- b) Document 2 [choose file upload]
- c) Document 3 [choose file upload]
- d) Document 4 [choose file upload]

[PROGRAMMING: (IF PERCAP=1 AND CAPERCAP=1) THEN Q18, ELSE skip to Q19]

Q18. Does the State agency work with the same FNS Regional Office staff for matters related to the PER and CAPER CAPs?

- 1) Yes
- 2) No

[PROGRAMMING: IF Q18 = 2]

Q18a. You indicated your State agency does not work with the same FNS Regional Office staff for matters related to PER and CAPER CAPs. Please list whom your State agency works with at the FNS Regional Office for these CAPs.

- 1) PER CAP [textbox]
- 2) CAPER CAP [textbox]

Planning FY 2019 CAPs

Next, we would like to ask about your agency's processes for **PLANNING** FY 2019 CAPs.

Planning includes all activities from the time a State agency is notified or aware it needs a CAP to when it starts drafting the CAP. Activities can include conducting the root cause analysis, program analysis, and risk assessment.

[PROGRAMMING: IF PERCAP=1 AND CAPERCAP=1 THEN SHOW BOTH RESPONSE COLUMN
ELSE IF PERCAP=1 THEN SHOW PER RESPONSE COLUMN ONLY
ELSE IF CAPERCAP=1 THEN SHOW CAPER RESPONSE COLUMN ONLY]

Q19. Which statement best describes the status of CAP planning when the State agency was notified it would need a CAP to address FY 2019 deficiencies?

[PROGRAMMING: IF PERCAP=1 AND CAPERCAP=1]

Note: This question asks about the status of CAPs for both PER and CAPER programs. Where applicable, please indicate one status for each program.

Planning Status		PER	CAPER
a)	We had already <u>completed all aspects of planning</u> (e.g., root cause analysis, program analysis, risk assessment) and were ready to begin drafting the CAP.	[checkbox]	[checkbox]
b)	We had already <u>begun working on some aspects of planning</u> but were not ready to begin drafting the CAP.	[checkbox]	[checkbox]

Planning Status	PER	CAPER
c) We <u>had not begun planning but were aware</u> we would need a CAP for FY 2019 error rates.	[checkbox]	[checkbox]
d) We were <u>unaware we would need a CAP</u> for FY 2019 error rates until we received the official notification from FNS.	[checkbox]	[checkbox]

[PROGRAMMING: IF PERCAP=1 AND CAPERCAP=1 THEN SHOW BOTH RESPONSE COLUMN
ELSE IF PERCAP=1 THEN SHOW PER RESPONSE COLUMN ONLY
ELSE IF CAPERCAP=1 THEN SHOW CAPER RESPONSE COLUMN ONLY]

Q20. Please indicate which types of data the State used to conduct the ROOT CAUSE ANALYSIS and RISK ASSESSMENT for FY 2019 CAPs.

[PROGRAMMING: IF PERCAP=1 AND CAPERCAP=1]

Note: This question asks about types of data for both PER and CAPER. Where applicable, please indicate types of data used for Root Cause Analysis and Risk Assessment for both CAPs.

[PROGRAMMING: Display text in popup window on "Root Cause Analysis"]

~Root cause analysis is a systematic approach to identifying the source, or origin, of an identified payment or case and procedural error.

[PROGRAMMING: Display text in popup window on "Risk Assessment"]

~Risk assessment is a systematic approach to quantifying the extent or magnitude of each root cause (e.g., the number of participants or households affected, the amount of loss to the program or participants in dollars).

Types of Data	PER		CAPER	
	Root Cause Analysis	Risk Assessment	Root Cause Analysis	Risk Assessment
a) FNS QC System (QCS) data	[checkbox]	[checkbox]	[checkbox]	[checkbox]
b) State QC review data	[checkbox]	[checkbox]	[checkbox]	[checkbox]
c) Results of internal case review process (e.g., "local office QC")	[checkbox]	[checkbox]	[checkbox]	[checkbox]
d) State monitoring and evaluation (ME) results	[checkbox]	[checkbox]	[checkbox]	[checkbox]
e) FNS Regional Office ME results	[checkbox]	[checkbox]	[checkbox]	[checkbox]
f) Other sources; please specify: [textbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
g) Did not conduct this analysis	[checkbox]	[checkbox]	[checkbox]	[checkbox]

[PROGRAMMING: IF Q20f]

Q21a. You've indicated your State agency used "other sources" to conduct root cause analysis and/or risk assessments. Please describe each of the other sources of data, how they were used, and who collected the data.

[textbox]

[PROGRAMMING: IF Q20c]

Q21b. You've indicated your State agency used data from an internal case review process. Please describe the internal case review process in the box below, including its name (e.g., how staff refer to it), its purpose, staff contributing to the process, and how the process informed the CAP; provide specific examples, if possible.

[textbox]

If you have a document describing the internal case review process, please use the file upload field to share this information.

[choose file upload]

Q22. Please describe the staff responsible for conducting root cause analysis and risk assessment for your State agency's FY 2019 CAP(s); include their roles, responsibilities, and qualifications (if applicable). If the same staff completed these tasks for PER and CAPER CAPs, please also note that in the fields below.

- a) PER CAP [text]
- b) CAPER CAP [text]

Q23. Please describe the State agency's approach to PROGRAM ANALYSIS; include information on who conducted the analysis and the sources of information used to assess program characteristics.
 [PROGRAMMING: Display text in popup window on "Program Analysis"]
~Program analysis is the process of assessing policies, practices, and procedures to determine whether any led to the root causes of errors.
 [textbox]

Q24. Please share the results of any ROOT CAUSE ANALYSES, RISK ASSESSMENTS, or PROGRAM ANALYSES that informed the FY 2019 CAP using the file upload fields below. You may upload up to three documents using the fields below.

- a) Document 1 [choose file upload]
- b) Document 2 [choose file upload]
- c) Document 3 [choose file upload]

[PROGRAMMING: IF PERCAP=1 AND CAPERCAP=1 THEN SHOW BOTH RESPONSE COLUMN
 ELSE IF PERCAP=1 THEN SHOW PER RESPONSE COLUMN ONLY
 ELSE IF CAPERCAP=1 THEN SHOW CAPER RESPONSE COLUMN ONLY]

Q25. Please indicate which of the following activities your State agency engaged in when PLANNING the FY 2019 CAPs.
 [PROGRAMMING: IF PERCAP=1 AND CAPERCAP=1]
Note: This question asks about CAPs for both PER and CAPER. Where applicable, please indicate the activities conducted for both CAPs.

Activities	PER	CAPER
a) Established collaborative team	[checkbox]	[checkbox]
b) Consulted with FNS Regional Office	[checkbox]	[checkbox]
c) Reviewed State agency policy or procedures manuals	[checkbox]	[checkbox]
d) Assessed fiscal impact of errors resulting from root causes	[checkbox]	[checkbox]
e) Assessed frequency of errors resulting from root causes	[checkbox]	[checkbox]
f) Conducted interviews or discussions with local agency staff (e.g., eligibility workers, supervisors)	[checkbox]	[checkbox]
g) Hired consultant to assist with planning activities	[checkbox]	[checkbox]
h) Other activities (please specify): [textbox]	[checkbox]	[checkbox]

Q26. When thinking about PLANNING for the FY 2019 CAPs, did your agency find any specific strategies or activities to be particularly successful?
 1) Yes
 2) No

[PROGRAMMING: IF Q26 = 1]

Q27. Please describe the strategies or activities your agency found most successful for planning the CAPs; include as much detail as possible, including the staff or departments involved and what made those activities successful.
 [textbox]

If you have any documents describing these strategies or activities you can share with the research team, please upload up to three documents using the file upload fields below.

- a) Document 1 [\[choose file upload\]](#)
- b) Document 2 [\[choose file upload\]](#)
- c) Document 3 [\[choose file upload\]](#)

Q28. How much of a challenge was each of the following in PLANNING FY 2019 CAPs? Please select one response for each row.

Planning Challenges	Not a Challenge	Minor Challenge	Moderate Challenge	Serious Challenge
a) Access to staff with necessary expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Other staffing issues (e.g., turnover, lack of training)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Identifying root causes of errors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Conducting risk assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Identifying specific policies or procedures that cause errors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Limited data to conduct analyses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) SNAP data systems or IT concerns (e.g., staffing, resources, contractual obligations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q29. What resources could the FNS National Office or Regional Office provide to help your State PLAN CAPs in the future?

[\[textbox\]](#)

Drafting FY 2019 CAPs

Next, we would like to ask about your agency's processes for DRAFTING FY 2019 CAPs.

Drafting includes all activities that lead to the delivery of the CAP to the FNS Regional Office, including identifying and selecting corrective actions and writing the CAP.

[PROGRAMMING: IF PERCAP=1 AND CAPERCAP=1 THEN SHOW BOTH RESPONSE COLUMN
ELSE IF PERCAP=1 THEN SHOW PER RESPONSE COLUMN ONLY
ELSE IF CAPERCAP=1 THEN SHOW CAPER RESPONSE COLUMN ONLY]

Q30. What inputs did your State agency use to identify corrective actions when drafting the FY 2019 CAPs?

[PROGRAMMING: IF PERCAP=1 AND CAPERCAP=1]

Note: This question asks about CAPs for both PER and CAPER. Where applicable, please indicate responses for both CAPs.

Inputs	PER	CAPER
a) Input from FNS Regional Office	<input type="checkbox"/>	<input type="checkbox"/>
b) Results of corrective actions from prior CAPs	<input type="checkbox"/>	<input type="checkbox"/>
c) Information exchange with other State agencies	<input type="checkbox"/>	<input type="checkbox"/>
d) Input from stakeholders in own State agency	<input type="checkbox"/>	<input type="checkbox"/>
e) Input from stakeholders within State but outside State agency that includes SNAP	<input type="checkbox"/>	<input type="checkbox"/>
f) Strategies identified through a conference, workgroup, or other external activity	<input type="checkbox"/>	<input type="checkbox"/>
g) Strategies from a published report or other document	<input type="checkbox"/>	<input type="checkbox"/>
h) Other; please specify: [textbox]	<input type="checkbox"/>	<input type="checkbox"/>

Q31. How much of a consideration was each of the following in determining what corrective actions could be implemented in the FY 2019 CAPs? *Please select one response for each row.*

Potential Considerations	Not a Consideration	Minor Consideration	Moderate Consideration	Major Consideration
a) The financial resources each corrective action would require	[radio]	[radio]	[radio]	[radio]
b) The staffing resources each corrective action would require	[radio]	[radio]	[radio]	[radio]
c) How quickly a corrective action could be implemented	[radio]	[radio]	[radio]	[radio]
d) How likely a corrective action would be to reduce errors	[radio]	[radio]	[radio]	[radio]
e) Results of the State agency's risk assessment	[radio]	[radio]	[radio]	[radio]
f) Whether a corrective action fits within existing program improvement initiatives	[radio]	[radio]	[radio]	[radio]
g) Success of prior actions implemented to resolve deficiencies	[radio]	[radio]	[radio]	[radio]
h) The likelihood a corrective action would be sustainable in the long term	[radio]	[radio]	[radio]	[radio]
i) The number of corrective actions proposed	[radio]	[radio]	[radio]	[radio]

Q32. Did the State consider any other factors when deciding which corrective actions to include in its FY 2019 CAPs?

[textbox]

Q33. When thinking broadly about DRAFTING the FY 2019 CAPs, did your agency find any specific strategies or activities to be particularly successful?

- 1) Yes
- 2) No

[PROGRAMMING: IF Q33 = 1]

Q33a. Please describe the strategies or activities your agency found most successful for DRAFTING the FY 2019 CAPs.

[textbox]

If available, you may upload reports or documents describing these activities using the field below.

[choose file upload]

Q34. How much of a challenge was each of the following in DRAFTING FY 2019 CAPs? *Please select one response for each row.*

Drafting Challenges	Not a Challenge	Minor Challenge	Moderate Challenge	Serious Challenge
a) Identifying corrective actions that would reasonably affect error rates	[radio]	[radio]	[radio]	[radio]
b) Selecting which corrective actions to include in the CAP	[radio]	[radio]	[radio]	[radio]
c) Determining a realistic timeframe for completion of each initiative	[radio]	[radio]	[radio]	[radio]

Drafting Challenges	Not a Challenge	Minor Challenge	Moderate Challenge	Serious Challenge
d) Gaining buy-in from staff at all levels for specific corrective actions	[radio]	[radio]	[radio]	[radio]
e) Lack of clarity on what was required for the CAP	[radio]	[radio]	[radio]	[radio]
f) State agency policies	[radio]	[radio]	[radio]	[radio]
g) State agency procedures	[radio]	[radio]	[radio]	[radio]
h) State agency resources (e.g., funding for staff, training)	[radio]	[radio]	[radio]	[radio]
i) Local agency resources (e.g., funding for staff, training)	[radio]	[radio]	[radio]	[radio]
j) Other; please specify: [textbox]	[radio]	[radio]	[radio]	[radio]

Q35. What resources could the FNS National Office or Regional Office provide to help your State DRAFT CAPs in the future?

[textbox]

Implementing FY 2019 CAPs

Next, we would like to ask about your agency's processes for IMPLEMENTING FY 2019 CAPS.

Implementation includes the activities that occur after the FNS Regional Office has approved a CAP, such as communicating corrective actions to State and/or local staff and executing the corrective action.

[PROGRAMMING: IF PERCAP=1 AND CAPERCAP=1 THEN SHOW BOTH RESPONSE COLUMN
ELSE IF PERCAP=1 THEN SHOW PER RESPONSE COLUMN ONLY
ELSE IF CAPERCAP=1 THEN SHOW CAPER RESPONSE COLUMN ONLY]

Q36. How were SNAP staff notified about corrective actions included in the FY 2019 CAPs?

[PROGRAMMING: IF PERCAP=1 AND CAPERCAP=1]

Note: This question asks about CAPs for both PER and CAPER. Where applicable, please indicate responses for both CAPs.

Notification Strategies	PER	CAPER
a) All-staff meetings	[checkbox]	[checkbox]
b) State's intranet site	[checkbox]	[checkbox]
c) Regular newsletters (e.g., monthly, quarterly)	[checkbox]	[checkbox]
d) Staff trainings	[checkbox]	[checkbox]
e) Staff were notified some other way	[checkbox]	[checkbox]

[PROGRAMMING: Ask IF Q36e, PER = 1]

Q37a. Please describe the other ways SNAP staff were notified about FY 2019 PER corrective actions.

[textbox]

[PROGRAMMING: Ask IF Q36e, CAPER = 1]

Q37b. Please describe the other ways SNAP staff were notified about FY 2019 CAPER corrective actions.

[textbox]

Q38. Did your agency find any specific strategies or activities to be particularly effective for initially notifying staff about corrective actions?

Note: This question asks about correction actions for both PER and CAPER CAPs.

- 1) Yes
- 2) No

[PROGRAMMING: IF Q38 = 1]

Q38a. Please describe the strategies or activities your agency found most successful for communicating corrective actions with staff.

[textbox]

Q39. Was staff training a component of FY 2019 CAP corrective actions?

- 1) Yes
- 2) No

[PROGRAMMING: IF Q39 = 1 ELSE SKIP to Q42]

[PROGRAMMING: IF PERCAP=1 AND CAPERCAP=1 THEN SHOW BOTH RESPONSE COLUMN
ELSE IF PERCAP=1 THEN SHOW PER RESPONSE COLUMN ONLY
ELSE IF CAPERCAP=1 THEN SHOW CAPER RESPONSE COLUMN ONLY]

Q40. Please indicate the types of staff who received training as a component of any FY 2019 CAP corrective actions.

[PROGRAMMING: IF PERCAP=1 AND CAPERCAP=1]

Note: This question asks about corrective actions for both PER and CAPER CAPs. Where applicable, please indicate responses for both.

Staff	PER	CAPER
a) Eligibility workers	[checkbox]	[checkbox]
b) Eligibility worker supervisors	[checkbox]	[checkbox]
c) QC reviewers	[checkbox]	[checkbox]
d) IT staff	[checkbox]	[checkbox]
e) Contractors	[checkbox]	[checkbox]
f) Community partners	[checkbox]	[checkbox]
g) Management	[checkbox]	[checkbox]
h) Other; please specify: [textbox]	[checkbox]	[checkbox]

[PROGRAMMING: Ask IF Q40h, PER = 1]

Q41a. Please describe the other staff who received training as a component of any FY 2019 PER corrective actions.

[textbox]

[PROGRAMMING: Ask IF Q40h, CAPER = 1]

Q41b. Please describe the other staff who received training as a component of any FY 2019 CAPER corrective actions.

[textbox]

Q42. Does the State agency have any specific strategies or activities it uses to ensure successful implementation of corrective actions?

- 1) Yes
- 2) No

[PROGRAMMING: IF Q42 = 1]

Q42a. Please describe the strategies or activities your agency has found most successful for implementing corrective actions.

[textbox]

Q43. How much of a challenge was each of the following in IMPLEMENTING FY 2019 CAPs? Please select one response for each row.

Implementation Challenges	Not a Challenge	Minor Challenge	Moderate Challenge	Serious Challenge
a) Communicating corrective actions to staff	[radio]	[radio]	[radio]	[radio]
b) Completing activities within the timeframe specified in the CAP	[radio]	[radio]	[radio]	[radio]
c) Lack of funding to develop or fully implement corrective actions	[radio]	[radio]	[radio]	[radio]
d) Reliance on external partners in implementing corrective actions	[radio]	[radio]	[radio]	[radio]
e) Lack of staff to develop or fully implement corrective actions	[radio]	[radio]	[radio]	[radio]
f) IT or data systems limitations	[radio]	[radio]	[radio]	[radio]
g) State agency policies	[radio]	[radio]	[radio]	[radio]
h) State agency procedures	[radio]	[radio]	[radio]	[radio]
i) State agency resources (e.g., funding for staff, training)	[radio]	[radio]	[radio]	[radio]
j) Local agency resources (e.g., funding for staff, training)	[radio]	[radio]	[radio]	[radio]
k) Other; please specify: [textbox]	[radio]	[radio]	[radio]	[radio]

Q44. What resources could the FNS National Office or Regional Office provide to help your State IMPLEMENT CAPs in the future?

[textbox]

Monitoring, Evaluation, and Validation of FY 2019 CAPs

Next, we would like to ask about your agency's processes for EVALUATING AND VALIDATING FY 2019 CAPs.

Validation and evaluation include activities that occur during or after implementation to monitor deficiencies, evaluate corrective actions, and validate their completion with the FNS Regional Office.

[PROGRAMMING: Ask Q45-Q46 IF PERCAP = 1]

Q45. Did your State agency develop a plan to monitor and evaluate implementation of corrective actions included in the FY 2019 PER CAP?

- 1) Yes, when drafting the CAP
- 2) Yes, after drafting the CAP
- 3) No

Q46. Did your FY 2019 PER CAP include measurable benchmarks for corrective actions?

[PROGRAMMING: Display text in popup window on “measurable benchmarks”]

~A **measurable benchmark** is a standard or criteria for assessing progress toward achieving a specific outcome.

- 1) Yes, for each corrective action
- 2) Yes, for some corrective actions
- 3) No

[PROGRAMMING: Ask Q47-Q48 IF CAPERCAP = 1]

Q47. Did your State agency develop a plan to monitor and evaluate implementation of corrective actions included in the FY 2019 CAPER CAP?

- 1) Yes, when drafting the CAP
- 2) Yes, after drafting the CAP
- 3) No

Q48. Did your FY 2019 CAPER CAP include measurable benchmarks for corrective actions?

[PROGRAMMING: Display text in popup window on “measurable benchmarks”]

~A **measurable benchmark** is a standard or criteria for assessing progress toward achieving a specific outcome.

- 1) Yes, for each corrective action
- 2) Yes, for some corrective actions
- 3) No

[PROGRAMMING: IF PERCAP=1 AND CAPERCAP=1 THEN SHOW BOTH RESPONSE COLUMNS
ELSE IF PERCAP=1 THEN SHOW PER RESPONSE COLUMN ONLY
ELSE IF CAPERCAP=1 THEN SHOW CAPER RESPONSE COLUMN ONLY]

Q49. Please indicate the types of information the State used to monitor corrective actions for FY 2019 CAPs.

[PROGRAMMING: IF PERCAP=1 AND CAPERCAP=1]

Note: This question asks about CAPs for both PER and CAPER. Where applicable, please indicate responses for both CAPs.

Types of Information	PER	CAPER
a) FNS QC System (QCS) data	[checkbox]	[checkbox]
b) State QC review data	[checkbox]	[checkbox]
c) Results of internal case review process (e.g., “local office QC”)	[checkbox]	[checkbox]
d) State monitoring and evaluation (ME) results	[checkbox]	[checkbox]
e) FNS Regional Office ME results	[checkbox]	[checkbox]
f) Other sources; please specify: [textbox]	[checkbox]	[checkbox]

Q50. Please describe how the State agency monitored the program for new deficiencies that could occur during implementation of FY 2019 corrective actions. Include information on who was responsible for monitoring, how the data sources were used, and what analytic tools the State used to monitor deficiencies.

[textbox]

Q51. Did implementation of FY 2019 corrective actions lead to the development of new deficiencies or other unintended problems?

- 1) Yes
- 2) No

[PROGRAMMING: IF Q51 = 1]

Q51a. Please describe the deficiencies that arose and how the corrective actions led to their development.
[textbox]

Q52. Did your State agency communicate monitoring or evaluation results of FY 2019 corrective actions with any SNAP staff other than those working directly on CAPs?

1) Yes

2) No

[PROGRAMMING: IF Q52 = 1 ELSE SKIP to Q56]

[PROGRAMMING: IF PERCAP=1 AND CAPERCAP=1 THEN SHOW BOTH RESPONSE COLUMN
ELSE IF PERCAP=1 THEN SHOW PER RESPONSE COLUMN ONLY
ELSE IF CAPERCAP=1 THEN SHOW CAPER RESPONSE COLUMN ONLY]

Q53. How were SNAP staff notified about the results?

[PROGRAMMING: IF PERCAP=1 AND CAPERCAP=1]

Note: This question asks about CAPs for both PER and CAPER. Where applicable, please indicate responses for both CAPs.

Notification Strategies	PER	CAPER
a) All-staff meeting(s)	[checkbox]	[checkbox]
b) State's intranet site	[checkbox]	[checkbox]
c) Newsletter(s)	[checkbox]	[checkbox]
d) Other; please specify: [textbox]	[checkbox]	[checkbox]

[PROGRAMMING: IF PERCAP=1 AND CAPERCAP=1 THEN SHOW BOTH RESPONSE COLUMN
ELSE IF PERCAP=1 THEN SHOW PER RESPONSE COLUMN ONLY
ELSE IF CAPERCAP=1 THEN SHOW CAPER RESPONSE COLUMN ONLY]

Q54. Please indicate which staff received any monitoring or evaluation results.

[PROGRAMMING: IF PERCAP=1 AND CAPERCAP=1]

Note: This question asks about CAPs for both PER and CAPER. Where applicable, please indicate responses for both CAPs.

Staff Notified	PER	CAPER
a) Eligibility workers	[checkbox]	[checkbox]
b) Eligibility worker supervisors	[checkbox]	[checkbox]
c) QC reviewers	[checkbox]	[checkbox]
d) IT/systems staff	[checkbox]	[checkbox]
e) Management/administration	[checkbox]	[checkbox]
f) Other; please specify: [textbox]	[checkbox]	[checkbox]

Q55. Did the State agency share the results with all staff or only those directly involved in the corrective actions?

All staff, regardless of direct involvement

All staff directly involved in implementing corrective actions

Neither of the above

[PROGRAMMING: Ask Q56 IF PERCAP = 1]

Q56. Did your State agency complete any FY 2019 PER corrective actions?

- 1) Yes, completed all corrective actions
- 2) Yes, completed some corrective actions
- 3) No

[PROGRAMMING: If Q56 = 1 | Q56 = 2]

Q56a. For completed FY 2019 PER corrective actions, did your State agency submit documentation to the Regional Office to validate their completion?

- 1) Yes, provided documentation for all completed corrective actions
- 2) Yes, provided documentation for some completed corrective actions
- 3) No

Q56b. Please describe any challenges your State agency faced in completing FY 2019 PER corrective actions or submitting documentation to the Regional Office to validate their completion; please provide specific examples if possible.

[textbox]

[PROGRAMMING: Ask Q56 IF CAPERCAP = 1]

Q57. Did your State agency complete FY 2019 CAPER corrective actions?

- 1) Yes, completed all corrective actions
- 2) Yes, completed some corrective actions
- 3) No

[PROGRAMMING: Ask if Q57 = 1 | Q57 = 2]

Q57a. For completed FY 2019 CAPER corrective actions, did your State agency submit documentation to the Regional Office to validate their completion?

- 1) Yes, provided documentation for all completed corrective actions
- 2) Yes, provided documentation for some completed corrective actions
- 3) No

Q57b. Please describe any challenges your State agency faced in providing documentation to the Regional Office to validate completed corrective actions; please provide specific examples if possible.

[textbox]

Q58. When thinking about EVALUATING AND VALIDATING the FY 2019 CAPs, did your agency find any specific strategies or activities to be particularly successful?

- 1) Yes
- 2) No

[PROGRAMMING: IF Q58 = 1]

Q58a. Please describe the strategies or activities your agency found most successful for EVALUATING AND VALIDATING the FY 2019 CAPs.

[textbox]

Q59. How much of a challenge was each of the following in MONITORING, EVALUATING, and VALIDATING FY 2019 corrective actions? Please select one response for each row.

Monitoring and Evaluation Challenges	Not a Challenge	Minor Challenge	Moderate Challenge	Serious Challenge
a) Developing a plan to monitor implementation of corrective actions	[radio]	[radio]	[radio]	[radio]
b) Identifying measures to track the progress of corrective actions	[radio]	[radio]	[radio]	[radio]
c) Setting up a system to monitor progress on corrective actions	[radio]	[radio]	[radio]	[radio]
d) Evaluating the success of each corrective action	[radio]	[radio]	[radio]	[radio]
e) Providing satisfactory documentation to the FNS Regional Office to validate completion of a corrective action	[radio]	[radio]	[radio]	[radio]
f) State agency policies	[radio]	[radio]	[radio]	[radio]
g) State agency procedures	[radio]	[radio]	[radio]	[radio]
h) State agency resources (e.g., funding for staff, training)	[radio]	[radio]	[radio]	[radio]
i) Local agency resources (e.g., funding for staff, training)	[radio]	[radio]	[radio]	[radio]
j) Other; please specify: [textbox]	[radio]	[radio]	[radio]	[radio]

Q60. What resources could the FNS National Office or Regional Office provide to help your State MONITOR, EVALUATE, or VALIDATE CAPs in the future?
[textbox]

PER/CAPER Wrap-Up

This section asks about your State's overall experience with FY 2019 PER and CAPER CAPs.

Q61. Did State agency staff working on CAPs collaborate with any other State agencies or departments in FY 2019 CAP development and implementation?
1) Yes
2) No

[PROGRAMMING: IF Q61=1]

Q61a. Please describe how the State agency collaborated across agencies or departments to plan the FY 2019 CAP.
[textbox]

Q62. Did your State agency coordinate the FY 2019 PER and/or CAPER CAP activities or corrective actions with other CAPs that were required at that time? Note: Other CAPs can include those related to timeliness, Federal and State monitoring and evaluation results, and internal investigations.
1) Yes
2) No

Q63. Please describe how the State agency coordinated FY 2019 PER/CAPER CAP development and implementation with other CAPs in place or being planned at the same time. *Consider: Which aspects of CAP development and implementation were coordinated? Did the State agency coordinate across program or policy areas? How did the State agency coordinate the CAPs? Did the State agency leverage resources to implement or complete corrective actions?*

[textbox]

Q64. In the past 5 years (since 2017), has the State agency made any policy or operational changes to improve CAP development and implementation?

1) Yes

2) No

[PROGRAMMING: IF Q64=1]

Q64a. Please describe the policy or operational changes your State agency has made to improve CAP development and implementation; include what the change was, when it was made, and whether the change had the intended effect.

[textbox]

Q65. Would your State agency like to make any additional policy or operational changes to improve any phase of CAP development? *Consider Federal, State, and local SNAP policy and operations in your response.*

1) Yes

2) No

[PROGRAMMING: IF Q65=1]

Q65a. Please describe the policy or operational changes your State agency would like to see to improve CAP development and implementation; be as specific as possible regarding what would change and how it would improve CAPs.

[textbox]

Q66. How did the following facilitate successful development and implementation of FY 2019 CAPs? *Please select one response for each row.*

Inputs to Success	Not at All	Not Very Much	Somewhat	Very Much
a) Strong internal leadership	[radio]	[radio]	[radio]	[radio]
b) Support from FNS Regional Office	[radio]	[radio]	[radio]	[radio]
c) Dedicated staff	[radio]	[radio]	[radio]	[radio]
d) Staff buy-in at all levels	[radio]	[radio]	[radio]	[radio]
e) Support from leadership	[radio]	[radio]	[radio]	[radio]
f) Collaborative approach to CAP development	[radio]	[radio]	[radio]	[radio]
g) Funding for corrective actions/new initiatives	[radio]	[radio]	[radio]	[radio]

Q67. Overall, how much of a challenge was each of the following in any phase of FY 2019 CAP planning, drafting, implementation, monitoring, and evaluation? *Please select one response for each row.*

Challenges	Not a Challenge	Minor Challenge	Moderate Challenge	Serious Challenge
a) Competing priorities resulting from COVID-19	[radio]	[radio]	[radio]	[radio]
b) Competing policy or operations priorities (but unrelated to COVID-19)	[radio]	[radio]	[radio]	[radio]
c) Limited staffing resources	[radio]	[radio]	[radio]	[radio]

Challenges	Not a Challenge	Minor Challenge	Moderate Challenge	Serious Challenge
d) Staff turnover	[radio]	[radio]	[radio]	[radio]
e) Limited financial resources	[radio]	[radio]	[radio]	[radio]
f) State agency policies	[radio]	[radio]	[radio]	[radio]
g) State agency procedures	[radio]	[radio]	[radio]	[radio]
h) Local agency resources (e.g., funding for staff, training)	[radio]	[radio]	[radio]	[radio]
i) SNAP data systems enhancements	[radio]	[radio]	[radio]	[radio]
j) Ensuring sustainability of corrective actions	[radio]	[radio]	[radio]	[radio]

Q68. Please describe how COVID-19 affected CAP processes, operations, and/or policies. Consider whether COVID-19 amplified or lessened prior challenges or posed new challenges to the CAP process and whether State agency policies or processes described in this survey have changed because of COVID-19.
[textbox]

[PROGRAMMING: Module 2 IF QCCAP=1 ELSE IF exit the survey]

Module 2. FY 2019 QC Case Completion Rate CAPs

This section asks about your State's FY 2019 QC case completion rate CAP. In November 2020, FNS calculated FY 2019 QC completion rates and notified the FNS Regional Offices which State agencies required CAPs. Many States may have identified and drafted their FY 2019 QC completion rate CAP prior to this notification, while others may have done so in the months that followed. When answering these questions, keep in mind all activities that occurred during the CAP process, regardless of when they occurred in relation to the notification.

Internal and External Resources

QC CAP Staff and Stakeholders

This section asks questions about the staff and stakeholders involved in your State's QC case completion rate CAP process.

Q69. Please provide the name of the department or office responsible for the development and oversight of the FY 2019 QC completion rate CAP.

[textbox]

Q70. Please indicate which State agency staff were involved in each phase of the FY 2019* QC completion rate CAP. You may select more than one CAP phase for each staff person listed. If a staff person was not involved in any CAP phase, check "Not applicable." Please include only State agency merit personnel in considering your responses to this question.

[PROGRAMMING: Display text in popup window on "Phase"]

~*Planning* includes all activities from the time a State agency is notified or aware it needs a CAP to when it starts drafting the CAP. Activities can include conducting the root cause analysis, program analysis, and risk assessment.

~*Drafting* includes all activities that lead to the delivery of the CAP to the FNS Regional Office, including identifying and selecting corrective actions and developing a plan to monitor and evaluate CAP implementation.

~*Implementation* includes the activities that occur after the FNS Regional Office has approved a CAP, such as communicating corrective actions to State and/or local staff and executing the corrective action.

~*Evaluation and validation* include activities that occur during or after implementation to monitor deficiencies, evaluate corrective actions, and validate their completion with the FNS Regional Office.

Stage Agency Staff	Planning	Drafting	Implementation	Evaluation and Validation	Not Applicable
a) QC reviewers	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
b) QC director	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
c) QC statistician(s)	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
d) IT or systems staff	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]
e) Other staff not listed; please specify: [textbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]	[checkbox]

* In November 2020, FNS calculated FY 2019 QC completion rates and notified the FNS Regional Offices which State agencies required CAPs; many States identified and drafted FY 2019 QC completion rate CAP prior to this notification. When thinking about staff involvement during implementation, evaluation, and validation, consider all activities from the time the corrective actions were implemented to when the actions were validated by the Region and the CAP ended (if applicable).

Q71. Were contractors involved in any phase of the FY 2019 QC completion rate CAP? Please check all that apply.

- a) Planning
- b) Drafting
- c) Implementation
- d) Evaluation and validation

Q72. Does your agency offer training to State agency staff working on QC completion rate CAPs? Please select “Yes, for ALL State staff working on CAPs,” “Yes, for SOME State staff working on CAPs,” or “No” for each.

Consider only State agency staff working on QC complete rate CAPs.

[PROGRAMMING: Display text in popup window on “measurable benchmarks”]

~A **measurable benchmark** is a standard or criteria for assessing progress toward achieving a specific outcome.

Training Topics	Yes, for ALL Staff	Yes, for SOME Staff	No
a) Basic training on CAP processes	[radio]	[radio]	[radio]
b) Quantitative analysis	[radio]	[radio]	[radio]
c) Planning of corrective actions	[radio]	[radio]	[radio]
d) Broad-based communication strategies	[radio]	[radio]	[radio]
e) Continuous process improvement	[radio]	[radio]	[radio]
f) Setting of measurable benchmarks	[radio]	[radio]	[radio]
g) Interim reviews	[radio]	[radio]	[radio]
h) Benchmark review	[radio]	[radio]	[radio]
i) Other topics [textbox]	[radio]	[radio]	[radio]

[PROGRAMMING: IF (Q72a | Q72b | Q72c | Q72d | Q72e | Q72f | Q72g | Q72h | Q72i = 1) | (Q72a | Q72b | Q72c | Q72d | Q72e | Q72f | Q72g | Q72h | Q72i = 2)]

Q73. Please upload any training materials covering these or other topics. You may upload up to five documents.

- a) Document 1 [choose file upload]
- b) Document 2 [choose file upload]
- c) Document 3 [choose file upload]
- d) Document 4 [choose file upload]
- e) Document 5 [choose file upload]

Q74. Did (or does) your State agency have a workgroup or committee that worked/works to improve QC case completion? Please consider both internal groups and external or third-party contractors in your response.

- 1) Yes
- 2) No

[PROGRAMMING: IF Q74 = 1]

Q75. Please indicate which phases of FY 2019 QC completion rate CAP development were informed by the State’s workgroup or committee. Please select “Yes” or “No” for each.

FY 2019 CAP Development Phase	Yes	No
a) Planning	[radio]	[radio]
b) Drafting	[radio]	[radio]
c) Implementation	[radio]	[radio]
d) Validation and evaluation	[radio]	[radio]

FNS Regional Office Resources

Q76. Did the FNS Regional Office provide guidance or technical assistance on any of the following topics during any phase of FY 2019 QC completion rate CAP development? Please select “Yes” or “No” for each.

Guidance or Technical Assistance Topics	Yes	No
a) Program analysis	[radio]	[radio]
b) Risk assessment	[radio]	[radio]
c) Root cause analysis	[radio]	[radio]
d) Suggestions for corrective actions	[radio]	[radio]
e) Selection of corrective actions	[radio]	[radio]
f) Draft CAP content	[radio]	[radio]
g) Implementation of corrective actions	[radio]	[radio]
h) Monitoring and evaluation	[radio]	[radio]
i) Preparation of CAP semiannual updates	[radio]	[radio]
j) CAP validation	[radio]	[radio]
k) Other topics; please specify: [textbox]	[radio]	[radio]

Q77. Please describe the guidance or technical assistance received from the FNS Regional Office that your agency found most valuable to FY 2019 QC completion rate CAP development; include how the information was provided by the FNS Regional Office, how it was used by the State agency, and how it was valuable to your processes.

[textbox]

If you have materials provided by the FNS Regional Office that were valuable to FY 2019 QC completion rate CAP development, please use the file upload field to share this information. *You can upload up to four documents in the fields below.*

- a) Document 1 [choose file upload]
- b) Document 2 [choose file upload]
- c) Document 3 [choose file upload]
- d) Document 4 [choose file upload]

Planning FY 2019 CAPs

Next, we would like to ask about your agency’s processes for **PLANNING** FY 2019 QC completion rate CAPs.

Planning includes all activities from the time a State agency is notified or aware it needs a CAP to when it starts drafting the CAP. Activities can include conducting the root cause analysis, program analysis, and risk assessment.

Q78. Which statement best describes the status of CAP planning when the State agency was notified it would need a QC completion rate CAP to address FY 2019 deficiencies? Please select “Yes” or “No” for each.

CAP Planning Status	Yes	No
a) We had already completed all aspects of planning (e.g., root cause analysis, program analysis, risk assessment) and were ready to begin drafting the CAP.	[radio]	[radio]
b) We had already begun working on some aspects of planning but were not ready to begin drafting the CAP.	[radio]	[radio]
c) We had not begun planning but were aware we would need a CAP for FY 2019 error rates.	[radio]	[radio]

CAP Planning Status	Yes	No
d) We were unaware we would need a CAP for FY 2019 error rates until we received the official notification from FNS.	[radio]	[radio]

Q79. Please indicate which types of data the State used to conduct the ROOT CAUSE ANALYSIS and RISK ASSESSMENT for FY 2019 QC completion rate CAP.

[PROGRAMMING: Display text in popup window on “Root Cause Analysis”]

~*Root cause analysis* is a systematic approach to identifying the source, or origin, of an identified payment or case and procedural error.

[PROGRAMMING: Display text in popup window on “Risk Assessment”]

~*Risk assessment* is a systematic approach to quantifying the extent or magnitude of each root cause (e.g., the number of participants or households affected, the amount of loss to the program or participants in dollars).

Types of Data	Root Cause Analysis	Risk Assessment
a) FNS QC System (QCS) data	[checkbox]	[checkbox]
b) State monitoring and evaluation (ME) results	[checkbox]	[checkbox]
c) Other sources; please specify: [textbox]	[checkbox]	[checkbox]
d) Did not conduct this analysis	[checkbox]	[checkbox]

[PROGRAMMING: IF Q79c = 1]

Q80. You’ve indicated the State agency used “other sources” to conduct root cause analysis and/or risk assessments. Please describe each of the other sources of data, how they were used, and who collected the data.

[textbox]

Q81. Please describe the staff responsible for conducting root cause analysis and risk assessment for your State agency’s FY 2019 QC completion rate CAP; include their roles, responsibilities, and qualifications (if applicable).

[textbox]

Q82. Please describe the State agency’s approach to PROGRAM ANALYSIS; include information on who conducted the analysis and the sources of information used to assess program characteristics.

[PROGRAMMING: Display text in popup window on “Program Analysis”]

~*Program analysis* is the process of assessing policies, practices, and procedures to determine whether any led to the root causes of errors.

[textbox]

Q83. Please share the results of any ROOT CAUSE ANALYSES, RISK ASSESSMENTS, or PROGRAM ANALYSES that informed the FY 2019 QC completion rate CAP using the file upload fields below. *You may upload up to three documents using the fields below.*

a) Document 1 [choose file upload]

b) Document 2 [choose file upload]

c) Document 3 [choose file upload]

Q84. Please indicate which of the following activities your State agency engaged in when **PLANNING** the FY 2019 QC completion rate CAP. Please select “Yes” or “No” for each.

Activities	Yes	No
a) Established collaborative team	[radio]	[radio]
b) Consulted with FNS Regional Office	[radio]	[radio]
c) Reviewed State agency policy or procedures manuals	[radio]	[radio]
d) Assessed frequency of errors resulting from root causes	[radio]	[radio]
e) Conducted interviews or discussions with local agency staff (e.g., eligibility workers, supervisors, QC staff)	[radio]	[radio]
f) Hired consultant to assist with planning activities	[radio]	[radio]
g) Other activities (please specify)	[radio]	[radio]

Q85. When thinking about **PLANNING** for the FY 2019 QC completion rate CAP, did your agency find any specific strategies or activities to be particularly successful?

- 1) Yes
- 2) No

[PROGRAMMING: IF Q85 = 1]

Q86. Please describe the strategies or activities your agency found most successful for planning the QC completion rate CAP; include as much detail as possible, including the staff or departments involved and what made those activities successful.

[textbox]

If you have any documents describing these strategies or activities that you can share with the research team, please upload up to three documents using the file upload fields below.

- a) Document 1 [choose file upload]
- b) Document 2 [choose file upload]
- c) Document 3 [choose file upload]

Q87. How much of a challenge was each of the following in **PLANNING** the FY 2019 QC completion rate CAP? Please select one response for each row.

Planning Challenges	Not a Challenge	Minor Challenge	Moderate Challenge	Serious Challenge
a) Access to staff with necessary expertise	[radio]	[radio]	[radio]	[radio]
b) Other staffing issues (e.g., turnover, lack of training)	[radio]	[radio]	[radio]	[radio]
c) Identifying root causes of errors	[radio]	[radio]	[radio]	[radio]
d) Conducting risk assessment	[radio]	[radio]	[radio]	[radio]
e) Identifying specific policies or procedures which contributed to drop findings	[radio]	[radio]	[radio]	[radio]
f) Limited data to conduct analyses	[radio]	[radio]	[radio]	[radio]
g) SNAP data systems or IT concerns (e.g., staffing, resources, contractual obligations)	[radio]	[radio]	[radio]	[radio]

Q88. What resources could the FNS National Office or Regional Office provide to help your State PLAN QC completion rate CAPs in the future?

[textbox]

Drafting FY 2019 QC Completion Rate CAP

Next, we would like to ask about your agency's processes for DRAFTING your FY 2019 QC completion rate CAP.

Drafting includes the activities that lead to the delivery of the CAP to the FNS Regional Office, including identifying and selecting corrective actions and writing the CAP.

Q89. What inputs did your State agency use to identify corrective actions when drafting the FY 2019 QC completion rate CAP? Please select "Yes" or "No" for each.

Inputs	Yes	No
a) Input from FNS Regional Office	[radio]	[radio]
b) Results of corrective actions from prior CAPs	[radio]	[radio]
c) Information exchange with other State agencies	[radio]	[radio]
d) Strategies identified through a conference, workgroup, or other external activity	[radio]	[radio]
e) Strategies from a published report or other document	[radio]	[radio]
f) Other; please specify: [textbox]	[radio]	[radio]

Q90. How much of a consideration was each of the following in determining what corrective actions could be implemented in the FY 2019 QC completion rate CAP? Please select one response for each row.

Potential Considerations	Not a Consideration	Minor Consideration	Moderate Consideration	Major Consideration
a) The financial resources each corrective action would require	[radio]	[radio]	[radio]	[radio]
b) The staffing resources each corrective action would require	[radio]	[radio]	[radio]	[radio]
c) How quickly a corrective action could be implemented	[radio]	[radio]	[radio]	[radio]
d) How likely a corrective action would be to improve QC case completion	[radio]	[radio]	[radio]	[radio]
e) Results of the State agency's risk assessment	[radio]	[radio]	[radio]	[radio]
f) Whether a corrective action fits within existing program improvement initiatives	[radio]	[radio]	[radio]	[radio]
g) Success of prior actions implemented to improve QC case completion	[radio]	[radio]	[radio]	[radio]
h) The likelihood a corrective action would be sustainable in the long term	[radio]	[radio]	[radio]	[radio]
i) The number of corrective actions proposed	[radio]	[radio]	[radio]	[radio]

Q91. Did the State consider any other factors when deciding which corrective actions to include in its FY 2019 QC completion rate CAP?
[textbox]

Q92. When thinking broadly about DRAFTING the FY 2019 QC completion rate CAP, did your agency find any specific strategies or activities to be particularly successful?

- 1) Yes
- 2) No

[PROGRAMMING: IF Q92 = 1]

Q92a. Please describe the strategies or activities your agency found most successful for DRAFTING the FY 2019 QC completion rate CAP.

[textbox]

If available, you may upload reports or documents describing these activities using the field below.

[choose file upload]

Q93. How much of a challenge was each of the following in DRAFTING FY 2019 QC completion rate CAP?

Please select one response for each row.

Drafting Challenges	Not a Challenge	Minor Challenge	Moderate Challenge	Serious Challenge
a) Identifying corrective actions that would reasonably affect QC case completion	[radio]	[radio]	[radio]	[radio]
b) Selecting which corrective actions to include in the CAP	[radio]	[radio]	[radio]	[radio]
c) Determining a realistic timeframe for completion of each initiative	[radio]	[radio]	[radio]	[radio]
d) Gaining buy-in from staff at all levels for specific corrective actions	[radio]	[radio]	[radio]	[radio]
e) Lack of clarity on what was required for the CAP	[radio]	[radio]	[radio]	[radio]
f) State agency policies	[radio]	[radio]	[radio]	[radio]
g) State agency procedures	[radio]	[radio]	[radio]	[radio]
h) State agency resources (e.g., funding for staff, training)	[radio]	[radio]	[radio]	[radio]
i) Local agency resources (e.g., funding for staff, training)	[radio]	[radio]	[radio]	[radio]
j) Other; please specify: [textbox]	[radio]	[radio]	[radio]	[radio]

Q94. What resources could the FNS National Office or Regional Office provide to help your State DRAFT QC completion rate CAPs in the future?

[textbox]

Implementing FY 2019 QC Completion Rate CAPs

Next, we would like to ask about your agency's processes for IMPLEMENTING your FY 2019 QC completion rate CAP.

Implementation includes the activities that occur after the FNS Regional Office has approved a QC completion rate CAP, such as communicating corrective actions to State and/or local staff and executing the corrective action.

Q95. How were SNAP staff notified about corrective actions included in the FY 2019 QC completion rate CAP?

Notification Strategies	Yes	No
a) All-staff meetings	[radio]	[radio]
b) State's intranet site	[radio]	[radio]
c) Regular newsletters (e.g., monthly, quarterly)	[radio]	[radio]
d) Staff trainings	[radio]	[radio]
e) Staff were notified some other way	[radio]	[radio]

[PROGRAMMING: Ask IF Q95e = 1]

Q96. Please describe the other ways SNAP staff were notified about FY 2019 QC completion rate corrective actions.
[textbox]

Q97. Did your agency find any specific strategies or activities to be particularly effective for initially notifying staff about corrective actions?
1) Yes
2) No

[PROGRAMMING: IF Q97 = 1]

Q97a. Please describe the strategies or activities your agency found most successful for communicating corrective actions with staff.
[textbox]

Q98. Was staff training a component of FY 2019 CAP corrective actions?
1) Yes
2) No

[PROGRAMMING: IF Q98 = 1]

Q99. Please indicate the types of staff who received training as a component of any FY 2019 QC completion rate corrective actions. Please select "Yes" or "No" for each.

Staff	Yes	No
a) Eligibility workers	[radio]	[radio]
b) Eligibility worker supervisors	[radio]	[radio]
c) QC reviewers	[radio]	[radio]
d) IT staff	[radio]	[radio]
e) Contractors	[radio]	[radio]
f) Community partners	[radio]	[radio]
g) Management	[radio]	[radio]
h) Other; please specify: [textbox]	[radio]	[radio]

Q100. Does the State agency use any specific strategies or activities to ensure successful implementation of QC completion rate corrective actions?
1) Yes
2) No

[PROGRAMMING: IF Q100 = 1]

Q100a. Please describe the strategies or activities your agency has found most successful for implementing QC completion rate corrective actions.
[textbox]

Q101. How much of a challenge was each of the following in IMPLEMENTING the FY 2019 QC completion rate CAP? Please select one response for each row.

Implementation Challenges	Not a Challenge	Minor Challenge	Moderate Challenge	Serious Challenge
a) Communicating corrective actions to staff	[radio]	[radio]	[radio]	[radio]
b) Completing activities within the timeframe specified in the CAP	[radio]	[radio]	[radio]	[radio]
c) Lack of funding to develop or fully implement corrective actions	[radio]	[radio]	[radio]	[radio]
d) Reliance on external partners in implementing corrective actions	[radio]	[radio]	[radio]	[radio]
e) Lack of staff to develop or fully implement corrective actions	[radio]	[radio]	[radio]	[radio]
f) IT or data systems limitations	[radio]	[radio]	[radio]	[radio]
g) State agency policies	[radio]	[radio]	[radio]	[radio]
h) State agency procedures	[radio]	[radio]	[radio]	[radio]
i) State agency resources (e.g., funding for staff, training)	[radio]	[radio]	[radio]	[radio]
j) Local agency resources (e.g., funding for staff, training)	[radio]	[radio]	[radio]	[radio]
k) Other; please specify: [textbox]	[radio]	[radio]	[radio]	[radio]

Q102. What resources could the FNS National Office or Regional Office provide to help your State IMPLEMENT QC completion rate CAPs in the future?
[textbox]

Monitoring, Evaluation, and Validation of FY 2019 QC Completion Rate for CAPs

Next, we would like to ask about your agency's processes for EVALUATING AND VALIDATING your FY 2019 QC completion rate CAP.

Validation and evaluation include activities that occur during or after implementation to monitor deficiencies, evaluate corrective actions, and validate their completion with the FNS Regional Office.

Q103. Did your State agency develop a plan to monitor and evaluate implementation of corrective actions included in the FY 2019 QC completion rate CAP?

- 1) Yes, when drafting the CAP
- 2) Yes, after drafting the CAP
- 3) No

Q104. Did your FY 2019 QC completion rate CAP include measurable benchmarks for corrective actions?

[PROGRAMMING: Display text in popup window on "measurable benchmarks"]

~A **measurable benchmark** is a standard or criteria for assessing progress toward achieving a specific outcome.

- 1) Yes, for each corrective action
- 2) Yes, for some corrective actions
- 3) No

Q105. Please indicate the types of information the State used to monitor corrective actions for the FY 2019 QC completion rate CAP. Please select “Yes” or “No” for each.

Types of Data	Yes	No
a) FNS QC System (QCS) data	[radio]	[radio]
b) State QC review data	[radio]	[radio]
c) Other sources; please specify: [textbox]	[radio]	[radio]

Q106. Did your State agency communicate monitoring or evaluation results of FY 2019 corrective actions with any SNAP staff other than those working directly on the QC completion rate CAP?

- 1) Yes
- 2) No

[PROGRAMMING: IF Q106 = 1 ELSE SKIP to Q110]

Q107. How were SNAP staff notified about the results? Please select “Yes” or “No” for each.

Notification Strategies	Yes	No
a) All-staff meeting(s)	[radio]	[radio]
b) State’s intranet site	[radio]	[radio]
c) Newsletter(s)	[radio]	[radio]
d) Other; please specify: [textbox]	[radio]	[radio]

Q108. Please indicate which staff received any monitoring or evaluation results. Please select “Yes” or “No” for each.

Staff	Yes	No
a) Eligibility workers	[radio]	[radio]
b) Eligibility worker supervisors		
c) QC staff (reviewers/managers)	[radio]	[radio]
d) IT/systems staff	[radio]	[radio]
e) Management/administration	[radio]	[radio]
f) Other; please specify: [textbox]	[radio]	[radio]

Q109. Did the State agency share the results with all staff or only those directly involved in the corrective actions?

- 1) All staff, regardless of direct involvement
- 2) All staff directly involved in implementing corrective actions
- 3) Neither of the above

Q110. Did your State agency complete any FY 2019 QC completion rate corrective actions?

- 1) Yes, completed all corrective actions
- 2) Yes, completed some corrective actions
- 3) No

[PROGRAMMING: Ask if Q110 = 1 | Q110 = 2]

Q110a. For completed FY2019 QC completion rate corrective actions, did your State agency submit documentation to the Regional Office to validate their completion?

- 1) Yes, provided documentation for all completed corrective actions
- 2) Yes, provided documentation for some completed corrective actions
- 3) No

Q110b. Please describe any challenges your State agency faced in completing FY 2019 QC completion rate corrective actions or submitting documentation to the Regional Office to validate their completion; please provide specific examples if possible.

[textbox]

Q111. When thinking about EVALUATING AND VALIDATING the FY 2019 QC completion rate CAP, did your agency find any specific strategies or activities to be particularly successful?

1) Yes

2) No

[PROGRAMMING: IF Q111 = 1]

Q111a. Please describe the strategies or activities your agency found most successful for EVALUATING AND VALIDATING the FY 2019 QC completion rate CAP.

[textbox]

Q112. How much of a challenge was each of the following in MONITORING, EVALUATING, and VALIDATING FY 2019 QC corrective actions? Please select one response for each row.

Monitoring and Evaluation Challenges	Not a Challenge	Minor Challenge	Moderate Challenge	Serious Challenge
a) Defining or identifying measures to track the progress of corrective actions	[radio]	[radio]	[radio]	[radio]
b) Setting up a system to monitor progress on corrective actions	[radio]	[radio]	[radio]	[radio]
c) Evaluating the success of each corrective action	[radio]	[radio]	[radio]	[radio]
d) Providing satisfactory documentation to the FNS Regional Office to validate completion of a corrective action	[radio]	[radio]	[radio]	[radio]
e) State agency policies	[radio]	[radio]	[radio]	[radio]
f) State agency procedures	[radio]	[radio]	[radio]	[radio]
g) State agency resources (e.g., funding for staff, training)	[radio]	[radio]	[radio]	[radio]
h) Local agency resources (e.g., funding for staff, training)	[radio]	[radio]	[radio]	[radio]
i) Other; please specify: [textbox]	[radio]	[radio]	[radio]	[radio]

Q113. What resources could the FNS National Office or Regional Office provide to help your State agency MONITOR, EVALUATE, or VALIDATE QC completion rate CAPs in the future?

[textbox]

QC Completion Rate CAP Wrap-Up

This section asks about your State's overall experience with your FY 2019 QC completion rate CAP.

Q114. Did State agency staff working on CAPs collaborate with any other State agencies or departments in the FY 2019 QC completion rate CAP development and implementation?

1) Yes

2) No

[PROGRAMMING: IF Q114=1]

Q114a. Please describe how the State agency collaborated across agencies or departments to plan the FY 2019 QC completion rate CAP.

[textbox]

Q115. Please describe how the State agency coordinated FY 2019 QC completion rate CAP development and implementation with other CAPs in place or being planned at the same time. Consider: Which aspects of CAP development and implementation were coordinated? Did the State agency coordinate across program or policy areas? How did the State agency coordinate the CAPs? Did the State agency leverage resources to implement or complete corrective actions?

[textbox]

Q116. In the past 5 years (since 2017), has the State agency made any policy or operational changes to improve QC completion rate CAP development and implementation?

1) Yes

2) No

[PROGRAMMING: IF Q116=1]

Q116a. Please describe the policy or operational changes your State agency has made to improve QC completion rate CAP development and implementation; include information about the change, when it was made, and whether it had the intended effect.

[textbox]

Q117. Would your State agency like to make any additional policy or operational changes to improve any aspect of QC completion rate CAP development? Consider Federal, State, and local SNAP policy and operations in your response.

1) Yes

2) No

[PROGRAMMING: IF Q117=1]

Q117a. Please describe the policy or operational changes your State agency would like to see to improve QC completion rate CAP development and implementation; be as specific as possible regarding what would change and how it would improve QC completion rate CAPs.

[textbox]

Q118. How did the following facilitate successful development and implementation of your FY 2019 QC completion rate CAP? Please select one response for each row.

Inputs to Success	Not at All	Not Very Much	Somewhat	Very Much
a) Strong internal leadership	[radio]	[radio]	[radio]	[radio]
b) Support from FNS Regional Office	[radio]	[radio]	[radio]	[radio]
c) Dedicated staff	[radio]	[radio]	[radio]	[radio]
d) Staff buy-in at all levels	[radio]	[radio]	[radio]	[radio]
e) Support from leadership	[radio]	[radio]	[radio]	[radio]
f) Collaborative approach to CAP development	[radio]	[radio]	[radio]	[radio]
g) Funding for corrective actions/new initiatives	[radio]	[radio]	[radio]	[radio]

Q119. Overall, how much of a challenge was each of the following in any phase of FY 2019 CAP planning, drafting, implementation, monitoring, and evaluation? *Please select one response for each row.*

Challenges	Not a Challenge	Minor Challenge	Moderate Challenge	Serious Challenge
1. Competing priorities resulting from COVID-19	[radio]	[radio]	[radio]	[radio]
2. Competing policy or operations priorities (but unrelated to COVID-19)	[radio]	[radio]	[radio]	[radio]
3. Limited staffing resources	[radio]	[radio]	[radio]	[radio]
4. Staff turnover	[radio]	[radio]	[radio]	[radio]
5. Limited financial resources	[radio]	[radio]	[radio]	[radio]
6. State agency policies	[radio]	[radio]	[radio]	[radio]
7. State agency procedures	[radio]	[radio]	[radio]	[radio]
8. Local agency resources (e.g., funding for staff, training)	[radio]	[radio]	[radio]	[radio]
9. SNAP data systems enhancements	[radio]	[radio]	[radio]	[radio]
10. Ensuring corrective actions are sustainable	[radio]	[radio]	[radio]	[radio]

Q120. Please describe the extent to which COVID-19 affected QC completion rate CAP processes, operations, and/or policies. *Consider whether COVID-19 amplified or lessened prior challenges or posed new challenges to the CAP process and whether State agency policies or processes described in this survey have changed because of COVID-19.*

[textbox]

Thank you for completing our survey!

Appendix B.2. Challenges for SNAP State Agencies in Implementing Corrective Action Plans: Followup Interview Guide Protocol

Purpose

Insight will conduct followup interviews with State agencies completing the SNAP Corrective Action Plan (CAP) Development and Implementation Survey. The followup interviews with State agencies will be designed to resolve issues with survey completion such as (1) incomplete responses to survey questions, (2) conflicting information provided, and (3) clarification needed to solidify the team's understanding of CAP processes. This protocol presents a systematic strategy for reviewing survey responses and accompanying documentation and preparing interview questions to resolve any concerns.

Instructions for analysts

State profile leads (analysts) should follow this protocol to review survey responses and State-submitted documentation and craft followup questions to clarify processes and procedures related to CAP development and implementation.

Section A describes the overarching framework for guiding our approach to developing the followup interview guide, section B provides guidance for reviewing survey responses and selecting interview topics, and section C describes how to craft the followup interview guide using the template protocol provided.

A. Guiding Questions

The following questions guide our approach to identifying topics and drafting followup interview questions:

- ▶ Does the information enable us to describe State agency processes and procedures?
 - Are there any incomplete or unanswered questions that could improve our ability to describe State agency processes and procedures?
- ▶ Is there conflicting or inconsistent information presented in responses to survey questions or in the documentation provided?
- ▶ Does the information provided facilitate describing the differences and similarities in processes and procedures across study States?
 - If not, what additional details would inform that comparison?

B. Review Survey Responses and Select Interview Topics

Review the survey responses exported by the survey lead (1) for completeness and (2) for specific topics of interest to inform promising approaches and challenges.

1. Review for Survey Completeness

Within 3 weeks of the State agency's survey completion, review survey responses and record potential concerns and followups in the Excel spreadsheet (see appendix A):

- ▶ Review each survey response to flag questions that were inappropriately skipped or are incomplete.
- ▶ Review responses to questions for consistency; flag survey responses that may contradict one another for potential followup.

Example: Question 2 asks which department or office is responsible for the PER CAP. If the SNAP Office of Quality Control is provided in response to question 2, we would expect “QC director” and “State QC staff” to have a role in most (if not all) CAP development phases. If the State agency selected “Not applicable” for these staffing categories in question 3, this would require followup to ensure both questions were completed correctly.

- ▶ Read through responses to open-ended questions and identify any that are unclear or appear to be missing important information.
 - If additional documentation was submitted to support open-ended responses, scan the materials to ensure (1) the desired information can be abstracted from the contents and (2) information is consistent with the open-ended response.
 - Flag responses that require additional followup; when possible, note specific topics requiring clarification or additional information (e.g., what exactly the activity was, who was responsible for certain activities and processes, the outputs and outcomes associated with the activities and processes).

Example: The question below asks about strategies or activities the agency found to be successful in planning the FY 2019 CAPs. If a State agency selects “Yes,” they are prompted to describe those strategies or activities, but they may also upload a file describing the activities. When available, the State profile lead will review both the open-ended response and the file upload to determine whether followup is needed to understand the strategies the State agency found to be particularly successful in drafting their CAPs.

Q26. When thinking about PLANNING for the FY 2019 CAPs, were there any specific strategies or activities your agency found to be particularly successful?

- 1) Yes
- 2) No

[PROGRAMMING: IF Q26 = 1]

Q27. Please describe the strategies or activities your agency found most successful for planning the CAPs; include as much detail as possible, including the staff or departments involved and what made those activities successful.

[text box]

If you have any documents describing these strategies or activities that you can share with the research team, please upload up to three documents using the file upload fields below.

- a) Document 1 [choose file upload]
- b) Document 2 [choose file upload]
- c) Document 3 [choose file upload]

2. Specific Topics of Interest

Determine if clarification is needed about specific topics of interest, and plan to collect additional input if time permits for followup questions. Record any points needing clarification in the Excel spreadsheet (appendix B.3):

- ▶ **Use and role of internal committees or review teams in the CAP process.** Review Q7/8 (PER), Q14/15 (CAPER), and Q74/75 (QC) to identify whether internal committees or review teams were involved in CAP process(es).
 - When the committee/review team is identified, review descriptions to ensure complete understanding of their involvement (e.g., who is on the committee, their role in the CAP, information they provided to the core CAP team, specific inputs they provided for CAPs processes). Flag specific questions for potential followup.
- ▶ **Strategies or activities the State agency found most successful.** Review Q27/86 (planning), Q33a/92 (drafting), Q42a/100 (implementing), Q58a/111 (evaluating and validating) to identify the strategies and activities State agencies reported as most successful.
 - When a successful strategy/activity is identified, review descriptions and any uploaded documents to ensure complete understanding of the activities described (e.g., who led or “owned” the activity, who was involved, under what circumstances these are helpful, whether the activity is replicable, whether it is sustainable in the long term, whether it is clear how other State agencies can implement these strategies). Flag specific questions about those strategies for potential followup.
- ▶ **Resource needs from FNS.** Review Q29/88 (planning), Q35/94 (drafting), Q44/102 (implementing), Q60/113 (evaluating and validating) to identify specific resources State agencies indicated the FNS Regional Office could provide to them to help with CAP processes.
 - Flag specific resources for potential followup to understand what an agency would find most useful (e.g., specific topics, formats for training, challenge/need to be addressed).
- ▶ **Collaboration with other agencies.** Review responses to Q61/114 to identify whether and how State agencies collaborated with other agencies in State government.
 - When collaboration is identified, review descriptions to ensure complete understanding of the collaboration (e.g., who was involved, the roles of different agencies, what the collaboration entailed, whether the other agencies provided information or input to specific CAPs processes). Flag specific questions for potential followup.
- ▶ **COVID-related challenges.** Review responses to Q68 and Q120 to identify whether State agency identified COVID-related challenges in CAP development. Agencies were not asked to provide additional details on the challenges; add a followup question:
 - You reported that COVID-19 posed a [major, minor] challenge in your State agency’s CAP development. Could you tell us more about that? Do you feel that is still a challenge for your agency? Is there anything your agency might have done differently if COVID-19 hadn’t posed that challenge?

- ▶ **Use and role of data systems or IT.** Review Q3/28/87/ to identify whether the State agency includes data systems and IT staff or contractors in the CAP process, and whether the State agency reports data systems or IT limitations as major challenges in any phase of CAP development. Add followup questions to better understand the IT staff role in CAP development:
 - *[Summarize survey reporting.]* Could you describe your State agency’s IT support, for instance whether it is internally staffed or contracted out? How are IT staff involved in CAP development *[specify stage/phase when indicated in survey]*? How often do corrective actions require fixes to programming errors or “bugs”? When do data systems or IT limitations pose a challenge for your CAPs?
- ▶ **Use and role of contractors in the CAP process** (if different from IT). Review Q6 (PER), Q13 (CAPER), and Q71 (QC) to identify whether contractors were involved in CAP process(es). Flag for followup if time allows.
- ▶ **[For County-administered programs] Collaboration across counties.** Review responses to open-ended questions to identify whether SNAP State agency identifies county-level administrator involvement in responses.
 - When county-level inputs are identified, review descriptions to ensure complete understanding of counties contributions to each phase of CAP development. Flag specific questions for potential followup.
 - When county-level inputs are not identified, draft followup interview question to explore extent to which county administrators contribute to CAP planning, drafting, implementation, and monitoring, evaluation, and validation:
 - We understand that *[State name]* operates a county-administered SNAP. Could you describe generally, how administrators or staff at the county-level inform the CAP development process? *[prompts: Involvement in root cause or program analysis? Identifying or selecting corrective actions to address deficiencies? Communicating corrective actions to staff, conducting corrective actions? Monitoring implementation of corrective actions?]*

3. Finalize Topics for Followup

Discuss each survey question and potential followup topics with the project director to (1) ensure followup is necessary and (2) prioritize followup questions, if needed.

C. Craft Interview Questions

After finalizing topics for followup—

- ▶ Draft followup questions using the followup prompts in table B.2.1.
 - Prompts are specific to the type of survey response issue (incomplete/missing responses, conflicting information, clarification needed).
- ▶ Enter interview questions in the standardized interview guide template (see appendix B.4.).
- ▶ Notify project director the followup survey draft is ready for review.

Table B.2.1. Prompts for Drafting Followup Questions by Survey Topic

Survey Response Issue	Followup Prompt
Incomplete response to survey question	We asked about <i>[survey item language]</i> , and <i>[you selected/the response provided was]</i> <i>[summarize response; identify gap where appropriate]</i> . Could you tell us more about <i>[topic]</i> ?
Conflicting information provided in response to questions	We asked about <i>[survey item language]</i> . You indicated <i>[summarize response]</i> . We also asked about <i>[survey item language]</i> , and you responded that <i>[summarize response]</i> . Could you tell us more about <i>[topic]</i> ?
Clarifying survey responses	The survey included a question about <i>[survey item language]</i> . You indicated <i>[summarize response]</i> . We want to better understand <i>[topic]</i> . Could you tell us more about it?
Transitional language by section	Those are all the followup questions we have about <i>[CAP type and/or survey topic]</i> . Next, we would like to ask about <i>[CAP type and/or survey topic]</i> .

Appendix B.3. Excel Template for Recording Followup Interview Topics

Table B.3.1. Example Table for Reviewing Survey Responses and Flagging Concerns

CAP Type	Survey Topic	Question No.	Missing/Skipped Questions	Clarity	Consistency	Notes
CAPER	Implementing	45 and 45a	SA responded “Yes” to Q45; indicates a specific strategy was found to be effective for communicating corrective actions to staff. Skipped Q45a, which asked them to describe the strategy			
PER	Internal and External Resources	2 and 3	empty cell		Q2 indicates the QC director is responsible for development and oversight of PER CAP; Q3 indicates QC director was not involved in any phase of CAP development	
PER/ CAPER	Drafting	36	empty cell	Q36 open-ended followup indicates most successful strategy was “collaboration” with no further details		Ask: who was involved, what was their role, how did this lead to drafting successful CAP?

Appendix B.4. Followup Interview Guide Template

Hello. Thank you for joining us. I'm [name], a [title] at Insight Policy Research. [Name] is also joining us on the call to take notes. As you know, the U.S. Department of Agriculture's Food and Nutrition Service is conducting this study to better understand SNAP State agencies' use of Corrective Action Plans (CAPs). Thank you for completing the survey on CAP implementation in SNAP State agencies and agreeing to speak with us today. During today's discussion, we would like to ask you clarifying questions about your survey responses to help us better understand the use of CAPs in your State.

We will take notes during the interview and would like to record the conversation to help us remember the information we collect. The information you share with us today will be summarized and combined with information gathered from your survey responses. Nothing you say will ever be linked to your name. However, because of the relatively small number of States participating in the study, it is possible a response could be attributed to you.

Do you have any questions for me before we start?

Do I have your permission to record the conversation?

A. PER/CAPER CAP (if applicable)

First, we'll start with followup questions related to your State's FY 2019 *[payment error rate AND/OR case and procedural error rate]* CAP.

1. Staff involvement

Our first question(s) is/are about staff involvement in the *[CAP type]*.

[Insert followup interview questions, as needed]

Those are all the followup questions we have about staff involvement in the *[CAP type]*. Next, we would like to ask about *[topic]*.

2. CAP processes

[Insert followup interview questions, as needed]

Those are all the followup questions we have about *[CAP processes]*. Next, we would like to ask about *[topic]*.

3. Challenges and resources

[Insert followup interview questions, as needed]

That was my last question about the *[PER and/or CAPER]* CAP processes. Is there anything else we didn't ask about today or in the survey that is important for us to know?

B. QC Case Completion Rate CAP (if applicable)

Now, we have some followup questions related to your State's FY 2019 QC case completion rate CAP.

1. Staff involvement

Our first question(s) is/are about staff involvement.

[Insert followup interview questions, as needed]

Next, we would like to ask about *[topic]*.

2. CAP processes

[Insert followup interview questions, as needed]

Those are all the followup questions we have about *[CAP processes]*. Next, we would like to ask about *[topic]*.

3. Challenges and Resources

[Insert followup interview questions, as needed]

That was my last question about the QC completion rate CAP process. Is there anything else we didn't ask about today or in the survey that is important for us to know about QC CAPs?

C. Closing/Wrap-Up

Those are all the questions I have for you today. Is there anything you would like to share that you didn't get a chance to mention?

If you have questions or concerns after the call, please feel free to reach out to me. We will be in touch in early September to give you an opportunity to review and provide feedback on your State agency's State profile. Thank you for taking the time to speak with me today.

Appendix B.5. Challenges for SNAP State Agencies in Implementing Corrective Action Plans: Regional Office SNAP QC SME Interview Protocol

Hello. Thanks for joining us. I'm Jennifer Pooler a Senior Study Director at Insight Policy Research, and Chrissy Steigelman / Lizzie Nelson is also joining us on the call to take notes. We also have Kristen Corey on the line from FNS Office of Policy Support. As you know, FNS is conducting a study to better understand SNAP State agencies' use of corrective action plans (CAPs).

During today's discussion, we would like to hear about your Regional Office's role in CAP development and implementation. We would also like to learn more about your experiences with the States, the processes State agencies engage in, and any best practices or lessons learned you've observed in working with them.

For the purposes of this study, CAP development and implementation includes all steps from the time a State is notified of their deficiency until the deficiency or root causes of a deficiency are addressed by the State agency and validated by the Region. We are interested only in payment error rate (PER), case and procedural error rate (CAPER), and Quality Control (QC) completion rate CAPs.

We will take notes during the interview and would like to record the conversation to help us remember the information we collect. The information you share with us today will be summarized and combined with information gathered from other people we interview. We will not link anything you say to your name in any reports or other project deliverables; however, the specific divisions we speak to will be identified.

Do you have any questions for me before we start?

Do I have your permission to record the conversation?

A. Role in CAP Development and Implementation

I'd like to learn about your roles and responsibilities.

1. What is your current job title or position?
[Probe: How long have you been in this position?]
2. What are your primary responsibilities as they relate to corrective action plans?

B. Regional Office Support for State CAPs

Now I'd like to learn about the Regional Office's role in CAP development and implementation.

1. Could you describe the Regional Office's role as it relates to CAPs, starting with how deficiencies are identified?
[Prompt, if needed: What is the typical CAP process when States in your Region have a deficiency?]

[Probe: How are States notified of the need for a CAP?]

2. Could you tell me about any data analyses the Regional Office conducts to support State agencies' CAP development efforts?

[Probe: Could you tell me more about the root cause analysis?]

[Probe: What data sources are used for the root cause analysis? What analyses are typically conducted? Do the data sources or analyses differ for PERs, CAPERs, and QC completion rates?]

3. Does the Regional Office have a standard process for accepting and reviewing draft CAPs?

[Prompt, if yes: Could you describe that process?]

[Prompt, if no: Could you describe the processes you use to accept and validate a State's CAP?]

[Probe: What about processes for approving CAPs that address deficiencies that span multiple years? Could you describe your processes for those?]

4. Could you tell me about the process for when States request to remove a resolved deficiency from a CAP?

5. What types of support or resources does the Regional Office provide to State agencies developing or implementing CAPs?

[Prompt, if needed: Do you provide in-person or online trainings, procedure manuals, real-time assistance, or other materials?]

[Probe: Does your office play a role in helping State agencies develop and implement **sustainable solutions?]**

[Probe: When do you provide support to State agencies? (e.g., upon State agency request, regular Regional Office meetings, etc.)]

[Probe: How frequently is assistance provided?]

[Probe: Do resources vary by the type of deficiency?]

6. Could you tell me about any support State agencies specifically request while developing CAPs?

[Probe: At what stages of CAP development do State agencies typically request support?]

[Probe: Do different States have different requests? If yes, why?]

7. Are there supports or resources State agencies need but the Regional Office is unable to provide?

C. Understanding of State CAP Development and Implementation

We would like to understand the types of activities States generally engage in when developing CAPs. I'm going to ask you about four stages: planning, drafting, implementation, and validation and evaluation. If you aren't sure what activities State agencies conduct, that's okay. Just tell us what you have observed in your experiences with the States.

1. First, could you tell me what types of State agency staff are typically involved in CAP development and implementation?
[Probe: How, if at all, does staffing vary across States in your region?]
2. Now I'd like to get an overview of State activities while planning CAPs. Could you tell me what State agencies do from the time they are notified they will need a CAP to when they start drafting the CAP?
[Probe: How do States identify root causes? What data sources do they use?]
[Probe: Could you tell me about program analyses the States conduct? Or the risk assessment process?]
[As needed: Common program analyses include statistical analysis and contextual analysis of policies, practices, procedures that led to root causes. Common risk assessment processes include reviewing the frequency of errors as a result of root causes and the fiscal impact of errors as a result of root causes]
[Probe: Are these steps fairly similar across State agencies in your region? If no, could you talk a little about how they differ?]
3. After the State agency completes these planning activities, they draft the CAP for review by the Regional Office. Could you describe a typical State agency's approach to identifying corrective actions and drafting the CAP?
[Probe: Could you tell me how State agencies select and prioritize initiatives?]
[Probe: To what extent do State agencies consider sustainability when considering initiatives?]
[Probe: To what extent do State agencies consider monitoring and evaluation during the drafting phase?]
[Probe: Are these steps fairly similar across State agencies in your region? If no, could you talk a little about how they are different?]
4. Once a State agency has drafted its CAP and it has been approved by the Regional Office, what is the typical process for implementing the CAP?
[Probe: How do State agencies communicate corrective actions to the staff responsible for implementing them?]
[Probe: What training or other supports are provided to these staff for CAP implementation?]
[Probe: Could you tell us about States' efforts to monitor CAP implementation?]
[Probe: Are these steps fairly similar across State agencies in your region? If no, could you talk a little about how they are different?]
5. Finally, could you describe States' activities related to CAP validation and evaluation?
[Prompt, if needed: How do State agencies monitor deficiencies and evaluate the corrective actions?]
[Probe: What data sources are used to monitor and evaluate deficiencies? How frequently do States conduct assessments?]

***[Probe:** Are these steps fairly similar across State agencies in your region? If no, could you talk a little about how they are different?]*

6. In general, are the activities you've described so far similar for PER, CAPER, and QC completion rate CAPs?

***[Probe:** If no, how are they different? (Planning, drafting the CAP, implementing the CAP, monitoring and evaluation)]*

7. Have States changed their approaches to any of these processes as a result of the COVID-19 pandemic?

Now, I'd like to ask a few questions about information State agencies provide to the Regional Offices.

8. What information do State agencies provide to FNS for the semiannual update
9. What documents or data do State agencies provide to validate that an activity is complete?
10. Are there other reports or analyses State agencies provide to FNS?
 - a. How frequently are they provided?

D. CAP Successes and Challenges

Next, I'd like to get your input on States' successes and challenges in CAP development and implementation.

1. First, how would you define "success" for CAP development and implementation?

***[Prompt/rephrase, if needed:** What makes a CAP successful? How do you know when a State has been successful in CAP development and implementation?]*

***[Probe:** When CAPs are less successful, what tends to be lacking?]*

***[Probe:** Are some CAPs more likely to be successful than others? For instance, does it matter if they are related to PERs or CAPERs?]*

2. What State-level factors contribute to CAP success?

***[Prompt, if needed:** What are some of the reasons some States' CAPs are more successful than others?]*

***[Probe:** Are these different for PERs, CAPERs, or QC completion rate deficiencies?]*

***[Probe:** Do any State-level approaches facilitate successful CAP development and implementation?]*

3. What challenges do State agencies face while developing and implementing CAPs?

***[Probe:** In what stage of the CAP process do State agencies have the most challenges?]*

***[Probe:** Are any challenges specific to PER, CAPER, or QC completion rate?]*

4. Could you describe any State-level factors that pose a barrier to CAP development and implementation?

[Prompt, if needed: Do some States' have more challenges than others?]

5. What suggestions do you have for State agencies to help them achieve success?

E. Recommendations for Conducting the Study

As representatives of the Regional Offices, you have the best first-hand experiences with States developing and implementing CAPs outside of the State agencies themselves. We are considering your experience and expertise to guide our selection of nine State agencies to participate in the study.

1. When we think about recruiting States, we would like to ensure a wide variety of characteristics are represented so we can explore how CAP development, implementation, successes, and challenges might differ across States with different capacities, policies, and procedures. For instance, we will consider whether State agencies are State or county administered and their caseload size. We are also interested in States with different levels of success in implementing CAPs. Are there any other characteristics you suggest we prioritize when selecting States to examine a good mix of practices, facilitators, and barriers to CAPs success?

2. Are there any State agencies from your Region that you would recommend we reach out to for this study?

[Probe: Why do you suggest (State)?]

3. We understand that CAP development and implementation can be a sensitive subject for States, particularly if they struggle with the process. How can we best address those concerns as we reach out and conduct our study?

[Probe: Specific email language? Language to use/avoid?]

[Probe: What would be the best way to explain the benefits of study participation to encourage State agencies to participate?]

F. Resources for Conducting the Study

Finally, I would like to discuss any resources you can share with us to better understand CAPs and selecting States for recruitment. I want to mention that any resources or data shared with us for the study will be used only contextually. That is, we will not publish, reproduce, or share any potentially sensitive information related to States' CAPs. We will only use information as background to better understand State agencies' processes and the resources they have in developing and implementing CAPs.

1. Could you tell us about any materials you have on State agencies' currently active CAPs?

[Probe: Could you share with us your States' active CAPs?]

[Probe: What about the State agencies' most recent semiannual updates? Can you share those?

If States in your region are selected to participate in the study, would you be able to share all of their semiannual updates for their current CAPs?]

[Probe: Does the Regional Office have any historical data or lists of States with CAPs for PER, CAPER, and QC completion rates that would show us how long each State has had a CAP in place?]

2. You mentioned previously that [SEVERAL / list data mentioned in the interview, Section C, questions 3 and 4] types of data are prepared for the State agencies during CAP [planning and/or drafting]. Can you share examples of those reports or data analyses?

G. Closing

Those are all the questions I have for you today. Before we finish, is there anything you would like to share that I haven't asked about or that you didn't get a chance to mention?

[If yes, address those comments]

[If no: Thank you for taking the time to speak with me today. Your input is helpful for our next steps on this study]

If you have questions after the call or you would like to offer additional resources, please feel free to reach out to me. We will be contacting you in the near future to request the materials we discussed today and again when we select States in February or March.

Appendix B.6. Challenges for SNAP State Agencies in Implementing Corrective Action Plans: Federal SME Interview Protocol

Purpose

This interview protocol will be used to collect information from Federal subject matter experts (SMEs) regarding the use of corrective action plans (CAPs) or program improvement plans to resolve and prevent program errors across public assistance programs. These interviews will support study objective 3: Identify effective approaches to CAP development and implementation and recommendations for improving States' ability to conduct corrective action activities.

The protocol has been designed to solicit information from Federal SMEs at the Food and Nutrition Service (FNS) and SMEs at agencies that oversee other public assistance programs (e.g., Centers for Medicare and Medicaid Services, U.S. Department of Labor's Office of Unemployment Insurance).

Interviewer Instructions

1. If the interviewee's agency refers to the corrective action planning process by another name, replace "CAP" with the agency-specific name throughout the interview.
2. If CAPs in the interviewee's program are not developed by State agencies, replace "State agencies" with "program administrators" throughout the interview.
3. Refer to background materials and environmental scan/literature review results to identify program deficiencies that require formal CAPs for each agency interviewed.

Hello. Thanks for joining us. I'm [name], a [title] at Insight Policy Research. [Name] is also joining us on the call to take notes, and we have Kristen Corey on the line from the FNS Office of Policy Support. As you know, the U.S. Department of Agriculture's Food and Nutrition Service is conducting a study to better understand SNAP State agencies' use of corrective action plans, known as CAPs. Federal regulations require SNAP State agencies to engage in activities to identify and resolve common program errors. When high rates of errors are identified, States must develop CAPs that determine the root causes of the errors and specify the corrective actions they will implement to prevent them from occurring in the future. Other public assistance programs have similar requirements but may refer to them by different names.

[For non-FNS SMEs:] We understand that your agency typically refers to this process as [insert process name]. Can you confirm that is correct?

During today's discussion, we would like to hear about your agency's [or specify the name of the agency] practices for addressing program errors through CAPs, [if applicable] the support your agency provides to State agencies in resolving errors, the common challenges State agencies face in resolving errors, and solutions to those challenges.

[For SNAP SMEs:] Our study is focused exclusively on helping FNS support State agencies in developing and implementing CAPs for payment error rates (PER), case and procedural error rates (CAPER), and Quality Control (QC) completion rates. During the interview, feel free to draw from your experiences with other types of program errors or CAPs in addition to those three.

We will take notes during the interview and would like to record the conversation to help us remember the information we collect. The information you share with us today will be summarized and combined

with information gathered from other people we interview. We will not link anything you say directly to your name in any reports or other project deliverables; however, it may be possible for someone to figure out what information you provided.

Do you have any questions before we start?

Do I have your permission to record the conversation?

A. Role in CAP Development and Implementation

I'd like to learn about your role and responsibilities.

1. Could you tell us your current job title or position and describe your role as it relates to program improvement?

[Probe: How long have you been in this position?]

2. *[For non-SNAP SMEs:]* Could you give a general overview of the process for resolving issues related to payment and procedural errors? Please start with how errors are identified and then describe what actions State agencies must take.

[Probe: What is your office's role in that process?]

- a. When are State agencies required to produce a CAP?
- b. Is that process generally the same for all types of program deficiencies? If not, how does it differ?
- c. About how long does the entire CAP process take? **[Prompt, if needed:** How long is it from the time a State agency is notified of the error to when the CAP is completed or closed?]

B. Defining CAP Success

Before we talk about the specifics of the CAP process and best practices, I want to get your broader perspective on CAP success.

1. How would you define "success" for a CAP? **[Prompt/rephrase, if needed:** How do you know when a CAP has been successful?]
- a. Do the issues targeted by the CAP need to improve (e.g., decrease in payment error rate)?
- b. Can a corrective action be considered successful if it addresses errors more efficiently when they do occur instead of preventing them altogether?
- c. Does the corrective action need to be sustainable to be considered successful?
- d. Does the corrective action need to be cost-effective to be considered successful?
- e. Please describe any metrics you use to evaluate a CAP's long-term success.

Interviewer note: Some respondents may prefer terms such as "effective" instead of "successful" to refer to a CAP that improves program administration. As needed, replace "successful" with the preferred term for the rest of the interview.

C. Best Practices for CAPs

For this interview, we have broken down the CAP process into four main steps: planning, drafting, implementation, and evaluation and validation.

Step 1: Planning

Let's start with the activities State agencies do to plan their CAPs.

1. Could you describe the notification State agencies receive regarding the requirement to develop a CAP?
 - a. Would you be willing to share any examples with us?
[Record answer]
2. I'd like to understand what State agencies are required to do to plan a CAP. Can you walk me through the activities in the planning stage?
[Prompt, if needed: Consider Federal guidance, rules, and regulations.]
 - a. *[For requirements that differ from SNAP:]* How does the requirement to *[insert non-SNAP requirement]* affect the success of CAPs? *[Prompt/rephrase, if needed: Would CAPs be more successful, less successful, or the same without that requirement? Why?]*
 - b. What changes could be made to the requirements for CAP planning to increase the success of CAPs?
3. What resources and technical assistance do you provide for CAPs planning?
[Probe: helpful information in the notification, analyses, reports?]
 - a. *[If resources are mentioned:]* Could you share any of those resources with us?
[Record answer]
 - b. Is there any technical assistance or resources you think could be helpful?
4. What do you consider best practices for CAP planning?
[Rephrase, if needed: Can you think of an example of a successful CAP that underwent a strong planning process? How do you think the planning helped make the CAP successful?]
 - a. Who should be involved in CAPs planning?
 - b. What about activities to identify specifically what caused the errors or deficiencies? Are there any best practices for doing that?
[Probe: Who would be responsible for that process at the State agency? Is there anyone involved from outside the State agency?]
 - c. Do State agencies know they will need to develop a CAP before formal notification?
[If yes:] What planning activities do they do before formal notification?
 - i. *[If yes:]* Do you think it affects the success of the CAPs?

5. What common challenges do State agencies face in planning CAPs?

[Probe: Limited capacity or resources? Organizational structure? State or local policies? Limitations of the data systems contract? Limitations of the data systems themselves? Buy-in from other departments and/or partners? Leadership support?]

[Prompt: Can you provide an example of how that challenge affected a State agency's CAP?]

- a. How have State agencies addressed those challenges?
- b. What types of supports or solutions are most effective for addressing those challenges?

[Probe: Training, technical assistance, or guidance offered by the National Office or Regional Office?]

[Prompt: Can you provide an example of an effective solution?]

Step 2: Drafting

Let's move on to drafting the CAP. By drafting, we mean everything from identifying and prioritizing corrective actions through CAP writing, submission, and approval.

6. What are the requirements for drafting and submitting CAPs?

- a. How long do State agencies have to submit the CAP?
- b. What are the required components of a CAP?
- c. *[For requirements that differ from SNAP:]* How does the requirement to *[insert non-SNAP requirement]* affect the success of CAPs? **[Prompt/rephrase, if needed:** Would CAPs be more successful, less successful, or the same without that requirement? Why?]
- d. What changes could be made to the requirements for CAP drafting to increase the success of CAPs?

7. What resources and technical assistance do you provide for CAPs drafting?

[Probe: template, example CAP?]

[If yes:] Could you share that/those with us?

[Record answer]

- a. Is there any technical assistance or resources you think could be helpful?

8. Aside from meeting the requirements, does your agency consider any other factors when deciding to approve a CAP?

- a. Does your agency try to assess whether the corrective actions could have any negative effects on the program? If so, how?

9. What are considered best practices for drafting CAPs?

- a. What are considered best practices for identifying potential corrective actions?
- b. What are considered best practices for choosing corrective actions?

[Probe: Should State agencies consider the sustainability of the corrective action? Cost-effectiveness? Best practices or advice from other State agencies that have had the same type of deficiency? Coordination across local offices with the same deficiency? Results from prior CAPs?]

- c. What are considered best practices for determining the timeline or a completion date for each corrective action?
- d. Who should be involved in drafting CAPs?

10. What common challenges do State agencies face in drafting CAPs?

[Probe: Limited capacity or resources? Organizational structure? State or local policies? Limitations of the data systems contract? Limitations of the data systems themselves? Buy-in from other departments and/or partners? Leadership support?]

[Prompt: Can you provide an example of when a State agency faced a challenge in CAP development and what happened?]

- a. How have State agencies addressed those challenges?
- b. What types of supports or solutions are most effective for addressing those challenges?

[Probe: Training, technical assistance, guidance offered by the National Office or Regional Office?]

[Prompt: Can you provide an example of a solution that was implemented? Was that solution successful? How was success determined?]

Step 3: Implementation

Now we'll move on to the implementation step, when State program staff carry out the corrective actions specified in the CAP.

11. Thinking broadly across different types of corrective actions, what approaches have made implementation successful?

[Probe: Why were those approaches successful? Were stakeholders involved? Did the plan benefit from buy-in from all levels?]

- a. How did State agencies inform staff responsible for implementing the corrective actions? Who was informed?

[Probe: Local-level staff? State-level staff? Other stakeholders?]

- i. Were the staff responsible for implementing the corrective actions involved in planning and/or drafting the CAPs?
- b. What are the best ways to get buy-in or commitment to the CAP?

[Probe: From local-level staff? State-level staff? Other stakeholders?]

12. How often do State agencies need to provide progress updates on their CAPs?

- a. What information do they provide?

- b. How does the update process affect the success of CAPs? **[Prompt/rephrase, if needed:** Would CAPs be more successful, less successful, or the same without those updates? Why?]
 - c. Could the update process be changed in any way to improve CAP success?
13. What common challenges do State agencies face in implementing CAPs?
- [Probe:** Limited capacity or resources? Organizational structure? State or local policies? Limitations of the data systems contract? Limitations of the data systems themselves? Buy-in from other departments and/or partners? Leadership support?]
- [Prompt:** Can you provide an example when a State agency had a common challenge and how it influenced the CAP?]
- a. How have State agencies addressed those challenges?
 - b. What types of supports or solutions are most effective for addressing those challenges?
- [Probe:** Training, technical assistance, guidance offered by the National Office or Regional Office?]
- [Prompt:** Can you provide an example of when an effective solution was implemented?]

Step 4: Evaluation and Validation

Now I'd like to ask you about CAP monitoring, evaluation, and validation.

14. Could you describe the monitoring and evaluation activities State agencies are required to do?
- a. *[For requirements that differ from SNAP:]* How does the requirement to *[insert non-SNAP requirement]* affect the success of CAPs? **[Prompt/rephrase, if needed:** Would CAPs be more successful, less successful, or the same without that requirement? Why?]
 - b. Could anything be changed about the monitoring and evaluation requirements to improve CAP success?
15. How do State agencies use data to track the effectiveness of corrective actions?
- a. Are State agencies required or encouraged to adjust their corrective actions based on their monitoring and evaluation findings?
 - b. Does your agency engage in any direct monitoring or evaluation of corrective actions? If so, please describe.
- [Probe:** Are there specific data sources your agency uses? Who or which department at your agency is involved in these activities? How often do you provide feedback to State agencies?]
16. Thinking broadly across different types of corrective actions, what monitoring and evaluation activities do you consider best practices? **[Prompt/rephrase, if needed:** Do any specific monitoring and evaluation practices usually lead to more successful CAPs?]
- a. How often should State agencies assess their CAPs during the monitoring and evaluation process?

17. What is required to validate the completion of a corrective action and close out the CAP?
 - a. Is there a limit on how long a CAP can be open?
 - b. *[For requirements that differ from SNAP:]* How does the requirement to *[insert non-SNAP requirement]* affect the success of CAPs? ***[Prompt/rephrase, if needed:]*** Would CAPs be more successful, less successful, or the same without that requirement? Why?
 - c. Could anything be changed about validation requirements to improve the success of CAPs?
18. What common challenges do State agencies face in evaluating and validating CAPs?

[Probe:] Limited capacity or resources? Organizational structure? State or local policies? Limitations of the data systems contract? Limitations of the data systems themselves? Buy-in from other departments and/or partners? Leadership support?

 - a. What types of supports or solutions are most effective for addressing those challenges?

[Probe:] Training, technical assistance, guidance offered by the National Office or Regional Office?
 - b. Can you provide an example of a challenge a State agency faced and how it worked to address the challenge?

D. Federal Support and Keys to CAP Success

I'd like to wrap up our discussion by talking about the support your agency provides in the CAP process and what you see as the keys to CAP success.

1. You've described supports and resources that help State agencies in the CAP process. Does your agency provide any other supports to State agencies?

[Probe:] Could you describe the types of support you provide? When do you typically provide those resources?

 - a. *[If yes:]* Would you be willing to share any of those resources with us?

[Record answer]
 - b. How do the resources your agency provides affect the success of CAPs?

[Prompt/rephrase, if needed:] Would CAPs be more successful, less successful, or the same without those resources? Why?
 - d. Are there any additional resources that could be beneficial to support State agencies? Please describe.
 - e. Do State agencies that develop successful CAPs usually request support from your agency?

[Probe:] Could you describe the types of support they request?
2. Do agencies receive any non-Federal support with any part of the CAPs process?

[Probe:] Could you describe these supports? When are they typically provided?

3. You've discussed best practices specific to each of the steps in the CAP process. Overall, what are the most important factors for a CAP to succeed?

[Prompt, if needed: Tell me an example of a successful CAP. What made that CAP successful?]

- a. Are CAPs for certain types of deficiencies or errors usually more successful than others? Why?

[Prompt: For example, how do CAPs for payment errors compare with CAPs for procedural errors?]

- b. Are certain types of corrective actions more likely to succeed than others? Why?

[Prompt: For example, how do staff trainings typically compare with data systems adjustments?]

- c. Are there any specific approaches to staffing that support CAP success?

[Probe: Are CAPs more likely to succeed when stakeholders outside the core program integrity team are included? Why is that?]

4. Of all the challenges you have mentioned, what would you consider the biggest challenges to CAP success?

5. Does your agency have a formal or informal process for gathering feedback from State agencies on barriers and best practices with CAPs? Describe.

6. Have you observed any processes State agencies have used to improve their CAPs over time?

[Prompt, if needed: For example, do State agencies share approaches with each other; do State agencies evaluate policies to determine whether they affect CAPs?]

- a. **[If so:]** Do you know of any policy or operational changes State agencies have made to improve their ability to develop and implement successful CAPs?

- i. What have been the results?

7. Others we've spoken to have mentioned that State agencies can meet all CAP requirements even if the corrective actions ultimately do not improve the error rate. Can that occur in your program?

- a. **[If yes:]** How does that affect the corrective actions State agencies choose to implement?

[Prompt: Do you think that ever causes the focus to shift away from improving the program and toward meeting the requirements, or do agencies keep their CAPs focused on improving the program?]

[If the focus shifts away from program improvement:] How can that be limited or avoided?

E. Closing

Those are all the questions I have for you today. Is there anything you would like to share that you didn't get a chance to mention?

[If yes, address those comments]

During our interview, you mentioned that you would be willing to share several resources related to CAPs. We will follow up with you soon by email to request copies of those materials. If we have any other questions about your responses today as we prepare our report, would you mind if we followed up by email?

[Record answer]

Last, when we draft the report for FNS, we will list the agencies we interviewed for the study. We would also like to acknowledge you personally for sharing your time and knowledge today. Would you like your name included in our written acknowledgments when we write the report?

[Record answer]

If you have questions or concerns after the call, please feel free to reach out to me. Thank you for taking the time to speak with me today.

Appendix B.7. Challenges for SNAP State Agencies in Implementing Corrective Action Plans: Environmental Scan and Literature Review Protocol

Purpose

This protocol will be used by Insight analysts to conduct the environmental scan and literature review for the Challenges for SNAP State Agencies in Implementing Corrective Action Plans study. Throughout the protocol, this process is referred to as the “environmental scan.” By collecting information on the U.S. Department of Agriculture’s Supplemental Nutrition Assistance Program (SNAP) and other relevant agencies and organizations, this data collection activity seeks to address study objective 3: Identify effective approaches to corrective action plan (CAP) development and implementation and recommendations for improving States’ abilities to conduct corrective action activities.

Instructions for Analysts

Research analysts should follow this protocol, consulting the qualitative lead at any time if support is needed. Section A outlines the environmental scan search strategy; section B describes how to conduct searches and organize results; section C describes deduplication, initial screening of search results, and full text download; and section D explains strategies that may be used to add resources.

A. Search Strategy

1. Initial Scan: Membership Organization and Government Websites

Explore membership organization and government websites to (1) identify relevant resources for the environmental scan and (2) identify terms and phrases commonly used to describe program improvement outside of SNAP (for use as key search terms).

Start with the following membership organizations and government agencies:

- ▶ National Association for Program Information and Performance Measurement
- ▶ Association of Government Accountants
- ▶ National Academy of Public Administration
- ▶ U.S. Department of Agriculture
- ▶ U.S. Department of Labor
- ▶ Government Accountability Office
- ▶ Congressional Budget Office
- ▶ Centers for Medicare and Medicaid Services

If other membership organizations are identified through these resources, add them to the list. Log findings in the Excel spreadsheet (see table B.7.1).

Table B.7.1. Example Excel Worksheet for Membership Organization and Government Agency Website Findings

Membership Organization/Government Agency	Webpage/Resource Title	Date Accessed	URL	Terms and Phrases Relevant to Program Improvement	Notes
National Association for Program Information and Performance Measurement (NAPIPM)	NAPIPM Resources	2/1/2022	https://aphsa.org/NAIPM/NAIPM/NAIPM_Resources.aspx	corrective action data	
National Academy of Public Administration	The Collaborative Forum: The Office of Management and Budget's Partnership Fund for Program Integrity and Innovation	2/1/2022	https://napawash.org/academy-studies/the-collaborative-forum-the-office-of-management-and-budgets-partnership-fu	performance improvement	Linked from NAPIPM resources

2. Update Search Terms

The initial search terms to be used in search engines and databases are listed below. Update these search terms using the findings from the review of membership organization and government websites.

- ▶ “corrective action plan” OR “corrective action data” OR “improvement plan” OR “program improvement” OR “quality improvement” OR “performance improvement”

AND

- ▶ “program deficiency” OR “improper payment” OR “payment error” OR “procedural error” OR “program integrity”

AND

- ▶ “public assistance” OR “public administration” OR “education” OR “healthcare” OR “nutrition assistance program” OR “Medicaid” OR “unemployment insurance”

3. Optimize the Searches

Use the following search engines and databases for the environmental scan:

- ▶ Electronic databases
- ▶ Google Scholar
- ▶ PubMed
- ▶ Social Science Research Network

- ▶ JSTOR
- ▶ Wiley Online Library
- ▶ Internet search engines¹
- ▶ Google

Each search must be optimized for the specific database and search engine.

- ▶ For databases that have a thesaurus, add or replace terms in the initial search with terms from the thesaurus (e.g., add “national health programs” as a MeSH [Medical Subject Headings] term in PubMed searches).
- ▶ Ensure the correct operators are used for the search engine (e.g., use “NOT” or “-” to exclude words).
- ▶ When available, use filters to restrict results to publications from 2010 or later, publications in English, and publications that focus on the United States.

Run the initial search in each database and search engine. Consult with qualitative lead to modify search terms if the following occur:

- ▶ **For academic databases only: initial search returns too many results (> 200).** Explore options to narrow the search by adding extra terms using the “AND” qualifier.²
- ▶ **Initial search returns results that are not relevant (e.g., first 25 results sorted by relevance are not addressing our topics of interest).** Explore options to refine the search by removing less relevant terms, adding extra terms, and/or excluding certain terms using “NOT” (e.g., “NOT hospital” or “NOT business” to remove results less relevant to the study).
- ▶ **Initial search returns too few results (< 20).** Explore options to expand the search by adding extra terms using the “OR” qualifier or dropping less important elements.³

Log the search optimization process in Excel. The qualitative lead will approve the final search terms used for the environmental scan.

¹ All internet searches should be conducted using a private browser after clearing browser search caches. Otherwise, search results may be modified by the search engine to reflect your personal browsing history.

² Bramer, W. M., Rethlefsen, M. L., Kleijnen, J., & Franco, O. H. (2017). Optimal database combinations for literature searches in systematic reviews: A prospective exploratory study. *Systematic Reviews*, 6(1), 245. doi:10.1186/s13643-017-0644-y

³ Bramer, W. M., Rethlefsen, M. L., Kleijnen, J., & Franco, O. H. (2017). Optimal database combinations for literature searches in systematic reviews: A prospective exploratory study. *Systematic Reviews*, 6(1), 245. doi:10.1186/s13643-017-0644-y

Table B.7.2. Example Excel Worksheet for Search Optimization

Search Engine/ Database	Search Number	Search	Date of Search	Filters Applied	Number of Results	Change Needed?	Reason for Change
PubMed	1	("corrective action plan" OR "corrective action data" OR "improvement plan" OR "program improvement" OR "quality improvement" OR "performance improvement") AND ("program deficiency" OR "improper payment" OR "payment error" OR "procedural error" OR "program integrity") AND ("public assistance" OR "public administration" OR "education" OR "healthcare")	2/1/2022	≥ 2010	85	yes	Results not relevant to this study; replace third element with ("Medicaid" OR "CHIP")
PubMed	2	("corrective action plan" OR "corrective action data" OR "improvement plan" OR "program improvement" OR "quality improvement" OR "performance improvement") AND ("program deficiency" OR "improper payment" OR "payment error" OR "procedural error" OR "program integrity") AND ("Medicaid" OR "CHIP")	2/1/2022	≥ 2010	5	yes	Too few results; try deleting second element

B. Conduct Searches and Organize Results

After the qualitative lead approves the search criteria for each database and search engine, conduct the search and log the results.

- ▶ For academic databases, use the citation extraction tool to extract the first 200 results⁴ and enter them into the Excel spreadsheet (table B.7.3).
- ▶ For internet search engines, log the first 50 results in the Excel spreadsheet (table B.7.4).

⁴ In the biomedical field, the first 200 results from Google Scholar have been found to contain all relevant references (Bramer, W. M., Rethlefsen, M. L., Kleijnen, J., & Franco, O. H. (2017). Optimal database combinations for literature searches in systematic reviews: A prospective exploratory study. *Systematic Reviews*, 6(1), 245. doi:10.1186/s13643-017-0644-y). The study team will extract the first 200 results from its searches but may not screen them all for relevance (e.g., if no relevant results appear in references 50–70, the study team will stop after screening 70 results).

Table B.7.3. Example Excel Worksheet for Academic Database Search Results

Database	Search Terms Used	Date of Search	Result Order in Database	Title	Citation	Abstract
PubMed	continuous quality improvement	2/1/2022	1	How to Sustain Change and Support Continuous Quality Improvement	Silver SA, McQuillan R, Harel Z, Weizman AV, Thomas A, Nesrallah G, Bell CM, Chan CT, Chertow GM. How to Sustain Change and Support Continuous Quality Improvement. Clin J Am Soc Nephrol. 2016 May 6;11(5):916-24. doi: 10.2215/CJN.11501015. Epub 2016 Mar 25. PMID: 27016498; PMCID: PMC4858491.	To achieve sustainable change, quality improvement initiatives must [...]

Table B.7.4. Example Excel Worksheet for Search Engine Results

Database	Search Terms Used	Date of Search	Result Order in Search Engine	Title	URL	Relevant Text
Google	"corrective action plan"	2/1/2022	2	Corrective Action Plan (CAP) Process—CMS	https://www.cms.gov/research-statistics-data-and-systems/monitoring-programs/perm/downloads/2013correctiveactionpowerpoint.pdf	A corrective action plan (CAP) is a step by step plan of action that is developed to achieve targeted outcomes for resolution of identified errors ...

C. Deduplication, Initial Screening of Search Results, and Full Text Download

Create new Excel worksheets containing all academic database results and all internet search engine results. Deduplicate the search results:

- ▶ For academic database results, deduplicate using article title, year, and journal.
- ▶ For internet search engines, deduplicate using URL.

Screen each entry for relevance in the order in which it was returned by the search engine and log the results in the Excel spreadsheet. To be considered relevant, results must meet the following criteria:

- ▶ Published in 2010 or later
- ▶ Published in English
- ▶ Include programs in the United States (i.e., studies focused only on programs outside the United States will not be included in the review)
- ▶ Focused on public administration or program improvement in a related field (e.g., education, healthcare)

If the information contained in the Excel spreadsheet is insufficient to determine if a search result is relevant, use the URL to investigate the result further.

For academic databases, continue screening until 20 consecutive search results are not relevant. For example, if search results 31–50 are not relevant, do not continue screening past result 50.

If any of the last 20 results included in the Excel spreadsheet are relevant, return to the search and add 20 more results for screening. Continue this process until 20 consecutive results are screened with no relevant findings.

Upon completion of screening, the qualitative lead will review and approve the results in the Excel spreadsheet.

Last, download the full text of all relevant resources.

D. Adding Resources

Reviewing the downloaded resources may provide opportunities to identify additional relevant resources. The qualitative lead may request additional searches, including the following:

1. Forward search. Review the reference lists from the resources screened as relevant for additional relevant materials.
2. Backward search. Search for resources that have cited the materials identified as relevant.

When new materials are identified, apply the same methodology described above:

- ▶ Add to the appropriate Excel spreadsheet.
- ▶ Screen the resources for relevance.
- ▶ Download the full text of relevant resources.

Appendix C. Memorandum on Best Practices in SNAP and Similar Programs

Date: June 23, 2022

To: Maya Sandalow, Contract Office Representative, U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support

From: Jennifer Pooler and Jake Beckerman-Hsu, Insight Policy Research

Subject: Deliverable 4.5: Final Memorandum on Best Practices in SNAP and Similar Programs

This memorandum summarizes best practices in corrective action plan (CAP) development in the Supplemental Nutrition Assistance Program (SNAP) and similar public assistance programs. For the *Challenges for SNAP State Agencies in Implementing CAPs* study, Insight Policy Research (Insight) interviewed subject matter experts (SME) in the Federal Government and conducted a comprehensive environmental scan to identify promising approaches to program improvement and corrective action planning and implementation. Through these activities, the study team learned about CAPs or similar processes in six Federal programs: SNAP, Medicaid and the Children’s Health Insurance Program (CHIP), Temporary Assistance for Needy Families (TANF), Food and Nutrition Service’s (FNS) Child Nutrition (CN) programs, the Social Security Administration (SSA) Appeals Council, and the Department of Labor’s (DOL) Unemployment Insurance (UI) program.

This memorandum fulfills deliverable 4.5 and partially addresses the study’s third objective, which aims to identify effective approaches to CAP planning and implementation and provide recommendations to FNS for supporting SNAP State agencies in this process.

A. Methods

The study team developed two semistructured interview guides for the SME interviews.

- ▶ The SNAP Regional Office interview guide captured (1) the Regional Office’s role in payment error rate (PER), case and procedural error rate (CAPER), and Quality Control (QC) completion rate CAP development and implementation; (2) Regional Office support for State agency CAPs; and (3) best practices in State agency CAP development and implementation.
- ▶ The interview guide for SMEs from other Federal public assistance programs captured (1) the agency’s role in the CAP (or program improvement) process; (2) requirements, best practices, and solutions to common challenges in CAP development and implementation; and (3) Federal support to State agencies in CAP development and implementation.

The team conducted 11 virtual interviews with 28 participants between December 2021 and April 2022 and asked interviewees to share guidance and other documents used in the CAP process.⁵ For each

⁵The interview with Special Supplemental Nutrition Program for Woman, Infants, and Children (WIC) national office staff and review of related documents focused on FNS’s requirements for improper payments calculations, reporting, and corrective action planning at the national level—activities that do not explicitly engage State WIC programs. As a result, the interview findings are not discussed in this memo, which focuses on State agency engagement in corrective action planning.

interview, one study team member conducted the interview, and a second took notes. All interviews were recorded with the permission of the interviewees.

Table C.1. Interviews With SNAP and Other Public Assistance Programs

Public Assistance Program	Office	Number of Interviews (Number of Participants)
Supplemental Nutrition Assistance Program (SNAP)	U.S. Department of Agriculture (USDA), Food and Nutrition Service, Regional Operations and Support, SNAP	7 Regional Offices (18)
Medicaid and Children's Health Insurance Program	Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services, Division of State Partnership	1 National Office (4)
Temporary Assistance for Needy Families (TANF)	HHS, Administration for Children and Families, Office of Family Assistance, Division of State TANF Policy	1 National Office (1)
Child Nutrition programs	USDA, FNS, Regional Operations and Support, School Nutrition Program and Community Nutrition Program	1 Regional Office (2)
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	USDA, FNS, WIC Program Integrity Branch	1 National Office (3)

The study team conducted the environmental scan by systematically searching several internet search engines and publication databases for peer-reviewed articles, program guidance, reports, and other relevant materials. The study team used search terms designed to capture three concepts: (1) CAPs and similar program improvement plans, (2) types of program errors and deficiencies, and (3) the public assistance programs relevant to this study (e.g., Medicaid, TANF). To ensure the searches included all relevant terms (e.g., names of processes or requirements similar to CAPs used in other Federal programs), the study team scanned the websites of relevant government agencies and membership organizations (e.g., National Association for Program Information and Performance Measurement). The environmental scan yielded 59 relevant documents downloaded for review:

- ▶ The study team conducted four Google searches using different combinations of search terms. For each search, the study team exported the first 50 results. Of these 200 search results, the study team identified 30 as potentially relevant and downloaded them for full review. Upon review, the team included 13 relevant results in the environmental scan.
- ▶ For each academic database (Google Scholar, PubMed, Social Science Research Network, JSTOR, and Wiley Online Library), the study team exported the first 200 search results, deduplicated, and screened the titles and abstracts for relevance. Of the 697 unique results, the study team downloaded 9 relevant articles for full review and included 5 in the analysis.
- ▶ The team identified 20 additional documents through targeted searches of Federal and other websites and included 18 in the environmental scan analysis.

In total, the study team analyzed 36 articles, reports, presentations, and other resources from the environmental scan to inform the memo findings. The memo was also informed by a sample CAP shared by the Centers for Medicare & Medicaid Services (CMS) interviewees.

B. Background

The Payment Integrity Information Act of 2019 requires certain programs with annual outlays over \$10,000,000 to develop CAPs to address improper payments (Fairweather, 2021; Payment Accuracy, n.d.). Appendix C to OMB Circular A-123, Requirements for Payment Integrity Improvement, provides guidance for implementing these requirements:

- ▶ **Identification of cause categories.** Cause categories describe a general type of error (e.g., failure to access data/information to determine if a payment was appropriate). These categories are not to be conflated with root causes; they are a starting point in the process of determining root causes.
- ▶ **Identification of root causes.** The circular stresses the importance of understanding the “true root cause,” not the symptoms of a problem; it suggests agencies continue to ask why the condition occurred, note the answer, and then ask why again and again until the root cause is identified. The root cause is defined as “something that would directly lead to an improper payment, and if corrected, would prevent the improper payment.”
 - Many resources provide guidance on root cause analysis, such as guidance developed by the U.S. Department of Energy (U.S. Department of Energy, 1992). In its *Corrective Action Plan: Quality Control Review Reports Standard Operating Procedures*, FNS (2020) suggests using https://www.mindtools.com/pages/article/newTMC_80.htm as a resource on root cause analysis. Some agencies provide supports such as templates to help structure the analysis (Texas Health and Human Services Commission Inspector General, 2017).
- ▶ **Identification of corrective actions for each root cause.** Corrective actions should prevent deficiencies from reoccurring by addressing the root causes. Regarding payment errors specifically, agencies should avoid falling into a “pay-and-chase” model in which they attempt to recover erroneous payments instead of preventing the errors from occurring (Fairweather, 2021). Corrective actions should also be proportional to the severity of the issue they are meant to address (e.g., cost-effective) and not overly burdensome (e.g., extensive documentation requirements). Agencies should prioritize corrective actions that will prevent the most improper payments.
 - A report from the Texas Health and Human Services Commission Office of Inspector General (Texas Health and Human Services Commission Inspector General, 2017) noted that in practice, not all corrective actions meet these standards; actions such as additional case readings, for example, detect errors after they occur instead of preventing them. Although such efforts may be important in overall program integrity efforts, corrective actions should be preventive rather than detective.
- ▶ **Evaluation of corrective actions.** As needed, new and/or modified corrective actions should be implemented to improve effectiveness.
- ▶ **Identification of a tolerable improper payment rate.** Not all errors can be addressed in a cost-effective manner, and some actions to reduce improper payment would jeopardize the program’s mission. For example, requiring verification of bank information can result in racially and ethnically inequitable program access (CFO Council, 2021). Corrective actions should not reduce program access or exacerbate inequities, especially in light of the *Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government* (Exec. Order No. 13985, 2021).

Federal law also requires public assistance programs to develop and implement CAPs to address administrative or procedural errors that do not result in improper payments. Table C.2 provides examples of CAP requirements relevant to the findings presented in this memo.

Table C.2. Examples of CAP Requirements in Selected Public Assistance Programs, as Described in the Code of Federal Regulations

Public Assistance Program	CFR	Example of Errors and Deficiencies Addressed by State Agency CAPs
Supplemental Nutrition Assistance Program	7 CFR §§ 275.16–275.19	<ul style="list-style-type: none"> Payment errors above 6 percent Case and procedural errors QC completion below 95 percent
Temporary Assistance for Needy Families	45 CFR § 262	<ul style="list-style-type: none"> Work participation rate of 50 percent^a Administrative or operations errors
Medicaid and Children’s Health Insurance Program	42 CFR § 431.992	<ul style="list-style-type: none"> Fee-for-service payment errors Managed care payment errors Eligibility errors resulting in improper payment
Child Nutrition programs	7 CFR § 210.18	<ul style="list-style-type: none"> Not meeting food safety requirements Lack of proper program outreach Inaccurate meal counting and claiming
Unemployment Insurance (UI)	2 CFR Part 200, Subpart F	<ul style="list-style-type: none"> Improper payment measure ≥10 percent UI overpayment recovery of < 68 percent^b

CAP = corrective action plan; QC = Quality Control

^a State agencies may have different target rates depending on several factors, including reductions in caseload since 1995 (Lower-Basch & Burnside, 2021).

^b Levine, 2021

C. Findings: SNAP

Federal regulations require SNAP State agencies to create CAPs to substantially reduce or eliminate deficiencies in program operations. States use CAPs to address deficiencies related to PER of 6 percent or greater, CAPER above the national average, and 5 percent or more of a State’s QC caseload coded as incomplete. State agencies must comply with 7 CFR § 275.17 when writing a CAP but have considerable flexibility to plan, design, and implement corrective actions to meet their unique needs.

Regional Office staff described similar approaches to working with State agencies to support PER, CAPER, and QC completion rate CAPs. While different staff within each Regional Office provide State agency oversight and assistance for the different types of CAPs, Regional Office staff typically—

- ▶ Communicate the annual error rate results to State agencies and follow up with State agencies throughout the CAP lifecycle.
- ▶ Provide State agencies with an analysis of the deficiency using existing data (e.g., Regional Office Quality Control Tracking System [ROQCTS], SNAP Quality Control System [SNAP-QCS], State error reports) and their interpretation of the results. Specific to PER deficiencies, one Regional Office mentioned using SNAP-QCS to drill down to the county or local agency level to examine which policies were misapplied and when in the process the errors occurred (e.g., certification, after certification, at recertification).
- ▶ Assist State agencies in interpreting results of root cause analysis.
- ▶ Provide guidance on how to write a CAP and appropriate corrective actions.

- ▶ Review submitted CAPs for adherence to Federal reporting requirements, the likely success of each proposed corrective action (e.g., if an action was proposed previously but did not result in improvements, the Regional Office may reject it), and the feasibility of the proposed timeframe of each corrective action.
- ▶ Validate corrective action completion. After State agencies provide documentation for completed activities, the Regional Office must review the submitted documentation and will sometimes complete an independent validation. For instance, Regional Offices may conduct case reviews to validate corrective action completion wherein the State provides a set of random cases and the Regional Office selects a sample to review for errors.

Contents of SNAP CAPs

For each deficiency—

- Deficiency description and identification
- Source(s) by which deficiency was detected
- Magnitude of deficiency
- Geographic extent
- Causal factor(s) contributing to deficiency's occurrence
- Actions already completed to eliminate deficiency
- Outline of actions to be taken, including expected outcomes, target dates, and date by which deficiency will be eliminated
- Description of how State agencies will monitor and evaluate effectiveness of corrective actions

Source: 7 CFR § 275.17

Regional Office staff reported providing different types of technical assistance to support State agencies in CAP development:

- ▶ **Regular communication.** Regional Offices hold regular calls (e.g., monthly, bimonthly) to discuss the cause of errors and progress on CAPs.
- ▶ **Workshops on CAP process.** Regional Offices organize workshops for State agencies that cover how to write a CAP, choose corrective action strategies, and interpret and use data.
- ▶ **Workgroups and presentations to promote State agency collaboration and sharing.** Regional Office staff discussed organizing a monthly workgroup of Regional Office staff and State agency representatives to help State agencies collaborate and share best practices. Regional Office staff also discussed coordinating presentations during which State agencies that have had success with corrective actions present strategies to other States in the region.
- ▶ **Ad hoc technical assistance.** Regional Office staff mentioned several types of technical assistance that are not usually provided unless a State requests them specifically. For instance, if State agencies need help identifying a specific corrective action, they may reach out to the Regional Office for assistance. The Regional Office can then connect them with other State agencies that have faced similar challenges or help them brainstorm potential strategies.

Regional Office staff emphasized that the most important component of a successful CAP is addressing the root cause of the error or deficiency. Regional Offices reported that some State agencies are better equipped to distinguish between the error causes—or the broad type of error identified in the SNAP-QCS—and the true root causes of the errors. For instance, a State may identify shelter deduction as a top error cause, perhaps more specifically misapplication of the Standard Utility Allowance. The root causes of this error, however, may be eligibility workers disregarding the reported information,

misapplying deductions based on reported information, failing to verify required information, failing to follow up on incomplete information, or any combination of these.

Regional Office staff shared a few successful strategies for identifying root causes to inform the CAP.

Some State agencies formed error review committees responsible for closely examining every case resulting in an error as far back as the initial eligibility determination. The process is time-intensive and involves a variety of stakeholders, including a management evaluation (ME) coordinator, data systems staff, and IT staff. Newer data systems enable State agencies to examine the cause of each error down to the specific workers handling the case.

One Regional Office noted that analyses attributing errors to specific workers, especially when several people handle each case, can help ensure the root cause is addressed, whether it is an issue with the individual's training or a local agency's implementation of policy.

Success of CAPs depends on direct treatment of [the] root cause, attainability at the governmental level, and [corrective actions] amenable for easy follow-through.

—SNAP RO staff

Regional Office staff offered several other suggestions for State agencies to improve their CAPs and increase the likelihood that CAPs will result in lower error rates:

- ▶ **Measurable outcomes.** Most Regional Office staff require or recommend that corrective actions have measurable outcomes and specify how the outcome will be measured. Setting metric-based requirements or measurable goals adds a level of accountability to the CAP. One SNAP Regional Office staff person noted that what gets measured gets done.
- ▶ **Limited number of corrective actions.** Regional Office staff noted that having a limited number of corrective actions in the CAP (one suggested three actions) helps State agencies with followthrough, especially when competing priorities arise and they cannot designate the necessary resources for each action. State agencies should prioritize corrective actions that will address the challenges affecting the most common errors.
- ▶ **Leadership buy-in.** State agency leadership's commitment to the CAP is an important factor in ensuring the corrective actions receive the necessary resources. Leadership buy-in can also safeguard against disruptions caused by competing priorities.
- ▶ **Consistent communication between State and Regional Offices.** One Regional Office indicated that it can better set expectations for State agencies through regular communication, which results in better planned CAPs that can be reviewed and approved quickly.
- ▶ **Data-sharing with local agencies.** One Regional Office mentioned that sharing error trend data with local offices is important to resolve the root causes of the errors. This Regional Office encourages State agencies to share local-level data with local agency staff.
- ▶ **Case reads.** State agencies require supervisors at local offices to review several cases each month to identify any improvements or challenges for eligibility workers. One Regional Office noted that these case reads can provide real-time data to monitor and evaluate CAPs. The Regional Office emphasized the importance of State agencies immediately analyzing the results to adjust corrective actions accordingly.
- ▶ **Piloting corrective actions before full implementation.** One Regional Office would like to see State agencies target corrective actions in high-risk districts and counties to determine whether the approach is successful before rolling out statewide.

- ▶ **CAP template.** Two Regional Offices mentioned they require State agencies to use a standardized template for CAPs. They found the template is easier for State agencies to complete and helps ensure they include all the required information.
- ▶ **Intra-State collaboration.** Two Regional Offices noted that successful CAPs tend to have buy-in from individuals from various levels within and outside the SNAP State agency. One Regional Office highlighted the importance of a good relationship between the SNAP operations and QC team. Another Regional Office added that States with successful CAPs involve staff from IT, fraud, and data systems.

D. Findings: Other Public Assistance Programs

1. Temporary Assistance for Needy Families

TANF programs operate within Federal regulations, which include meeting a work participation rate—a proportion of TANF participants engaged in work readiness activities for a specific number of hours per month. TANF imposes financial penalties for State agencies that fail to meet the work participation rate threshold. State agencies may avoid work participation penalties by establishing a reasonable cause or completing a corrective compliance plan (CCP). CCPs describe how the State agency will implement corrective actions to improve its work participation rate. CCPs are also used to address administrative, policy, and operations errors identified during reviews and audits.

While State agencies have the discretion to create a CCP, National and Regional Office TANF staff typically serve the following functions in the CCP process:

- ▶ Notify the State in writing of the penalty, explaining the error, the source of the information, and the rationale for the agency's decision.
- ▶ Provide technical assistance during the CCP planning process, including talking with State agencies about actions needed to resolve the issue.
- ▶ Review submitted CCPs and evaluate against Federal requirements that specify each element of the CCP.
- ▶ Conduct final evaluation for work participation rates after the following year's work participation rate is calculated; for other deficiencies, TANF will wait until the end of the corrective action milestone (specified in the CCP) to determine if the State achieved the stated goal.

TANF Regional Offices serve as the primary point of technical assistance for State agencies during the CCP process. State agencies can request CCP technical assistance as needed, but the onus is on State agencies to develop and implement appropriate corrective actions. The TANF SME noted that only new State agency staff request technical assistance with CCPs. Independent of the CCP process, TANF Regional Offices provide technical assistance to improve program administration, such as academies of learning and the development of peer networks to facilitate knowledge-sharing among State agencies. The TANF SME mentioned that State agencies would prefer technical assistance to help them avoid the need for a CCP instead of assistance in planning and implementing a CCP.

Most States want technical assistance on how to avoid getting the penalties in the first place, rather than how to complete a CCP. It's more about the underlying issues rather than how to do a CCP.

—TANF National Office SME

The TANF SME indicated that the contents of a successful CCP are required by the regulation. They shared some promising approaches that could contribute to more successful CCP development and implementation:

- ▶ **Measurable outcomes.** Monitoring and evaluation activities should include quantifiable measures that help National Office staff determine when the State agency has achieved its goals.
- ▶ **Reasonable expectations.** The timeframe for each proposed corrective action must be reasonable to achieve its intended goals.
- ▶ **Elimination of ineffective corrective actions.** State agencies should not submit the same corrective actions in subsequent years if those actions have not proven effective. When this occurs, TANF Regional Office staff suggest new ways to address the deficiencies and may provide additional assistance to the State agency in implementing the corrective actions effectively.
- ▶ **Leadership buy-in.** The TANF SME acknowledged the importance of leadership buy-in to the success of the CCP; TANF's requirement for Governors to endorse the CCP was intended to achieve that commitment. The TANF SME reported, however, that the requirement has not been effective in gaining leadership buy-in, and instead, the States find the process to be burdensome with little return for the effort.
- ▶ **Ongoing communication.** TANF does not require interim updates or progress reports, but the TANF SME suggested that semiannual updates, such as those used in SNAP, could help hold State agencies accountable.

Contents of TANF CCPs

- Program analysis describing why the State did not meet the requirements
- Corrective actions describing how and when the State will correct the deficiency
- Monitoring and evaluation plan, including milestones for interim process and outcome goals to ensure compliance within the specified period
- Certification by the Governor that the State is committed to correcting the deficiency in accordance with the CCP

Source: 45 CFR § 262.6

2. FNS Child Nutrition Programs

For FNS's CN programs, the Regional Offices conduct management evaluations (MEs) to ensure State agencies operate CN programs in compliance with Federal regulations. State agencies must respond to all ME recommendations made by the Regional Office, which may require a CAP for serious deficiencies.

CN program Regional Office staff outlined their involvement in the ME and CAP process:

- ▶ Conduct thorough review of State and local agency operations.
- ▶ Pinpoint the root causes of identified deficiencies through indepth interviews and case reviews with State and local agency staff.

Contents of Child and Adult Care Food Program CAPs

For each deficiency—

- Description of deficiency and why it occurred
- Actions/procedures to be implemented to address deficiency
- Personnel responsible for completing actions
- Timeline for completion
- Location of CAP documentation
- How stakeholders will be informed of new policies or procedures (e.g., handbook, training, website)

Source: FNS, 2012

- ▶ Design detailed corrective actions to address the root causes of deficiencies.
- ▶ Present corrective actions to State agency with the ME findings.
- ▶ Provide State agency with specific expectations for monitoring each corrective action.

The State agency develops and submits its CAP to respond to the ME findings, and Regional Office staff review the CAP for approval. State agencies may decide to implement the corrective actions recommended to them by the Regional Office staff, or they can propose alternative corrective actions in their CAP if they believe a different approach would be more effective. After CAP approval, Regional Office staff validate that the corrective actions are implemented as planned, ideally within 3 to 6 months.

CN program Regional Office staff described their relationship with State agencies as a partnership. Regional Offices provide technical assistance throughout the CAP process:

- ▶ **Direct support for corrective actions.** Regional Offices can provide training directly to State agency staff to address a specific deficiency.
- ▶ **Peer learning opportunities.** Regional Office staff may connect State agencies to share expertise and mentor one another to address a specific deficiency. Some State agencies have opened their staff trainings to other State agencies.

Some States may just need more discussion and hand-holding on how to get to the corrective action. But that's our job, so we're happy to do it.

—CN program RO staff

CN program Regional Office staff explained that CAP success is largely driven by the staff responsible for CAP development and implementation at the Regional Office and State agency levels. While they did not identify best practices, the Regional Office staff described several characteristics associated with a higher likelihood of success:

- ▶ At the Regional Office level, CAP success is driven by the work of staff who can produce effective ME reports with specific findings, explanations of the reasons for the deficiencies, and effective recommended corrective actions.
- ▶ At the State agency level, having staff with deep institutional knowledge results in fewer program deficiencies and more effective corrective actions when deficiencies do occur. State agencies with more funding are better able to train new staff and put infrastructure in place to equip staff to carry on institutional knowledge over the long term.

Similar to the Regional Office's role, State agencies must conduct administrative reviews of CN program operating sites (e.g., school food authorities, daycare centers, summer food programs), and sponsor organizations must conduct reviews of operating sites. State agencies and sponsor organizations require CAPs for sites that are not in compliance with Federal regulations.

The environmental scan yielded several training resources for Child and Adult Care Food Program (CACFP) sponsor sites developing corrective actions. A guide for Virginia CACFP sponsors and sites indicates State agency staff are responsible for evaluating whether a CAP includes the required elements, assessing whether the corrective actions sufficiently address the root cause(s) of the deficiency and whether the deficiency is likely to reoccur, and determining when the corrective action has been fully implemented (Virginia Child and Adult Care Food Program, 2019). State agency staff may also conduct followup visits with sponsor sites to ensure compliance. As evident from the environmental

scan materials, State agencies and sponsors provide trainings, written resources (Pennsylvania Department of Education, n.d.), videos (4C for Children, n.d.), and templates for completing CAPs.

The promising practices highlighted in materials produced by State agencies reflect a hands-on approach to program improvement:

- ▶ Provide ongoing training on CN program policies and procedures.
- ▶ Develop training programs for facilities or sponsors, when needed, to address noncompliance.
- ▶ Monitor program sites regularly and conduct followup visits to review CAP implementation and compliance.

3. Medicaid and Children's Health Insurance Program

CMS's Payment Error Rate Measurement (PERM) program calculates error rates for three Medicaid and CHIP program components: fee-for-service payments, managed care capitation payments, and beneficiary eligibility determinations. CMS PERM calculates an improper payment rate using these errors for the Nation and each State. State agencies must complete CAPs to address the program errors and deficiencies associated with improper payments. CMS PERM publishes national improper payment rates annually, but each State agency is on a 3-year CAP cycle. Each year, one-third of the State agencies begin the 3-year CAP process with close oversight and support from CMS. According to Federal CMS staff and environmental scan documents, the agency's role is as follows:

Contents of Medicaid CAPs

For each deficiency identified by PERM—

- **Program analysis** describing why program or operational procedures caused the error and determination of the root cause
- **Corrective action(s)** taken to prevent the deficiency from happening in the future
- **Implementation and monitoring plan** for each corrective action, including a timeline for completion and a description of how each action will be tracked
- **Evaluation plan** describing how State will measure the effectiveness of each corrective action and assess whether each action has achieved the expected results

Source: *PERM Reporting Year 2021 Medicaid Corrective Action Plan* (CMS PERM staff, personal communication)

- ▶ Send error rate report (through a contractor) to State agencies, including data analysis results showing errors by category (e.g., determination not conducted as required) and "qualifier" (e.g., redetermination not conducted within 12 months before date of payment for services).
- ▶ Provide a CAP template and line-by-line instructions to assist State agencies in completing their CAP.
- ▶ Hold kickoff meetings with State agencies to discuss the CAP process.
- ▶ Encourage State agencies to submit drafts and receive feedback on their CAP before the due date (90 days from notification).
- ▶ Review and accept submitted CAP; may ask State agencies for additional information or clarification.
- ▶ Meet quarterly with State agency to discuss implementation and monitoring progress for the remainder of the 3-year CAP cycle.

CMS PERM repeats this process each year with the one-third of State agencies in their first year of the 3-year cycle. Because State agencies must have a CAP to address any errors, all State agencies are in some phase of a CAP every year.

CMS provides technical assistance and other material resources to State agencies during the CAP process. CMS PERM staff described organizing presentations for State agencies to share promising practices with one another and providing toolkits for State agencies to use throughout the CAP process. CMS's Medicaid Integrity Program website (<https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Program>) lists resources for State agencies. The resources range from an e-Bulletin, such as the *Corrective Actions to Prevent Improper Payments Snapshot* (CMS, 2016), to the Medicaid Integrity Institute, which provides training in all areas of Medicaid program integrity. In fiscal year (FY) 2022, the Medicaid Integrity Institute offered a 3-day PERM Corrective Action Symposium, a Data Analytics Symposium, and several Program Integrity Webinar series. The Medicaid Integrity Institute is composed of Medicaid program administrators and SMEs who offer their expertise in developing and teaching courses, serving on panels, and facilitating discussions. Other materials on the website address program integrity more generally and could support CAP efforts. For example, the *Data Analytic Capabilities Assessment for Medicaid Program Integrity* working paper discusses the use of predictive modeling for more rapid detection of improper payments (CMS Medicaid Integrity Institute Medicaid Data Analytics Working Group, 2014).

Federal guidance and CMS PERM interviewees emphasized several keys to CAP success:

- ▶ **Determination of root causes of errors.** Referred to as a “program analysis,” State agencies must identify why errors occurred and their root cause(s) to propose corrective actions. The program analysis can involve investigation into individual error cases, including talking to provider offices involved in the error.
- ▶ **Intra-agency collaboration.** *Standard Operating Procedure for States' Role in the PERM Program* highlighted the use of a State agency corrective action panel to ensure commitment and buy-in from program leadership. Corrective action panels may be led by the State Medicaid or CHIP director and should include department leaders, senior management, and other program staff from across the State agency (CMS, 2014).
- ▶ Interviewees also noted that integration between State agency policy and operations staff through structures such as joint management councils can encourage different stakeholders to discuss the program. These councils help State agencies make important connections between different aspects of their programs.
- ▶ **Relationship between CMS and State agencies.** CMS PERM staff noted that an ongoing relationship with State agencies, supported by the quarterly meetings and an assigned State liaison in the CMS Division of State Partnership, helps facilitate CAP progress.
- ▶ **Interstate knowledge-sharing.** State advisory committee meetings present an opportunity for all State agencies to share promising practices and for CMS to provide updates to the State agencies.
- ▶ **Robust training for State agency employees.** CMS PERM staff explained that State agency staff training and expertise are key factors in CAP success.

Federal staff provide extensive training to State agency employees through the Medicaid Integrity Institute. In FY 2022, the Institute facilitated the first annual multiday PERM training, where representatives from across CMS (e.g., Office of Financial Management) discussed policy changes related to PERM and best practices, and State Medicaid staff were able to ask questions. CMS staff highlighted the importance of State agencies investing time and resources in training their staff.

CMS PERM staff also noted some State agencies have implemented instructional programs to ensure staff are properly trained. One State agency has spent considerable resources on training eligibility staff, including a series of training cycles with test cases. Staff must successfully complete the trainings to be fully certified as a State eligibility worker.

CMS PERM CAP: State Agency Steps to an Effective/Successful Corrective Action Plan

- Select the right corrective action team members.
- Identify all errors and deficiencies.
- Determine the underlying cause of the error, not just the surface cause, and do not take any shortcuts.
- Brainstorm corrective actions for each error or error trend identified. Collect all ideas, even though all may not be feasible or implemented.
- Perform a cost-benefit analysis to determine which corrective actions are most cost-effective.
- Set achievable deadlines, targets, and milestones.
- Evaluate and monitor the corrective action progress.

Source: CMS Division of Error Rate Measurement, n.d.

4. Social Security Administration

While the study team was not successful in securing an interview with SSA, the environmental scan identified one paper (Lubbers & Ray, 2015) describing a process the agency used to identify and implement corrective actions. The Appeals Council provides the final level of administrative review for claimants appealing their denial or termination of benefits. After initial denial or termination, claimants may appeal the decision to an administrative law judge. If the administrative law judge dismisses the appeal or decides against the claimant, the Appeals Council may review the decision. After several years of backlog, resulting in years-long appeals processes, the Appeals Council developed a successful strategy to identify the root causes of disability determination errors in the appeals process and design corrective actions to resolve them.⁶

The agency developed the Appeals Case Analysis Tool (ACAT), a data collection and analysis system that captures more than 500 data points related to hearing decisions. The Appeals Council now uses the ACAT to randomly sample between 3,500 and 7,100 cases annually for review. The agency identifies a subset of cases for “focused review”—typically cases demonstrating outlier behaviors or issues. Focused reviews are indepth examinations of how policies are applied, how evidence is obtained, and how the application of policies affects claimant benefits or payments. The agency uses the results of the focused reviews to identify trends in root causes of disability determination errors and develops corrective actions to address the root causes. The promising practices identified include the following:

- ▶ **Focus on anomalies and patterns.** The ACAT enables investigators to focus most of their time on potentially problematic cases or issues to identify trends in root causes of errors. The resulting corrective actions can target specific individuals for training or specific issues that may not be well understood. The authors conclude these approaches are more effective than general trainings for many staff members.

⁶ The Appeals Council’s process was not initiated because of a mandated CAP requirement.

- ▶ **Indepth root cause analysis.** Investigators conduct indepth reviews of 60 or more cases involving the same anomaly, discuss their findings, and reach a consensus on the primary root causes. The investigation team drafts a report and presents findings to senior leadership to determine an appropriate corrective action.
- ▶ **Data visualization.** The use of the robust ACAT data enabled the Appeals Council to explore the use of data visualization (in the form of heat maps) to identify geographic areas where specific policies were being interpreted differently. This approach enabled the Appeals Council to target specific geographic areas for specific corrective actions.

The Appeals Council’s approach to case selection and review has helped to (1) improve training for all administrative law judges (those making the appeals determinations), (2) provide targeted training to specific individuals, and (3) clarify policies with widespread misapplication. This success story underscores the importance of precisely identifying errors and deficiencies.

5. Unemployment Insurance

For the UI program, DOL requires a CAP when States do not achieve acceptable levels of performance (known as ALPs) for core measures⁷ and in some other circumstances. For improper payments, State agencies develop an integrity action plan (IAP) separate from a CAP. State agencies include CAPs and IAPs as part of their annual State Quality Service Plan (SQSP). State agencies submit a formal SQSP every 2 years; in the second year of the 2-year planning cycle, they submit an “alternate year” SQSP. CAPs and IAPs are required elements of both types of SQSP; alternate year SQSPs include CAPs for newly identified deficiencies and modifications to existing CAPs. States must submit CAP updates to their Regional Office quarterly (Office of Management and Budget, 2020).

Contents of UI CAPs and IAPs

For each deficiency identified—

- Deficient measure or program area
- Current and projected performance levels
- Reason(s) for the deficiency (top three root causes for IAPs)
- Description of the planned corrective action(s)
- Implementation milestones with target completion dates for each corrective action
- Accountable agency officials (IAP only)
- Resources dedicated to reducing improper payments (e.g., human capital, technology) (IAP only)

Source: Office of Management and Budget, 2020

DOL provides a CAP template in the *SQSP Planning and Reporting Guidelines* (2020). While CAPs and IAPs require the State agency to list the reasons for the deficiency or root causes of errors, the study team found DOL uses the term “root cause” similarly to other public assistance programs’ “cause categories.” In other words, root causes in this program are broad categories of deficiencies, such as “benefit year earnings” or “base period wage issues.” These broad categories are not indicative of the underlying cause of the deficiency.

While DOL’s use of “root cause” appears similar to other agencies’ cause categories, Greer and Bullock (2017) provide evidence that addressing the true underlying causes of errors can succeed in reducing improper payments (Greer & Bullock, 2017). The authors studied a uniform communication strategy

⁷ Core measures include benefits measures (e.g., first payment promptness), overpayment detection and recovery, appeals measures (e.g., average age of pending lower authority appeals), tax measures (e.g., accuracy and completeness of the tax program), and improper payments.

intended to improve beneficiaries' knowledge and understanding of their responsibilities related to reporting earnings and work search activities, as well as employers' knowledge of their responsibilities in the program. By directly targeting the specific causes of improper payments through the messaging strategies, State agencies using this approach realized lower improper payment rates.

Promising approaches described in the *SQSP Planning and Reporting Guidelines* follow:

- ▶ Use of the “Plan-Do-Check-Act” format when planning corrective actions as a way to incorporate continuous program improvement processes
- ▶ Provision of example strategies to prevent, detect, reduce, and recover (Kilbane, 1999)⁸ improper payments
- ▶ Requirement for State agencies to analyze and explain why previous corrective actions were unsuccessful and how new corrective actions will be more successful
- ▶ Permission for State agencies to propose a multiyear plan if they anticipate resolution of the deficiency will take longer than 2 years; in these cases, State agencies provide (1) an improvement goal for the end of the 2-year cycle, (2) major actions to be completed after the end of the 2-year cycle, and (3) an estimated date to reach the performance goal
- ▶ Recommendations for State agencies to incorporate at least one implementation milestone per quarter

Since 2021, States have been encouraged to work with DOL's “Tiger Team” consultative services to reduce errors (Employment and Training Administration, 2021). The Tiger Team consults with the State agency to identify customized actions and is composed of a multidisciplinary team of experts, including fraud specialists, customer service specialists, UI program specialists, program managers, behavioral insights specialists, and computer systems engineers and architects (Levine, 2021).

E. Conclusion: Promising Practices for CAP Development and Implementation

Public assistance programs use CAPs to resolve issues with policies, procedures, and individual behaviors that result in noncompliance with Federal regulations, including payment and procedural errors. Ideally, CAPs provide a roadmap for State agencies to fully address the true root causes of a deficiency within a specified timeframe. Information the study team collected and reviewed revealed many similarities in CAP processes across Federal programs and several promising practices FNS may consider more closely for SNAP CAPs.

1. CAP Planning Strategies

Federal guidance and Federal public assistance program staff agree that CAPs cannot be successful without first identifying the true root causes of the deficiency and designing concrete, achievable corrective actions to address those causes. SNAP Regional Offices described differences in State agencies' capacity to identify root causes and design appropriate corrective actions. The study team identified several strategies across public assistance programs that FNS and SNAP State agencies may consider when identifying root causes.

⁸ UI has a separate guide on overpayment recovery, *Overpayment Recovery Technical Assistance Guide*, available at <http://www.oui.doleta.gov/dmstree/uipl/uipl99/3399att/3399toc.htm>

- ▶ **Detailed investigation of errors.** Case reviews, focus reviews, or error review committees can identify root causes of errors through detailed investigations of error cases. While SNAP Regional Office staff reported some State agencies employ these strategies, their use is not uniform across States and may play a role in some States' successes. CMS PERM and CN program staff and documentation on SSA Appeals Council processes indicated that interviews with staff or providers, observations of procedures, and other "on-the-ground" approaches successfully identify the true root causes. These hands-on approaches require more human resources but help State agencies discover root causes that may be masked in reported data.
- ▶ **Data-driven approach.** SNAP Regional Offices and State agencies have access to large amounts of case review data through SNAP-QCS and ROQCTS and use those sources to investigate root causes. These data, however, are limited to a sample of cases reviewed as part of the QC process, which is designed to estimate error rates, not investigate and explore patterns of root causes. The environmental scan revealed an approach used by the SSA Appeals Council to identify cases for closer inspection, focusing resources on cases that present as anomalies or outliers when compared with similar cases. SSA examines large numbers of cases to identify patterns in behaviors among individual staff and geographies that may lead to deficiencies. The SSA model may offer an innovative approach to examining root causes for some State agencies.

In addition to addressing the root causes of deficiencies, findings point to several considerations for designing effective corrective actions to prevent deficiencies from reoccurring:

- ▶ **Measurable outcomes.** Some SNAP Regional Offices and the Federal TANF SME emphasized the importance of measurable outcomes, noting that quantifiable measures hold States accountable for carrying out the actions and enable Federal staff to determine when a goal has been met.
- ▶ **Actions designed for continuous program improvement.** DOL recommends that UI corrective actions include a continuous program improvement process to ensure effective results. State agencies should also describe corrective actions found to be ineffective in the CAP and explain how the new corrective action will resolve the deficiency. These activities can ensure State agencies closely monitor progress and adapt corrective actions as needed to succeed in error reduction.
- ▶ **Cost-effective and equitable actions consistent with the program's mission.** CMS requires CAPs to include a cost-benefit analysis to ensure corrective actions are cost-effective, in line with Federal regulations (Fairweather, 2021). The study team's findings did not yield any concrete approaches to ensuring corrective actions are consistent with the program mission and equitable; however, inclusion of different stakeholders in designing the corrective actions may facilitate achievement of these goals.

2. Federal Policy and Support

Within Federal regulations, agencies have significant flexibility to create a CAP approach that reflects their programs' unique needs and circumstances. The study team found that while CAP requirements are similar across agencies, the use of multiyear CAP cycles occurred in only two programs, and Federal technical assistance and support ranged widely across Federal assistance programs.

UI and Medicaid/CHIP CAPs operate on 2- and 3-year CAP cycles. UI also provides State agencies with an option to propose corrective actions that will take longer than 2 years, if necessary. Longer corrective action planning periods may have several benefits:

- ▶ UI's multiyear planning option enables State agencies to acknowledge and plan for activities that can take several years to complete. UI still requires progress updates and encourages quarterly milestones for corrective actions during the extended time period. Allowing State agencies to propose a longer time for corrective actions is particularly relevant to SNAP State agencies that require data systems updates to correct deficiencies.
- ▶ Medicaid/CHIP's 3-year cycle enables CMS PERM to provide targeted assistance to one-third of State agencies each year while giving State agencies ample time to resolve their errors. Similar to SNAP, State agencies always have CAPs, so this approach gives the National Office the opportunity to help State agencies explore the root causes and plan their corrective actions with a focus on staff training.
- ▶ SNAP Regional Office staff had different plans on whether current (FY 2019) CAPs would be rolled into new CAPs when FY 2023 error rates are published or State agencies would have multiple CAPs (FY 2019 and FY 2023) for the same errors, each with separate semiannual updates. Allowing multiyear CAPs to focus on new and existing issues could help address this concern and alleviate reporting burden on State and Federal staff.

Federal staff provide a variety of technical assistance to State agencies in developing CAPs, ranging from templates and instructions for completing CAPs to customized, hands-on support. Because CAPs are highly dependent on the specific needs of the State agency and its deficiencies, customized support can result in a stronger CAP by addressing issues not covered in general guidance or standard operating procedures. Promising approaches for providing this Federal support include:

- ▶ Ensure staff in the National or Regional Offices work directly with State agencies to support CAPs. Interviewees explained that having very close, hands-on working relationships with State agencies has helped resolve challenging issues.
- ▶ Facilitate knowledge-sharing between State agencies. State agencies build considerable knowledge and expertise as they address program deficiencies and errors; Federal staff can connect programs that have faced similar problems or have similar approaches to policy or procedures.

3. State Agency Characteristics

Federal public assistance program staff provided insights regarding the characteristics of State agencies that are likely to have successful CAP processes.

- ▶ **Staff involvement from across the State agency.** Interviewees from nearly all public assistance programs indicated that involving staff from across the State agency is critical to identifying and addressing deficiencies. Several programs, including SNAP, described the use of formal committees or panels within the State serving in this capacity as a potential best practice. Guiding documents for SNAP and other programs also describe staff involvement from across the program as a key to success; however, the descriptions within these documents are typically general and do not provide examples of successful approaches to staff involvement.

- ▶ **Leadership buy-in.** Most public assistance program interviews also touched upon the importance of the State agency leadership’s commitment to resolving deficiencies through CAPs. Documentation and guidance also pointed to this concept, but the study team did not learn of any effective strategies to fully gain leadership buy-in; TANF attempted to do so through regulation by requiring the Governor’s approval of each CAP, but the interview with a Federal TANF staff member indicated this requirement may not have had the intended effect.
- ▶ **Institutional knowledge.** Public assistance program interviewees mentioned well-trained staff with institutional knowledge as a facilitator for CAP success and a major challenge for State agencies struggling with staff retirements and turnover. CN program Regional Office staff mentioned this challenge can be partly addressed by dedicating more funding to training and developing a State agency infrastructure to retain institutional knowledge. For Medicaid and CHIP, CMS provides regular annual trainings through the Medicaid Integrity Institute that may help alleviate the challenge.

The above strategies are used or recommended by one or more Federal agencies. Although not formally tested, these strategies have evolved; some might even be considered practice-tested. As a next step, the study team will consider how these promising practices compare to the approaches SNAP State agencies use to plan and implement their CAPs. Specifically, the study team will use State agency surveys and followup interview responses to questions about promising approaches and challenges in CAP planning and implementation to make this comparison and reevaluate recommended strategies.

References

- 4C for Children. (n.d.). *CNP resources for child care centers*. <https://www.4cforchildren.org/providers/child-nutrition-program/resources-for-child-care-centers/>
- CFO Council. (2021). *Optimizing payment integrity activities: A guide for identifying a program's tolerable improper payment rate*. https://www.cfo.gov/assets/files/TolerableRateGuide_final.pdf
- CMS (Centers for Medicare & Medicaid Services). (2014). *The standard operating procedure for States' role in the Payment Error Rate Measurement (PERM) program*. Department of Health and Human Services. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicaid-and-CHIP-Compliance/PERM/Downloads/StateSOP.pdf>
- CMS. (2016). *Corrective actions to prevent improper payments snapshot*. Department of Health and Human Services. <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/ebulletins-corrective-actions.pdf>
- CMS Division of Error Rate Measurement. (n.d.). *Corrective action plan (CAP) process*. <https://www.cms.gov/research-statistics-data-and-systems/monitoring-programs/perm/downloads/2013correctiveactionpowerpoint.pdf>
- CMS Medicaid Integrity Institute Medicaid Data Analytics Working Group. (2014). *Data analytic capabilities assessment for Medicaid program integrity*. Department of Health and Human Services. <https://www.cms.gov/medicare-medicaid-coordination/fraud-prevention/fraudabuseforprofs/downloads/data-analytic-assesstoolkit-092214.pdf>
- Employment and Training Administration. (2021). *U.S. Department of Labor announces funding to States to modernize unemployment insurance system, combat fraud, address equity* [Press release 21-1450-NAT]. <https://www.dol.gov/newsroom/releases/eta/eta20210811>
- Exec. Order No. 13985, 3 CFR § 7009 (2021). <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/>
- Fairweather, R. (2021). *Transmittal of appendix C to OMB Circular A-123, Requirements for Payment Integrity Improvement* [Memorandum]. Executive Office of the President Office of Management. <https://www.whitehouse.gov/wp-content/uploads/2021/03/M-21-19.pdf>
- FNS (Food and Nutrition Service). (2012). *Child and adult care food program guidance on the serious deficiency process and acceptable corrective action plans, national disqualified list procedures and debt collection* (FNS Policy Memo CACFP 14-2012). <https://www.fns.usda.gov/cacfp/child-and-adult-care-food-program-guidance-serious-deficiency-process-and-acceptable-corrective>
- FNS. (2020). *Corrective Action Plan: Quality Control Review Reports Standard Operating Procedures*.
- Greer, R. A. & Bullock, J. B. (2017). Decreasing improper payments in a complex Federal program. *Public Administration Review*, 78(1), 14–23. <https://doi.org/10.1111/puar.12809>

- Kilbane, G. A. (1999). *Overpayment recovery technical assistance guide* (DOL Directive Letter NO. 33-39). https://wdr.doleta.gov/directives/corr_doc.cfm?DOCN=1788
- Levine, S. G. (2021). *Additional planning guidance for the fiscal year (FY) 2022 unemployment insurance (UI) State Quality Service Plan (SQSP)*. Employment and Training Administration Advisory System U.S. Department of Labor. https://wdr.doleta.gov/directives/attach/UIPL/UIPL_24-21.pdf
- Lower-Basch, E., & Burnside, A. (2021). *TANF 101: Work participation rate*. The Center for Law and Social Policy. https://www.clasp.org/wp-content/uploads/2022/01/Aug-2021_TANF-Work-Participation-Rate.pdf
- Lubbers, J., & Ray, G. (2015). A government success story: How data analysis by the Social Security Appeals Council (with a push from the Administrative Conference of the United States) is transforming Social Security disability adjudication. *The George Washington Law Review*, 83(4/5). <https://digitalcommons.wcl.american.edu/facsch Lawrev/1092>
- Office of Management and Budget. (2020). *Unemployment insurance State Quality Service Plan planning and reporting guidelines* (336 ed.) [Handbook]. <https://omb.report/icr/202011-1205-001/doc/107330700.pdf>
- Payment Accuracy. (n.d.). *High-priority programs*. <https://www.paymentaccuracy.gov/payment-accuracy-high-priority-programs/>
- Pennsylvania Department of Education. (n.d.). *CACFP corrective action training: Online course workbook*. <https://childnutritiontoolbox.com/courses/pde-121/workbook/pde-121-workbook.pdf>
- Texas Health and Human Services Commission Inspector General. (2017). *HHSC process for analyzing and preventing eligibility determination errors* (OIG Report No. AUD-18-003). Texas Office of the Inspector General. <https://oig.hhs.texas.gov/sites/default/files/documents/reports/hhsc-eligibility-determination-errors-final-11-13-17.pdf>
- U.S. Department of Energy. (1992). DOE Guideline: Root Cause Analysis Guidance Document. https://www.standards.doe.gov/standards-documents/1000/1004-std-1992/@_images/file
- Virginia Child and Adult Care Food Program. (2019). *Corrective actions: Not a punishment – but an opportunity to improve operation of the CACFP!* https://www.vdh.virginia.gov/content/uploads/sites/47/2019/07/FY19-Corrective-Actions_PARTICIPANT-GUIDE-1.pdf

Appendix D. State Profiles

CAP Development and Implementation in SNAP State Agencies

Corrective action plans (CAPs) document State agencies' efforts to identify and address the root causes of program deficiencies. Supplemental Nutrition Assistance Program (SNAP) regulations require State agencies (or project areas) to develop CAPs to improve customer service and substantially reduce or eliminate program deficiencies in response to certain conditions. These conditions include a payment error rate (PER) at 6 percent or greater, the case and procedural error rate (CAPER) above the national average, or at least 5 percent of a State agency's Quality Control (QC) case review coded as incomplete. While State agencies are required to include specific information in their CAPs and implement corrective actions to prevent errors, their processes vary for developing and implementing CAPs.

CAPs are tied to Food and Nutrition Service's (FNS) official error rates based on the State and Federal QC samples. FNS calculated and reported the last official national and State PER, CAPER, and QC completion rates in summer 2020 using the fiscal year (FY) 2019 QC sample. As a result of reporting flexibilities related to COVID-19,⁹ FNS anticipates the next official rates will be published in 2023 based on the FY 2022 QC sample.

The objectives of this study are to describe State agencies' approaches to developing, implementing, and monitoring CAPs and examine the challenges and barriers they face in the process. Because of the pause in error rate calculations for fiscal years 2020 and 2021, **the study team conducted a retrospective study of FY 2019 error rate CAP requirements and the ensuing processes.** Key dates in the study timeline follow:

- **Summer 2020:** FNS notifies State agencies of FY 2019 error rates; CAP planning begins.
- **Fall 2020:** State agencies draft CAPs to address FY 2019 errors and submit CAPs (which may be incorporated into the November 2020 semiannual CAP update for State agencies with existing CAPs).
- **May 2021:** State agencies submit May 2021 semiannual CAP update; the update includes progress on corrective actions and/or newly proposed corrective actions; State agencies may indicate completion of corrective actions in the update.
- **November 2021:** State agencies submit November 2021 semiannual CAP update; the update includes progress on corrective actions and/or newly proposed corrective actions; State agencies may indicate completion of corrective actions in the update.
- **May–July 2022:** State agencies participating in the study complete retrospective web survey and followup interviews.

⁹ Because of the COVID-19 pandemic, FNS suspended QC sampling and reviews from March 2020 through June 2021 (Continuing Appropriations Act, 2021). As a result of this suspension, FNS issued guidance in February 2021 that the PER and CAPER would not be announced for FY 2020 or FY 2021 because of incomplete data for those years. The FY 2022 PER will be calculated and released in FY 2023 following the statutory and regulatory timeline.

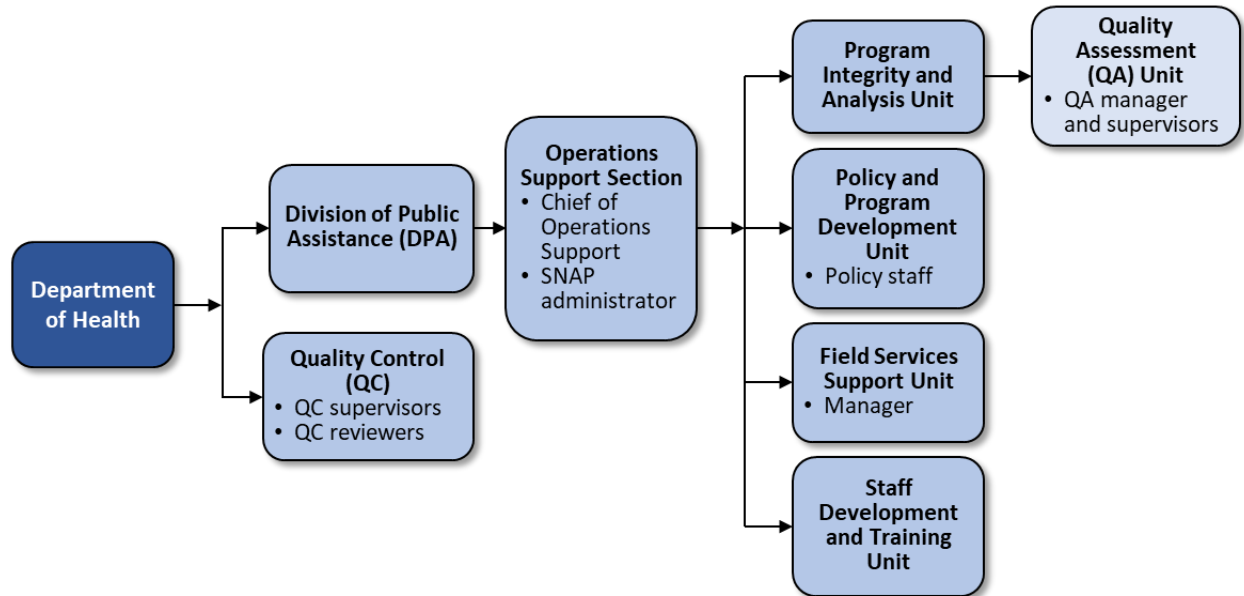
The State agencies included in this study may have completed some, none, or all proposed corrective actions for their FY 2019 CAPs between their initial submission of their CAP and the study data collection period (May–July 2022). Some State agencies from the study continued to submit semiannual CAP updates with findings from the State QC sample to keep FNS informed of error trends and new or ongoing actions to prevent errors.

The State profiles summarize State agency’s processes as reported in the web survey, followup interviews, and the study team’s review of CAPs and related documentation.

Alaska: PER and CAPER CAPs

In **Alaska**, SNAP is within the Department of Health's Division of Public Assistance (DPA; figure D.1). DPA's Program Integrity and Analysis Unit, which supports quality assurance and improvement efforts for public assistance programs, developed and oversaw the FY 2019 PER and CAPER CAPs. The Program Integrity and Analysis Unit used the same core approach for both types of CAPs.

Figure D.1. Alaska Department of Health Organizational Chart for Divisions Involved in CAPs



The Alaska SNAP State agency reported several important facilitators in the development and implementation of FY 2019 CAPs:

- Ability to telework
- Use of a workload management system to track productivity of remote work
- Implementation of a virtual contact center
- Staff and leadership buy-in
- Strong internal leadership
- Dedicated staff time
- Collaborative approach to CAP development

Planning

Based on State reported information, Alaska's Program Integrity and Analysis Unit was aware it would need to develop PER and CAPER CAPs for FY 2019 before FNS published the official national and State error rates in the summer of 2020. The unit began planning the CAPs once the official rates were published.



To plan the CAPs, the State agency convened a collaborative workgroup from across DPA, including the Quality Assessment Unit, the Staff Development and Training Unit, and the SNAP Quality and Training team composed of staff from both units. Other State agency staff involved

in planning included State QC staff, SNAP policy staff, the Chief of Operations Support, the Field Services Support Unit manager, and the SNAP administrator. Stakeholders¹⁰ involved in planning the CAPs included accuracy and review teams and SNAP eligibility worker supervisors.



The State agency conducted root cause analysis and risk assessment to inform the CAPs using SNAP QC data, State QC review data, and State monitoring and evaluation results. Staff involved in these analyses included the chief of Operations Support, the State's quality assurance manager, and quality assurance supervisors.

Alaska SNAP identified several error categories and root causes in its PER and CAPER CAPs:

- **Wages and salaries errors**, including mathematical errors, agencies' failure to act on reports of wage and salary changes, and clients' failure to report income
- **Notices** that were unclear and contained incorrect information

To conduct program analysis, the Quality Assessment Unit used SNAP Quality Control System (QCS) statistics to identify error rates. Once the error rate information was gathered, a work group composed of members from Alaska's Quality Assessment Unit, Staff Development and Training Unit, and the Quality and Training team met to discuss the trends, and this conversation informed corrective actions. The State agency's planning process also included reviewing policy and procedure manuals.

Drafting

The State agency drafted its FY 2019 CAPS from the results of the root cause analysis, risk assessment, and program analysis, as well as its policy and procedures manual review and input from other SNAP staff. Those involved in planning also drafted the FY 2019 CAPs.



Several factors were considered when selecting corrective actions:

Major considerations

- The staffing resources each corrective action would require
- Likelihood the corrective action would reduce errors

Moderate considerations

- How quickly a corrective action could be implemented
- Results of the risk assessment
- A corrective action's fit within the existing program improvement initiatives
- Likelihood the corrective action would be sustainable in the long term
- Number of corrective actions proposed

Implementation

The State agency created workgroups to begin implementing the corrective actions, which fell into three categories:

- **Trainings and resources** for eligibility workers on new interview scripts and client notices

¹⁰ For the purpose of this report, "State agency staff" includes individuals in a State agency's central SNAP office. "Stakeholders" encompasses all others, such as local office staff. To review all staff and stakeholder response options from the survey, refer to questions 3 and 6 in appendix B.1.

- **Systems improvements**, including (1) updates to the State’s workload management tool to address timeliness issues and improve productivity and (2) gaining access to the National Directory of New Hires¹¹
- **Operational improvements**, including making remote work permanent (see Promising Approach 2 box), filling staffing vacancies based on a statewide applicant pool, and using skills assessments to aid in hiring new eligibility workers



State agency staff involved in implementing both the PER and CAPER CAPs included the SNAP administrator, the chief of Operations Support, the Field Services Support Unit manager, the accuracy and review teams, and supervisors of the eligibility staff. IT and systems staff contributed to PER CAP implementation, and State QC staff and statisticians contributed to CAPER CAP implementation.



All SNAP State agency staff were notified about corrective actions included in the FY 2019 CAPs during training sessions.

Promising Approach 1

Alaska’s Statewide Needs Assistance Group (SNAG) offers eligibility staff and supervisors an opportunity to ask questions and request clarification on specific cases through a daily virtual lobby in Microsoft Teams. Managed by the Field Services Support Unit, SNAG’s use of this platform enables eligibility staff and supervisors to work through case-specific problems via chat or videoconference.

Monitoring, Evaluation, and Validation

While drafting the CAPs, the State agency developed a plan to monitor and evaluate the implementation of PER and CAPER corrective actions. Table D.1 shows the staff involved in monitoring, evaluation, and validation activities by CAP type. The State agency’s collaborative workgroup is also involved in monitoring and evaluating CAPs. The workgroup tracks QC review findings, identifies trends, and summarizes results in a CAP spreadsheet shared with leadership monthly. After the appropriate leadership members review the spreadsheet, the workgroup draws upon its finding to identify targets for statewide case reviews, adjust corrective actions, develop semiannual CAP updates, and inform other operations. The workgroup uses SNAP QC data, State QC review data, and results from internal case reviews to monitor corrective actions.

Table D.1. Alaska SNAP Staff Involved in Monitoring, Evaluation, and Validation, by CAP Type

SNAP Staff	PER CAP	CAPER CAP
SNAP administrator	●	●
Quality Assessment Unit	●	●
SNAP chief of operations support	●	●
SNAP Field Services Support Unit manager	●	●
QC reviewers	●	
State QC staff	●	●

¹¹ 7 CFR 272.16: Each State agency shall establish a system to verify applicant employment data for determination of SNAP eligibility and correct benefit amount.

SNAP Staff	PER CAP	CAPER CAP
Statisticians	●	●
IT or systems staff	●	
SNAP eligibility worker supervisors		●

Promising Approach 2

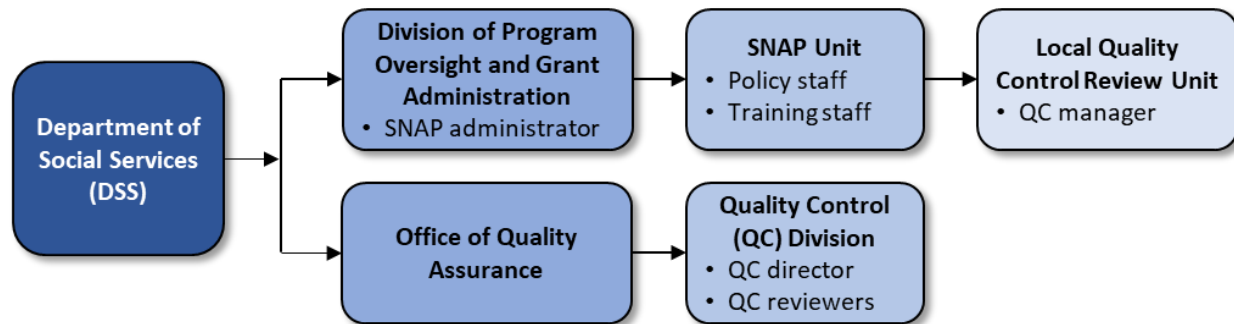
The State agency has implemented several measures since 2019 to address staffing challenges that can create barriers for a State agency's ability to reduce errors:

- *During COVID-19, the State agency implemented remote work for SNAP eligibility workers. This shift to remote work reduced employee absenteeism and increased State timeliness in processing change reports. Productivity was monitored through a workload management system, which confirmed remote work did not adversely affect productivity.*
- *The State agency has also shifted hiring practices toward a statewide applicant pool. Remote work is a key contributor to enabling this shift away from "place-based" recruitment; the State agency has found this practice allows an increased ability to match candidates' skillsets with open positions.*

Connecticut: PER CAP

In **Connecticut**, SNAP is administered by the Division of Program Oversight and Grant Administration within the Department of Social Services (figure D.2). The Division's SNAP Unit was responsible for the development and oversight of the FY 2019 PER CAP.

Figure D.2. Connecticut Department of Social Services Organizational Chart for Divisions Involved in CAPs



Planning

Connecticut SNAP reported it had already completed planning activities for the PER CAP when it received the official national and State FY 2019 error rates.



Several State agency staff contributed to planning the PER CAP: the QC director, policy staff, SNAP administrator, training staff, and other State agency leadership.

Connecticut SNAP reported providing basic training on CAP processes for some staff involved in the planning of the PER CAP and conducted the following activities while planning the CAP:

- Established a collaborative team
- Consulted with the FNS Regional Office
- Reviewed State agency policy and procedure manuals
- Assessed frequency of errors resulting from root causes



The SNAP Unit's Local Quality Control Review Unit QC manager conducted the root cause analysis for the PER CAP using SNAP QC data and State QC review data. The PER CAP described several root causes:

- Lack of communication to clients regarding reporting requirements during interviews and other client contacts
- Eligibility workers' challenges with date functionality related to income within the data system
- Lack of trainings, including formal refresher trainings, for eligibility workers and eligibility worker supervisors

Drafting

The SNAP administrator and policy staff within the SNAP Unit drafted the FY 2019 CAP. An accuracy or review team¹² within the State agency also contributed to drafting the PER CAP.



Connecticut SNAP reported several strategies to identify relevant corrective actions to address payment errors:

- Analyze results of corrective actions from prior CAPs
- Exchange information with other State agencies
- Gather input from stakeholders in their State agency
- Identify strategies through conferences, workgroups, or other external activity

Connecticut reported the following major considerations for selecting corrective actions to include in the FY 2019 CAP:

- The staffing resources each corrective action would require
- The time needed to implement a corrective action
- The likelihood a corrective action would reduce errors

Implementation

Connecticut SNAP implemented several corrective actions to address the FY 2019 PER. These actions targeted eligibility workers and their supervisors, participants, and statewide operations improvements:

- **Conducted mandatory trainings and created “a policy tips” document** for eligibility workers and their supervisors to reinforce proper case processing; gave **interview scripts** to eligibility workers to handle specific types of cases during client calls.
- **Reinforced participant knowledge** of reporting requirements through several channels (e.g., social media, mail).
- Gave supervisors and local QC reviewers a case review list to use for **targeted case reviews** of high-error categories.
- **Created a payment error mitigation team** to improve and contribute to program integrity efforts, including CAPs. The team includes SNAP policy, field operations, QC, data systems, and training staff.

Several State agency staff contributed to FY 2019 PER CAP implementation, including the SNAP administrator, QC director, policy and training staff, and IT and data systems staff. Other stakeholders involved in implementing PER corrective actions included SNAP eligibility workers and their supervisors. Throughout implementation, Connecticut met monthly with FNS to discuss progress on the CAP.



Connecticut SNAP notified staff about corrective actions included in the FY 2019 PER CAP during all-staff meetings, regular newsletters, and staff trainings.

¹² To limit respondent burden, a single response option of “accuracy or review teams” was listed as a potential contributor to CAPs instead of listing accuracy teams separately from review teams.

Monitoring, Evaluation, and Validation

Connecticut SNAP reported it did not develop a formal plan to monitor and evaluate FY 2019 corrective actions but engaged in some monitoring and evaluation activities during implementation using SNAP QC data and State QC review data.



Several State agency staff contributed to CAP monitoring, evaluation, and validation: the QC director, QC reviewers, State QC staff (excluding reviewers and directors), SNAP administrator, and accuracy or review teams.

Connecticut SNAP notified QC reviewers, management, and administrators of the FY 2019 monitoring and evaluation results through all-staff meetings and emails. The results were shared with staff directly involved in implementing the corrective actions.



Since starting the CAP in 2020, Connecticut SNAP completed some PER corrective actions and submitted documentation to the Regional Office to validate the completion.

Promising Approach

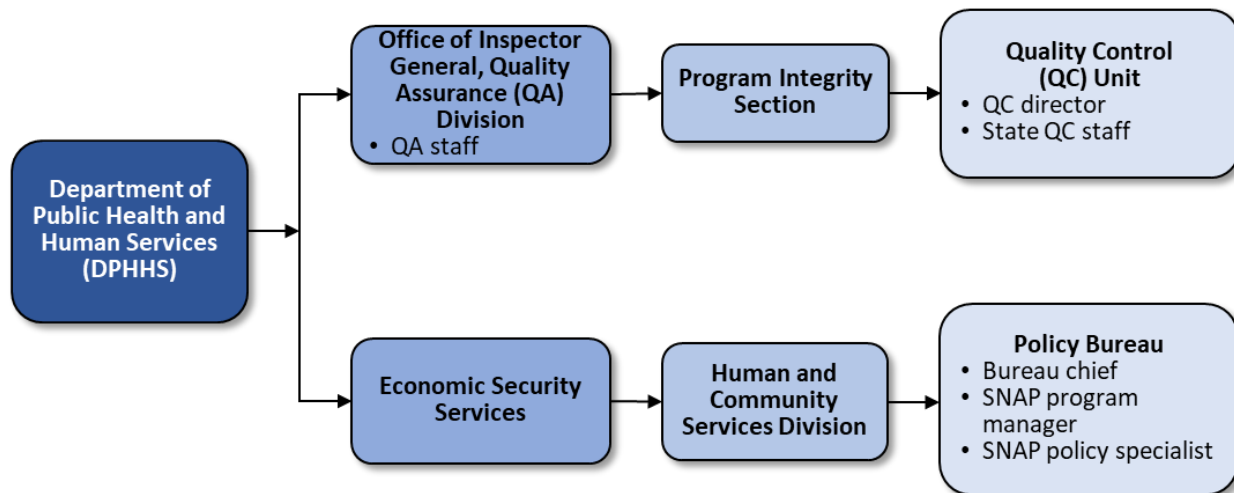
Connecticut SNAP reported a successful internal review strategy for evaluating and validating FY 2019 CAPs and potentially identifying concerning trends:

- *Connecticut SNAP creates a file containing cases granted or renewed in prior weeks.*
- *State QC workers and eligibility worker supervisors conduct targeted reviews on the cases for error-prone areas.*

Montana: PER and QC Completion Rate CAPs

In **Montana**, SNAP is within the Human and Community Services Division of the Department of Public Health and Human Services (DPHHS; figure D.3). Within the Division, the Policy Bureau chief and SNAP program manager were responsible for the development and oversight of the FY 2019 PER CAP. The Montana SNAP QC supervisor, in DPHHS's Office of Inspector General, Program Integrity Section, was responsible for the development and oversight of the FY 2019 QC completion rate CAP.

Figure D.3. Montana Department of Public Health and Human Services Organizational Chart for Divisions Involved in CAPs



Montana SNAP also has the Business Process Reengineering (BPR) team that focuses on the evaluation of errors and corrective actions for PER and QC completion CAPs. To support these efforts, the BPR team meets quarterly with a small group of SNAP policy and QC staff.

The State agency reported several facilitators for the successful development and implementation of FY 2019 CAPs:

PER

- Support from FNS Regional Office
- Dedicated staff time
- Funding for corrective actions/new initiatives

QC Completion Rate

- Support from FNS Regional staff
- Dedicated staff time
- Staff buy-in at all levels
- Collaborative approach to CAP development
- Funding for corrective actions/new initiatives

Payment Error Rate CAP

Planning

Based on State agency reported information, Montana SNAP was aware it would need to develop a CAP when the agency was notified of the FY 2019 PER in summer 2020. The unit began planning the CAP once the official rates were published.



State agency staff involved in planning the FY 2019 PER CAP included the QC director, quality assurance staff, policy staff, the SNAP administrator, and other State agency leadership. Stakeholders involved in planning the CAP included local area office representatives.

Montana SNAP engaged in several activities while planning the FY 2019 CAPs:

- Established a collaborative team
- Consulted with FNS Regional Office
- Reviewed State agency policy or procedures manuals¹³
- Assessed fiscal impact of errors resulting from root causes
- Assessed frequency of errors resulting from root causes
- Conducted interviews or discussions with local agency staff (e.g., eligibility workers, supervisors)



Montana SNAP's approach to root cause analysis and risk assessment involves several staff, including the Policy Bureau chief, SNAP program manager, SNAP policy specialist, QC supervisor, and quality assurance program manager.

The State agency created an **overpayment tracking spreadsheet** containing data from SNAP QC, State QC case reviews, overpayments identified from internal quality assurance case reviews, and internal audits (see Promising Approach 1 box). Under the direction of the SNAP program manager and Policy Bureau chief, the SNAP policy specialist reviews the data monthly to identify errors and consults with QC and quality assurance staff to interpret patterns or trends as needed. Montana SNAP also uses State management evaluation (ME) results when conducting root cause analysis.

Montana SNAP identified several root causes contributing to the PER:

- **Misapplication of policy**, including not documenting the use of more than 30 days of wages and income, not requesting updated shelter deduction verification, and not counting the income of children turning 18
- **Client-caused errors**, including not reporting the required household members and withholding information related to retirement, survivor, and disability insurance (RSDI)

The SNAP policy team, which includes the Policy Bureau chief, SNAP program manager, and SNAP policy specialist, conducted a program analysis using findings from QC reviews, internal case reviews resulting in overpayment errors, and internal audits.

¹³ To limit respondent burden, a single response option of "policy or procedures manuals" was provided instead of listing policy manuals separately from procedures manuals.

Promising Approach 1

Montana SNAP's approach to data tracking and error analysis helps the agency stay ahead of developing error trends. The **overpayment tracking spreadsheet** facilitates early detection of error trends and data and information sharing:

- Staff can review error causes and trends in near realtime (within 30 days), as opposed to only SNAP QC data, which can have a lag. Access to near-real-time data enables staff to continuously monitor for root causes and identify appropriate corrective actions before errors become a systematic occurrence.
- Each month, Montana SNAP shares the spreadsheet with eligibility worker supervisors, bureau chiefs, and Regional Office managers to keep everyone informed of errors. Supervisors share the findings with eligibility workers and provide targeted trainings to prevent future errors, where appropriate.

"We want to look at all of it because we want to stay ahead of the curve."

—State agency staff

Drafting

After completing the planning process, Montana SNAP drafted the FY 2019 PER CAP, which described the corrective actions the State agency would take to prevent similar errors from occurring in the future. State agency staff and stakeholders involved in the planning stage contributed to drafting the PER CAP.



When identifying corrective actions, Montana SNAP used input from the FNS Regional Office, results of corrective actions from prior CAPs, and information exchanges with other State agencies.

Montana SNAP reported the following major considerations for deciding which corrective actions to include in the FY 2019 PER CAP:

- Staffing resources each corrective action would require
- How quickly a corrective action could be implemented
- Likelihood a corrective action would reduce errors
- A corrective action's fit within existing program improvement initiatives
- Likelihood a corrective action would be sustainable in the long term

When considering corrective actions, Montana SNAP also reported prioritizing corrective actions that would correct errors the fastest and easiest and would have an immediate impact on the PER.

Implementation

Montana SNAP implemented several corrective actions to address the FY 2019 PER. The actions targeted eligibility workers, eligibility worker supervisors, and statewide operations:

- **Monthly newsletters** were sent to eligibility workers with tips for addressing specific error areas.

- **Virtual refresher trainings** were held for eligibility workers focused on different policies and processes, such as interviewing, shelter and utilities, and household composition.
- **Quarterly trainings** were held for eligibility worker supervisors.
- **Internal case reviews** were incorporated into the Quality Assurance Unit’s standard operations to identify and address errors early.

State agency staff and stakeholders involved in planning and drafting the PER CAP were also involved in implementation, with the addition of State QC staff.



Montana SNAP reported the agency did not undertake a formal communications campaign to disseminate the FY 2019 PER CAP. The State agency initially notified eligibility workers over email that root causes would be investigated and staff would be expected to fix errors sent back to them. Eligibility worker supervisors held conversations with individual staff regarding errors and how to resolve them.

Promising Approach 2

Montana SNAP is working through each section of its policy manual to ensure clarity and update policy where needed. Policy specialists review the overpayment tracking sheet monthly to identify areas causing staff errors. If they identify a trend, they evaluate the causes and take appropriate action. For instance, policy specialists may update the policy manual language to ensure policies are clear for eligibility workers. Alternatively, policy specialists may identify issues in business processes and include step-by-step instructions in the online public assistance user guide, which serves as a reference for eligibility workers.

“We’re getting a lot of feedback that [for instance], [staff] are so thankful for clarifying this one paragraph within our income policy section because it wasn’t clear enough for them to be able to make a decision on how to handle the case in front of them.”

—State agency staff

Monitoring, Evaluation, and Validation

Montana SNAP developed a plan to monitor and evaluate implementation of PER corrective actions when drafting the CAP. Montana SNAP used SNAP QC data, State QC review data, results from internal case reviews, State ME results, and FNS Regional Office ME results to monitor the corrective actions. The State agency reported developing measurable benchmarks for some corrective actions in the CAP. For example, Montana SNAP used quiz scores to track the retention of information provided at trainings: Staff take a quiz 1 week before training to test their base knowledge, then at 10 days, 3 months, and 6 months after the training to determine the retention level.

State agency staff involved in drafting and planning the FY 2019 CAP were also involved in monitoring, evaluation, and validation. Other stakeholders involved in this phase of the CAP included local area office representatives and accuracy or review teams.



Since starting the CAP in 2020, Montana SNAP completed PER corrective actions, such as refresher trainings on interviewing, shelter and utilities, and household composition. Montana SNAP submitted documentation to the Regional Office to validate the refresher training completion.

Montana SNAP shared the results of corrective actions with SNAP staff through all-staff meetings and newsletters.

Quality Control Completion Rate CAP

Planning

Montana SNAP was aware it would need a QC completion rate CAP when the State agency was notified of the official national and State FY 2019 rates in summer 2020. The State agency began planning the CAP after receiving the notification.



The QC director and QC reviewers were involved in planning the QC CAP. Montana SNAP reported the SNAP policy staff and QC Unit collaborated on the QC completion rate CAP, representing a recent operational shift. In the past, SNAP policy staff developed the QC completion rate CAP without input from the QC director. The QC director now leads the development and implementation of the QC completion rate CAP and receives input from the SNAP policy staff during BPR meetings.

Montana SNAP conducted several activities while planning the FY 2019 QC completion rate CAP:

- Established a collaborative team
- Consulted with the FNS Regional Office
- Reviewed State agency policy or procedures manuals
- Assessed frequency of errors resulting from root causes



The Montana SNAP QC supervisor was responsible for conducting the root cause analysis for the QC completion rate CAP using SNAP QC data. Montana SNAP reported several root causes that contributed to the QC completion rate, including households' refusals to cooperate and inability to locate participants.

Drafting

After completing the planning process, the Montana SNAP QC director drafted the FY 2019 QC completion rate CAP.



To identify potential corrective actions, Montana SNAP reported using input from the FNS Regional Office; results of corrective actions from prior CAPs; an information exchange with other State agencies; and conferences, work groups, or external activities.

Montana SNAP reported the following major considerations for deciding which corrective actions to include in the FY 2019 QC completion rate CAP:

- Financial resources each corrective action would require
- Staffing resources each corrective action would require
- Likelihood a corrective action would improve QC completion
- A corrective action's fit within existing program improvement initiatives

Implementation

Montana SNAP implemented several corrective actions to address FY 2019 QC completion rates targeting QC staff knowledge and enhanced participant outreach strategies:

- **Continual trainings** were held for QC reviewers to ensure understanding of incomplete case criteria.
- A **mentor program** paired new QC staff with an assigned seasoned reviewer and hands-on training.
- **Use of email was expanded** to contact households and collateral contacts to gather information to complete cases.
- **Followup surveys** were distributed to participants to improve customer service.



The SNAP QC director and QC reviewers were responsible for implementing the FY 2019 CAP. Eligibility workers, eligibility worker supervisors, QC reviewers, and IT staff received training through corrective actions.



Montana SNAP notified staff about corrective actions included in the QC completion rate CAP at all-staff meetings, in regular newsletters, and during staff trainings.

Monitoring, Evaluation, and Validation

Montana SNAP developed a plan to monitor and evaluate implementation of QC completion rate corrective actions when drafting the CAP. The QC director and QC reviewers were responsible for this phase of the CAP and reported using SNAP QC data and State QC review data to monitor corrective actions. Montana SNAP reported including measurable benchmarks for some corrective actions in the CAP. The QC completion rate CAP described several measures, including quiz scores for trainings and having a 45 percent response rate for followup surveys.



Since implementing the CAP in late 2020, Montana SNAP reported completing some corrective actions, including an annual in-person training and a refresher training on interviewing.

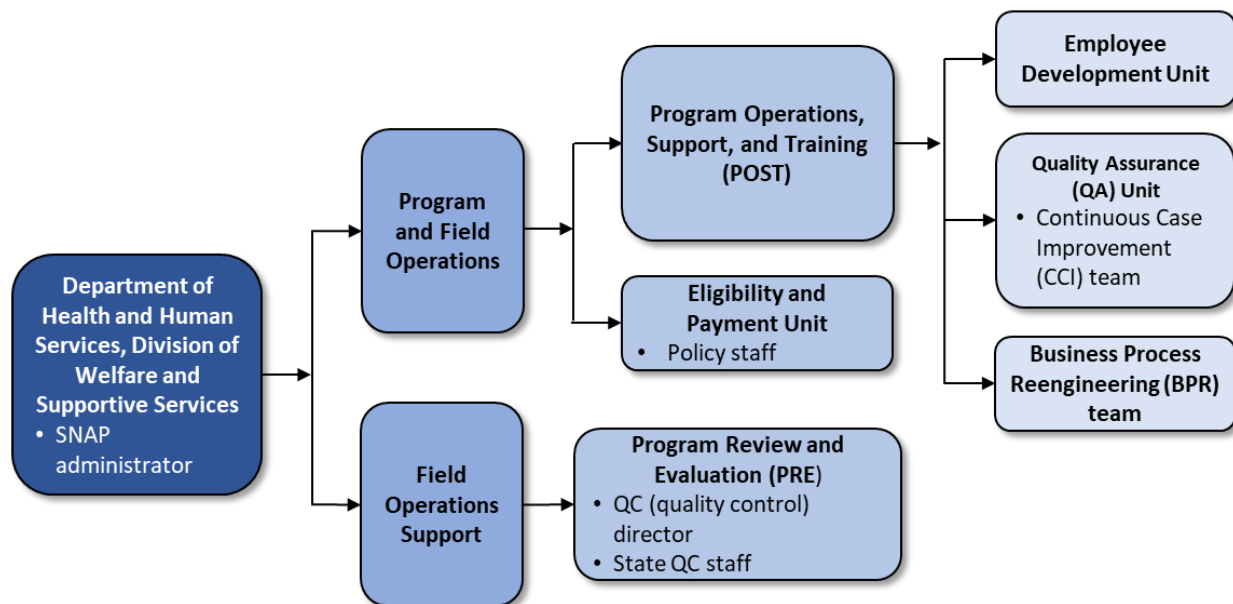
Montana SNAP reported submitting documentation to the Regional Office to validate the completion.

Montana SNAP shared the results of QC corrective actions with all SNAP staff, regardless of their direct involvement in the CAP, through all-staff meetings and newsletters.

Nevada: PER and CAPER CAPs

In **Nevada**, SNAP is within the Division of Welfare and Supportive Services of the Department of Health and Human Services (DHHS; figure D.4). The Program Operations, Support, and Training (POST) Unit was responsible for the development and oversight of the FY 2019 PER and CAPER CAPs. The SNAP State agency engaged in similar processes to develop and implement its FY 2019 PER and CAPER CAPs.

Figure D.4. Nevada Department of Health and Human Services Organizational Chart for Divisions Involved in CAPs



The Nevada SNAP State agency reported the following were important facilitators for successful development and implementation of FY 2019 CAPs:

- Strong internal leadership
- Dedicated staff time
- Staff buy-in at all levels
- Support from leadership
- Collaborative approach to CAP development

Planning

Based on State reported information, Nevada SNAP was aware it would need to develop a CAP when the State agency was notified of its official FY 2019 PER and CAPER in summer 2020. The State agency began planning the CAPs once the official rates were published.



State agency staff involved in planning the FY 2019 PER and CAPER CAP included the SNAP administrator, QC director, State QC staff, policy staff, other State agency leadership, employee development team, BPR team, and eligibility workers.

Other stakeholders involved in planning the CAPs included local area office representatives, accuracy or review teams (separate from QC reviews), SNAP eligibility workers, SNAP eligibility worker supervisors, and SNAP outreach partners (see promising approach 1 box).

Nevada SNAP reported engaging in several activities while planning the FY 2019 CAPs:

- Established a collaborative team
- Consulted with FNS Regional Office
- Reviewed State agency policy or procedures manuals
- Assessed fiscal impact of errors resulting from root causes
- Conducted interviews or discussions with local agency staff (e.g., eligibility workers, supervisors)

Nevada SNAP's BPR team oversees processes related to certification and eligibility. BPR's involvement in CAP planning helps identify processes that lead to errors and the actions required to correct those processes.

The Program Review and Evaluation (PRE) chief and quality assurance manager conducted root cause analysis, risk assessment, and program analysis for the FY 2019 CAPs. The PRE chief provided statistical data and trending information using FNS and State QC data, and the quality assurance manager provided statistical data and trending information from targeted reviews of caseworkers.



To conduct root cause analysis and risk assessments, Nevada SNAP used SNAP QC data, State QC review data, results of internal case review process (PER only), State ME results, and FNS Regional Office ME results. Nevada's CAP reported the primary error causes contributing to the PER and CAPER CAPs included the misapplication of policy and failure to follow procedural guidelines.

Promising Approach 1

Nevada SNAP reported that engaging a comprehensive team of stakeholders from across the agency was a successful strategy for planning FY 2019 CAPs. The collaborative strategy has evolved naturally over the years; previously, different units would focus on their own work rather than collaborate to solve CAP-related issues. Involving staff at all levels, including eligibility workers and supervisors, has resulted in a more effective CAP process.

"If employee, manager, and executive voices are heard, you're going to get more diverse opinions and perspectives, and you're going to be able to solve things better."

—State agency staff

Drafting

After completing the planning process, the State agency drafted its FY 2019 CAPs. Most State agency staff involved in planning were also involved in drafting the CAPs, with the addition of State QC reviewers. Similarly, stakeholders involved in planning also contributed to drafting the CAPs.



In addition to using input from stakeholders throughout the State agency, Nevada SNAP identified strategies from existing reports and documents while drafting the FY 2019 CAPs.

Nevada SNAP reported the following major considerations for deciding which corrective actions to implement in the FY 2019 CAPs:

- How quickly a corrective action could be implemented
- Likelihood a corrective action would reduce errors
- Results of the State agency's risk assessment
- A corrective action's fit within existing program improvement initiatives
- Success of prior actions implemented to resolve deficiencies
- Likelihood a corrective action would be sustainable in the long term

When considering corrective actions that require training for eligibility workers or other staff, Nevada SNAP also weighed the impact of those training requirements on staff productivity. For instance, if a proposed statewide training requirement might create a backlog of SNAP applications, Nevada SNAP may modify the approach or target the training to specific staff most likely to encounter the issue.

Since CAPs are typically based on historical error rates because of the lag in QC review processing, Nevada SNAP also evaluates trends in current Federal fiscal year payment errors and case and procedural errors when determining corrective actions. While CAPs are in place, Nevada SNAP continues to monitor error trends and may modify its corrective actions mid-CAP based on those findings.

Implementation

Nevada SNAP implemented several corrective actions to address FY 2019 PERs and CAPERs. These actions targeted eligibility workers and statewide operations improvements:

- **Eligibility workers received refresher trainings** to develop deeper policy knowledge and "Take 10" trainings (brief video learning sessions). Examples of topics covered included applying policy correctly to cases and applications, shelter expenses, and review of the unemployment interface.
- The **Continuous Case Improvement (CCI) team** was developed to complete targeted reviews of cases.
- The **Standardized Training Review (STR) team** was established by Nevada to create and maintain policy trainings that are relevant, up to date, and ensure all Division of Welfare and Supportive Services staff are well versed in policy and able to interpret SNAP policy and procedures. The team includes eligibility workers and staff from QC, quality assurance, and BPR. The division-wide team uses feedback and data from QC, quality assurance, eligibility workers, and the Eligibility and Payment Unit to determine how to develop and implement corrective actions.

Fewer State agency staff and stakeholders were involved in corrective action implementation than in other CAP phases: QC staff, Employee Development Unit, BPR team, eligibility workers, local area office representatives, quality assurance targeted review team, and SNAP outreach programs.



Nevada SNAP notified staff about corrective actions included in the CAPs through staff trainings, executive staff meetings, managers' meetings, and quality assurance tips to eligibility workers. Nevada SNAP also reported the STR team meetings were an effective way to communicate corrective actions with staff.

Prior to the FY 2019 CAP, Nevada SNAP created a process improvement panel of representatives from every district to improve error rates. For the FY 2019 CAPs, the panel distributed error trend information throughout the agency and held monthly meetings to discuss quality assurance and QC errors. District representatives also shared best practices for addressing errors. Notes from each meeting were distributed to district office managers to document any issues that arose and to provide additional clarifications needed. Panel meetings and dissemination of meeting notes helped ensure everyone in the State was addressing errors the same way.

Monitoring, Evaluation, and Validation

Nevada SNAP developed a plan to monitor and evaluate the implementation of PER corrective actions when drafting the PER CAP. Nevada SNAP used SNAP QC data, State QC review data, results from internal case reviews, and pre/posttraining assessment results to monitor PER corrective actions. For the FY 2019 CAPER CAP, Nevada SNAP did not develop a formal plan to monitor and evaluate implementation of corrective actions but did monitor progress using similar data sources: SNAP QC data, State QC review data, and pre/posttraining assessment results.

State QC staff, training team, BPR team, eligibility workers, and the internal case review team contributed to CAP monitoring, evaluation, and validation. The STR and CCI teams also monitored data and trends for emerging or new errors.



Since starting the CAP in 2020, Nevada SNAP completed all PER and CAPER corrective actions and submitted documentation to the Regional Office to validate completion of corrective actions.

Nevada SNAP shared the results of corrective actions with SNAP staff through management and executive staff meetings. In addition to notifying staff directly involved in the CAPs, Nevada SNAP shared the results with eligibility workers, eligibility worker supervisors, QC reviewers, and SNAP management and administrators.

Promising Approach 2

Nevada SNAP established the CCI and STR teams as corrective actions in its FY 2019 CAPs. As a result of the teams' success in quickly identifying and addressing trends in errors in near realtime, Nevada SNAP plans to continue the teams' work long term:

- The CCI team, part of the Quality Assurance Unit, monitors the program for new deficiencies through targeted case reviews. The goal of these reviews is to provide close to real-time feedback to eligibility workers and supervisors. The CCI team shares the case review findings with the STR team for training needs and analysis.
- The STR team follows up on corrective actions after the CAP has been implemented. The team tracks progress on corrective actions, determines whether corrective actions are being implemented correctly, and adjusts corrective actions as needed to ensure positive results.

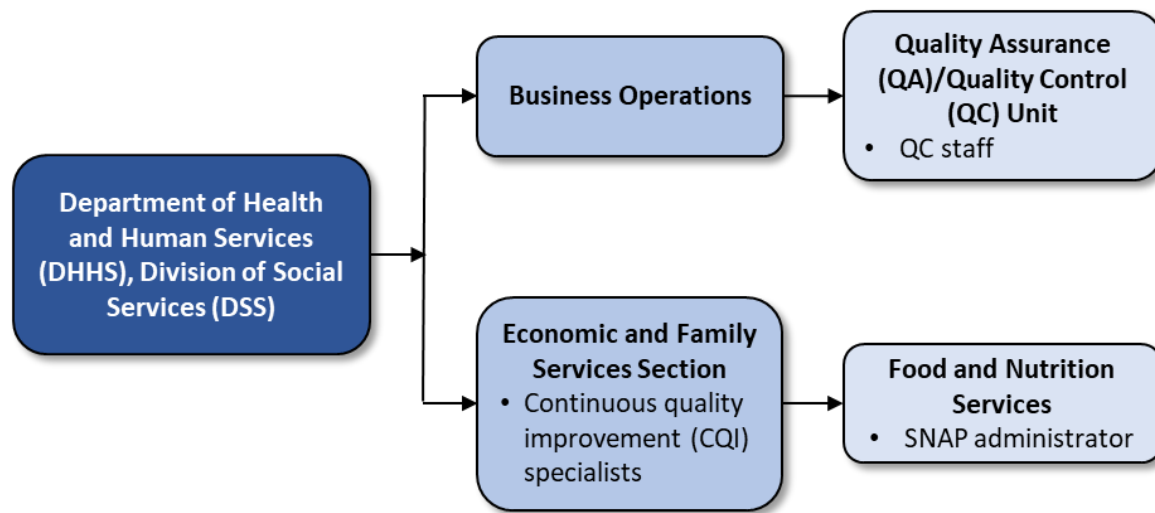
"If there's an error that's trending in one area, [we ask] what can we do to fix it? ... My [employee development] team, we do whatever we can to fix it, or [the Quality Assurance Unit] or the executive staff does what they need to do to fix it, so it's a really solutions-oriented group."

—State agency staff

North Carolina: CAPER CAP

In **North Carolina**, SNAP is within the Department of Health and Human Services' (DHHS) Division of Social Services (DSS; figure D.5). The Economic and Family Services Section of DSS was responsible for development and oversight of the FY 2019 CAPER CAP, which describes the activities the State planned to support counties in reducing errors. Because North Carolina is county-administered, the State holds the local agencies responsible for actively planning and implementing corrective actions to reduce case and procedural errors.

Figure D.5. North Carolina Department of Health and Human Services Organizational Chart for Divisions Involved in CAPs



The North Carolina SNAP State agency reported the following important facilitators for successful development and implementation of its FY 2019 CAPER CAP:

- Ongoing monitoring and technical assistance to counties
- Strong internal leadership
- Support from the FNS Regional Office
- Dedicated staff time
- Support from leadership
- Collaborative approach to CAP development

Planning

North Carolina SNAP reported having completed the planning process and being ready to begin drafting its CAP when FNS notified States of the official national and State FY 2019 CAPERs. North Carolina continuously monitors State QC data and ME data to identify local agencies with high CAPERs. Those with rates of 50 percent or higher must develop a performance improvement plan (PIP). This ongoing work serves as a basis for CAP planning.



North Carolina's continuous quality improvement (CQI) specialists were responsible for CAP planning. They used two strategies to identify local agencies for inclusion in the CAP:

- Those with the highest error rates in the FNS CAPER chart
- Local agencies with the highest deficiencies related to notices, application processes, and verifications based on the results of an internal State QC CAPER review process



To conduct root cause analysis and risk assessment, North Carolina's CQI specialists used SNAP QC data, State QC review data, results of internal case reviews, State ME results, and data from North Carolina's eligibility determination system. In the CAP, North Carolina SNAP reported error causes for each case and procedural error category, such as—

- **Misapplication of policy** (e.g., household not given 10 days to respond to notice, insufficient documentation to support determination)
- **Notice deficiency** (e.g., failure to issue required notice, incomplete notice because of system defect)
- **Improper denial** (e.g., recertification denied prior to end of deadline for providing verification or before the 30th day)

North Carolina's planning process also included a consultation with the FNS Regional Office and a review of State agency policy and procedure manuals.

North Carolina SNAP's CQI specialists are central to all steps in the CAP process. The Economic and Family Services Section has a team of seven CQI specialists to provide support to local agencies. Each CQI specialist holds monthly meetings with local agencies in their region to monitor corrective actions, provide technical assistance, and provide policy interpretation (see Promising Approach box).

Drafting

North Carolina SNAP's CQI specialists were primarily responsible for drafting the CAP using a standard template. The FY 2019 CAPER CAP addresses errors in three domains: notices, applications, and verifications. For each, the CAP includes the types of errors (e.g., notice was not complete), the local agencies with the highest error rate, and the corrective actions and monitoring activities to be undertaken by local agency and State staff to address the errors. The CAP also includes completion dates and completion status for corrective actions and monitoring activities, leads for corrective actions and monitoring activities, and evaluation measures.



North Carolina reported using the results of the root cause analysis, risk assessment, program analysis, and policy and procedures manual review to draft its FY 2019 CAP. North Carolina also used input from the FNS Regional Office and results of corrective actions from prior CAPs.

Implementation

The primary corrective action in North Carolina's CAP was to develop local agency PIPs with strategies to address deficiencies, including training for eligibility workers and eligibility worker supervisors specifically related to the root cause(s) of errors.



Local agency administrators were responsible for developing and implementing PIPs, including conducting training. Local agencies have developed their own training modules and share them with other counties.

North Carolina's QC team provided data to the CQI specialists. These data helped focus the PIPs on specific types of errors by identifying the most common case and procedural errors by county. The CQI specialists then supported local agencies with PIP planning and implementation through—

- **One-on-one conference calls** with each local agency to kick off the PIP process
- **Onsite consultations for local agencies** to ensure adherence to the PIPs and provide training and guidance
- **Monthly meetings** with the local agencies to identify barriers to reducing CAPERs and provide training and ongoing support

Monitoring, Evaluation, and Validation

North Carolina SNAP reported developing a plan to monitor and evaluate implementation of CAPER corrective actions when drafting the CAP. Specific measures described in the State CAPER CAP follow:

- Local agency submission of PIPs
- Local agency completion of trainings (counties submit training agendas, materials, and sign-in logs)
- State and county case review results

Local agencies and the State agency were responsible for monitoring efforts. Local agencies were required to review cases each month and record the results as a part of monitoring efforts, and State agency staff were required to review cases each quarter. In addition to the case reviews, the State agency used SNAP QC data, State QC review data, State ME results, and FNS Regional Office ME results to monitor the corrective actions. CQI specialists reviewed the county- and State-level monitoring results with local agencies quarterly. Local agencies with CAPER reviews that showed no errors were removed from their PIPs.



Since starting the CAP in 2020, North Carolina reported that it completed all its FY 2019 corrective actions and submitted documentation to the Regional Office. The State agency received and accepted PIPs from all counties with high CAPERs by February 2021 and had completed initial trainings as of March 2021.

North Carolina SNAP shared the results of corrective actions with eligibility workers, eligibility worker supervisors, QC reviewers, and management/administration by email.

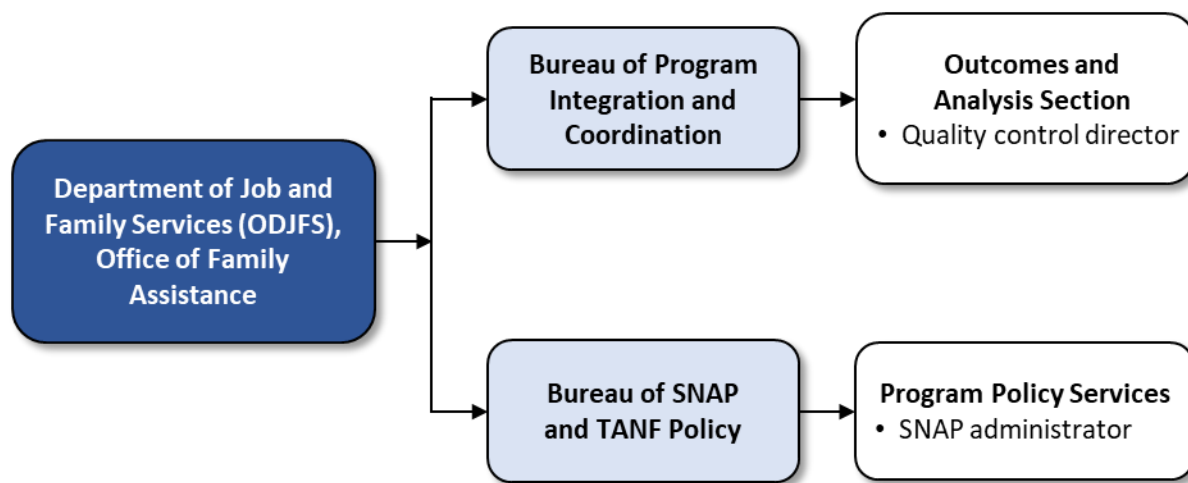
Promising Approach

North Carolina's CQI specialists hold monthly meetings with their regions to support the entire PIP process. They discuss regional barriers to improved error rates to plan corrective actions, review the PIPs when they are drafted, provide help with implementation, assist regions in determining if their corrective actions have achieved the desired outcomes, and monitor the CAPER to determine when regions can come off their PIPs. North Carolina SNAP recommended other State agencies implement a similar strategy but warned it does require a substantial time investment.

Ohio: PER and CAPER CAPs

In **Ohio**, SNAP is county-administered and overseen by the Office of Family Assistance within the Department of Job and Family Services (ODJFS; figure D.6). The Office's Bureau of SNAP and TANF [Temporary Assistance for Needy Families] Policy was responsible for developing and overseeing the statewide FY 2019 PER and CAPER CAPs. In the CAPs, the Bureau of SNAP and TANF Policy focuses on statewide activities to improve error rates and support counties in addressing county-specific errors. The Bureau of SNAP and TANF Policy employed similar processes to develop and implement both types of CAPs.

Figure D.6. Ohio Department of Job and Family Services Organizational Chart for Divisions Involved in CAPs



Note: TANF = Temporary Assistance for Needy Families

The Ohio SNAP State agency reported several important facilitators that led to successful development and implementation of FY 2019 CAPs:

- Strong internal leadership
- Dedicated staff
- Staff buy-in at all levels
- Support from leadership
- Collaborative approach to CAP development
- Funding for corrective actions/new initiatives

Planning

Based on State reported information, Ohio SNAP had already begun planning its PER and CAPER CAPs when FNS released the official national and State FY 2019 PER and CAPER. During the planning process, Ohio SNAP reported establishing a collaborative team, reviewing State agency policy or procedures manuals, and assessing the fiscal impact of errors resulting from root causes.



State agency staff involved in planning included the SNAP administrator, the QC director, policy staff, IT or systems staff, and the Outcomes and Analysis Section of the Bureau of SNAP and TANF Policy. The Bureau of SNAP and TANF Policy staff, Outcomes and Analysis Section staff, and the training staff from Program and Policy Services (in a separate Bureau) regularly work together as the Performance Improvement Team (PIT).

Ohio SNAP's PIT plays a lead role in all stages of CAPs. PIT includes a project manager and staff from Program Policy Services, which provides training and technical assistance, and the Outcomes and Analysis Section, which reviews reports and cases. Each county has a dedicated point of contact from PIT's Program Policy Services staff to facilitate the development of a relationship and deeper understanding of each county among PIT. Program Policy Services staff members support 10 to 20 counties at a given time. Ohio's PIT meets biweekly to discuss trending issues, errors, MEs, systems, policy, and funding issues.

For the PER CAP, Ohio SNAP included county-level staff in the planning process. Ohio convenes a policy workgroup consisting of representatives from a select group of counties and the county directors' association. The State agency proposed corrective actions to this group during the planning process to ensure county-level implementation considerations were taken into account.



During the CAP planning process, PIT conducted root cause analysis and program analysis. Ohio SNAP reported it does not conduct a risk assessment but instead uses a more informal assessment of the impact and scope of errors, such as exploring the number of cases and counties a particular error affects.

To conduct the root cause analysis for the FY 2019 PER and CAPER CAPs, PIT used SNAP QC data, State QC review data, results of internal case reviews, State ME results, and FNS Regional Office ME results. Ohio SNAP identified several error causes in the FY 2019 CAPs:

- **System updates:** The FY 2018 transition to a common statewide integrated SNAP and Medicaid eligibility system contributed to the State's high PER. Several differences from the legacy system resulted in errors; for instance, the new eligibility system did not provide the same workflow for eligibility workers, which resulted in staff not always asking the necessary questions to ensure a correct determination.
- **Income-based errors:** Miscalculations related to child support and self-employment income contributed to the PER.
- **Untimely application processing and unclear notices** were the largest contributors to CAPERs.

Drafting



Ohio SNAP's PIT and SNAP administrator drafted the FY 2019 PER and CAPER CAPs. For both CAPs, Ohio used input from the FNS Regional Office; results of corrective actions from prior CAPs; information exchange with other State agencies; input from stakeholders within Ohio's SNAP State agency; strategies identified through a conference, workgroup, or other external activity; and strategies from published reports or documents.

Ohio SNAP reported the following major considerations for deciding which corrective actions to implement in the FY 2019 CAPs:

- Financial resources each corrective action would require

- How quickly a corrective action could be implemented, including the timeline for systems changes
- Likelihood a corrective action would reduce errors
- Success of prior actions implemented to resolve deficiencies
- Likelihood a corrective action would be sustainable in the long term
- Number of corrective actions proposed

Implementation

Ohio SNAP implemented several statewide corrective actions to address the FY 2019 PER and CAPERs. Ohio coordinated corrective actions to address both types of errors when possible:

- **Targeted trainings** covering interview processes, income-based errors, and timely responses to alerts in the new eligibility system were conducted for eligibility workers, eligibility worker supervisors, and QC reviewers.
- **“Policy tips”** were sent via the statewide automated eligibility system to ensure consistent messaging to staff on specific policies.
- **Template language for counties** was developed to ensure eligibility worker “journal notes” on case files met QC documentation standards.
- An **alerts task force** was established to review and correct all alerts in the eligibility system; a county-centered workgroup was created to discuss issues related to the enterprise document management system, which includes SNAP, cash assistance, childcare, and Medicaid programs.

Another feature of Ohio SNAP’s CAP was targeted technical assistance and regular county engagements to support improvements. PIT’s Program Policy Services staff meet with their designated counties quarterly or semiannually to review a random sample of cases to determine whether specific errors are occurring. When errors are found, PIT provides policy and other technical assistance to the county. PIT staff also hold group meetings with counties for corrective actions involving multiple counties (see Promising Approach box). Since the FY 2019 CAP, the State agency has begun to develop county-specific “profiles” of error-prone cases to aid county agencies with their QC procedures.

“A one size fits all approach doesn’t work with our counties, each one is unique and needs a tailored approach. We really thought that targeted one-on-one TA was needed, and you can’t do that without those regular cadences of meetings to go over everything.”
—State agency staff



IT or systems staff, the SNAP administrator, and PIT were involved in implementing PER and CAPER corrective actions. For PER corrective actions, the QC director was also involved in implementation. Throughout implementation, PIT facilitated communication across State technical assistance and training staff and data analysis/case review staff to act as a centralized team for providing targeted technical assistance and implementation support to the counties through regular meetings.



Ohio SNAP notified staff about corrective actions included in the CAPs at staff trainings, all-staff meetings, and regular PIT meetings with county staff. Ohio SNAP also reported that internal State agency PIT meetings were an effective way to communicate corrective actions with staff.

Promising Approach

In the May 2021 semiannual CAP update, Ohio SNAP attributed its PER reduction to the individualized support PIT provides to the counties. Through their regular meetings with the counties, PIT staff develop a deep understanding of county operations and form relationships with the counties, enabling PIT staff to provide the appropriate support.

“The PIT team has been honestly crucial to any kind of corrective action or our improvement in rates.... What we’re finding through PIT is that our staff are specific contacts for each county, so they’re developing that relationship, and they get to know their counties better.... It’s a true relationship that we have with them, not just a transactional relationship. We’re finding that to be kind of key.”

—State agency staff

Monitoring, Evaluation, and Validation

Ohio reported it did not develop a formal plan to monitor and evaluate FY 2019 corrective actions, but the State agency did engage in some monitoring and evaluation activities during implementation using SNAP QC data, State QC review data, results from internal case reviews, State ME results, and FNS Regional Office ME results. Ohio noted it intends to develop pre- and post-metrics to measure CAP success.



PIT contributed to CAP monitoring, evaluation, and validation. Within PIT, the Outcomes and Analysis Section staff monitor data and policy trends for emerging or new errors, and the Program Policy Services staff evaluate the effectiveness of trainings and provide technical assistance as needed.

PIT’s Program Policy Services staff track their designated counties’ compliance. Meetings with counties cover discussion of errors, status updates on active corrective actions, and any best practices for addressing errors.



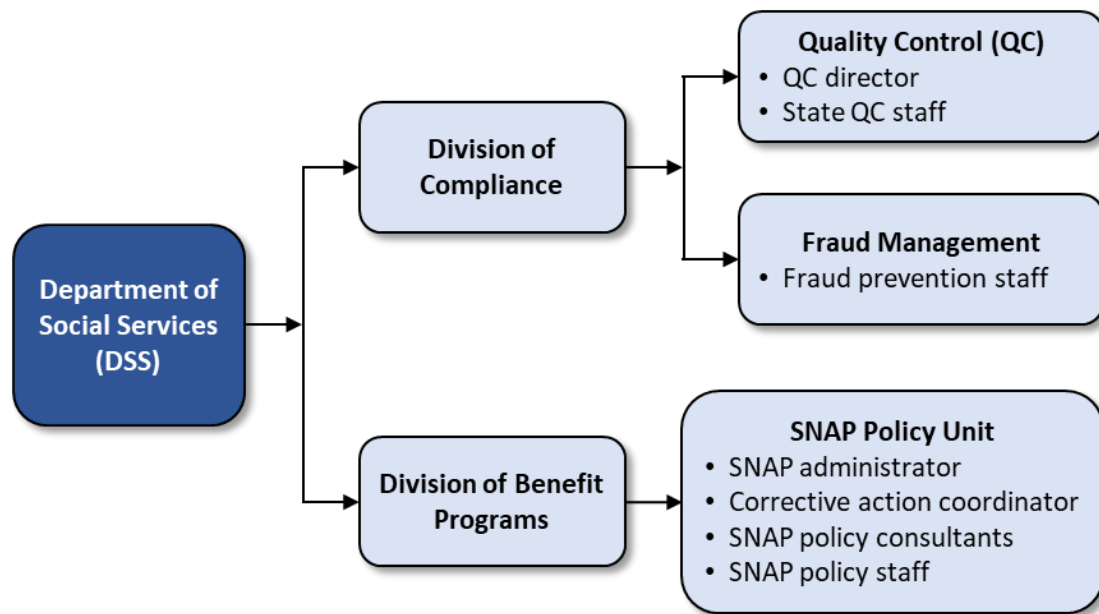
Since starting the CAP in 2020, Ohio SNAP completed all PER and CAPER corrective actions and submitted documentation to the Regional Office to validate completion of corrective actions. As of its May 2021 semiannual CAP update, Ohio had issued policy tips, held 4 payment accuracy trainings, and identified 27 unnecessary or duplicative alerts in its new eligibility system.

Ohio SNAP shared the results of corrective actions with SNAP staff through all-staff meetings. In addition to notifying staff directly involved in the CAPs, Ohio SNAP shared the results with eligibility worker supervisors, QC reviewers, and management/administration.

Virginia: PER and CAPER CAPs

In **Virginia**, the Department of Social Services (DSS) oversees the administration of SNAP (figure D.7). As a county-administered SNAP, Virginia's 120 local agencies are responsible for planning and executing corrective actions as part of the Performance Improvement Initiative. At the State level, DSS's SNAP Policy Unit provides training, policy, technology, outreach, compliance, and operations support to the local agencies. The SNAP Policy Unit coordinated the FY 2019 PER and CAPER CAPs in close collaboration with the local agencies to produce statewide CAPs. The SNAP Policy Unit reported the same core approach to developing both types of CAPs.

Figure D.7. Virginia Department of Social Services Organizational Chart for Divisions Involved in CAPs



While Virginia SNAP did not report specific facilitators contributing to successful development and implementation of FY 2019 CAPs, the State has communicated several promising practices to local agencies when planning corrective actions:

- Establishment of an agencywide commitment to payment accuracy, including commitment from leadership and stakeholders at all levels
- Convening of a collaborative process improvement team that includes eligibility staff, QC staff, claims staff, supervisors, and technical staff

Planning

Virginia SNAP plans corrective actions the State agency will implement broadly, such as statewide trainings for local agencies focused on specific error causes, operational changes to improve error identification and monitoring, or statewide communications plans focused on payment accuracy. Based on State reported information, Virginia's SNAP Policy Unit was aware it would need to develop PER and CAPER CAPs for FY 2019 before FNS notified the State of the official error rates; the State and local agencies began planning the CAPs once the official rates were published.



At the **State agency level**, the corrective action coordinator and SNAP administrator oversaw planning and implementation of the statewide CAPs. Other State agency staff involved in planning the CAPs included SNAP policy staff and fraud prevention staff. The State also involves part-time contractors who help staff the SNAP Policy Unit in CAP planning.

“The corrective action coordinator has primary responsibility for reviewing error data, identifying emerging error trends, monitoring program improvement initiatives, and developing strategies to support accurate eligibility decisions.”

—SNAP regional engagement meeting presentation



When planning the FY 2019 CAPs, Virginia’s corrective action coordinator used State QC review data to conduct the root cause analysis and risk assessment. The corrective action coordinator worked with the QC team to report error elements by region in the CAP.

The top three payment error elements statewide were related to wages and salaries, shelter expenses, and the standard utility allowance. The majority of standard utility allowance errors were agency-caused, while the other error elements were primarily client-caused.

The most common case and procedural errors follow:

- **Misapplication of policy**, including wages and salary policy, failure to screen elderly or disabled households at the net income limit, and failure to document case records
- **Notices** that are incorrect or not sent, failure to specify the verification needed to complete the interim report, and multiple denial reasons displayed on the notice

The State agency did not have a systematic approach to program analysis when planning the FY 2019 CAP, but since then, Virginia SNAP has taken several steps to improve CAP planning:

- **Use data from Rushmore Case Read System to review and identify error trends.** The system contains data from internal case reviews on errors related to medical deductions and expenses, shelter expenses, utilities, incorrect customer notices, and earned income. The corrective action coordinator uses these data to identify and compare error trends to the trends State QC staff identify in the QC sample.

“You have to use data and to do a lot of root cause work, not just with my [State] people but also with local agencies.”
—State agency staff

- **Develop a system for triaging issues contributing to errors.** When an error is identified, SNAP staff can submit a ticket to a central location describing the error and the likely cause. The tickets are grouped based on whether they relate to policy, process, or data systems. Under the SNAP administrator’s direction, the corrective action coordinator reviews the tickets to identify trends, explore whether they are widespread or specific to an individual or local agency, reassign tickets to a different group if needed (e.g., a ticket flagged as a data systems issue may be the result of misunderstanding the policy), and compare the issues to those identified in Rushmore.

Together, these changes enable Virginia SNAP to identify programmatic areas of particular concern and in need of corrective actions and plan and prioritize data systems updates.

While Virginia SNAP plans the statewide CAPs, the 20 largest local agencies (based on caseload) must develop their own deficiency-specific CAPs when the State fails to meet the Federal PER and CAPER

requirements. Local agencies may also need a CAP if their error rate is significantly higher than the State error rate or the national average. At the **local agency level**, the director is responsible for leading accuracy efforts. The director and local agency management support the development of improvement initiatives and their adoption. Regional engagement coordinators support local agencies in all aspects of their CAPs.

Virginia SNAP provides trainings and written instructions for local and State staff to improve CAP planning and other processes (see table D.2 for training topics).

Table D.2. CAP-Related Trainings for Virginia SNAP State and Local Staff Involved in PER and CAPER CAPs

Training Topic	PER CAP	CAPER CAP
Basic CAP processes	●	●
Quantitative analysis		●
Planning corrective actions	●	●
Broad-based communication strategies	●	●
Continuous process improvement		●
Setting measurable benchmarks	●	●
Interim reviews	●	●
Benchmark reviews	●	●

Promising Approach 1

Since starting the FY 2019 CAP process, Virginia SNAP decentralized its approach to CAP planning and renewed its emphasis on partnering with local agencies in the following ways:

- Create a standardized corrective action plan template for all local agencies to use.
- Standardize messaging across the State.
- Emphasize local agencies using data to identify root causes.
- Rebrand corrective actions as error-prevention strategies.
- Implement engagement activities for local agencies.
- Hold biweekly meetings with Regional Office staff.
- Encourage local agencies' suggestions for improving corrective action planning.

Drafting

State agency staff involved in planning the CAP also drafted the statewide FY 2019 CAPs. Corrective actions were identified based on the corrective action coordinator's root cause analysis, risk assessment, and program analysis results and policy and procedures manual review.

Virginia SNAP reported two successful strategies for drafting the FY 2019 CAPs:



- **Involvement of the IT department** to address data systems errors. Virginia SNAP has encountered many data systems issues since converting from the legacy system to a new data system in 2016. Virginia SNAP has worked closely with the IT department to prioritize modifications to align with corrective actions, including fixes to the eligibility staff user interface to reduce agency-caused errors.

- **Trainings for local agency staff.** Virginia SNAP has developed several trainings and resources for local agency staff to improve CAP development, covering topics such as the State and local agencies' roles in CAPs, CAP partners, when and why a CAP is activated, a 10-step guide to planning CAPs, best practices, and State resources for local agencies.

At the local level, local agencies needing a CAP use a standardized online template developed by the State agency. The template requires the local agency to describe the errors and root causes associated with each deficiency, identify the location affected (e.g., a specific office or operating unit within the local agency), and provide a detailed explanation of corrective actions proposed to address the issues. Local agencies must also specify the steps required to accomplish each corrective action, the goal of the action, a target completion date, and the person or people responsible for accomplishing each step. The CAP template also requires local agencies to identify one person with overall responsibility for the CAP, describe how the plan will be monitored to ensure goals are met, and explain how the monitoring activities will be used to evaluate the initiative's effectiveness.

Promising Approach 2

Virginia SNAP reported that the FNS Mid-Atlantic Regional Office (MARO) provided valuable feedback regarding methods and approaches to CAP development. MARO facilitated meetings and trainings of SNAP managers from different States, during which the managers could brainstorm solutions for challenges they were facing and learn from their peers in person. MARO also collaborated with Virginia SNAP to generate ideas about how to foster environments that make supervisors feel comfortable asking questions.

Implementation

Virginia's SNAP Policy Unit implemented several statewide corrective actions from its FY 2019 PER and CAPER CAPs:

- **Quarterly convenings of the 20 largest local agencies** (by caseload) promote peer learning and discussion of overall performance, error rates, and strategies for improvement.
- The SNAP Policy Unit maintains the **Virginia Case Management System issues log**, an online portal for logging and tracking issues identified throughout the State. During the FY 2019 CAP implementation, the log helped Virginia SNAP quickly identify and address emerging concerns, such as automating a process for no-touch closures to reduce related errors.
- The **Statewide Error Committee**, composed of staff from QC, the Policy Unit, Workforce Management (training), and Enterprise Business Solutions, reviews QC findings and reports to identify root causes of errors and develop solutions to prevent error reoccurrence.
- Posted on Virginia's SNAP intranet page, the ProTip Suite features **error scenarios** from the QC Findings Report completed by the SNAP Policy Unit. The completed error scenarios include policy citations and clarifications and a systematic overview of how to enter the case information into the eligibility system.

State agency staff and contractors involved in the implementation of the statewide corrective actions included the SNAP administrator, corrective action coordinator, SNAP policy consultants, QC director, State QC staff, IT and systems staff, and fraud prevention staff.



Virginia SNAP policy staff notified SNAP staff about FY 2019 PER and CAPER corrective actions at meetings, briefings, and informal interactions.

Monitoring, Evaluation, and Validation

Virginia SNAP reported it did not develop a formal plan to monitor and evaluate the implementation of corrective actions. For each planned corrective action, however, the CAPs described how they would monitor implementation steps and the effectiveness of the activity in resolving deficiencies. For example, Virginia SNAP monitored implementation of the ProTip Suite initiative through team meetings and messages received when materials were shared. The State agency planned to evaluate ProTip effectiveness through feedback from users and interactions with local agency directors, other local agency staff, regional directors, and consultants. Virginia SNAP also planned to use State QC data to review the error areas highlighted during the initiative and monitor for new deficiencies that could occur during the implementation of the FY 2019 corrective actions.

Virginia SNAP expressed interest in FNS's guidance on best practices and expectations for setting performance goals, long-term measures, and realistic outcomes for corrective actions.



The State agency staff involved in monitoring, evaluating, and validating the FY 2019 statewide CAPs included the corrective action coordinator, policy staff, and the SNAP administrator.

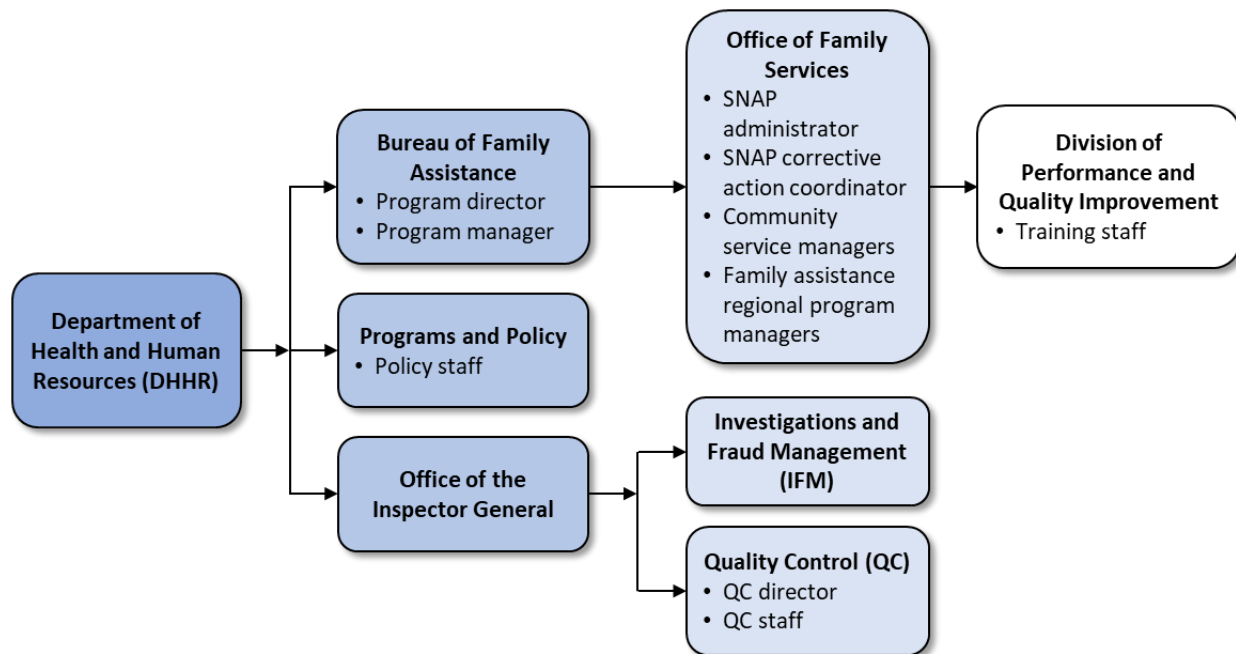


Since starting the CAPs in 2020, Virginia SNAP reported completing some PER and CAPER corrective actions and provided documentation to the Regional Office to validate completion of some of the corrective actions.

West Virginia: PER and QC Completion Rate CAPs

In **West Virginia**, SNAP is housed within West Virginia's Department of Health and Human Resources (DHHR), Bureau of Family Assistance, Office of Family Services (figure D.8). FNS required West Virginia SNAP to develop CAPs to improve FY 2019 payment error and QC completion rates. The Bureau's Division of Performance and Quality Improvement was responsible for the development and oversight of the FY 2019 PER CAP. DHHR's Office of the Inspector General was responsible for the QC completion rate CAP.

Figure D.8. West Virginia Department of Health and Human Resources Organizational Chart for Divisions Involved in CAPs



The West Virginia SNAP State agency reported several important facilitators that led to successful development and implementation of FY 2019 CAPs:

PER	QC Completion Rate
<ul style="list-style-type: none"> ▪ Dedicated staff time ▪ Staff buy-in at all levels ▪ Support from leadership ▪ Collaborative approach to CAP development 	<ul style="list-style-type: none"> ▪ Dedicated staff time ▪ Strong internal leadership ▪ Support from leadership ▪ Collaborative approach to CAP development

Payment Error Rate CAP

Planning

Based on State reported information, West Virginia SNAP had already begun working on some aspects of planning but was not ready to begin drafting the CAP when the agency was notified of its official FY 2019 PER in summer 2020. West Virginia SNAP engaged in several activities while planning the FY 2019 PER CAP:

- Reviewed State agency policy or procedures manuals
- Assessed fiscal impact of errors resulting from root causes
- Assessed frequency of errors resulting from root causes



West Virginia SNAP's Statewide Error Analysis Team (SEAT) planned the FY 2019 PER CAP. The SNAP corrective action coordinator chairs SEAT, which includes the director of the Office for Family Services; regional program managers; systems staff; and representatives from training, policy, and QC (see Promising Approach box). SEAT's primary purpose is to identify the true root cause of errors to ensure corrective actions can eliminate them in the future. SEAT also conducts risk assessment and program analysis.



To conduct root cause analysis and risk assessments, West Virginia SNAP used SNAP QC data, State QC review data, results of internal case review processes, and State ME results. Eligibility worker supervisors conduct expanded case reviews for at least 10 cases per month. This internal review process helps identify errors early. Expanded case reviews are more in-depth than a typical targeted review and include the same elements as a QC case review. Supervisors record the results of case reviews into a central data system where SEAT and other State agency staff can identify trends in errors across the State by county, region, eligibility worker, and eligibility worker supervisor.

West Virginia SNAP identified several error elements in its FY 2019 CAP, including wages and salaries, household composition, shelter, RSDI, and other unearned income. The State agency identified several error causes contributing to the PER:

- Misapplication of policy accounted for 25.21 percent of all error dollars.
- Failure to act on known information accounted for 12.51 percent of all error dollars.
- Client-caused errors and willful misrepresentation accounted for 14.88 and 30.7 percent of all error dollars, respectively.

Promising Approach

State agency data systems staff participate in the CAP process as a part of SEAT. Incorporating systems staff into SEAT enables State agency staff to share errors, brainstorm, and test solutions in realtime rather than having to reach out separately.

Drafting

West Virginia SNAP's corrective action coordinator drafted the PER CAP with support from SEAT.



In addition to using input from stakeholders throughout the State agency, West Virginia SNAP used results of corrective actions from prior CAPs and strategies identified through conferences, workgroups, or external activities to identify potential corrective actions for the FY 2019 CAP.

West Virginia SNAP reported several major considerations for deciding which corrective actions to include in the FY 2019 CAP:

- Likelihood a corrective action would reduce errors
- Success of prior actions implemented to resolve deficiencies
- Likelihood a corrective action would be sustainable in the long term

Implementation

West Virginia SNAP implemented several corrective actions targeting eligibility workers and eligibility work supervisors to address the FY 2019 PER:

- Monthly training blasts were sent to eligibility workers.
- Ten expanded case reviews became a requirement for eligibility worker supervisors monthly.
- Payment accuracy/caseload management unit meetings became a requirement for eligibility workers and supervisory staff to attend semimonthly.

During CAP implementation, SEAT continues to analyze case review data to inform training and other activities. West Virginia's Statewide Accuracy Review Team (SWAT) plays a key role in implementing PER corrective actions. SWAT is responsible for developing trainings based on findings from SEAT. SWAT consists of the following State agency and district staff:

- Commissioner of the Bureau of Family Assistance
- Deputy commissioner of field operations
- The Bureau of Family Assistance program director and program managers
- Division of Performance and Quality Improvement staff
- QC director
- Policy staff
- Regional directors
- Family assistance regional program managers
- Community service managers
- District office supervisors and workers

Monitoring, Evaluation, and Validation

West Virginia SNAP developed a plan to monitor and evaluate implementation of PER corrective actions when drafting the CAP. West Virginia SNAP used SNAP QC data, State QC review data, results from internal case reviews, and State ME results to monitor PER corrective actions. The State reported

including measurable benchmarks for each corrective action in the CAP. The PER CAP described several measures, including evaluating pretest and posttest quiz results and results of the internal case reviews.



SEAT, West Virginia's QC director, and other State agency leadership contributed to PER CAP monitoring, evaluation, and validation. Other stakeholders involved in this phase of the CAP included accuracy and review teams and SNAP eligibility worker supervisors.



Since starting the PER CAP in 2020, West Virginia SNAP completed all PER corrective actions but had yet to provide documentation to the Regional Office to validate completion of the corrective actions.

West Virginia SNAP shared the results of PER corrective actions with SNAP staff through all-staff meetings regardless of staff's direct involvement.

Quality Control Completion Rate CAP

Planning

DHHR's Office of the Inspector General had already begun working on some aspects of planning but was not yet ready to begin drafting the CAP when FNS notified the State of its official FY 2019 QC completion rate in summer 2020.



The QC director and State office staff were involved in planning the QC completion rate CAP. The Investigations and Fraud Management Division (IFM) of the Office of the Inspector General also contributed to planning the CAP.

West Virginia SNAP engaged in several activities while planning the FY 2019 QC completion rate CAP:

- Established a collaborative team
- Reviewed State agency policy or procedures manuals
- Assessed frequency of errors resulting from root causes
- Conducted interviews or discussions with local agency staff



State office staff were responsible for root cause analysis and risk assessment. When planning the FY 2019 CAP, State office staff reviewed all incomplete cases and discussed them with caseworkers and supervisors to determine if anything could be done to complete them. This process has evolved since implementing the CAP. West Virginia now sends incomplete cases to IFM to review and identify root causes. IFM also contributes to program analysis. In addition to QC cases, West Virginia reported using ME results to inform the root cause analysis for the QC completion rate CAP.

Drafting

After completing the planning process, West Virginia SNAP drafted its FY 2019 QC completion rate CAP. State agency staff involved in the planning were also involved in drafting the QC completion rate CAP, with the addition of QC statisticians.



West Virginia SNAP used results of corrective actions from prior CAPs and an information exchange with other State agencies to select corrective actions for the FY 2019 CAP.

West Virginia reported a few considerations had a moderate impact on deciding which corrective actions to include in the FY 2019 CAP:

- A corrective action's fit within existing program improvement
- Success of prior actions implemented to improve QC completion
- Likelihood a corrective action would be sustainable in the long term

Implementation

West Virginia SNAP implemented several corrective actions to address FY 2019 QC completion rates targeting quality control reviewers (QCR) and statewide operations improvements:

- Follow all recommended best practice protocols from FNS for sending letters and contacting clients.
- Require QCRs to fully and clearly document the case review indicating all steps taken to obtain required verification for each element.
- Refer all incomplete reviews to QC State office for review prior to transmission to FNS.
- Obtain access to the Work Number to verify employer information.



West Virginia SNAP notified staff about corrective actions included in the QC CAP at all-staff meetings and staff trainings. The CAP was also emailed to SNAP leadership and disseminated statewide.

Monitoring, Evaluation, and Validation

West Virginia SNAP developed a plan to monitor and evaluate implementation of QC completion rate corrective actions when drafting the CAP. West Virginia SNAP used State QC review data to monitor corrective actions. The QC director, QC statistician(s), and IFM contributed to CAP monitoring, evaluation, and validation.



Since starting the CAP in 2020, West Virginia SNAP completed a few QC completion rate corrective actions. West Virginia had yet to submit documentation to validate the completion of these corrective actions.

West Virginia SNAP shared the results of corrective actions with SNAP staff (regardless of their direct involvement in the CAP) through all-staff meetings.