



United States Department of Agriculture

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

## Final Report



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## Final Report



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: Final report*. Insight Policy Research. U.S. Department of Agriculture, Food and Nutrition Service.

## Acknowledgments

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This report was prepared by Insight Policy Research (Insight) under Contract Number GS-10-0136X/140D0421F0709 from the U.S. Department of Agriculture's Food and Nutrition Service (FNS). It represents a team effort, with many individuals making important contributions, and we gratefully acknowledge their assistance. We recognize the sustained leadership of Maya Sandalow and Kristen Corey, social science research analysts and FNS Project Officers. Many other people in the FNS National Office and Regional Offices also contributed. We thank the following individuals for their time and assistance: Kathryn Law, Anita Singh, Hope Williams, Tracy Monroe, Lefki Orphanides, Diane Kelley, Melissa Cundari, Stephanie Uchima, Kahla Leggett, Jeremy Bowman, Sally Jacober-Brown, Maryann Salvatore, Morris Olitsky, Kelly Boger, Young Ihm, Bradford Williams, Dawn Baker, Chad Imker, and Philip Fraley. We also thank the staff of the Alaska, Connecticut, Montana, Nevada, North Carolina, Ohio, Virginia, and West Virginia SNAP State agencies for their time and contributions to this study. This work could not have been done without their input.

The authors also express appreciation to the subject matter experts from the Centers for Medicare & Medicaid Services and Temporary Assistance for Needy Families: William Gould, Lori Carter, Camiel Rowe, Donald Carr, and Julie Siegel.

The authors thank Laura King for reviewing and providing insight on the web survey instrument and Brian Jones for reviewing and providing insight on the survey instrument and the final report.

Finally, many Insight colleagues made important contributions to this project. We thank Jennifer Pooler for her leadership as Project Director during study design and data collection. We are grateful to Miles Patrie and Stacy Gleason for their thoughtful feedback and quality assurance review. We thank Katya Scanlan, Taylor Kerson, and Caroline Brent-Chessum for their editorial and production support.

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## Executive Summary

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In the Supplemental Nutrition Assistance Program (SNAP), corrective action plans (CAPs) are a core component of State agencies' work to identify and address program deficiencies. CAPs thereby help the U.S. Department of Agriculture's Food and Nutrition Service (FNS) meet its longstanding commitment to ensure access to SNAP for eligible households, maintain sound stewardship of taxpayer dollars, and provide the highest degree of program integrity. This study focuses on CAPs intended to address three specific issues measured through the SNAP Quality Control (QC) process—payment errors, case and procedural errors, and low QC completion rates.

- ▶ The payment error rate (PER) is calculated by taking the difference between the value of benefits provided to participants and the value of benefits participants would have received had their cases been processed correctly and dividing it by total benefits issued.<sup>1</sup>
- ▶ The case and procedural error rate (CAPER) quantifies the accuracy and procedural correctness of decisions to deny, terminate, or suspend SNAP benefits.
- ▶ The QC completion rate is the proportion of a State agency's required case sample size (excluding cases not subject to review) that has been disposed of as complete.

This report describes eight State agencies' approaches to developing and implementing SNAP CAPs, challenges State agencies face in the CAP process, and promising practices.

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### Study Objectives

**Objective 1:** Describe the approaches each of the eight State agencies uses to develop, implement, and monitor CAPs to address program deficiencies in PERs, CAPERS, and QC completion rates.

**Objective 2:** For each of the eight State agencies, identify the policy and operational factors that challenge or aid the development and implementation of CAPs.

**Objective 3:** Identify effective approaches to CAP development and implementation and develop recommendations for improving State agencies' ability to conduct corrective action activities.

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## A. Study Approach

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The study team employed a three-part data collection approach:

- ▶ **Data collection from eight SNAP State agencies** (Alaska, Connecticut, Montana, Nevada, North Carolina, Ohio, Virginia, and West Virginia) to better understand the CAP process and the challenges and successes State agencies encounter; this step included a document review, web survey, and followup interviews<sup>2</sup>
- ▶ **Interviews with subject matter experts at three Federal agencies** to identify best practices and challenges to corrective action planning across public assistance programs
- ▶ **Environmental scan and literature review** to identify additional approaches to program improvement and corrective action planning in public assistance programs

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<sup>1</sup> The sum of the overpayment rate and underpayment rate may not equal the exact PER because of rounding.

<sup>2</sup> Initially, the study team planned to collect data from nine SNAP State agencies, but one State agency declined to participate.



The study team synthesized the findings across data sources and State agencies to identify standard practices, challenges, and promising approaches in the CAP process. The study team also used all data sources to identify opportunities to improve the CAP process.

## **B. CAP Overview**

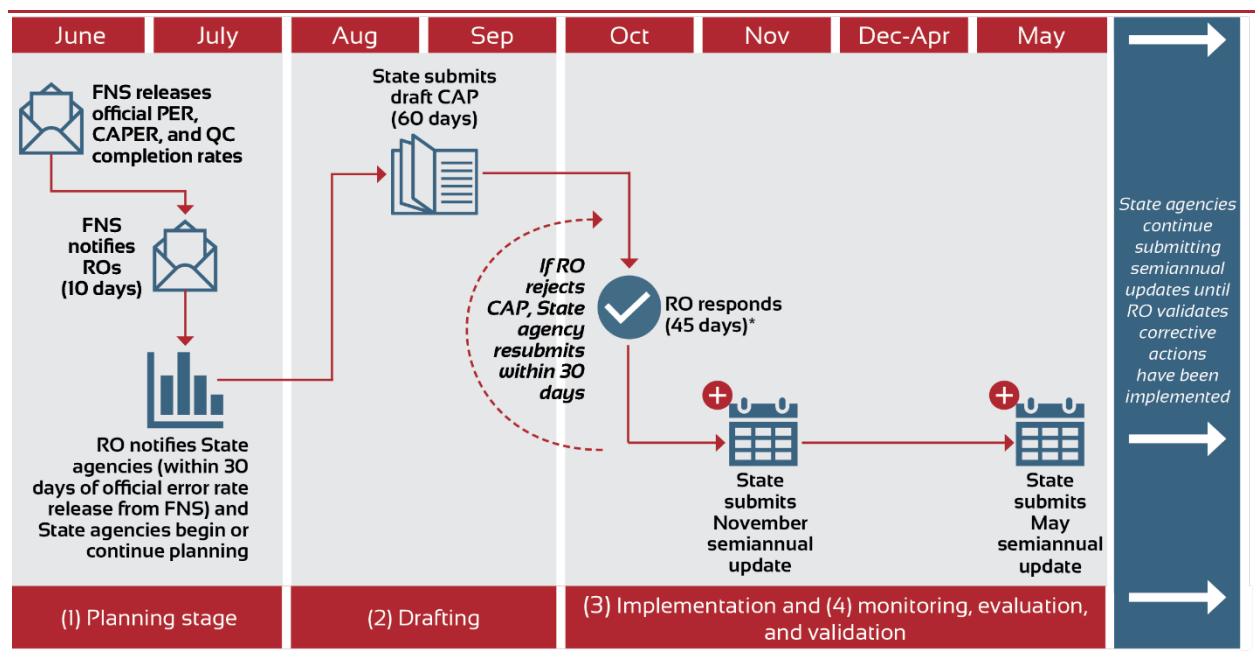
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Many Federal programs, including SNAP, use CAPs to remediate administrative, procedural, and payment errors. Across these diverse programs, CAP processes often involve similar activities, including (1) planning activities such as identifying root causes and developing corrective actions for each root cause, (2) drafting and submitting CAPs, (3) implementing corrective actions, and (4) monitoring and evaluating corrective actions.

The Food and Nutrition Act of 2008 and SNAP regulations require State agencies (or project areas) to develop CAPs in specific circumstances. Section 16 of the Act requires that State agencies develop and implement CAPs to address payment errors if their PER is 6 percent or greater. SNAP regulations at 7 CFR § 275.16 also require State agencies to develop and implement CAPs for a CAPER of 1 percent or greater and when at least 5 percent of their QC caseload is classified as incomplete. On July 12, 2016, FNS issued a memorandum establishing the new error rate threshold for requiring CAPER CAPs. As of fiscal year (FY) 2017, CAPER CAPs are required only for State agencies with a CAPER above the national average (Ward, 2016).

Within 10 calendar days of the annual release of official PER, CAPER, and QC completion rates, SNAP's Program Administration and Nutrition Division issues an internal memorandum to FNS Regional Offices (ROs) identifying all SNAP State agencies that require a CAP. FNS ROs then notify State agencies of their required CAPs for the year and work directly with those State agencies through the CAP process based on the latest performance measures. CAPs stay open until the FNS RO validates and closes the CAP or activity and notifies the State agency in writing. State agencies submit semiannual updates in November and May on open CAPs (figure ES.1).

**Figure ES.1. SNAP CAP Process Timeline**



Note: Unless otherwise indicated, the days in parentheses indicate the amount of time provided to complete each step following the previous step. This figure reflects the *Corrective Action Plan: Quality Control Review Reports Standard Operating Procedures* (FNS, 2020a). Some State agencies begin CAP planning before the timeline in the figure begins, while others wait until notification from their RO to begin CAP planning; State agency CAP planning activities are therefore not illustrated as taking place before or after any specific items included in the timeline.

\*RO response can be sooner than 45 days; ROs issue denials within 30 calendar days when the CAP does not meet the regulatory requirements.

CAP = corrective action plan; CAPER = case and procedural error rate; PER = payment error rate; QC = Quality Control; RO = Regional Office

For this study, the study team divided the CAP process into four phases:

1. **Planning:** This phase kicks off the CAP process. During this time, the SNAP State agency may conduct—
  - Root cause analysis: a systematic approach to identifying the source, or origin, of an identified payment error, case and procedural error, or incomplete QC review
  - Program analysis: the process of assessing policies, practices, and procedures to determine whether any are the root causes of errors
  - Risk assessment: 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)
2. **Drafting:** During the drafting phase of the CAP process, the SNAP State agency identifies and selects corrective actions, develops a plan to monitor and evaluate CAP implementation, and submits the initial CAP to the RO. The State agency must then address RO questions or comments on the initial CAP submission.

3. **Implementation:** The CAP is implemented after approval by the FNS RO. Implementation includes communicating corrective actions to State and/or local staff as needed and then executing corrective actions.
4. **Monitoring, evaluation, and validation:** SNAP State agencies monitor and evaluate the corrective actions they implement. They submit documentation to their ROs to demonstrate they have implemented the corrective actions, and the RO uses this documentation to validate and close the CAP or activity.

## C. State Agency Approach to CAP Development and Implementation

State agencies provided information on PER and CAPER CAPs separately from QC completion CAPs because the overall CAP process tends to differ for QC completion CAPs. PER and CAPER corrective actions typically target the certification, recertification, and case update processes, while QC completion corrective actions focus on the State agencies' QC review process.

**Objective 1:** Describe the approaches each State agency uses to develop, implement, and monitor CAPs to address program deficiencies in PERs, CAPERs, and QC completion rates.

### 1. PER and CAPER CAPs

All eight study State agencies required PER or CAPER CAPs: Five State agencies (Alaska, Connecticut,<sup>3</sup> Nevada, Ohio, and Virginia) required both PER and CAPER CAPs, two State agencies (Montana and West Virginia) only required a PER CAP, and one State agency (North Carolina) only required a CAPER CAP.

**Planning.** Four State agencies reported they were aware they would need a PER and/or CAPER CAP for FY 2019 but had not begun planning the CAP at the time FNS informed them of the official error rates. SNAP administrators, policy staff, eligibility worker supervisors, and QC directors were frequently involved in planning CAPs. State agencies often reviewed State agency policy or procedures manuals, established a collaborative team, and assessed the frequency of errors resulting from individual root causes when planning their CAPs. State QC review data was the most common data source for conducting the root cause analysis; some State agencies also used management evaluation (ME) results.

**Drafting.** SNAP administrators and policy staff were also frequently involved in drafting the PER and CAPER CAPs. Six of the eight State agencies used the results of corrective actions from prior CAPs, and five of the eight used input from stakeholders within the State agency to identify potential corrective actions. Most State agencies agreed the following were important considerations when determining corrective actions: (1) how quickly a corrective action could be implemented, (2) how likely it would be to reduce errors, and (3) how likely it would be to be sustainable in the long term.

**Implementation.** Staff training was the most common corrective action implemented to reduce the PER and CAPER. Training topics included calculating income, conducting case reviews, and reviewing State agency and county policies and procedures for interviewing. Eligibility workers and their supervisors most frequently received training.

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<sup>3</sup> Connecticut disputed the official FNS CAPER finding for FY 2019. The State agency asked FNS to provide more information about the State agency's official error rate because it did not anticipate needing a CAPER CAP based on its calculations. Connecticut did not produce or submit a FY 2019 CAPER CAP (FNS, 2022).

**Monitoring, evaluation, and validation.** State agencies listed several strategies they used for monitoring and evaluating their corrective actions, including assessing trainee knowledge during and after training and developing internal teams dedicated to continuous quality improvement. All State agencies used their QC review data to monitor corrective actions. Other frequently used data sources included SNAP QC System (SNAP-QCS) data,<sup>4</sup> results of internal case review processes, and State agency ME results. Three of seven State agencies with PER CAPs and three of five State agencies with CAPER CAPs had completed all corrective actions as of the end of study data collection in July 2022. An additional three State agencies with PER CAPs and one State agency with a CAPER CAP had completed some corrective actions.

## 2. QC Completion CAPs

Two State agencies, Montana and West Virginia, contributed information about the QC completion rate CAP process. Staff involved in these CAPs varied slightly between the two State agencies. The QC director was involved throughout the CAP process, while other staff, such as QC reviewers, QC statisticians, and the Investigations and Fraud Management Division, contributed only to some phases.

**Planning.** Both State agencies were aware they would need a CAP for FY 2019 QC completion rates prior to receiving the official notification from FNS. One State agency began working on aspects of planning the CAP prior to receiving the notification, while the other started planning once it received the formal notification. The State agencies had similar strategies for planning the CAPs, including establishing a collaborative team, reviewing State agency policy or procedures manuals, and assessing the frequency of errors resulting from root causes. However, the State agencies had slightly different approaches to conducting root cause analysis. One reported using SNAP-QCS data to conduct root cause analysis, and the other used ME results for root cause analysis and risk assessment. One State agency also collaborated with its Investigations and Fraud Management Division to conduct root cause analysis.

**Drafting.** Both State agencies reported identifying corrective actions to increase QC completion through a review of the results of corrective actions from prior CAPs and an information exchange with other State agencies. One State agency also reported getting input from the FNS RO and identifying strategies through conferences, workgroups, or external activities. Both State agencies reported that the success of prior actions implemented to improve QC completion and the likelihood that the corrective actions would be sustainable long term were moderate considerations when selecting corrective actions. The importance of other factors when selecting corrective actions, such as financial and staffing resources, differed across the two State agencies.

**Implementation.** To increase QC completion, one State agency implemented corrective actions intended to improve QC reviewer knowledge and enhance participant outreach. The other State agency's corrective actions targeted QC reviewers' performance and statewide operations. Both State agencies used all-staff meetings to notify State agency staff about their QC completion rate corrective actions. Other communication methods included newsletters, staff training, and emails.

**Monitoring, evaluation, and validation.** Both State agencies developed plans for monitoring corrective actions while drafting their CAPs. Both State agencies used State QC review data to monitor corrective actions; one State agency also reported using SNAP-QCS data. Both State agencies reported completing

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<sup>4</sup> Some State agencies track QC review results outside SNAP-QCS and use these systems instead of SNAP-QCS for monitoring and evaluation.

some corrective actions for the FY 2019 QC completion rate CAP as of the end of study data collection in July 2022.

### 3. FNS RO Resources

FNS ROs play an important role in the process for PER, CAPER, and QC completion CAPs. They inform State agencies of their official error rates and whether a CAP is required, analyze SNAP QC data, and validate State agency completion of corrective actions. ROs also provide technical assistance to State agencies. State agencies frequently reported they received RO guidance or technical assistance on program analysis, root cause analysis, preparation of CAP semiannual updates, and CAP validation.

## D. Challenges and Promising Approaches

SNAP State agencies reported many challenges with the CAP process. Along with other agencies that administer Federal programs, SNAP State agencies have developed innovative solutions to these challenges.

**Objective 2:** For each State, identify the policy and operational factors that challenge or aid the development and implementation of CAPs.

**Objective 3:** Identify effective approaches to CAP development and implementation and develop recommendations for improving State agencies' ability to conduct corrective action activities.

### 1. State Agency Resources

**Challenge:** Limited State and local resources, particularly staff, were a frequent challenge among SNAP State agencies at all CAP phases. Three State agencies noted the COVID-19 public health emergency created competing challenges that limited the time staff could spend developing and implementing corrective actions.

**Promising practices:** Leveraging the ability to work remotely helped address staffing challenges. For example, Alaska was able to begin filling vacancies by drawing on a statewide applicant pool instead of a local one. Some State agency staff reported the shift to remote work among State and local staff helped reduce employee absenteeism, increase State agency timeliness in processing change reports, and remain productive.

Another way State agencies organized their staff to improve the CAP process was by creating a CAP workgroup or committee that encouraged collaboration among staff from across the State agency. These workgroups and committees included fraud prevention staff, local area office representatives, information technology (IT) or systems staff, and others.

### 2. Planning

**Challenge:** Federal guidance and Federal public assistance staff emphasized that CAPs cannot be successful without first identifying the root causes of the deficiency. While SNAP State agencies have access to case review data through SNAP-QCS, this data source has some significant limitations, including a lag behind current program operations and inability to support exploration of root causes.

**Promising practice:** SNAP State agencies and other Federal programs that reported success identifying error root causes did so through detailed investigations of errors and data-driven approaches. Several Federal programs used case reviews, focus reviews, and error review committees to help State agencies identify root causes and better address deficiencies. Montana used data from SNAP-QCS, State quality

assurance (QA) reviews, and internal audits to create a tracking sheet that enabled the State agency to review error causes and trends in near-realtime (within 30 days).

### 3. Drafting

**Challenge:** State agencies frequently reported challenges with selecting corrective actions to include in the CAP, determining a realistic timeframe for completion of each initiative, and having sufficient State agency and local agency resources. Three State agencies also noted two other moderate or serious challenges: the ability to identify corrective actions that would reasonably affect error rates and a lack of clarity on CAP requirements.

**Promising practices:** Guidance and staff from other Federal public assistance programs emphasized the importance of including achievable corrective actions with measurable benchmarks and realistic timeframes. This approach helps keep State agencies accountable and enables Federal staff to determine when a goal is met. SNAP RO staff noted that limiting the number of corrective actions in the CAP can also help State agencies with followthrough, especially when competing priorities arise and State agencies have limited bandwidth for a broad array of corrective actions.

Another promising practice is to use a template to ensure CAPs include all required and recommended elements. No national template exists for SNAP CAPs, but some ROs provide them for their SNAP State agencies (e.g., Mountain Plains Regional Office, Mid-Atlantic Regional Office). Other Federal programs, such as Medicaid, provide State agencies with standardized templates that are used for CAPs nationally.

### 4. Implementation

**Challenge:** Corrective actions can take a long time to implement; five of eight State agencies reported it was a moderate or serious challenge to complete activities in the timeframe specified in the CAP. IT and data systems limitations were a challenge while implementing CAPs for six of eight State agencies. For example, Virginia noted that one of its deficiencies was rooted in its eligibility system. While the State agency was able to identify the error in the system and ways to fix it, the staff responsible for CAPs could not fix the error themselves. The State agency asked their IT support to fix it, but IT support needed approval from social services to implement the change. This continuous back and forth between different departments resulted in the error taking over 6 months to resolve.

**Promising practices:** SNAP State agencies that successfully implemented systems changes noted they worked with the same IT or data systems vendor for years, which gave the vendor deep knowledge of the State agency data system and enabled them to make changes more seamlessly.

State agencies reported success addressing errors through a variety of corrective actions, including holding refresher trainings, updating policy manuals to ensure clarity, and asking all eligibility workers to explain the QC review cooperation requirements to clients before and after their interview. No single type of corrective action could be described as a best practice for all situations; the effectiveness of a corrective action depends on factors such as its alignment to error root causes and its successful planning and implementation.

### 5. Monitoring, Evaluation, and Validation

**Challenge:** State agencies frequently reported challenges with identifying measures to track the progress of corrective actions and setting up a system to monitor progress of corrective actions. Such

data could inform future efforts, but five State agencies reported the success of prior corrective actions was not a moderate or major consideration in deciding which corrective actions to implement.

**Promising practices:** SNAP State agencies require supervisors at local offices to conduct several QA case reviews each month (e.g., West Virginia requires each supervisor to conduct at least 10 case reviews per month). RO staff noted this requirement provides real-time data to monitor and evaluate corrective action impacts. The ROs and State agencies emphasized the importance of State agencies immediately using the outcome of these reviews to update their corrective actions.

## E. Opportunities to Improve CAP Requirements and Expectations

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The study team used information collected from SNAP State agencies, interviews with subject matter experts, and the environmental scan and literature review to identify strategies FNS can consider for improving CAP effectiveness.

**Objective 3:** Identify effective approaches to CAP development and implementation and develop recommendations for improving State agencies' ability to conduct corrective action activities.

**Change CAP content to align CAPs with broader State agency efforts to reduce errors.** When discussing error reduction in general, State agencies described ongoing efforts, such as regular ad hoc technical assistance for local offices. The CAP process has a distinctly different cadence; State agencies develop new CAPs once per year when error rates are above certain thresholds. This difference between CAPs and other error reduction efforts contributes to CAPs being a separate task rather than an integral part of State agencies' error reduction work.

To align CAPs with ongoing error reduction efforts, FNS could encourage State agencies to treat CAPs as living documents that contain information on new, ongoing, and recently completed corrective actions. When error rates surpass thresholds, a State agency would submit its up-to-date CAPs to the RO. If the ongoing error reduction work described in that CAP is insufficient, FNS could require improvements before accepting the CAP. FNS could implement this change through guidance.

To offset any additional burden State agencies face during the CAP stage of this integrated error reduction work, FNS could consider taking a more hands-on role in the CAP process. Other programs (e.g., Medicaid) have more Federal staff involvement in the State agency CAP process than is typical in SNAP. For instance, the Centers for Medicare and Medicaid Services holds a kickoff meeting at the beginning of the CAP cycle and meets quarterly with State agencies throughout the 3-year cycle to review progress with corrective action implementation and monitoring. This type of increased support could help improve CAPs independent of any changes to what FNS expects State agencies to include in their CAPs.

**Reconsider the frequency of new CAPs.** Currently, State agencies that exceed error rate thresholds or fail to meet completion rate thresholds tend to develop new CAPs each year. State agencies thus feel pressured to focus on corrective actions that are simpler and can be implemented quickly to ensure they can be validated and closed out before the State agency needs to develop its next CAP. Although it is not a requirement to implement corrective actions within a year, State agencies that do not do so will have multiple open CAPs from different years. While simple and fast corrective actions can be effective in some instances, other situations call for corrective actions that take longer to implement.



FNS could review Federal statute (Section 16 of the Food and Nutrition Act of 2008) and regulations (7 CFR § 275.16) to determine whether they require State agencies to implement a new CAP each year a CAP is required, or whether continued efforts toward existing CAPs meet requirements. If new CAPs are not required, FNS could issue guidance to clarify this issue. This guidance could also outline procedures for reviewing existing CAPs in conjunction with new PER, CAPER, or QC completion rates and provide strategies for updating CAPs if necessary. State agencies could still provide semiannual CAP updates, as currently required, to ensure accountability and confirm corrective actions address the root causes of errors.

Reduced frequency of new SNAP CAPs would align SNAP with other Federal programs (e.g., every 2 years in Unemployment Insurance, every 3 years in Medicaid and the Children's Health Insurance Program) and provide more time to implement longer corrective actions before needing to develop additional corrective actions in another CAP. It would also enable corrective actions to take full effect before State agencies are required to develop new corrective actions. Because households can be certified for as long as 3 years, it may take that long for corrective actions that prevent payment errors to affect the entire caseload and have their full effect on the State agency's PER.<sup>5</sup>

If FNS determines current statute or regulations do require new CAPs each year, the agency could consider changes to the Act or the regulations. This process would be lengthy. Alternatively, FNS could issue guidance allowing State agencies to roll long-term activities over from one year's CAP to the next. Such a change could encourage State agencies to include longer term corrective actions in their CAPs.

***Focus SNAP CAP policy on reducing errors that are within SNAP State agencies' locus of control.***

Current CAP requirements emphasize two CAP outcomes, each with a significant limitation. The first area of emphasis, CAP implementation, is driven by the validation process; the RO reviews the documentation provided by the State agency and validates the activity is complete. The limitation of this emphasis is that State agencies can choose simple corrective actions that are easy to implement, even if those corrective actions do not address the errors that prompted the need to develop the CAP. The second area of emphasis is the set of ultimate outcomes targeted by CAPs: the PER, CAPER, and QC completion rate. When State agencies improve those ultimate outcomes through their CAPs (or other means), they do not need to develop additional CAPs. The emphasis on the PER is reinforced by the liabilities assessed when a State agency has 2 consecutive years with a high PER. The limitation of the emphasis on the PER, CAPER, and QC completion rates is that many factors can affect these overall rates; as a result, even if a State agency plans and implements a highly effective CAP, the rates could worsen because of factors outside the State agency's control (e.g., budget cuts, public health emergency) or factors outside the scope of the CAP. State agencies therefore could be disincentivized from investing additional time and resources into their CAPs because that investment could yield limited benefits if offset by new challenges.

A focus on improvement in the specific error types targeted by CAPs (e.g., payment errors related to utility deductions) would be a middle ground between the outcomes of implementation and the overall error rates. If FNS emphasized State agencies' improvements on those particular error types, State agencies could be better incentivized to develop effective CAPs. They have more control over those middle-ground outcomes, as compared to the ultimate PER, CAPER, and QC completion rates. This

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<sup>5</sup> Although State agencies check on households during the certification period through required reporting (e.g., change reports, periodic reports), such reports do not prevent payment errors resulting from inaccurate benefit determination at the time of certification or recertification. A corrective action that prevents payment errors during certification and recertification would not have its full effect until the entire caseload's certification period ends. Because the majority of SNAP households are certified for less than 3 years, State agencies could assess the effect of a CAP on most of the caseload sooner than 3 years.

control could help State agencies feel assured that investing additional time and resources to improve the CAP will yield benefits. Achieving those middle-ground outcomes requires that corrective actions actually reduce errors, meaning the CAPs must be effective.

FNS could emphasize an improvement in the specific error types targeted by CAPs by changing the criteria for CAP validation. Instead of validating CAPs after implementation, FNS could require that State agencies demonstrate an improvement in targeted outcomes before validating a CAP. While such a policy could be implemented without any statutory or regulatory change, it may mean that CAPs would remain open longer because it takes more time to show error reduction than it does to implement a corrective action. As such, it would be important for FNS to also consider changes to its guidance on new CAPs to limit the burden of developing and implementing those new CAPs while CAPs from prior years remain open.

## **F. Conclusion**

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Many promising avenues exist to improve SNAP CAPs and reduce error rates. Before pursuing any of these options, FNS should carefully consider State agencies' capacity to adopt changes because limited staffing and resources underpin challenges at every stage in the CAP process. Supporting State agencies through additional guidance, technical assistance, and even changes in CAP requirements or expectations can help FNS and State agencies ensure proper stewardship of taxpayer dollars.

# Chapter 1. Introduction

The U.S. Department of Agriculture Food and Nutrition Service (FNS) works to ensure access to the Supplemental Nutrition Assistance Program (SNAP) for eligible households while also maintaining sound stewardship of taxpayer dollars through the highest degree of program integrity. When the State agencies that administer SNAP fail to meet certain performance thresholds, FNS requires those State agencies to design and implement corrective action plans (CAPs). This report describes the CAP process used by eight SNAP State agencies, identifies challenges and promising approaches, and discusses opportunities to improve the CAP process.

## A. Background on Corrective Action Plans

In SNAP, CAPs are a core component of State agencies' work to identify and address program deficiencies. Although State agencies may use CAPs to address a range of program deficiencies, this report focuses on CAPs related to payment errors, case and procedural errors, and SNAP Quality Control (QC) completion, all of which are measured through SNAP QC.

### 1. SNAP QC

Through SNAP QC, State agencies conduct monthly reviews of a statistically representative sample of participating households (active cases) and households for which participation was denied, terminated, or suspended (negative cases). Active cases sampled for QC review are coded with a disposition of "complete" when the review is completed, "incomplete" if the State agency QC reviewer is unable to complete the review (e.g., does not have enough information to complete the review, the household does not cooperate), or "not subject to review" (NSTR) under certain circumstances (e.g., a fair hearing is pending on the case). State agencies submit the results of these QC reviews through FNS's automated SNAP QC System (SNAP-QCS), and then Federal QC reviewers in Regional Offices (ROs) review (1) a subsample of complete active cases, (2) all incomplete active cases, (3) all NSTR active cases, and (4) a subsample of negative cases (figure 1.1).

**Figure 1.1. Summary of QC Sample and Regional Office QC Review**



Note: NSTR = not subject to review; QC = Quality Control

QC reviews completed by the State agency and validated by Federal QC reviewers serve as the basis for the payment error rate (PER) for active cases and the case and procedural error rate (CAPER) for negative cases.

- ▶ The PER is calculated by taking the difference between the value of benefits provided to participants and the value of benefits participants would have received had their cases been processed correctly and dividing it by total benefits issued.<sup>6</sup> Payment errors can occur at any point in time of a case’s existence. State agency efforts to reduce payment errors typically focus on certification, recertification, and case updates when benefit determinations are made.
- ▶ The CAPER is a measure that quantifies the accuracy and procedural correctness of decisions to deny, terminate, or suspend SNAP benefits. Examples include the timeliness and correctness of the notice of adverse action and the notice of denial. Case and procedural errors can occur when a negative action is taken on a case. State agency efforts to reduce case and procedural errors typically focus on certification, recertification, and case updates when eligibility determinations are made.
- ▶ The QC completion rate is the proportion of a State agency’s required case sample size (excluding NSTR cases) that has been disposed of as complete. QC completion is dependent upon factors during the QC review process, including client cooperation with the review.

In addition to the case reviews conducted for QC, which are used to calculate the official PER, CAPER, and QC completion rates, State agencies conduct quality assurance (QA) reviews of cases. These QA reviews may be conducted through State agency error rate groups, case review teams, or as a part of local management evaluation (ME) reviews. Even though QA review results do not contribute to the official error rates, they can be used to identify errors and their causes.

## 2. CAPs in Federal Programs

While some program errors addressed by CAPs are unique to SNAP, many Federal programs use CAPs to address administrative or procedural errors and payment errors (table 1.1).

**Table 1.1. Examples of CAP Requirements in Selected Public Assistance Programs, as Described in the Code of Federal Regulations**

Public Assistance Program	CFR	Example Focus Areas for State Agency CAPs
Supplemental Nutrition Assistance Program	7 CFR § 275.16–275.19	<ul style="list-style-type: none"> <li>■ Payment errors above 6 percent</li> <li>■ Case and procedural errors above the national average</li> <li>■ QC completion below 95 percent</li> </ul>
Temporary Assistance for Needy Families	45 CFR § 262.21, 262	<ul style="list-style-type: none"> <li>■ Work participation rate &lt; 50 percent<sup>a</sup></li> <li>■ Administrative or operations errors</li> </ul>
Medicaid and Children’s Health Insurance Program	42 CFR § 431.992	<ul style="list-style-type: none"> <li>■ Fee-for-service payment errors</li> <li>■ Managed care payment errors</li> <li>■ Eligibility errors resulting in improper payment</li> </ul>
National School Lunch Program	7 CFR § 210.18	<ul style="list-style-type: none"> <li>■ Not meeting food safety requirements</li> <li>■ Lack of proper program outreach</li> <li>■ Inaccurate meal counting and claiming</li> </ul>

<sup>6</sup> The sum of the overpayment rate and underpayment rate may not equal the exact PER because of rounding.

Public Assistance Program	CFR	Example Focus Areas for State Agency CAPs
Unemployment Insurance (UI)	CFR Part 200, Subpart F	<ul style="list-style-type: none"> <li>Improper payment measure <math>\geq 10</math> percent</li> <li>UI overpayment recovery of <math>&lt; 68</math> percent<sup>b</sup></li> </ul>

Note: CAP = corrective action plan; CFR = Code of Federal Regulations; QC = Quality Control

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

<sup>b</sup> Levine, 2021

Across public assistance programs such as Medicaid and Unemployment Insurance (UI), many CAPs include similar core components. CAPs for payment errors have common core components because 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 payment error CAPs (Fairweather, 2021):

- ▶ **Identify cause categories.** Cause categories describe a general type of error; they are a starting point in the process of determining root causes. For example, a cause category could be failure to access data/information to determine if a payment was appropriate.
- ▶ **Identify root causes.** The root cause is defined as “something that would directly lead to an improper payment, and if corrected, would prevent the improper payment” (Fairweather, 2021, p. 22). Continuing with the example above, a root cause could be that the eligibility system made it difficult for eligibility workers to access recipient information to determine if a payment was appropriate.
- ▶ **Identify and implement corrective actions for each root cause.** Corrective actions should prevent deficiencies from reoccurring by addressing the root causes. Corrective actions should be proportional to the severity of the issue they are meant to address (e.g., cost-effective) and not overly burdensome (e.g., do not add extensive documentation requirements). Agencies should prioritize corrective actions that will prevent the most improper payments. For the example given above, a corrective action could be a change to the eligibility system to make all important recipient information more readily available.
- ▶ **Evaluate corrective actions.** Evaluation results should be used to determine when it is appropriate to implement new and/or modified corrective actions to improve effectiveness. For the data system change described above, an agency could monitor the number of errors made because of a failure to access recipient information to determine if a payment was appropriate.

### 3. SNAP CAPs

SNAP State agencies (or project areas) are required to develop CAPs to improve customer service and substantially reduce or eliminate program deficiencies. Per the Food and Nutrition Act of 2008, State agencies must develop and implement CAPs for a PER that is 6 percent or greater. SNAP regulations at 7 CFR § 275.16 also require State agencies to develop and implement CAPs for a CAPER of 1 percent or greater and when at least 5 percent of their QC caseload is classified as incomplete. The CAPER CAP

requirement was amended by a 2016 memorandum; as of fiscal year (FY) 2017, CAPER CAPs are required only for State agencies with CAPERs above the national average (Ward, 2016).

The CAP development process is intended to follow a standardized timeline (figure 1.2). Within 10 calendar days of the annual release of official PER, CAPER, and QC completion rates, SNAP's Program Administration and Nutrition Division issues an

internal memorandum to FNS ROs identifying all SNAP State agencies that require a CAP. FNS ROs then notify State agencies of their required CAPs for the year and work directly with those State agencies through the CAP process based on the latest performance measures. CAPs stay open until the FNS RO validates and closes the CAP or activity and notifies the State agency in writing. State agencies submit semiannual updates in November and May on open CAPs.

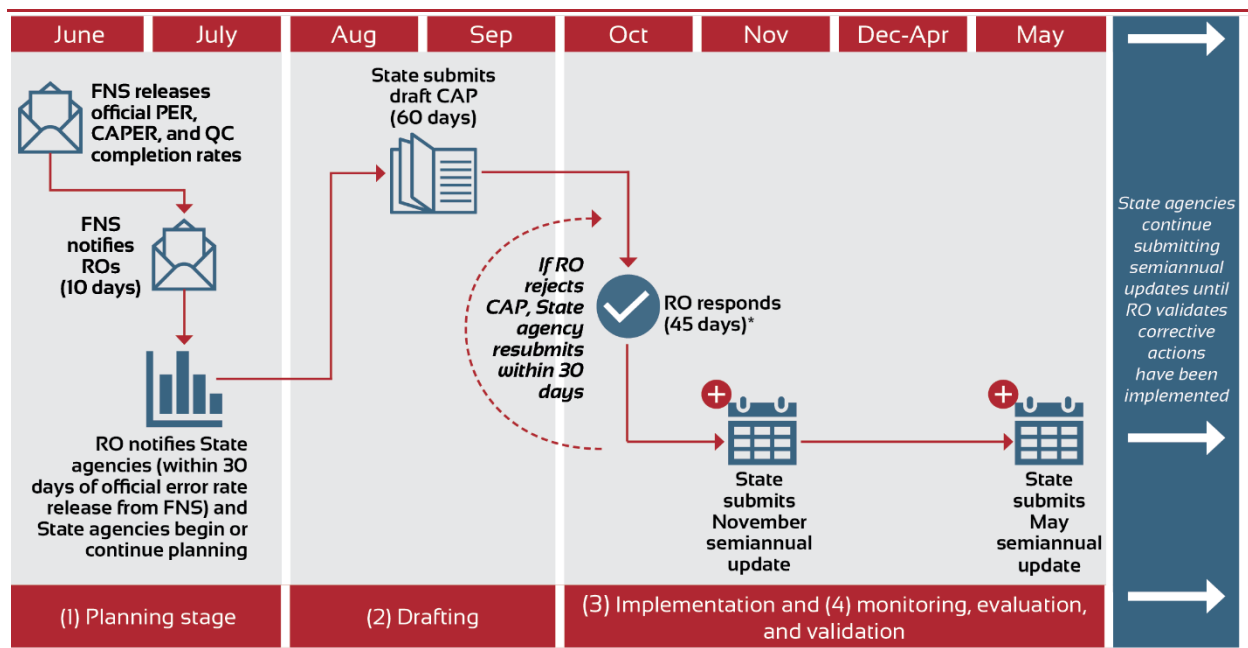
### Contents of SNAP CAPs

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

**Figure 1.2. SNAP CAP Process Timeline**



Note: Unless otherwise indicated, the days in parentheses indicate the amount of time provided to complete each step following the previous step. This figure reflects the *Corrective Action Plan: Quality Control Review Reports Standard Operating Procedures* (FNS, 2020a). Some State agencies begin CAP planning before the timeline in the figure begins, while others wait until notification from their RO to begin CAP planning; State agency CAP planning activities are therefore not illustrated as taking place before or after any specific items included in the timeline. RO response can be sooner than 45 days; ROs issue denials within 30 calendar days when the CAP does not meet the regulatory requirements. CAP = corrective action plan; CAPER = case and procedural error rate; PER = payment error rate; QC = Quality Control; RO = Regional Office

SNAP State agencies' CAP process can be divided into four phases:

1. **Planning:** This phase kicks off the CAP process. During this time, the State agency may conduct—
  - Root cause analysis: a systematic approach to identifying the source, or origin, of an identified payment error, case and procedural error, or incomplete QC review
  - Program analysis: the process of assessing policies, practices, and procedures to determine whether any are the root causes of errors
  - Risk assessment: a systematic approach to quantifying the extent or magnitude<sup>7</sup> of each root cause (e.g., the number of participants or households affected, the amount of loss to the program or participants in dollars)
2. **Drafting:** During the drafting phase of the CAP process, the State agency identifies and selects corrective actions, develops a plan to monitor and evaluate CAP implementation, and submits the initial CAP to the RO. The State agency must then address RO questions or comments on the initial CAP submission.
3. **Implementation:** The State agency implements the CAP after approval by the FNS RO. Implementation includes communicating corrective actions to State and/or local staff as needed and then executing corrective actions.
4. **Monitoring, evaluation, and validation:** State agencies monitor and evaluate the corrective actions they implement. They submit documentation to their ROs to demonstrate they have implemented the corrective actions, and the RO uses this documentation to validate and close the CAP or activity.

State agencies are ultimately responsible for designing and implementing CAPs, but FNS ROs provide important supports for State agencies throughout this process. ROs communicate CAP requirements to State agencies based on official PERs, CAPERs, and QC completion rates (FNS, 2020a). They also analyze State agencies' QC data to identify errors and provide technical assistance to State agencies to interpret data and identify the root causes of program deficiencies (FNS, 2020a). ROs have 30 calendar days from receipt of State agencies' CAP submissions to deny CAPs that do not meet regulatory requirements; ROs have 45 days to provide a written response.<sup>8</sup> ROs also monitor the progress of open CAPs and validate corrective actions have been implemented when State agencies submit implementation data or when the semiannual updates are reviewed in May and November. Once validated, corrective actions can be removed from the CAP.

## B. Overview and Purpose of the Study

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Effective planning and implementation of CAPs is a complex process. For example, CAPs often require significant coordination among various State agency and frontline staff (e.g., eligibility workers, QC, fraud, claims, information technology [IT]). In recent years, SNAP State agencies have had to contend with new adversity posed by the pandemic on top of longtime issues such as inadequate staffing and varying levels of capacity for data analytics, business process improvement practices, and monitoring and evaluation. FNS is highly invested in helping State agencies overcome these challenges and improve their CAPs because CAPs are a critical mechanism for addressing program deficiencies.

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<sup>7</sup> Magnitude is defined by 7 CFR § 275.15(c)(3) as “the frequency of each deficiency occurring based on the number of program records reviewed and where applicable, the amount of loss either to the program or participants or potential participants in terms of dollars. The State agency shall include an estimate of the number of participants or potential participants affected by the existence of the deficiency, if applicable.”

<sup>8</sup> State agencies have 30 days to resubmit a CAP after an RO denial.



## 1. Recent Efforts to Improve SNAP CAPs

In 2020, FNS took several steps to improve the effectiveness of CAPs:

- ▶ In February 2020, FNS developed and disseminated a *Guide for SNAP Payment Accuracy FY 2020 and Beyond* (FNS, 2020c). It provides ROs with a detailed framework to support State agencies' reduction of improper payments, including through the CAP process.
- ▶ In July 2020, FNS notified Congress that it would withhold its 50 percent reimbursement of State agency administrative expenses for State agencies failing to comply with their CAPs (FNS, 2020b).
- ▶ In November 2020, FNS issued the *Corrective Action Plan: Quality Control Review Reports Standard Operating Procedures*. It provides guidance on corrective action procedures, including requirements and deadlines for States exceeding PER, CAPER, and QC completion rate thresholds. These standard operating procedures were updated and rereleased in May 2022. The updated version includes a new section (Section 6) that clarifies internal SNAP processes to analyze QC data and develop State agency actions to address error root causes.

The guide and standard operating procedures bring more structure and clarity to the CAP process.

## 2. Study Objectives and Approach

FNS may be able to further improve CAPs and reduce program deficiencies through additional guidance, technical assistance, and other supports. To this end, this study has three objectives, each of which includes many specific research questions (appendix A):

- ▶ **Objective 1:** Describe the approaches each of the eight State agencies uses to develop, implement, and monitor CAPs to address program deficiencies in PERs, CAPERs, and QC completion rates.
- ▶ **Objective 2:** For each of the eight State agencies, identify the policy and operational factors that challenge or aid the development and implementation of CAPs.
- ▶ **Objective 3:** Identify effective approaches to CAP development and implementation and develop recommendations for improving State agencies' ability to conduct corrective action activities.

The study team collected data from eight SNAP State agencies on their approaches for their FY 2019 PER, CAPER, and QC completion rate CAPs. The study team also explored approaches and promising practices for CAPs from other Federal programs by interviewing subject matter experts (SMEs) and conducting an environmental scan and literature review. The study results identify challenges, effective approaches, and promising practices associated with CAPs to further inform FNS's efforts in supporting State agency development and implementation of CAPs.

## Chapter 2. Study Methodology

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To address the study objectives, the study team employed a three-part data collection approach (figure 2.1):

- ▶ **Data collection from eight SNAP State agencies** to better understand the development, implementation, and monitoring of CAPs and the challenges and successes State agencies encounter throughout the CAP cycle
- ▶ **Interviews with SMEs at Federal agencies** to identify best practices and challenges to corrective action planning across public assistance programs
- ▶ **Environmental scan and literature review** to identify additional approaches to program improvement and corrective action planning in public assistance programs

**Figure 2.1. Mixed-Methods Approach to Identify Promising Approaches and Best Practices**

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State agency data collection and interviews with SNAP SMEs addressed objectives 1 and 2. All data collection activities addressed objective 3.

### A. State Agency Data Collection

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To learn more about the process of developing and implementing CAPs, the study team surveyed and conducted followup interviews with eight SNAP State agencies.<sup>9</sup>

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<sup>9</sup> Nine States agreed to participate in the study, but only eight completed data collection.



## 2. Document Review

The study team requested and collected several types of documents from RO staff (see textbox). State agencies were also given the opportunity to upload documents while completing the web-based survey. The team used the documents collected from ROs and State agencies to triangulate survey findings, develop followup interview protocols, and gather further information on the CAP process.

## 3. Web-Based Survey

The study team coordinated with FNS to develop a web-based survey (appendix B.1). The study team programmed and administered the survey using Qualtrics, a web-based survey software.<sup>12</sup> The survey included two modules: (1) PER and CAPER and (2) QC completion. Each module consisted of questions related to resources, planning, drafting, implementing, and monitoring CAPs. Each module concluded with a wrap-up section designed to understand State agencies' overall experiences. To reduce burden on State agencies, the study team surveyed each State agency on a maximum of two FY 2019 CAPs. State agencies required to complete three CAPs for FY 2019 only completed the PER and CAPER module.<sup>13</sup>

To decrease survey response burden, the study team included a table of contents on all survey pages that enabled State agencies to navigate to different sections of the survey. This feature made it easier for respondents to change their answers, return to previous sections to upload documents, and have several individuals answer survey questions.

## 4. Followup Interviews

The study team scheduled followup interviews within 2 months of each State agency completing its web survey. Upon completion of State agencies' surveys, the study team used a standardized protocol (appendix B.2) to review survey responses for incomplete answers, conflicting information, and clarification needed to solidify the team's understanding of the CAP process, recording findings in a table (appendix B.3). The study team used a standardized interview guide template to create semistructured interview guides for each of the eight State agencies based on its survey responses (appendix B.4). The findings from the document review were used to confirm survey responses and supplement survey findings while drafting the followup interview guide.

### Documents Collected and Reviewed

#### Requested from ROs

1. FNS notification to States about needing a CAP
2. Materials provided with notification
3. Letter from RO approving CAP
4. FY 2019 CAP
5. November 2020, May 2021, and November 2021 semiannual CAP updates
6. Template for drafting CAP (if applicable)
7. Any additional resources provided to State agencies

#### Requested from State agencies

1. Training materials
2. Guidance provided by RO
3. Description of QA case review process
4. Results of root cause analysis, risk assessment, and/or program analysis
5. Documents describing successful CAP strategies

<sup>12</sup> <http://www.qualtrics.com>

<sup>13</sup> Alaska, Ohio, and Virginia had PER, CAPER, and QC completion CAPs in FY 2019.

The study team conducted seven followup interviews with State agencies between June and July 2022.<sup>14</sup> For each interview, one study team member conducted the interview, and a second took notes. All interviews were recorded with the interviewees' permission.

## B. SME Interviews

The team conducted 11 virtual interviews with 28 SMEs between December 2021 and April 2022 and asked interviewees to share guidance and other documents used in the CAP process (table 2.1).<sup>15</sup> For each interview, one study team member conducted the interview, and a second took notes. All interviews were recorded with the interviewees' permission.

**Table 2.1. Interviews With SNAP and Other Public Assistance Programs**

Public Assistance Program	Office	Number of Interviews (Number of Participants)
SNAP	U.S. Department of Agriculture (USDA), FNS, 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 interviews with the SNAP ROs (appendix B.5) captured (1) the RO's role in the PER, CAPER, and QC completion rate CAP process; (2) RO support for State agencies during the CAP process; and (3) best practices in State agency CAP processes. The interviews with SMEs from other Federal public assistance programs (appendix B.6) captured (1) the agency's role in the CAP (or program improvement) process; (2) requirements, best practices, and solutions to common challenges in the CAP process; and (3) Federal support to State agencies in the CAP process.

## C. Environmental Scan and Literature Review

The study team conducted the environmental scan by systematically searching several publication databases and Google for peer-reviewed articles, program guidance, reports, and other relevant materials (appendix B.7). 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., SNAP, Medicaid, Temporary Assistance for Needy Families [TANF]). To ensure the searches included all relevant terms (e.g., names of processes or requirements similar to CAPs in other Federal programs), the study team scanned the websites of relevant government agencies and membership organizations (e.g., National Association for Program

<sup>14</sup> Connecticut could not be reached to participate in the followup interview.

<sup>15</sup> The interview with Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) National Office staff and review of related documents focused on FNS's requirements for improper payment 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 report, which focuses on State agency corrective action planning.

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 team exported the first 50 results. Of these 200 search results, the study 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 up to 200 search results and deduplicated and screened the titles and abstracts for relevance. Of the 697 unique results, the team downloaded 9 relevant articles for full review and included 5 in the analysis.
- ▶ The study team identified 20 additional documents through targeted searches of Federal and other websites and included 18 in the environmental scan analysis.

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

The study team summarized findings from the environmental scan and literature review alongside findings from the SNAP RO interviews in a memorandum on best practices for CAPs in SNAP and other Federal programs (appendix C).

## **D. Analysis and Synthesis Across Data Sources**

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Upon State agencies' completion of the web-based survey, the study team reviewed State agency documents submitted by the ROs and State agencies and recorded relevant information in an Excel database.

After each followup interview, the study team summarized key interview takeaways. Then, the team merged followup interview responses with survey responses into a combined document to ensure all information from the State agencies was together in a single place. This combined survey response and interview response document was uploaded into NVivo for qualitative analysis of open-ended survey responses and interview responses. The team worked iteratively to create a coding scheme that reflected the research questions and study objectives. Two study team members independently coded two State agencies' survey and followup interview documents and compared coding to ensure consistency. The two study team members then coded the remaining survey and followup interview documents. The same process was used to code the SNAP RO interviews.

The study team also used NVivo to code State agencies' CAP documents and semiannual updates. Similar to the approach for the survey and followup interview documents, three study team members independently coded two State agencies' CAPs using a shared coding scheme based on the research questions and study objectives, compared coding to ensure consistency, and then two study team members coded the remaining CAPs.

State profiles (appendix D) describe State agencies' CAP process and any promising practices identified in the survey, followup interview, and document review.

After completing the eight State profiles, the study team used NVivo to identify similarities and differences among the State agencies.

## E. Limitations and Considerations

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The study has several limitations that warrant consideration.

### 1. Data Collection Timing

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.

State agencies were surveyed on FY 2019 CAPs to focus on the most recent full-year error rate CAPs (published in FY 2020). Because of the retrospective nature of the study, it may be subject to recall bias. Some State agencies experienced staffing turnover between the development and implementation of FY 2019 CAPs and data collection. This turnover made it difficult to collect certain detailed information because the staff responsible for the survey and followup interview did not have knowledge of FY 2019 CAP development and implementation. The pandemic disrupted the implementation of the corrective actions included in FY 2019 CAPs, limiting the ability to collect data on typical implementation, monitoring, evaluation, and validation processes. Three State agencies also noted that the COVID-19 pandemic exacerbated staffing challenges, leaving them with fewer staff and resources to focus on CAPs while they worked to adjust to new processes and workflow. A final timing challenge was the November 2020 publication of the new *CAP Standard Operating Procedures*. Because of the pandemic, State agencies had yet to implement these new procedures, limiting their ability to describe how the CAP process would normally function under the procedures.

### 2. Study Design Considerations

The study had several limitations related to its design:

- ▶ A primary limitation of this study was the reliance on quantitative survey data and a 1-hour followup interview to describe State agencies' approach to CAP development and implementation. This approach limited the level of specificity and details the study team was able to collect. The researchers only spoke with and surveyed State agency staff and did not hear from anyone at the local agency level. Because PER and CAPER CAPs directly affect the work of eligibility workers and eligibility worker supervisors, these individuals may have important perspectives on the most effective corrective actions and other topics of interest for this study.
- ▶ State agencies' interpretations of the CAP phases may differ. Several State agencies described the CAP lifecycle as ongoing rather than a process that begins each year and has four distinct phases. As such, State agencies may have had challenges responding to certain questions. For example, if a State agency does not conceive the planning and drafting phases as being different, it may be challenging to identify which staff were involved in each phase.



- ▶ The study revealed no shared definition of success for CAP development and implementation. Some ROs defined success as validation, while others considered success to be a change in the error rate, which is hard to attribute to a given corrective action. As a result, the study team was unable to use a standard metric to identify when a State agency was successful versus unsuccessful at CAP development and implementation.
- ▶ This study focuses exclusively on CAPs, but CAPs are only one tool State agencies use to improve program performance. Understanding best practices in improving PERs, CAPERs, and QC completion rates would require a more holistic examination of State agencies' improvement efforts.
- ▶ The sample size for this study is small, limiting the generalizability of the findings.

## Chapter 3. State Agency Approaches to the PER and CAPER CAP Process

Seven study State agencies (Alaska, Connecticut, Montana, Nevada, Ohio, Virginia, and West Virginia) had PERs exceeding 6 percent in FY 2019 and were required to submit PER CAPs (table 3.1). Five study State agencies (Alaska, Nevada, North Carolina, Ohio, and Virginia) were required to submit CAPER CAPs because they exceeded FNS's official FY 2019 national error rate of 34.01 percent. Related to study objective 1, this chapter describes the CAP process for the FY 2019 PER and CAPER CAPs. Full profiles of each State agency's PER and CAPER CAP process can be found in appendix D.

**Objective 1:** Describe the approaches each State agency uses to develop, implement, and monitor CAPs to address high PERs and CAPERs.

State agencies develop and implement PER and CAPER CAPs through similar processes. In five of the study States, SNAP is administered at the State agency level. Three of the study States have county-administered programs, so counties play a more active role in planning and executing CAPs.

**Table 3.1. PER and CAPER Data for Study State Agencies**

Study State Agency	FY 2019 PER	FY 2019 CAPER	State Agency Overseeing PER and CAPER CAPs	State or County Administered SNAP
Alaska	11.19 percent	38.98 percent	Department of Health, Division of Public Assistance	State
Connecticut	10.50 percent	58.14 percent <sup>b</sup>	Department of Social Services, Division of Program Oversight and Grant Administration	State
Montana	7.29 percent	30.39 percent <sup>a</sup>	Department of Public Health and Human Services, Economic Security Services, Human and Community Services Division, Policy Bureau	State
Nevada	6.69 percent	35.50 percent	Department of Health and Human Services, Division of Welfare and Supportive Services	State
North Carolina	5.78 percent <sup>a</sup>	41.06 percent	Department of Health and Human Services, Division of Social Services	County
Ohio	8.04 percent	49.21 percent	Department of Job and Family Services, Office of Family Assistance	County
Virginia	10.25 percent	35.81 percent	Department of Social Services, Division of Benefit Programs	County

Study State Agency	FY 2019 PER	FY 2019 CAPER	State Agency Overseeing PER and CAPER CAPs	State or County Administered SNAP
West Virginia	7.44 percent	18.83 percent <sup>a</sup>	Department of Health and Human Resources, Bureau of Family Assistance, Office of Family Services	State
<i>National rate</i>	<i>7.36 percent</i>	<i>34.01 percent</i>	<i>N/A</i>	<i>N/A</i>

Note: CAP = corrective action plan; CAPER = case and procedural error rate; FY = fiscal year; PER = payment error rate

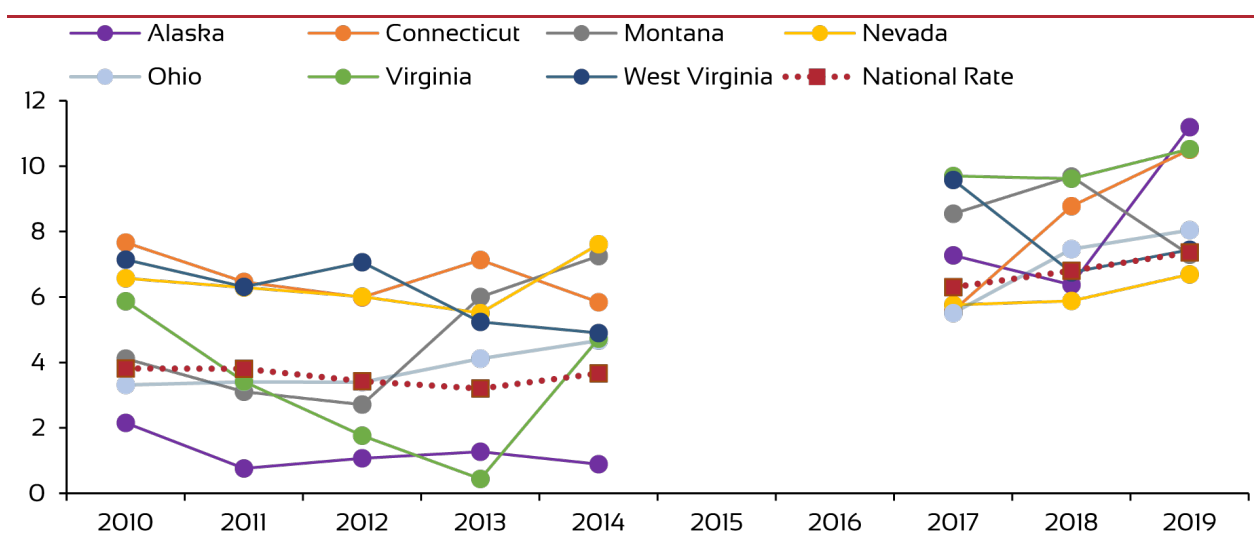
<sup>a</sup> Did not need to complete a CAP for that error.

<sup>b</sup> Connecticut disputed the official FNS CAPER finding for FY 2019. The State agency asked FNS to provide more information about the State agency's official error rate because it did not anticipate needing a CAPER CAP based on its calculations. Connecticut did not produce or submit a FY 2019 CAPER CAP.

Source: FNS, 2022

Since FY 2010, the national PER has increased (figure 3.1). State agencies' need for PER CAPs has also increased, with over 69 percent of SNAP State agencies requiring a CAP in FY 2019 compared with 12 percent in FY 2010.

**Figure 3.1. National and Study State Agency PER, 2010–2019**



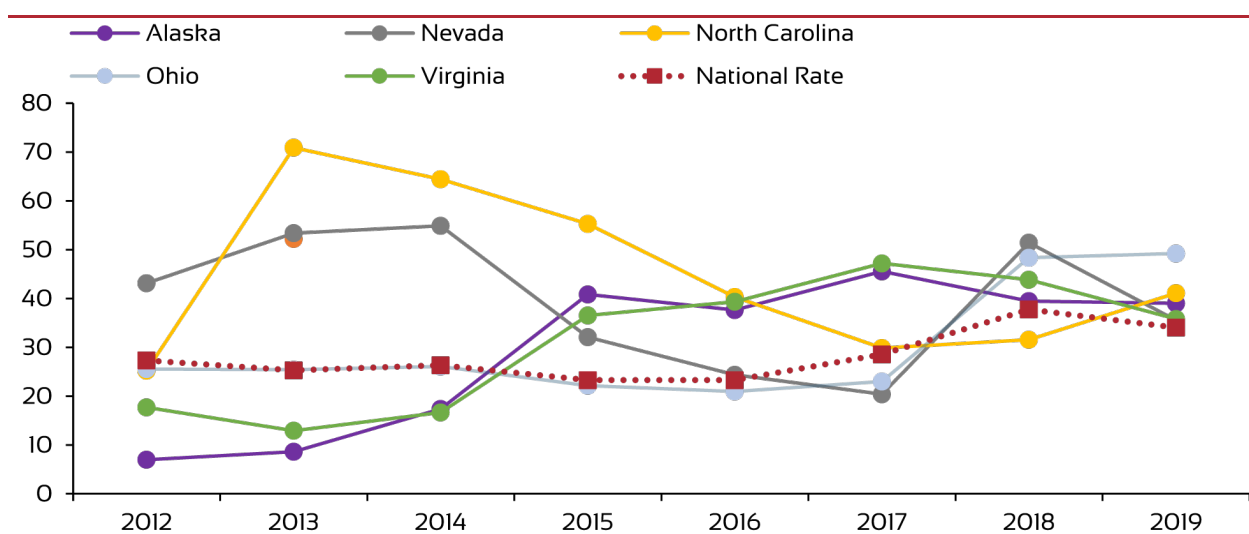
Note: FNS did not report a national PER for fiscal years 2015 and 2016.

PER = payment error rate

Source: FNS, 2022

The national CAPER increased each year between FY 2016 and FY 2018 (figure 3.2). Despite a decline in FY 2019, it remains high nationwide and in many State agencies.

**Figure 3.2. National and Study State Agency CAPER, 2010–2019**



Note: CAPER = case and procedural error rate

Source: FNS, 2022

The study team used data from the State agency survey, document review, and followup interviews to summarize the PER and CAPER CAP process for the eight study State agencies.

## A. State Agency Staffing: CAP Workgroups and Committees

Six State agencies reported establishing a workgroup or committee focused on improving their FY 2019 PER and/or CAPER. While the specific roles and responsibilities varied, the workgroups met regularly and discussed how errors could be corrected and prevented. Three State agency workgroup examples follow:

- ▶ Ohio's Performance Improvement Team (PIT) is actively involved in all phases of CAP development. During planning, PIT conducted root cause analysis and program analysis for the FY 2019 PER and CAPER CAPs using SNAP QC data, State QA review data, results of internal case reviews, State agency ME results, and FNS RO ME results. PIT helped identify several error causes and grouped them into categories, including system updates, income-based errors, and untimely application processing and unclear notices.
- ▶ Montana's Business Process Reengineering (BPR) team continuously monitors error data to identify root causes and brainstorm solutions. This team meets quarterly to discuss which corrective actions are going well or not going well and how they can improve.
- ▶ West Virginia's Statewide Error Analysis Team's (SEAT) primary purpose is to identify the root cause of errors to avoid future errors. SEAT planned the FY 2019 PER CAP by conducting risk assessment and program analysis with SNAP QC data, State QA review data, results of internal case review processes, and State agency ME results. West Virginia reported the internal case review process is key to identifying errors early. SEAT identified several error elements in the FY 2019 CAP, including wages and salaries; household composition; shelter; retirement, survivor, and disability insurance (RSDI); and other unearned income.

## B. CAP Planning

State agencies started their PER and CAPER CAP planning at different times (table 3.2). Alaska, Nevada, and Virginia were aware they would need PER and CAPER CAPs but had not yet begun planning their CAPs when FNS notified them of their official error rates. Montana was in the same state of planning for its PER CAP. When notified by FNS, Ohio had begun planning its PER and CAPER CAPs, and West Virginia had begun planning its PER CAP. North Carolina and Connecticut had finished planning their CAPs, including conducting root cause analysis, program analysis, and risk assessment, and were ready to begin drafting when they were notified by FNS.

**Table 3.2. Planning Status of PER and CAPER CAPs at the Time of Notification**

Planning Status	PER (N = 7)	CAPER (N = 5)
We had not begun planning but were aware we would need a CAP for FY 2019 error rates	4	3
We had already begun working on some aspects of planning but were not ready to begin drafting the CAP	2	1
We had already completed all aspects of planning and were ready to begin drafting the CAP	1	1

Note: CAP = corrective action plan; CAPER = case and procedural error rate; PER = payment error rate

Although the staff and stakeholders<sup>16</sup> involved in planning PER and CAPER CAPs differed across the State agencies (table 3.3), the majority of State agencies had notable similarities in staff involvement. For example, six State agencies included their SNAP administrator and policy staff in the process. Four State agencies included their QC director in their PER CAP planning process, and two of them also included their QC director in the CAPER CAP planning process. Two State agencies, Nevada and Alaska, reported also including accuracy and/or review teams and SNAP eligibility worker supervisors in PER and CAPER CAP planning.

**Table 3.3. State Agency Staff and Stakeholder Involvement in Planning CAPs**

Staff Involved	PER (N = 7)	CAPER (N = 5)
SNAP administrator	6	4
Policy staff	6	3
QC director	4	2
Other State agency leadership	4	2
Other staff not listed	3	2
State QC staff (excluding reviewers and directors)	2	3
IT or systems staff	1	1
QC reviewers	0	1
Statisticians	0	0
Claims staff	0	0
Fraud prevention	0	0

<sup>16</sup> 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.

Staff Involved		PER (N = 7)	CAPER (N = 5)
Stakeholders	Accuracy or review teams	2	2
	SNAP eligibility worker supervisors	2	2
	Local area office representatives	1	1
	SNAP eligibility workers	1	1
	SNAP outreach programs	1	1
	Other stakeholders not listed	1	1
	Community partners	0	0
	Contractors	0	0

Note: State agencies could select all applicable responses.

CAPER = case and procedural error rate; PER = payment error rate; QC = Quality Control

## 1. Planning Activities

State agencies engaged in several activities while planning their PER and CAPER CAPs. Most State agencies reported reviewing State agency policy or procedure manuals (seven of eight State agencies), establishing collaborative teams (five of eight), and assessing the frequency of errors resulting from root causes (five of eight). For PER CAP planning, four State agencies also assessed the fiscal impact of errors resulting from root causes.

**Table 3.4. Activities for Planning PER and CAPER CAPs**

Activities	PER (N = 7)	CAPER (N = 5)
Reviewed State agency policy or procedures manuals	6	4
Established collaborative team	5	3
Assessed frequency of errors resulting from root causes	5	2
Assessed fiscal impact of errors resulting from root causes	4	2
Consulted with FNS Regional Office	3	2
Conducted interviews or discussions with local agency staff (e.g., eligibility workers, supervisors)	2	1
Hired consultant to assist with planning activities	0	0
Other activities	0	0

Note: State agencies could select all applicable responses.

CAP = corrective action plan; CAPER = case and procedural error rate; PER = payment error rate

## 2. Data Analysis

The staff responsible for root cause analysis and risk assessment are often in leadership positions. Alaska, Connecticut, Montana, Virginia, and West Virginia reported that these analyses are conducted by QC managers, SNAP managers, or CAP coordinators. North Carolina and Ohio reported that policy staff and specialists take the lead conducting these analyses.

Overall, State agencies reported referencing more types of data when conducting their root cause analyses compared with their risk assessments. All State agencies used State QC review data to conduct root cause analysis (table 3.5). Six of the eight State agencies also used ME results to conduct root cause analysis. State- and county-administered SNAP used similar data analysis tools.

**Table 3.5. Root Cause Analysis and Risk Assessment Data**

Types of Data	PER (N = 7)		CAPER (N = 5)	
	Root Cause Analysis	Risk Assessment	Root Cause Analysis	Risk Assessment
State QC review data <sup>a</sup>	7	3	5	3
FNS QC System data	6	3	4	3
State management evaluation results	5	3	4	3
Results of internal case review process (e.g., “local office QC”)	4	2	2	1
FNS Regional Office management evaluation results	2	1	3	2
Other sources	1	0	0	0
Did not conduct this analysis	0	0	0	0

Note: State agencies could select all applicable responses.

CAPER = case and procedural error rate; PER = payment error rate; QC = Quality Control; SNAP-QCS = SNAP Quality Control System

<sup>a</sup> Some State agencies track QC review results outside SNAP-QCS and use these systems instead of SNAP-QCS during the CAP process.

State agencies frequently identified three causes of errors:

- ▶ **Misapplication of policy.** Four State agencies—Montana, North Carolina, Virginia, and West Virginia—reported misapplication of policy was causing errors. This error included workers not documenting the use of more than 30 days of wages and income, not requesting updated shelter deduction verification, not counting the income of children turning 18, and failing to screen elderly or disabled households at the net income limit.
- ▶ **Notice deficiency.** Three State agencies—Alaska, North Carolina, and Virginia—identified notices as an error cause. Alaska found notices were unclear and contained incorrect information. Other State agencies found required notices were not being issued, system defects were causing incomplete notices, and several denial reasons displayed on the notice caused confusion that resulted in errors.
- ▶ **Client-caused errors.** Three State agencies—Montana, Ohio, and West Virginia—identified client-caused errors as error causes. In Montana, participants not reporting the required household members and withholding information related to RSDI caused errors. Two other State agencies found that clients made miscalculations related to child support and self-employment income, causing errors.

### 3. County-Administered SNAP

County-administered and State-administered programs reported notable differences when planning their CAPs. All three county-administered SNAP State agencies reported they included their county or local staff during the planning stage. In North Carolina, the State agency’s continuous quality improvement (CQI) specialists spearhead the inclusion of local staff. Each CQI specialist is responsible for a specific region in North Carolina. Every quarter, the specialists hold one face-to-face meeting with their region to monitor the CAPER and report whether a region or county (depending on the CAP) has



fulfilled the CAP goals. Counties are responsible for developing and implementing performance improvement plans to address errors, but the CQI specialists offer assistance and guidance to the counties.

In Ohio, PIT members serve as a point of contact for each county, facilitating a deeper understanding of the CAP development process. To ensure county-level considerations inform the CAP, Ohio's PIT proposes corrective actions to the counties and edits them based on the counties' responses. While counties play an active role in the planning process, they do not participate in the CAP drafting process.

In Virginia, when a county error rate requires a CAP, the county is responsible for describing the deficiency, determining its root cause, and developing potential solutions using a CAP template created by the State agency's SNAP director. County-level officials then submit the completed template to the State agency, and the State agency's corrective action coordinator works with State-level staff, such as policy staff and the SNAP administrator, to complete the CAP development process.

### C. CAP Drafting

State agencies involved a variety of staff and stakeholders when drafting their PER and CAPER CAPs. Policy staff were involved in six State agencies, and SNAP administrators were involved in five (table 3.6). Three State agencies included other State agency leadership, and two included the QC director and other State agency QC staff when drafting their PER CAPs. Three State agencies reported including other staff not listed in the survey. For example, Virginia noted involving a corrective action coordinator and the SNAP Policy Unit. Other State agencies mentioned involving field staff, training teams, CQI specialists, and individual counties. Two of these State agencies were county-administered and noted their improvement teams also regularly engaged with counties.

Of the stakeholders involved in the drafting process, State agencies most often engaged with accuracy or review teams, local area representatives, and SNAP eligibility worker supervisors.

**Table 3.6. State Agency Staff and Stakeholder Involvement in Drafting CAPs**

Staff Involved		PER (N = 7)	CAPER (N = 5)
State agency staff	Policy staff	6	3
	SNAP administrator	5	3
	Other State agency leadership	3	2
	Other staff not listed	3	3
	State QC staff (excluding reviewers and directors)	2	2
	QC director	2	1
	QC reviewers	1	1
	Statisticians	0	0
	IT or systems staff	0	0
	Claims staff	0	0
	Fraud prevention staff	0	0

Staff Involved		PER (N = 7)	CAPER (N = 5)
Stakeholders	Accuracy or review teams (separate from QC reviews)	3	2
	SNAP eligibility worker supervisors	2	2
	Local area office representatives	1	1
	SNAP eligibility workers	1	1
	SNAP outreach programs	1	1
	Community partners	0	0
	Contractor(s)	0	0
	Others not listed	0	0

Note: State agencies could select all applicable responses.

CAP = corrective action plan; CAPER = case and procedural error rate; PER = payment error rate; QC = Quality Control

Five State agencies (Connecticut, Montana, Ohio, Virginia, and West Virginia) reported using the results of corrective actions from prior CAPs and input from stakeholders in their State agencies to identify potential PER corrective actions. Three State agencies (North Carolina, Ohio, and Virginia) used these inputs to identify potential CAPER corrective actions (table 3.7). Ohio and North Carolina used input from stakeholders outside their SNAP State agency when identifying potential CAPER corrective actions.

**Table 3.7. Inputs for Identifying Corrective Actions**

Inputs	PER (N = 7)	CAPER (N = 5)
Results of corrective actions from prior CAPs	5	3
Input from stakeholders in own State agency	5	3
Input from FNS Regional Office	3	2
Information exchange with other State agencies	3	1
Strategies identified through a conference, workgroup, or other external activity	3	1
Strategies from a published report or other document	2	2
Input from stakeholders within State but outside State agency that includes SNAP	1	2
Other	0	0

Note: State agencies could select all applicable responses.

CAP = corrective action plan; CAPER = case and procedural error rate; PER = payment error rate

State agencies generally differed on what issues they considered when selecting potential corrective actions to implement. However, the majority of State agencies agreed the following four considerations were important: (1) how likely a corrective action was to reduce errors, (2) how quickly it could be implemented, (3) how likely it was to be sustainable in the long term, and (4) whether it fit within existing program improvement initiatives (table 3.8).

**Table 3.8. Considerations for Determining Which Corrective Actions to Implement**

Considerations	Not a Consideration or Minor Consideration	Moderate Consideration or Major Consideration	Total Number of State Agencies
How likely a corrective action would be to reduce errors	1	7	8
How quickly a corrective action could be implemented	3	5	8

Considerations	Not a Consideration or Minor Consideration	Moderate Consideration or Major Consideration	Total Number of State Agencies
The likelihood a corrective action would be sustainable in the long term	3	5	8
Whether a corrective action fits within existing program improvement initiatives	3	5	8
The staffing resources each corrective action would require	4	4	8
Success of prior actions implemented to resolve deficiencies	5	3	8
Results of the State agency's risk assessment	5	3	8
The financial resources each corrective action would require	5	3	8
The number of corrective actions proposed	5	3	8

Note: State agencies could select all applicable responses.

## D. CAP Implementation

Similar to the drafting phase of PER and CAPER CAPs, State agencies frequently involved a SNAP administrator (five of eight State agencies) and policy staff (four of eight) in their implementation process. Alaska, Connecticut, Ohio, and Virginia also included IT or systems staff in their implementation process. QC directors were involved in PER CAP implementation in four State agencies but were not involved in CAPER CAP implementation. Other staff involved in CAP implementation included training teams, quality improvement specialists, a corrective action coordinator, and an outcomes and analysis team.

Of the stakeholders involved in the implementation process, similar to the drafting process, State agencies most often engaged with accuracy or review teams and SNAP eligibility worker supervisors.

**Table 3.9. State Agency Staff and Stakeholder Involvement in CAP Implementation**

Staff Involved		PER (N = 7)	CAPER (N = 5)
State agency staff	SNAP administrator	5	3
	Other staff not listed	4	3
	Policy staff	4	2
	IT or systems staff	4	2
	QC director	4	0
	State QC staff (excluding reviewers and directors)	3	2
	Other State agency leadership	2	1
	Statistician	0	0
	Fraud prevention staff	0	0
	Claims staff	0	0
	QC reviewers	0	0

Staff Involved		PER (N = 7)	CAPER (N = 5)
Stakeholders	Accuracy or review teams (separate from QC reviews)	2	2
	SNAP eligibility worker supervisors	2	1
	Local area office representatives	1	1
	SNAP eligibility workers	1	0
	SNAP outreach programs	1	0
	Community partners	0	0
	Contractor(s)	0	0
	Others not listed	0	0

Note: State agencies could select all applicable responses.

CAP = corrective action plan; CAPER = case and procedural error rate; PER = payment error rate; QC = Quality Control

The majority of State agencies reported using either staff trainings or a method other than those listed in the survey to notify staff about corrective actions (table 3.10). Of the State agencies that used staff trainings to inform staff about corrective actions, Ohio, Nevada, Montana, and Connecticut used them when discussing PER corrective actions, while only Ohio and Nevada used them when discussing CAPER corrective actions. Five State agencies notified staff about corrective actions using a method other than those listed in the survey, such as the case review process, regular email communications, executive and managers' meetings, and policy team meetings.

**Table 3.10. Strategies State Agencies Used to Notify SNAP Staff About Corrective Actions**

Strategies	PER (N = 7)	CAPER (N = 5)
Staff were notified some other way	5	4
Staff trainings	4	2
All-staff meetings	3	1
Regular newsletters (e.g., monthly, quarterly)	1	0
State's intranet site	0	0

Note: Other ways staff were notified about corrective actions included regular case review processes, email communications, manager meetings, and separate interagency specialized team meetings (e.g., policy team, continuous improvement team).

State agencies could select all applicable responses.

CAPER = case and procedural error rate; PER = payment error rate

Staff training was the most common form of corrective action implemented to reduce State agencies' PERs and CAPERs. Training topics follow:

- ▶ Review of State agency and county interviewing policies and procedures
- ▶ Calculating income
- ▶ Conducting case reviews
- ▶ Teaching new office practices on previously noted topics
- ▶ Corrective trainings for staff making regular errors

State agencies trained several types of staff members as a component of their FY 2019 corrective actions (table 3.11). The SNAP State agencies in Connecticut, Montana, Nevada, Ohio, Virginia, and West Virginia trained eligibility workers and their supervisors as part of their FY 2019 PER corrective actions,

and the State agencies in Nevada, North Carolina, Ohio, and Virginia trained these staff groups as part of their FY 2019 CAPER corrective actions. No FY 2019 PER or CAPER CAPs included training for IT staff, contractors, or community partners.

**Table 3.11. Staff Receiving Training as a Component of FY 2019 CAP Corrective Actions**

Staff	PER (N = 7)	CAPER (N = 5)
Eligibility workers	6	4
Eligibility worker supervisors	6	4
Management	3	1
QC reviewers	2	1
IT staff	0	0
Contractors	0	0
Community partners	0	0
Other	0	0

Note: State agencies could select all applicable responses.

QC = Quality Control

## E. CAP Monitoring, Evaluation, and Validation

Similar to the drafting and implementation phases of PER and CAPER CAPs, the majority of State agencies (six of eight) involved the SNAP administrator in their monitoring and evaluation process (table 3.12). QC directors and other State agency leadership were also frequently included. Virginia and Ohio involved other staff not listed in the survey, including a corrective action coordinator and outcomes and analysis team, in their monitoring and evaluation process. Among the stakeholders involved in this process, State agencies most often engaged accuracy or review teams (separate from QC reviews).

**Table 3.12. State Agency Staff and Stakeholder Involvement in CAP Monitoring, Evaluation, and Validation**

Staff Involved		PER (N = 7)	CAPER (N = 5)
State agency staff	SNAP administrator	5	4
	QC director	4	2
	Other State agency leadership	3	3
	State QC staff (excluding reviewers and directors)	3	2
	Policy staff	3	1
	Other staff not listed	2	2
	QC reviewers	2	0
	Statistician	1	1
	IT or systems staff	1	0
	Fraud prevention staff	0	0
	Claims staff	0	0

Staff Involved		PER (N = 7)	CAPER (N = 5)
Stakeholders	Accuracy or review teams (separate from QC reviews)	4	2
	SNAP eligibility worker supervisors	1	1
	Community partners	0	0
	Local area office representatives	0	0
	Contractor(s)	0	0
	SNAP eligibility workers	0	0
	SNAP outreach programs	0	0
	Others not listed	0	0

Note: State agencies could select all applicable responses. Other staff not listed included continuous improvement specialists and an outcomes and analysis section of the State agency.

CAPER = case and procedural error rate; PER = payment error rate; QC = Quality Control

State agencies used several strategies to monitor and evaluate their corrective actions, including assessing trainee knowledge during and after training and developing internal teams dedicated to continuous quality improvement. These teams, which include experts from several departments, analyze case reviews, QC, and ME data for evidence of corrective action completion. They also suggest areas for improvement when implemented corrective actions do not sufficiently address an issue.

*"I really do think the PIT team has been crucial to any kind of corrective action or our improvement in rates we have."*

—SNAP State agency staff

State agencies used a variety of data sources for monitoring their corrective actions. All State agencies with PER and/or CAPER CAPs reported using their State's QC review data to monitor corrective actions (table 3.13). Almost all States also used their SNAP-QCS data; Alaska, Connecticut, Montana, Nevada, Ohio, and West Virginia reported using these data to monitor their PER corrective actions, and Alaska, Nevada, North Carolina, and Ohio reported using them for their CAPER corrective actions. Many State agencies also used the results of their internal case review process (six of eight State agencies) and State ME results (five of eight) to monitor corrective actions. State agencies reported several practices for conducting their case review process, including monthly reviews of a bulk set of cases across the State agency, monthly reviews of a set number of cases per caseworker, or quarterly reviews of a set number of cases per county.

**Table 3.13. Data Sources Used to Monitor Corrective Actions**

Type of Information	PER (N = 7)	CAPER (N = 5)
State QC review data	7	5
FNS QC System data	6	4
Results of internal case review process (e.g., "local office QC")	5	3
State management evaluation results	4	2
FNS Regional Office management evaluation results	2	2
Other sources	1	1

Note: Other sources for monitoring corrective actions included pretraining and posttraining assessment results. State agencies could select all applicable responses.

CAPER = case and procedural error rate; PER = payment error rate; QC = Quality Control

State agencies' strategies for notifying staff about monitoring and evaluation results varied (table 3.14). Four State agencies notified staff about PER CAP results through all-staff meetings. Over half of State agencies reported informing management and administration (six of eight State agencies), eligibility worker supervisors (five of eight), and QC reviewers (five of eight) about monitoring and evaluation results, regardless of the type of CAP.

**Table 3.14. Staff Notification of Monitoring and Evaluation Results**

Strategy Used/Staff Informed		PER (N = 7)	CAPER (N = 5)
Strategies for notifying staff	All-staff meetings	4	1
	Other	2	2
	Staff were not notified	1	1
	Newsletter	1	0
	State agency's intranet site	0	0
Types of staff receiving monitoring and evaluation results	Management/administration	5	3
	Eligibility worker supervisors	4	3
	QC reviewers	4	3
	Eligibility workers	2	2
	IT/systems staff	1	0
	Other	0	0

Note: Other strategies for notifying staff included email and executive staff meetings. State agencies could select all applicable responses.

CAPER = case and procedural error rate; PER = payment error rate; QC = Quality Control

## 1. Completion and Validation of Corrective Actions

State agencies were in different stages of completing and validating their corrective actions when the survey was conducted (table 3.15). Three State agencies had completed all of their PER corrective actions: Nevada, Ohio, and West Virginia. Similarly, three State agencies had completed all of their CAPER corrective actions: Nevada, North Carolina, and Ohio. Three State agencies—Montana, Virginia, and Connecticut—completed some of their PER corrective actions, and Virginia completed some of its CAPER corrective actions. Alaska had not yet completed any. Of the State agencies that completed some or all of their corrective actions, the majority—Connecticut, Montana, Nevada, North Carolina, Ohio, and Virginia—provided documentation to their ROs. Only one State agency, West Virginia, had yet to provide documentation for its completed corrective actions.

**Table 3.15. Completion and Validation of Corrective Actions**

Completion Status		PER (N = 7)	CAPER (N = 5)
State agency completed corrective actions	Yes, completed all corrective actions	3	3
	Yes, completed some corrective actions	3	1
	No	1	1



Completion Status		PER (N = 7)	CAPER (N = 5)
State agency provided documentation for completed corrective actions to the Regional Office	Yes, provided documentation for all completed corrective actions	4	3
	Yes, provided documentation for some completed corrective actions	1	1
	No; had yet to provide documentation	1	0

Note: Alaska did not provide a response to “State agency validated completion with Regional Office” for its PER or CAPER CAP. CAPER = case and procedural error rate; PER = payment error rate

Four State agencies noted that the COVID-19 pandemic influenced implementation, monitoring, and evaluation of their corrective actions because activities were delayed or moved to virtual platforms and monitoring practices had to be reassessed.

## F. FNS Regional Office Resources for PER and CAPER CAPs

FNS ROs play an important role in the CAP process. They inform State agencies of the official error rates and the need for CAPs, analyze SNAP QC data for State agencies that need CAPs, and validate State agency completion of corrective actions. ROs also provide technical assistance to State agencies, but the extent and format of this assistance vary.

Five State agencies with PER CAPs reported receiving RO guidance or technical assistance on program analysis (table 3.16). Other common guidance or technical assistance included preparation of CAP semiannual updates, root cause analysis, and CAP validation. State agencies with CAPER CAPs most frequently reported receiving guidance or technical assistance with preparing CAP semiannual updates.

**Table 3.16. FNS Regional Office Guidance or Technical Assistance for PER and CAPER CAP Development**

Topics	PER (N = 7)	CAPER (N = 5)
Program analysis	5	3
Preparation of CAP semiannual updates	4	4
Root cause analysis	4	3
CAP validation	4	3
Suggestions for corrective actions	3	2
Draft CAP content	2	2
Monitoring and evaluation	2	1
Other topics	1	1
Selection of corrective actions	1	0
Implementation of corrective actions	1	0
Risk assessment	0	0

Note: Other topics included receiving sample CAPs and templates for semiannual updates. State agencies could select all applicable responses.

CAP = corrective action plan; CAPER = case and procedural error rate; PER = payment error rate

When asked about the most valuable guidance or technical assistance they received from their ROs while developing their FY 2019 CAPs, State agencies identified the following: emails about expectations for the root cause analysis, meetings to review the CAP and receive feedback, and assistance narrowing the scope of corrective actions and identifying measurable outcomes.

## Chapter 4. State Agency Approaches to the QC Completion Rate CAP Process

Unlike a State agency's PER and CAPER, which are a function of the certification, recertification, and case update processes, the QC completion rate is dependent on the QC review. Because of this difference, the staff and stakeholders involved in CAP development, the root causes of the errors, and the corrective actions included in QC completion rate CAPs differ from PER and CAPER CAPs.

**Objective 1:** Describe the approaches each State uses to develop, implement, and monitor CAPs to address low QC completion rates.

QC completion rates have decreased in recent years across State agencies. In FY 2019, the national QC completion rate was 82.75 percent (FNS, 2022), a nearly 10-point drop from the rate of 91.92 percent in FY 2014 (FNS, 2017). Over 85 percent of SNAP State agencies (46 out of 53) were required to develop QC completion rate CAPs in FY 2019 compared with 66 percent in FY 2014 (35 out of 53).

The study team collected data about the QC completion CAP process for two State agencies: Montana and West Virginia. Both State agencies had a QC completion rate of about 80 percent, falling below the national rate (table 4.1). In both State agencies, the Office of the Inspector General oversaw the QC completion rate CAPs. The QC unit, which houses the QC director and QC staff, falls within this office.

**Table 4.1. Overview of Study States Contributing CAP Experiences for QC Completion**

Study State	FY 2019 QC Completion Rate	Agency Overseeing QC Completion Rate CAP
Montana	80.00 percent	Office of Inspector General
West Virginia	80.20 percent	Office of Inspector General
National rate	82.75 percent	N/A

Note: CAP = corrective action plan; FY = fiscal year; N/A = not applicable; QC = Quality Control

The study team drew on data from the State agency survey, document review, and followup interviews to develop profiles of each State agency's QC completion rate CAP process (appendix D). This chapter examines the activities and processes the two SNAP State agencies used to develop and implement the FY 2019 QC completion rate CAPs.

### A. CAP Planning

Montana and West Virginia started the QC completion rate CAP planning process at different times. Montana was aware it would need a QC completion rate CAP when it was notified of the official national and State agency FY 2019 rates in summer 2020 and began planning once it received the notification. West Virginia had begun working on some aspects of planning the CAP but was not yet ready to begin drafting the CAP when FNS notified the State agency of its official QC completion rate.

Both State agencies involved the QC director in the planning phase. In Montana, QC reviewers were also involved. Montana also has the BPR team—a workgroup that contributes to all phases of the QC completion CAP. The BPR team meets quarterly with a small group of QC and policy staff to evaluate incomplete QC reviews and identify corrective actions.

Both State agencies engaged in similar activities while planning QC completion rate CAPs. Both established a collaborative team, reviewed State agency policy or procedures manuals, and assessed the frequency of errors resulting from root causes (table 4.2).

**Table 4.2. Activities State Agency Engaged in While Planning QC Completion Rate CAPs**

Activities	Montana	West Virginia
Established collaborative team	●	●
Reviewed State agency policy or procedures manuals	●	●
Assessed frequency of errors resulting from root causes	●	●
Consulted with FNS Regional Office	●	
Conducted interviews or discussions with local agency staff (e.g., eligibility workers, supervisors, QC staff)		●
Hired consultant to assist with planning activities		
Other activities		

Note: State agencies could select all applicable responses.

CAP = corrective action plan; QC = Quality Control

## 1. Data Analysis

Montana reported the SNAP QC supervisor used SNAP-QCS data to conduct root cause analysis; West Virginia used State ME results for root cause analysis and risk assessment. Every month, West Virginia sends at least five incomplete cases to its Investigations/Fraud Management (IFM) division to contact the client for information needed to determine the reason for refusal. This collaboration originated from the Mid-Atlantic Regional Office (MARO) 2019 drop pilot project. MARO designed the pilot project to refer incomplete QC cases to State agencies' IFM divisions based on a client's refusal to cooperate. This process is now a part of the data analysis West Virginia uses to plan QC completion rate CAPs.

Both State agencies reported in their CAPs that a root cause of the QC completion rate error was households' failure or refusal to cooperate. Montana elaborated that its QC staff can sometimes gather verification for required eligibility elements, but discrepancies frequently require a household's attention.

## B. CAP Drafting

The QC director is responsible for drafting the CAP in both State agencies. While identifying corrective actions to increase QC completion, both State agencies reported getting input from the results of corrective actions from prior CAPs and an information exchange with other State agencies. Montana also reported getting input from the FNS RO and strategies identified through conferences, workgroups, or external activities. In West Virginia, the QC director uses information from the SEAT monthly meeting for the QC completion CAP.

The State agencies varied in their approach to deciding which corrective actions to implement for QC completion rate CAPs (table 4.3). For example, Montana reported that the financial and staffing resources each corrective action would require were major considerations, while West Virginia said those were not a consideration when selecting corrective actions. Both State agencies reported that whether a corrective action fits within existing program improvement initiatives, the success of prior actions implemented to improve QC completion, and the likelihood a corrective action would be

sustainable in the long term were moderate or major considerations when selecting corrective actions for the QC completion rate CAP.

**Table 4.3. Moderate or Major Considerations for Determining Which Corrective Actions to Implement for QC Completion CAPs, by State**

Considerations	Montana	West Virginia
Whether a corrective action fits within existing program improvement initiatives	●	●
Success of prior actions implemented to improve QC completion	●	●
The likelihood a corrective action would be sustainable in the long term	●	●
The financial resources each corrective action would require	●	
The staffing resources each corrective action would require	●	
How quickly a corrective action could be implemented	●	
How likely a corrective action would be to improve QC completion	●	
Results of the State agency's risk assessment	●	
The number of corrective actions proposed	●	

Note: State agencies could select all applicable responses.

CAP = corrective action plan; QC = Quality Control

## C. CAP Implementation

The QC director and QC reviewers are involved in implementing Montana's CAP, while only the QC director implements West Virginia's CAP. The corrective actions Montana implemented typically addressed QC reviewer knowledge and enhanced participant outreach, including implementing a mentor program for new QC staff, using email to expand contact to households, and fielding a participant followup survey to improve customer service. West Virginia's corrective actions targeted QC reviewers, including encouraging QC reviewers to follow FNS best practice protocols for sending letters and contacting clients and requiring QC reviewers to document the case review fully and clearly.

Montana and West Virginia used all-staff meetings to notify State agency staff about their QC completion rate corrective actions (table 4.4). Montana also used newsletters and staff trainings to notify staff of corrective actions, while West Virginia used other approaches, including sending an all-staff email.

**Table 4.4. Strategies State Agencies Used to Notify SNAP Staff About QC Completion Corrective Actions**

Strategies	Montana	West Virginia
All-staff meetings	●	●
Regular newsletters (e.g., monthly, quarterly)	●	
Staff trainings	●	
Staff were notified some other way		●
State agency's intranet site		

Note: State agencies could select all applicable responses.

QC = Quality Control

Montana and West Virginia State agencies reported incorporating staff training as a component of the QC completion CAP. Both State agencies trained eligibility workers, eligibility worker supervisors, and QC reviewers; Montana also trained IT staff and management (table 4.5).

**Table 4.5. Staff Receiving Training as a Component of FY 2019 QC Completion Corrective Actions**

Staff	Montana	West Virginia
Eligibility workers	●	●
Eligibility worker supervisors	●	●
QC reviewers	●	●
IT staff	●	
Management	●	
Contractors		
Community partners		
Other		

Note: State agencies could select all applicable responses.  
FY = fiscal year; QC = Quality Control

## D. CAP Monitoring, Evaluation, and Validation

Similar to the planning and implementation phases, Montana involved the QC director and QC reviewers in monitoring and evaluating CAPs. The QC director, QC statisticians, and the IFM division contributed to monitoring and evaluating West Virginia's CAP.

Both State agencies reported developing a plan for monitoring corrective actions when they drafted their CAP. Montana's November 2021 semiannual update included methods for monitoring and measuring the success of each corrective action. Examples of measures of success included staff receiving at least 80 percent on training quizzes; a 45 percent response rate on participant followup surveys; and weekly meetings between mentors, QC supervisors, and team leads to discuss training trends. The evaluation plan in West Virginia's CAP, on the other hand, included only the State's monthly QC case completion rate as a metric for evaluating the corrective actions.

Montana and West Virginia State agencies reported using State QC review data for monitoring corrective actions for the QC completion rate CAPs; Montana also reported using SNAP-QCS data.

Both State agencies notified staff about the results during all-staff meetings; Montana also notified staff through a newsletter. Montana reported notifying a larger variety of staff than West Virginia (table 4.6).

**Table 4.6. Staff Receiving QC Completion Rate CAP Monitoring and Evaluation Results**

Staff	Montana	West Virginia
QC staff	●	●
Management/administration	●	●
Eligibility workers	●	
Eligibility worker supervisors	●	
IT/systems staff	●	
Other		

Note: State agencies could select all applicable responses.  
QC = Quality Control

## 1. Completion and Validation of Corrective Actions

Since starting the QC completion rate CAP in 2020, both State agencies reported completing some corrective actions. The Montana State agency reported it provided documentation to the RO for all of the completed corrective actions, while West Virginia had yet to do so.

### E. FNS Regional Office Resources for QC Completion Rate CAPs

Montana and West Virginia State agencies reported their ROs provided suggestions for corrective actions and support with the preparation of semiannual CAP updates (table 4.7). Montana reported that the Mountain Plains Regional Office (MPRO) also provided technical assistance with program analysis, root cause analysis, selection of corrective actions, CAP drafting, corrective action implementation, monitoring and evaluation, and CAP validation.

*“Regional staff have been instrumental in supporting Montana through the CAP process. They make themselves available for meetings, questions, review, and support.”*

—State agency staff

**Table 4.7. Guidance or Technical Assistance Provided by FNS Regional Office for QC Completion Rate CAP Development**

Training Topic	Montana	West Virginia
Suggestions for corrective actions	●	●
Preparation of semiannual CAP updates	●	●
Program analysis	●	
Root cause analysis	●	
Selection of corrective actions	●	
Draft CAP content	●	
Implementation of corrective actions	●	
Monitoring and evaluation	●	
CAP validation	●	
Risk assessment		
Other topics		

Note: State agencies could select all applicable responses.  
CAP = corrective action plan; QC = Quality Control



## Chapter 5. Common CAP Process Challenges

State agencies encountered a variety of policy and operational challenges with the CAP process, some of which were specific to one of the four CAP phases and others that affected the overall process. Because challenges for QC completion CAPs were similar to those for PER and CAPER CAPs, this chapter focuses on PER and CAPER CAP challenges.

**Objective 2:** For each State, identify the policy and operational factors that challenge or aid the development and implementation of CAPs.

### A. Planning Challenges

The most common moderate to serious challenges for CAP planning were staffing and risk assessments, followed by limited data to conduct analyses, difficulty identifying root causes, SNAP data systems or IT concerns, and difficulty identifying specific policies or procedures that cause errors (table 5.1).

**Table 5.1. Degree of Challenge State Agencies Reported With Planning PER and CAPER CAPs**

Challenges	Not a Challenge or Minor Challenge	Moderate or Serious Challenge	Total Number of State Agencies
Other staffing issues (e.g., turnover, lack of training)	4	4	8
Conducting risk assessment	4	4	8
Limited data to conduct analyses	5	3	8
Identifying root causes of errors	5	3	8
SNAP data systems or IT concerns (e.g., staffing, resources, contractual obligations)	5	3	8
Identifying specific policies or procedures that cause errors	5	3	8
Access to staff with necessary expertise	7	1	8

#### 1. Staffing

Staffing concerns were apparent throughout all phases of the CAP process. For planning specifically, one State agency noted its staffing needs were high under county administration because each county had unique features that required individualized planning efforts.

*“I need more staff, and I’ve been trying to get more managers. We’re stretched thin.”*

—State agency staff

*“COVID-19 required a lot of manpower to implement adjustments and waivers, taking time away from tracking and monitoring of root causes. Additionally, with the quick implementation of COVID adjustments, additional errors rose that needed [to be] addressed without support from QC.”*

—State agency staff

For three State agencies, COVID-19 exacerbated staffing challenges. State agencies took on new processes and workflows, such as implementing waivers, which limited the time staff were able to spend on corrective actions.

Alaska explained that the increased responsibilities have continued, even in the face of budget reductions since the beginning of the pandemic. West Virginia noted that training new employees was more challenging in a virtual environment.

## 2. Risk Assessment, Limited Data to Conduct Analyses, Ability to Identify Root Causes, and Ability to Identify Specific Policies or Procedures That Cause Errors

State agencies have a variety of data sources to use for CAP planning. However, three of the State agencies noted limited data as a challenge because not all data sources provide the same value. Specifically, SNAP QC data do not provide a real-time picture of State agency operations. State agencies can supplement insights from SNAP QC data with more current information from other case reviews and ME results, but the sample size for these sources is generally smaller, and it may be difficult to organize a variety of data sources. One State agency clarified that in addition to not being recent enough, existing data sources did not always contain information the State agency needed or the RO recommended they track. All three State agencies that identified limited data as a moderate or serious challenge also said the processes that depend on these data—identifying root causes of errors and conducting risk assessments—were moderate or serious challenges.

## 3. SNAP Data Systems or IT Concerns

Data systems were a common challenge because State agencies often need to work through contractors to make data system changes. This was particularly challenging when vendor partnerships were more recent and vendor staff did not have institutional knowledge about State agency data systems. Some SNAP State agencies also share integrated data systems with other programs, giving them less flexibility to make changes compared with State agencies that have their own data systems.

*“Some of the CAPER issues are systems related, and it takes quite a bit of time to get a system change slotted for release. Multiple programs are in line for system changes since SNAP, TANF, Medicaid, and now publicly funded childcare are all in the same system.”*

—State agency staff

## B. Drafting Challenges

The most common challenges during the drafting stage were selecting corrective actions to include in the CAP, determining a realistic timeframe for completion of each initiative, and having sufficient State agency and local agency resources (table 5.2). Three State agencies also noted identifying corrective actions that would reasonably affect error rates and a lack of clarity on what was required for the CAP as moderate or serious challenges.

**Table 5.2. Degree of Challenge State Agencies Reported With Drafting PER and CAPER CAPs**

Challenges	Not a Challenge or Minor Challenge	Moderate or Serious Challenge	Total Number of State Agencies
Selecting which corrective actions to include in the CAP	3	5	8
Determining a realistic timeframe for completion of each initiative	3	5	8
State agency resources (e.g., funding for staff, training)	3	5	8
Local agency resources (e.g., funding for staff, training)	4	4	8

Challenges	Not a Challenge or Minor Challenge	Moderate or Serious Challenge	Total Number of State Agencies
Identifying corrective actions that would reasonably affect error rates	5	3	8
Lack of clarity on what was required for the CAP	5	3	8
State agency policies	6	2	8
State agency procedures	6	2	8
Gaining buy-in from staff at all levels for specific corrective actions	6	2	8

Note: CAP = corrective action plan; CAPER = case and procedural error rate; PER = payment error rate

## 1. Ability to Identify Corrective Actions That Would Reasonably Affect Error Rates and Select Corrective Actions to Include in the CAP

State agencies highlighted a need for support with identifying and selecting corrective actions. Suggestions from State agencies included FNS providing recommendations for corrective actions (e.g., options ranging from low to high cost) and creating a blog to serve as a platform for State agencies to communicate with one another to get ideas for CAPs.

*“If you’re looking at root causes, you’re looking at specific case information. It’s not the overall program; now that root cause could lead you to finding something wrong within the program itself, like a policy or a system issue, but the root cause analysis is specific to each case.”*

—State agency staff

A review of State agencies’ CAPs revealed that challenges identifying effective corrective actions may be related, in part, to the depth of the State agencies’ root cause analyses. Frequently, the “root causes” named in CAPs were descriptions of *what* happened to result in an error (e.g., information withheld by client). Given these “root causes,” there are many possible explanations of *why* the error occurred. With the example of information being withheld by a client, in some cases, the State agency may not have requested the information clearly. In other cases,

clients may have purposefully withheld information. As one State agency noted, identifying root causes requires analyzing what happened with specific cases, which may involve collecting information beyond what is available in existing sources such as QC data. Without a deeper analysis of *why* the error occurred in each case, it is difficult to discern if the error is within the State agency’s locus of control, and if so, what is the most effective way to address the error.

Although a deeper root cause analysis may present its own challenges, such as additional staff time to collect information about why errors are occurring in individual cases, it could make it easier to identify appropriate corrective actions. Continuing with the example of clients withholding information, if the root cause is identified as the State agency not requesting information clearly, appropriate corrective actions become easier to identify. For example, the State agency could improve its clarity by revising interview scripts and/or ensuring the request for required information has been translated appropriately for clients with limited English proficiency.

The challenges with identifying and selecting effective corrective actions could also be related to a lack of training; only three of eight State agencies provide training for their staff on planning PER or CAPER corrective actions.

## 2. Ability to Determine a Realistic Timeframe for Completion of Each Initiative

State agencies noted some types of corrective actions have extended implementation timeframes, including systems changes and policy changes. Systems changes were highlighted as especially difficult to plan because State agencies often do not have complete control over the implementation process.

Similar to challenges with identifying corrective actions, challenges determining a timeframe could be related to a lack of training because only three of eight State agencies provide training for their staff on planning PER or CAPER corrective actions.

## 3. State and Local Agency Resources

Planning and drafting CAPs are closely linked, so the lack of staff time to plan corrective actions likely also affected the drafting stage.

## 4. Lack of Clarity on What Was Required for the CAP

Three State agencies reported a lack of clarity on CAP requirements as a moderate challenge, and three more reported it as a minor challenge. One of the two State agencies that reported clarity on requirements was *not* a challenge noted emails from the RO about expectations for the CAP were a helpful resource. One State agency that identified a lack of clarity as a challenge suggested it would be helpful for FNS to provide a checklist or guide of FNS expectations. Yet another specified the FNS National Office should provide CAP guidance documents to reduce variability across regions.

*“Sometimes I worry we put too much or not enough info in our CAPs, especially because they put out language saying that if they think we [are] not complying with CAP, we could get a penalty. So, [our State agency would like] more info into what they are looking for.”*

—State agency staff

## C. Implementation Challenges

The majority of State agencies reported the following as moderate or serious implementation challenges: lack of staff to develop or fully implement corrective actions and State agency resources; IT or data systems limitations; and ability to complete activities within the timeframe specified in the CAP (table 5.3).

**Table 5.3. Degree of Challenge State Agencies Reported With Implementing PER and CAPER CAPs**

Challenges	Not a Challenge or Minor Challenge	Moderate or Serious Challenge	Total Number of State Agencies
Lack of staff to develop or fully implement corrective actions	2	6	8
IT or data systems limitations	2	6	8
Completing activities within the timeframe specified in the CAP	3	5	8
State agency resources (e.g., funding for staff, training)	3	5	8
Reliance on external partners in implementing corrective actions	4	4	8

Challenges	Not a Challenge or Minor Challenge	Moderate or Serious Challenge	Total Number of State Agencies
Lack of funding to develop or fully implement corrective actions	5	3	8
Local agency resources (e.g., funding for staff, training)	5	3	8
Communicating corrective actions to staff	6	2	8
State agency procedures	7	1	8
State agency policies	8	0	8

Note: CAP = corrective action plan; CAPER = case and procedural error rate; PER = payment error rate

### 1. Lack of Staff to Develop or Fully Implement Corrective Actions and State Agency Resources

The theme of limited staffing resources was clear during the implementation phase. Between staff turnover and an insufficient number of positions for the work required, most State agencies did not have the ideal staffing level and/or expertise to implement corrective actions.

### 2. IT or Data Systems Limitations

Data system changes can be difficult to implement. For example, Virginia noted that one of its deficiencies was rooted in its eligibility data system. While the State agency was able to identify the error in the system and ways to fix it, the staff responsible for CAPs could not fix it themselves. Instead, they had to ask their IT support to fix the error. However, before IT support could address it, they needed approval from social services. This continuous back and forth between different departments resulted in the error taking over 6 months to resolve.

*“A lot of it is that States don’t have control over system fixes. ... They have iron-clad contracts with their eligibility system vendors that [don’t] enable them to make changes or improvements.”*

—RO staff

As previously mentioned, SNAP data systems changes are not always the top priority when other programs share the system. SNAP State agencies also need to work through contractors that may only implement updates at certain times or even require contract changes to make updates.

### 3. Ability to Complete Activities Within the Timeframe Specified in the CAP

*“Policy changes in [State] can take an average of 6 months to implement. Anything requiring a system change is likely to be slotted a year or more out from the date of putting in the request.”*

—State agency staff

Many State agencies noted corrective actions can take a long time to implement. In some cases, the challenge is related to staffing; more could be accomplished within the timeframe with additional staff. However, other challenges are related to processes beyond the control of the SNAP State agency. For instance, policy and

systems changes can take months to years to implement. State agencies do not have enough time to fully implement and validate some changes before needing to develop new CAPs for the next year.

## D. Monitoring, Evaluation, and Validation Challenges

During the monitoring, evaluation, and validation stage, the most common moderate or serious challenges for State agencies were (1) State and local agency resources and (2) ability to identify measures to track the progress of corrective actions and set up a system to monitor progress on corrective actions (table 5.4).

**Table 5.4. Degree of Challenge State Agencies Reported With Monitoring, Evaluating, and Validating PER and CAPER CAPs**

Challenges	Not a Challenge or Minor Challenge	Moderate or Serious Challenge	Total Number of State Agencies
State agency resources (e.g., funding for staff, training)	4	4	8
Local agency resources (e.g., funding for staff, training)	5	3	8
Identifying measures to track the progress of corrective actions	5	3	8
Setting up a system to monitor progress on corrective actions	5	3	8
Developing a plan to monitor implementation of corrective actions	6	2	8
Evaluating the success of each corrective action	6	2	8
Providing satisfactory documentation to the FNS Regional Office to validate completion of a corrective action	6	2	8
State agency procedures	7	1	8
State agency policies	8	0	8

Note: CAP = corrective action plan; CAPER = case and procedural error rate; PER = payment error rate

### 1. State and Local Agency Resources

State agencies noted a lot of work goes into collecting monitoring and evaluation data and preparing them for semiannual CAP updates. This work can be particularly challenging for county-administered States, which have the added task of coordinating across counties. As with all other aspects of the CAP process, many State agencies do not have the staffing needed to accomplish all tasks.

*“I think that for us every 6 months is aggressive, and I think that has more to do with my lack of staff ... gathering that data, synthesizing it, putting it into the charts that you're going to need in order to ensure that you're actually making the difference is a challenge in that timeframe.”*

—State agency staff

### 2. Ability to Identify Measures to Track the Progress of Corrective Actions and Set up a System to Monitor Progress on Corrective Actions

Four State agencies reported their PER or CAPER CAPs had no measurable benchmarks. When asked for more details about how FNS could provide more guidance on measurement, one State agency suggested training and an online question portal would be effective supports. Another State agency suggested examples of plans and tools for monitoring would be helpful resources.

## E. Overall Challenges

Overall, the most common moderate or serious challenges were limited staffing resources and staff turnover (table 5.5). Local agency resources were also among the most common moderate or serious challenges. State agencies also noted that staffing issues directly affected their error rates, increasing the need for effective CAPs when the State agencies were least equipped to plan and execute them. Of note for objective 2 of this study, the majority of State agencies reported their policies and procedures were not a challenge or were a minor challenge in the overall CAP process.

*“Just a lack of resources and staff. ... They really do want to do a good job at this, and a lot of the time it’s just resources that are not available to them.”*

—RO staff

**Table 5.5. Overall Degree of Challenge State Agencies Reported With the PER and CAPER CAP Process**

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

Note: N = 7; Connecticut did not respond

CAP = corrective action plan; CAPER = case and procedural error rate; PER = payment error rate



## Chapter 6. Promising Approaches to the CAP Process

**S**NAP State agencies reported several promising approaches to the CAP process. Interviews and literature from other Federal public assistance programs also provided important insights on promising approaches for the CAP process.

**Objective 2:** For each State agency, identify the policy and operational factors that challenge or aid the development and implementation of CAPs.

When asked about facilitators to successful CAP development and implementation, almost all State agencies highlighted the importance of having a collaborative approach to the CAP process, strong internal leadership, leadership support, and dedicated staff to work on CAPs.

**Table 6.1. Facilitators for Successful PER and CAPER CAP Development and Implementation**

Characteristic	Not at All or Not Very Much	Somewhat or Very Much	Total Number of State Agencies
Collaborative approach to CAP development	1	6	7
Strong internal leadership	1	6	7
Support from leadership	1	6	7
Dedicated staff	1	6	7
Staff buy-in at all levels	2	5	7
Support from FNS Regional Office	4	3	7
Funding for corrective actions/new initiatives	4	3	7

Note: *N* = 7; Connecticut did not respond

State agencies with QC completion rate CAPs reported similar facilitators to successful CAP development and implementation (table 6.2).

**Table 6.2. Facilitators for Successful QC Completion Rate CAP Development and Implementation**

Characteristic	Not at All or Not Very Much	Somewhat or Very Much	Total Number of State Agencies
Collaborative approach to CAP development	0	2	2
Strong internal leadership	0	2	2
Support from leadership	0	2	2
Dedicated staff	0	2	2
Staff buy-in at all levels	0	2	2
Support from FNS Regional Office	1	1	2
Funding for corrective actions/new initiatives	1	1	2

## A. SNAP State Agency Characteristics

SNAP State agencies and staff from other Federal public assistance programs provided insights on State agency characteristics that facilitated their work on CAPs.

### 1. Staff Collaboration

SNAP State agencies and RO staff highlighted the importance of a collaborative approach to CAP development and implementation. Several State agencies organized CAP workgroups or committees to facilitate collaboration with a variety of stakeholders. For example, Nevada used to take more of a “divide and conquer” approach to its CAP process, assigning different portions to staff in different departments. Over time, State agency staff recognized the importance of gaining different perspectives and began involving more staff in a collaborative effort for each portion of the CAP process. In its FY 2019 CAP, Nevada created a formal group called the Standardized Training Review (STR) team, which includes staff from the field, QC, QA, and BPR. The STR team was formed to ensure staff members understood how to implement and interpret SNAP policies and procedures and how to develop and implement corrective actions. Nevada also invites staff from different departments to bimonthly meetings to hear varied perspectives. Montana and West Virginia restructured their workgroups (BPR and SEAT) after recognizing they were less efficient at identifying root causes when too many people were involved. Workgroups still include staff from different departments, but they limit the number of staff in each meeting. Montana SNAP reported that streamlining the BPR team helped improve CAP development and implementation. West Virginia SNAP staff noted including field staff in the CAP process leads to the best results because they have experience working directly with SNAP clients.

*“If employee voices and manager voices 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

Several SNAP State agencies and RO staff indicated that involving IT, fraud, and data systems staff aided in CAP development and implementation. For example, Nevada’s IT team is run through the State agency and manages projects for the State agency. Nevada’s IT staff contracts some of the work out to a vendor they have been working with for decades. The IT staff and vendor’s familiarity with Nevada’s infrastructure helps them address problems quickly and efficiently. West Virginia also reported including data systems and fraud staff in its workgroup meetings. Regularly engaging with systems staff enabled State agency staff to share errors and brainstorm and test solutions in realtime rather than reaching out separately.

*“Our QC director now does the QC CAP. We are having these constant conversations. It’s just been very positive.”*

—Montana SNAP State agency staff

In Montana and West Virginia, State agency staff highlighted the importance of collaborative work between QC staff and other State agency staff while developing and implementing their PER and QC completion rate CAPs. Montana reported that SNAP policy staff used to develop the QC

completion rate CAP without input from the QC director. In recent years, the QC director took over as the lead on the development and implementation of the QC completion rate CAP and receives input from the SNAP policy staff during workgroup meetings. One RO noted that State agencies that have a good relationship between the SNAP operations team and QC team tend to have more success with CAPs.

Interviewees from other public assistance programs echoed similar sentiments about the importance of cross-collaboration for effective CAPs. For instance, SMEs from CMS's Payment Error Rate Measurement team reported that collaboration between State agency policy and operations staff can encourage these groups of staff to discuss different aspects of the program and make important connections across the program.

## **2. County-Administered State Agency Collaboration**

All three county-administered SNAP State agencies discussed the importance of a close working relationship with the counties. North Carolina's team of CQI specialists holds monthly meetings with counties to monitor corrective actions, provide technical assistance, and interpret policy. Similarly, Ohio's PIT provides individualized support to counties. Ohio State agency staff indicated that refocusing the efforts and job duties of several departments to create PIT helped improve CAP development and implementation. Virginia noted that decentralizing its approach to CAP planning and renewing its emphasis on partnering with local agencies was an improvement.

## **3. Leadership**

Leadership buy-in was seen as a facilitator in the development and implementation of CAPs for SNAP and other public assistance programs. RO staff reported that leadership buy-in is an important factor in ensuring the corrective actions receive the necessary resources and can help safeguard against disruptions caused by competing priorities. CMS guidance indicates State agency corrective action panels can be used to ensure commitment and buy-in from program leadership (CMS, 2014). Corrective action panels can be led by the State Medicaid or Children's Health Insurance Program (CHIP) director and include department leaders, senior management, and other program staff across the State agency. Programs should carefully consider the most effective ways to gain leadership buy-in because not all methods have worked as intended.

## **4. Staffing Strategies**

As discussed in chapter 5, staffing challenges can create a barrier for State agencies seeking to reduce errors. To alleviate these challenges, Alaska implemented new recruitment and retention strategies, including leveraging the ability to work remotely to fill vacancies based on a statewide applicant pool. Alaska found the shift to remote work reduced employee absenteeism and increased timeliness in processing change reports. The State agency was able to monitor productivity through a workload management system, which confirmed remote work did not adversely affect the program. West Virginia also reported that allowing telework during COVID-19 enabled staff to remain productive.

Staffing challenges are not unique to SNAP; SMEs from other Federal public assistance programs noted staff retirement and turnover are common problems that weaken the programs' overall depth of experience and institutional knowledge. FNS Child Nutrition 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.

## **B. Planning Strategies**

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SNAP State agencies and other Federal programs that reported success with CAP planning did so through detailed investigations of errors and a data-driven approach.

## 1. Detailed Investigation of Errors

Guidance and staff from other Federal public assistance programs emphasize that CAPs cannot be successful without first identifying the true root causes of deficiencies. A detailed investigation through various methods, including case reviews, focus reviews, and error review committees, can help State agencies better address deficiencies. For example, FNS's Child Nutrition RO staff pinpoint the root causes of identified deficiencies through indepth interviews and case reviews with State and local agency staff. Similarly, for Medicaid and CHIP, interviews with provider offices involved in errors are an effective way to identify the root cause of errors. In the Social Security Administration (SSA), investigators conduct indepth examinations of cases with the same anomaly, discuss their findings with other investigators, and reach a consensus on the primary root causes (Lubbers & Ray, 2015). These hands-on approaches require considerable staff resources and go beyond standard error identification procedures, but they may be worth the investment because they help State agencies discover root causes.

A few SNAP State agencies implemented additional processes to investigate and identify the root cause of errors. West Virginia requires eligibility worker supervisors to conduct expanded case reviews for at least 10 cases per month; eligibility worker supervisors review 14 elements that focus on common error causes (e.g., shelter/utilities, date of application). Expanded case reviews help identify when targeted trainings are needed in certain locations. West Virginia also reported that referring incomplete cases to the IFM division helped the State agency identify the root cause for QC completion CAPs.

In its May 2021 semiannual update, Virginia noted that it has started using data from internal case reviews stored in a new system to identify and compare error trends to the trends State QC staff identify in the QC

*"[The] data repository provides us with invaluable information that identifies troublesome areas, emerging trends, and targets for improvement based on data driven analysis."*

—Virginia SNAP State agency November 2021 CAP update

sample. 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.

## 2. Data-Driven Approach

SNAP ROs and State agencies have access to their case review data through SNAP-QCS/RO Quality Control Tracking System. However, these reviews 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. Montana reported using data from SNAP-QCS, State QA reviews, and internal audits to create an overpayment tracking spreadsheet. The inclusion of State QA reviews and internal audits enables staff to review error causes and trends in near real-time (within 30 days), as opposed to SNAP-QCS data, which can have a lag. Each month, the spreadsheet is shared with eligibility worker supervisors, bureau chiefs, and managers from Montana's regional offices. Supervisors can pinpoint the types of errors their offices and individual eligibility workers are making; they share these findings with eligibility workers and provide targeted trainings. Access to these up-to-date data enables staff to continuously monitor for errors and identify appropriate corrective actions before errors become a systemic occurrence.

Other Federal programs also use data to drive their corrective actions. For example, the SSA Appeals Court has a data collection and analysis system that captures more than 500 data points related to hearing decisions. To better identify the root cause of an error within the large amounts of data, investigators focus most of their time on identifying patterns in behaviors among individual staff and

geographic locations that may lead to errors. The resulting corrective actions can target specific individuals for training or specific issues that may not be well understood. These approaches have been found to be more effective than general trainings for many staff members (Lubbers & Ray, 2015).

## C. Drafting Strategies

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Successful strategies for drafting CAPs included developing achievable corrective actions and using CAP templates.

### 1. Selecting Corrective Actions

Guidance and staff from other Federal public assistance programs reported several considerations for designing concrete, achievable corrective actions to address root causes. CMS requires CAPs to include a cost-benefit analysis to help ensure corrective actions are cost-effective and in line with Federal regulations. Some SNAP ROs and the Federal TANF SME emphasized the importance of measurable outcomes, noting quantifiable measures hold State agencies accountable for carrying out the actions and help Federal staff determine when a goal has been met. SNAP RO staff also noted that limiting the number of corrective actions in the CAP helps State agencies with followthrough, especially when competing priorities arise and State agencies have limited bandwidth for a broad array of corrective actions.

Federal staff from TANF also reported successful corrective actions have a reasonable timeframe to achieve the intended goal. To help ensure State agencies follow expected timelines for UI corrective actions, the Department of Labor encourages State agencies to have at least one implementation milestone per quarter.

### 2. CAP Template

Several Federal agencies (e.g., CMS) and SNAP ROs (e.g., MPRO, MARO) provide a CAP template to State agencies. One SNAP State agency noted the template from its RO was helpful for developing semiannual CAP updates. A SNAP State agency in a region that did not have a template noted a CAP template would be helpful for CAP development and implementation. Templates help State agencies ensure they include all the required information when drafting CAPs, which is an important support given three SNAP State agencies noted a lack of clarity on CAP requirements as a challenge.

## D. Implementation Strategies

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Across all corrective actions, successful implementation depends on effectively communicating the plans to the staff members responsible for implementation. Other aspects of implementation success are specific to particular types of corrective actions.

### 1. Communicating Corrective Actions

RO staff reported that effectively communicating corrective actions and error trends to staff at all levels can help State agencies better address deficiencies. One approach is to distribute a newsletter. Montana reported in its May 2021 semiannual CAP update that it distributes monthly newsletters to field staff with current active error rates, the four most common areas of errors, and a highlight on a specific error with tips to reduce the error. These newsletters had a positive impact on the State agency's error trends.

A second approach to distributing information about CAPs is through meetings. Nevada reported its divisionwide workgroup, the STR team, enabled the State agency to regularly communicate error trends and corrective actions to staff at all levels. Team members include staff from QA, QC, and the training unit. The STR team meets monthly and analyzes errors that occurred during the previous month to identify the root cause. With the root cause information, team members return to their respective offices and share the information with their staff members to tackle the issue at hand. The team distributes notes from each meeting to district office managers to document any issues that arise, provide additional clarifications, and ensure all State agency staff implement corrective actions and address errors consistently. The team also facilitates feedback from staff on the corrective actions that were implemented. Connecticut also reported that staff meetings and trainings were successful strategies for communicating corrective actions to staff.

## 2. Examples of Successful Corrective Actions

SNAP State agencies identified several corrective actions that helped resolve deficiencies and improve error rates. No single type of corrective action could be described as a best practice for all situations; the effectiveness of a corrective action depends on factors such as its alignment to error root causes and how well it is planned and implemented.

### System changes

Three State agencies implemented system changes to address deficiencies. Virginia staff worked with the IT department to fix the user interface of the system; the State agency attributed decreases in its CAPER to these updates. Nevada partnered with its IT department to address deficiencies related to the notice of decisions, leading to significant drops in its CAPER.

Alaska implemented an electronic document management system in its FY 2019 CAPER CAP. The new processes minimized misdirection of paper documents and made it easier to locate requested verifications.

### Trainings

Seven State agencies indicated trainings they implemented as a corrective action helped reduce errors and improve staff performance. Montana developed mandatory refresher trainings for field staff based on errors found in MEs, QC case review findings, policy changes, and reasons for fair hearing requests. These trainings primarily focused on policies and processes (see textbox). Nevada reported its strategy for improving its PER was to identify deficiencies and error trends to pinpoint short and succinct training that would refresh field staff's skills and policy understanding. In Virginia's November 2021 semiannual CAP update, the State agency credited decreases in CAPER errors to a series of 11 workshops highlighting high error areas.

#### Montana Training Topics

- 30/60-Day Processing
- Job End
- Interviewing
- Tribal Income and Per Capita Income
- Social Security
- Rights and Responsibilities
- State On-line Query (SOLQ)



Ohio SNAP attributed its payment error rate reduction to the individualized support its PIT workgroup 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 them to provide the appropriate support, including targeted trainings.

*“Statewide training is good at the beginning, but that doesn't mean everyone understood it correctly. Our one-on-one attention helps to identify where the understanding by the county is wrong.”*

—State agency staff

### Other corrective actions

State agencies reported several other corrective actions had a positive impact on their error rates:

- ▶ Alaska developed the Statewide Needs Assistance Group (SNAG), which offers eligibility staff and supervisors an opportunity to ask questions and seek clarifying information about specific cases. SNAG uses Microsoft Teams to open a virtual lobby each morning to enable eligibility staff and supervisors to work through case-specific problems via a chat or videoconference.
- ▶ Montana 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 and reference relevant policies that may be causing staff confusion. If they identify a trend, they evaluate the causes and take action accordingly. 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.
- ▶ West Virginia's successful strategy for addressing QC completion rate errors was a review of all dropped cases by a supervisor and QC staff to determine the feasibility of completing the review. Another successful strategy for addressing QC completion rate errors involved requesting that all eligibility workers explain the QC review cooperation requirements to clients before and after their interview.

*“We're getting a lot of feedback that [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

## E. Monitoring and Evaluation Strategies

The study identified several strategies as promising practices for monitoring and evaluating corrective actions and updating CAPs based on findings.

### 1. Timely Data for Monitoring and Evaluation Through QA Case Reviews

SNAP State agencies require supervisors at local offices to review several cases each month, which State agency and RO staff noted provides real-time data to monitor and evaluate corrective actions. The RO staff emphasized the importance of State agencies immediately analyzing the results to update their CAPs. For example, Nevada's Continuous Case Improvement (CCI) team monitors the program for new deficiencies through targeted case reviews and provides timely feedback to eligibility workers and supervisors. The CCI team also shares findings with the STR team to adjust trainings. Connecticut



reported an effective strategy for evaluating and validating corrective actions was to conduct targeted reviews of error-prone areas led by State QC workers and eligibility worker supervisors. This strategy also helped identify new error trends.

## 2. Updating CAPs

Monitoring and evaluation results should be used to remove ineffective corrective actions from future CAPs. Federal programs take different approaches to implement this type of corrective action improvement over time. In TANF, if State agencies retain ineffective corrective actions in their CCPs from one year to the next, TANF RO staff suggest new ways to address the deficiencies and may provide additional assistance to the State agency in implementing the corrective actions effectively. UI takes a step further to ensure the program learns from ineffective corrective actions. In their CAPs, State agencies are required to analyze and explain why any corrective actions from the previous CAP were unsuccessful and how new corrective actions will be more successful. These activities can ensure State agencies closely monitor progress and adapt corrective actions as needed to succeed in error reduction.

## Chapter 7. Opportunities for Improving the CAP Process

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The study team identified six main opportunities for SNAP State agencies, ROs, and the FNS National Office to improve the CAP process (part A). Part B of this chapter discusses three additional approaches the FNS National Office could consider to help the State agencies develop more effective corrective actions.

**Objective 3:** Identify effective approaches to CAP development and implementation and develop recommendations for improving State agencies' ability to conduct corrective action activities.

### A. Promote Widespread Adoption of Promising Practices From SNAP and Other Federal Programs

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FNS could improve SNAP CAPs by ensuring widespread adoption of (1) the promising practices some SNAP State agencies already use and (2) promising CAP practices from other Federal programs. The study team identified six such promising practices.

#### 1. Include Staff From More Parts of the State Agency in the CAP Process

Although State agencies involved a variety of staff in their CAP processes, they seldom included fraud prevention staff, frontline staff, and IT or systems staff. Involvement of these groups could have the following benefits:

- ▶ **Fraud prevention staff.** Staff focused on fraud prevention seek to address some of the same issues as CAPs. Including them in the CAP process can ensure coordination of all error reduction efforts across the State agency.
- ▶ **Frontline staff.** Input from frontline staff during the planning stage can help pinpoint error root causes, develop appropriate corrective actions, and ensure corrective actions are feasible. For instance, these staff can weigh in on the effectiveness of a proposed training. They can also point out when a lack of policy or operational understanding is not the root cause of errors, meaning CAPs should focus on corrective actions other than training.
- ▶ **IT or systems staff.** The technical expertise of IT or other systems staff is essential for the successful planning and implementation of CAPs involving system changes.

State agencies must develop a thoughtful strategy for including these staff members. Simply adding them to existing collaborative workgroups may not be the best approach because a larger CAP team is not always better. Two State agencies noted they improved their CAP workflow by downsizing their collaborative workgroups.

#### 2. Ensure SNAP CAPs Are Driven by Analyses of Error Magnitude and Geographic Reach

Per 7 CFR § 275.17(b), State agencies must incorporate certain content in their CAPs, including a description of the deficiencies and their magnitude and geographic reach. These requirements ensure corrective actions address the most important issues and are implemented only where needed. However, not all State agencies reported meeting these requirements when planning their CAPs. Of the seven State agencies that prepared PER CAPs, five assessed the frequency of errors resulting from root causes and four assessed the fiscal impact of errors resulting from root causes. For CAPER CAPs, only two of the five State agencies assessed the frequency of errors resulting from root causes. Of the eight

State agencies surveyed, only three reported the results of their risk assessments were moderate or major considerations when determining which corrective actions to implement. CAPs could improve if all State agencies assess the frequency and fiscal impact of deficiencies and make those assessments major considerations in their selection of corrective actions.

With regard to the geographic reach of deficiencies, CAP documents and interviews provided by the State agencies showed that some error reduction work is targeted to specific geographies (e.g., counties, local offices). Some State agencies even pinpoint errors to individual eligibility workers. It is not clear how State agencies determine when to carry out these geographically focused corrective actions because in the survey, none indicated including geographic analysis in their CAP planning processes. Systematic and consistent geographic analysis can enable State agencies to save time and resources by focusing corrective actions on specific areas rather than conducting more general corrective actions.

FNS already supports State agencies with the analysis of error magnitude and geographic reach through the ROs' analysis of SNAP-QCS data and provision of the results to State agencies. Other potential supports to State agencies for this work could include enhanced guidance, training, technical assistance, or other resources. ROs not already doing so could connect State agencies with each other for peer-to-peer exchange of best practices.

### 3. Conduct Deeper Root Cause Analyses

The SNAP CAPs analyzed for this study identified the types of errors that occurred but did not always identify the root causes of those errors. Across Federal programs, there is a consensus that accurately identifying root causes is critical for effective corrective actions.

*Appendix C to OMB Circular A-123, Requirements for Payment Integrity Improvement*, distinguishes between cause categories and root causes (Fairweather, 2021). Cause categories provide information about *what* went wrong to lead to an error (e.g., failure to access data/information to determine if a payment was appropriate). A root cause, on the other hand, explains *why* something went wrong. From the starting point of a cause category, *Requirements for Payment Integrity Improvement* suggests agencies continue to ask why the condition occurred, note the answer, and then ask why again, working in a continuous loop until the root cause is identified.<sup>17</sup> In many cases, the deeper “why” questions cannot be answered with QC data; it may be necessary to collect data from caseworkers, supervisors, or other stakeholders to identify the true root cause (e.g., a policy is not being applied correctly because caseworkers and supervisors find it unclear). State agencies know they have arrived at the root cause when they have found an issue that would prevent the error if corrected. As such, appropriate corrective actions become clear in the process of digging down to the root cause.

*“The biggest challenge that States have is identifying root causes. States have no mechanism to identify root causes because what they have in this QC system is error causes; that doesn’t necessarily mean that is the root cause.”*

—RO staff

Medicaid and CHIP have an exemplary method for ensuring CAPs include cause categories and root causes: providing a separate space for each in the CAP template. The template warns, “simply re-stating

<sup>17</sup> A root cause analysis method that has been used in diverse settings is called the Five Whys, which involves asking and answering “why” five times to ensure the root cause analyses reach adequate depth. For an example Five Whys worksheet, visit <https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/fivewhys.pdf>.

the qualifier [cause category] does not explain what caused the error.” The template also emphasizes that the process of identifying the root causes for the errors “is the most critical part of the corrective action process.”

In November 2020, FNS SNAP released the *Corrective Action Plan: Quality Control Review Reports Standard Operating Procedures* to ROs (FNS, 2020a). These procedures were updated and reissued in May 2022. The ROs use these standard operating procedures (SOPs) to better support State agencies in the CAP process, including with identifying root causes. The SOPs suggest using [https://www.mindtools.com/pages/article/newTMC\\_80.htm](https://www.mindtools.com/pages/article/newTMC_80.htm) as a resource on root cause analysis.

Similar to Medicaid and CHIP, some SNAP State agencies provide supports such as templates to help structure the analysis (Texas Health and Human Services Commission Inspector General, 2017). FNS could consider reinforcing the use of these resources or exploring other avenues for strengthening SNAP State agencies’ root cause analyses. These could include providing examples of common cause categories and root cause analyses and connecting State agencies with one another to support exchange of best practices for root cause analysis.

#### **4. Document Monitoring and Evaluation Results to Build a Stronger SNAP Corrective Action Evidence Base**

To validate their corrective actions, SNAP State agencies need to collect data that demonstrate the corrective actions were implemented (e.g., attendance lists for trainings). However, State agencies do not need to submit any documentation showing the effects of the corrective actions on the types of errors targeted. As such, there is limited formal documentation of corrective action monitoring and evaluation that can be used to recognize CAP best practices.

The study team identified little quantitative data demonstrating which corrective actions (e.g., a particular training) or approaches to the CAP process (e.g., a collaborative approach) were most effective. The study team found some qualitative data on corrective action outcomes in CAPs (e.g., a State agency described a corrective action as “effective”), but little else was documented prior to the survey and interviews conducted for this study. Such data could inform future efforts, but five State agencies reported the success of prior corrective actions was not a moderate or major consideration in deciding which corrective actions to implement.

*“[The State agency will] say, ‘we are going to do x, y, z as a way to fix this error rate,’ but then they do x, y, z, and we’re able to close that part of the CAP, but that may or may not improve [the] error rate. ... Our ability to identify best practices is all very much hamstrung by the fact that we don’t have evaluation components at FNS.”*

—RO staff

SNAP State agencies may benefit from collecting and documenting quantitative and qualitative data more systematically. First, State agencies could describe in detail what corrective action or CAP approach they are evaluating to help those not involved in the CAP (e.g., newly hired staff, staff from other State agencies, RO staff) understand what is being evaluated. Then, the State agency could fully document qualitative and quantitative data and draw conclusions about the overall effectiveness of the CAP. State agencies could reference their own and other State agencies’ formal analyses to inform future CAPs, including the types of corrective actions to prioritize, ways to measure the effects of the corrective actions, and realistic timeframes for the corrective actions.

To help State agencies with monitoring and evaluation, FNS could consider providing enhanced guidance, training, technical assistance, or other resources. FNS could also create opportunities for State agencies to share best practices for monitoring and evaluation.

## **5. Focus on State Agency Staffing**

Across all phases of the CAP process, limited staffing was a consistent challenge. The shift to remote work has helped some State agencies with staffing, but it remains an ongoing issue. As the SMEs from FNS's Child Nutrition programs noted, State agency staffing and resources are closely tied to the State agency's ability to correct errors and deficiencies when they do occur and to the overall number of errors and deficiencies the State agencies have in the first place.

It may be valuable for FNS and SNAP State agencies to directly focus on improving staffing levels because being short-staffed can be a root cause of errors. At the State agency level, corrective actions might include changes to recruitment processes or strategies to improve employee retention. At the RO level, FNS could support State agencies with staffing through technical assistance and by encouraging State agencies to share solutions to staffing challenges with one another.

## **6. Strengthen Support for SNAP CAPs From National and Regional Offices**

Other Federal programs noted extensive Federal technical assistance was a core part of the CAP process. For instance, CMS holds a kickoff meeting at the beginning of the CAP cycle and meets quarterly with State agencies throughout the 3-year cycle to review progress with corrective action implementation and monitoring. CMS also provides technical assistance and resources to State agencies during the CAP process and organizes presentations for State agencies to share promising practices with one another. Child Nutrition Regional Office staff also described a hands-on approach to working with State agencies, calling their relationship with State agencies a partnership.

FNS ROs already play an important role in the CAP process, but they may be able to enhance their support to SNAP State agencies. One opportunity for improvement is for ROs to be involved in more steps in the CAP process. Currently, ROs become involved only at State agencies' request; most State agencies in this study reported they did not get RO guidance or technical assistance with many aspects of their CAPs. For instance, a minority of State agencies consulted with their RO for PER and CAPER CAP planning, even though most State agencies reported challenges with identifying corrective actions that would reasonably affect error rates and selecting corrective actions to include in the CAP. Only two of seven PER CAPs and two of five CAPER CAPs included corrective actions identified using RO input. ROs could consider providing training, increased technical assistance, or other resources to help State agencies throughout the CAP, focusing on steps noted as challenges, such as selecting corrective actions.

Another opportunity to improve RO support for CAPs is to examine the effectiveness of ROs' current strategies to help SNAP State agencies. For instance, ROs provide State agencies with analysis of QC data, but State agencies are still required to conduct their own data analyses. Two State agencies reported they had already finished their CAP planning when they received notification of their official PER, meaning the RO analysis of PER data included with that official notification may have played a limited role in these State agencies' CAP planning. FNS may consider comparing RO and State agency analyses to determine if these efforts are duplicative and, if so, find opportunities to make the ROs' work more complementary to the State agencies' work.

ROs often provide support on the technical aspects of meeting CAP requirements and expectations. This support can be helpful because State agencies reported lack of clarity on CAP requirements as a challenge. If the FNS National Office clarified CAP requirements and expectations through guidance or other resources, ROs could focus less on CAP compliance and more on helping State agencies plan, implement, and evaluate effective corrective actions to reduce error rates. As needed, ROs could reinforce National Office efforts to clarify CAP requirements through activities such as kickoff calls at the beginning of the CAP cycle to review requirements.

SNAP State agencies reported that helpful supports from the FNS National and Regional Offices could include additional CAP guidance, example CAPs, and resources such as CAP templates and tools for CAP monitoring.<sup>18</sup> One State agency also suggested a question portal to facilitate rapid RO responses to State agencies and get input from other State agencies. Few study State agencies used information exchange with other State agencies to identify corrective actions; therefore, increased cross-State collaboration could be helpful.

## B. Consider Potential Changes to the SNAP CAP Process

In addition to identifying opportunities to improve how State agencies carry out the current CAP process, this study highlighted three primary ways FNS could consider changing the CAP process to potentially improve CAP effectiveness.

### 1. Change CAP Content to Align CAPs With Broader State Agency Efforts to Reduce Errors

SNAP State agencies are dedicated to improving their error rates, although not all staff see CAPs as the primary mechanism for doing so. When discussing error reduction, most State agencies noted the importance of providing ad hoc technical assistance for local offices on an ongoing basis (e.g., hosting office hours to help local agency staff with cases, creating a team of State agency staff dedicated to monitoring program data and proactively providing technical assistance). The CAP process has a distinctly different cadence; new CAPs are developed once per year only when error rates are above certain thresholds. This difference between broader error reduction efforts and the CAP process contributes to CAPs being a separate task rather than an integral part of State agencies' error reduction work. In fact, when one of the State agencies made major changes to its CAP approach, the new process was branded "error prevention strategies" rather than "corrective actions" to avoid invoking the connotation of CAPs.

*"We meet biweekly to discuss trending issues, errors, MEs, system and policy issues. It is not just relative to a CAP. ... 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 [technical assistance] was needed. ... I really do think the [State agency technical assistance team] has been crucial to any kind of corrective action or our improvement in rates we have."*

—State agency staff

*"In terms of analysis, there's a lot of ongoing analysis outside of the CAPs process. The program is being analyzed pretty frequently but maybe not through formal methods."*

—State agency staff

The disconnect between CAPs and other efforts to reduce errors is not unique to SNAP. For instance, in TANF, the 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. Of course, the precise purpose

<sup>18</sup> FNS strongly encourages State agencies to use a CAP template but opted not to create a national template (FNS, 2020a). Regions and State agencies can take different approaches to organizing their CAPs.



of a TANF CCP or SNAP CAP is to reduce errors and deficiencies, thereby preventing the need for future CCPs and CAPs. Yet, these plans are sometimes seen as a burdensome process separate from the work to reduce errors. Perhaps reinforcing this notion is the fact that in SNAP and many other programs, CAPs are only required when State agency performance does not meet particular standards, making them a difficult task that State agencies try to avoid instead of a standard practice integral to ongoing error reduction efforts. The workload of a CAP can be especially challenging if it is not sufficiently offset by additional resources or support to State agencies with high error rates (e.g., increased TA from ROs).

FNS could decrease the burden of CAPs by making them mirror SNAP State agencies' error reduction work more closely. Given the continuous nature of error reduction work, State agencies should have new, ongoing, and recently completed corrective actions at any given time. FNS could encourage State agencies to treat CAPs as living documents with information on these corrective actions, making CAPs a way to document and organize error reduction work. When error rates surpass thresholds, State agencies would submit their up-to-date CAPs to ROs. This CAP submission could still hold State agencies accountable for conducting effective error reduction work when error rates are too high. If, when a State agency is required to submit a CAP, the ongoing error reduction work described in that CAP is insufficient, FNS could require improvements before accepting the CAP. FNS could implement this change while keeping the expectations for what is included in CAPs consistent with the regulations, so it could be accomplished through guidance.

To offset the additional burden State agencies face when they need to develop CAPs, FNS could consider taking a more hands-on role in the CAP process. High error rates can be indicative of general challenges at State agencies (e.g., staffing shortages), meaning that CAP requirements can fall at precisely the times State agencies are least equipped to handle additional work. Other programs (e.g., Medicaid) have more Federal staff involvement in State agency CAPs than is typical in SNAP. This type of increased support could help improve CAPs independent of any changes to what FNS expects State agencies to include in their CAPs.

It will be important that any changes to the CAP process do not inadvertently increase burden on SNAP State agencies. It would be crucial to have extensive State agency input for any changes at the FNS level to ensure the changes have the desired effect of decreasing burden.

## 2. Reconsider the Frequency of New CAPs

Currently, State agencies that exceed error rate thresholds or fail to meet completion rate thresholds typically develop new CAPs each year. State agencies thus feel pressure to focus on corrective actions that are simpler and can be implemented quickly to ensure they can be validated and closed out before the State agency needs to develop its next CAP. Although it is not a requirement to implement corrective actions within a year, State agencies that do not do so will have multiple open CAPs from different years. While simple and fast corrective actions can be effective in some instances, other situations call for corrective actions that take longer to implement.

*"They don't close that old one [previous CAP] until they have implemented and provided validation for it. So, it is within the State's best interest not to propose too technical of a corrective action plan, so that it's easier for them to close it out. However, because it does take a while for error rate[s] to turn around, they will constantly have another CAP coming up every June or July. And it would have to be new because whatever they tried before obviously didn't turn around in 12 months, but they've completed it, and they need a new one now."*

—RO Staff

FNS could review Federal statute (Section 16 of the Food and Nutrition Act of 2008) and regulations (7 CFR § 275.16) to determine whether they require State agencies to implement a new CAP each year a CAP is required, or whether continued efforts toward existing CAPs meet requirements. If new CAPs are not required, FNS could issue guidance to clarify this issue. This guidance could also outline procedures for reviewing existing CAPs in conjunction with new PER, CAPER, or QC completion rates and provide strategies for updating CAPs if necessary. State agencies could still provide semiannual CAP updates, as currently required, to ensure accountability and confirm corrective actions address the root causes of errors.

Reduced frequency of new SNAP CAPs would align SNAP with other Federal programs (e.g., every 2 years in Unemployment Insurance, every 3 years in Medicaid and the Children’s Health Insurance Program) and provide more time to implement longer corrective actions before needing to develop additional corrective actions in another CAP. It would also enable corrective actions to take full effect before State agencies are required to develop new corrective actions. Because households can be certified for as long as 3 years, it would take that long for corrective actions that prevent payment errors to affect the entire caseload and have their full effect on the State agency’s PER.<sup>19</sup>

If FNS determines current statute or regulations do require new CAPs each year, the agency could consider changes to the Act or the regulations. This process would be lengthy. Alternatively, FNS could issue guidance allowing State agencies to roll long-term activities over from one year’s CAP to the next. Such a change could encourage State agencies to include longer term corrective actions in their CAPs.

### **3. Focus SNAP CAP Policy on Reducing Errors That Are Within SNAP State Agencies’ Locus of Control**

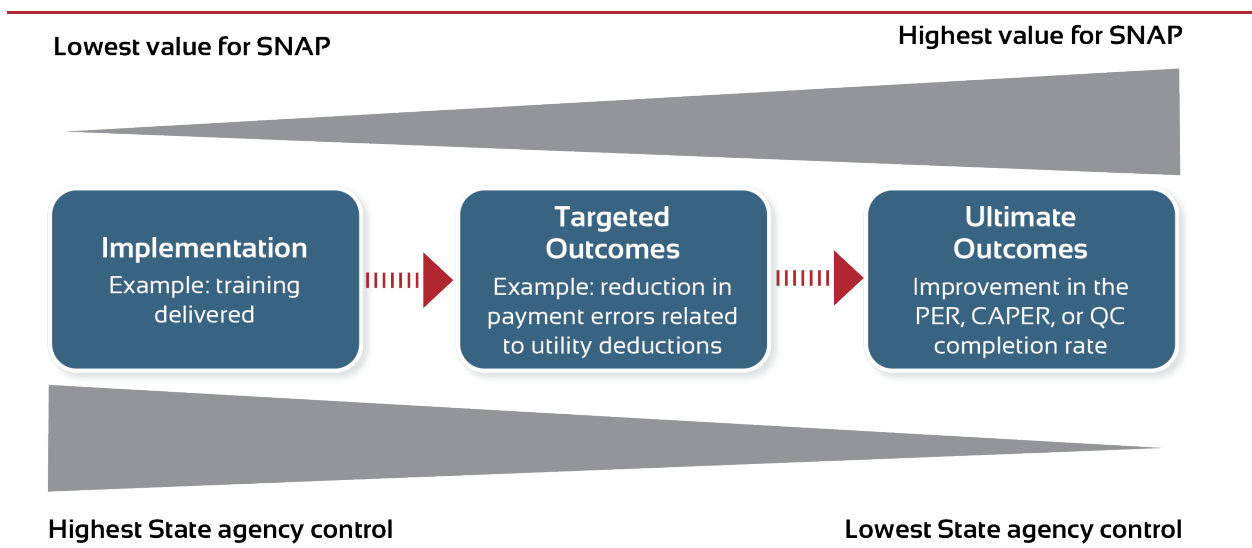
To change the PER, CAPER, and/or QC completion rate, corrective actions must first be implemented successfully and then have the desired effect on targeted outcomes (figure 7.1). While the ultimate outcomes of improvements in the PER, CAPER, and/or QC completion rate may be of the highest value for SNAP, they are also the hardest for State agencies to change because they can be affected by many factors outside State agencies’ control. The challenge for SNAP policy is to balance the value to SNAP and State agency control; if State agencies do not have sufficient control over the outcomes prioritized by SNAP policy, the State agencies have little reason to invest resources in CAPs meant to affect those outcomes.

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<sup>19</sup> Although State agencies check on households during the certification period through required reporting (e.g., change reports, periodic reports), such reports do not prevent payment errors resulting from inaccurate benefit determination at the time of certification or recertification. A corrective action that prevents payment errors during certification and recertification would not have its full effect until the entire caseload’s certification period ends. Because the majority of SNAP households are certified for less than 3 years, State agencies could assess the effect of a CAP on most of the caseload sooner than 3 years.



**Figure 7.1. Relationship Between Degree of State Agency Control Over Corrective Actions and Value of Outcomes**



FNS CAP policy places a heavy emphasis on the ultimate outcomes targeted by CAPs because only State agencies with a high PER, high CAPER, and/or low QC completion rate are required to submit CAPs and semiannual updates. There is additional emphasis on reducing high PERs because if a State agency has 2 consecutive years with a high PER, it is assessed a liability payment.<sup>20</sup> For these policies to effectively incentivize State agencies to improve their PERs, CAPERs, and QC completion rates through CAPs, State agencies must (1) value the incentive of not being required to complete CAPs and not having liabilities and (2) believe that investing additional resources into CAPs will reliably help them earn this incentive. The first condition holds; State agencies are highly motivated to improve the ultimate outcomes of their CAPs. The second condition, however, does not hold because State agencies do not see these ultimate outcomes as entirely within their control. For instance, even if a State agency plans and implements an excellent CAP, factors outside the State agency's control, such as budget cuts, or factors outside the scope of the CAP could offset the progress made through the CAP. Even the cumulative effects of many consecutive years of excellent CAPs can be counteracted by issues State agencies cannot control. As such, it would be logical for State agencies to focus on complying with CAP requirements instead of investing additional resources to go beyond mere compliance and achieve the most effective CAP possible. Unfortunately, a compliance-focused process does not optimally support the goals of the State agency or FNS.

*"One of the frustrations I've heard voiced by others is that you could have a successful CAP in the way [name redacted] described it, they've taken the action that's resulted in improvement in the particular area that was focused on, but then the global measure or the overall CAPER or payment error rate doesn't improve and actually gets worse."*

—RO Staff

The other area of emphasis in current FNS CAP policy is implementation. To validate their corrective actions, State agencies must demonstrate they have implemented the corrective actions.<sup>21</sup> The benefit of this focus is that implementation is entirely within the State agencies' locus of control, unlike the

<sup>20</sup> See 7 CFR § 275.23(d) State agencies' liabilities for payment error rates for more detail.

<sup>21</sup> In FY 2020, FNS notified Congress that it would withhold its 50 percent reimbursement of State agency administrative expenses for State agencies failing to comply with their CAPs. This policy also places emphasis on implementation.

ultimate outcomes of the CAPs. The drawback of this focus is that it creates little accountability for choosing the most effective corrective actions and demonstrating their impacts, potentially providing limited value to SNAP.

The middle ground, which currently receives little focus, is the specific outcomes targeted by a corrective action. State agencies have less control over targeted outcomes compared with implementation because even a carefully planned and implemented corrective action is not guaranteed to have its intended effects on targeted outcomes. However, State agencies do have more control over targeted outcomes than ultimate outcomes. For example, if the State agency can demonstrate that employees who received training made fewer errors of a specific type (e.g., payment errors related to utility deductions), the State agency can still succeed with its targeted outcomes even if other issues lead to an overall increase in the PER. This example also demonstrates how targeted outcomes strike a middle ground in terms of the value to SNAP: Although progress on targeted outcomes can be offset by new challenges State agencies face, they still provide substantially more value to the program than the implementation of corrective actions that have no effect on targeted outcomes.

FNS could encourage more effective CAPs by increasing its emphasis on State agencies achieving the outcomes targeted in their CAPs. One way FNS could create such an emphasis would be by changing the criteria for CAP validation. Instead of validating CAPs after implementation, FNS could require that State agencies demonstrate an improvement in targeted outcomes before validating a CAP. While such a policy could be implemented without any statutory or regulatory change, it would likely mean that CAPs would remain open longer because it takes more time to show error reduction than it does to implement a corrective action. As such, it would be important for FNS to also consider changes to its guidance on new CAPs to limit the burden of developing and implementing those new CAPs while CAPs from prior years remain open. As with all other changes to SNAP CAPs at the Federal level, it would be crucial to collect extensive State agency input on proposed changes to ensure they have the intended effects.

## Chapter 8. Conclusions and Recommendations

**S**NAP State agencies have developed innovative approaches to develop and implement effective CAPs to reduce their error rates and increase QC completion rates. They have also encountered a number of challenges with CAPs. More widespread adoption of current best practices in combination with efforts to address common challenges could improve CAP success.

### A. Promising CAP Practices From SNAP State Agencies

SNAP State agencies identified the following promising practices for the CAP process:

- ▶ **Collaborative CAP team.** Individuals from different areas of the program bring unique skills and insights that can contribute to better CAPs. The optimal approach to collaboration may look different from State agency to State agency, but it is evident that all State agencies should foster open lines of communication to help them act quickly to involve the right people for a given CAP.
- ▶ **Data-driven approach.** Case review data can help State agencies identify common and trending errors. Although SNAP-QCS data are valuable for this purpose, State agencies reported it was important to also use data from non-QC case reviews and MEs to have more recent information on errors.
- ▶ **In-depth root cause analysis.** Arriving at the true root causes of errors is essential for developing corrective actions to reduce or eliminate future errors. Some State agencies noted they go beyond findings from analyses of SNAP QC data to identify root causes.
- ▶ **Achievable corrective actions.** State agencies should limit the total number of corrective actions, ensure the chosen corrective actions are measurable to enable tracking, and set a realistic timeframe to accomplish the corrective actions.

### B. Main CAP Challenges, Opportunities for Improvement, and Potential Solutions

Although SNAP State agencies make use of a variety of promising practices, they still have room to improve their CAPs in each of the four phases of the process and overall. The potential solutions in table 8.1 summarize those presented in chapter 7.

**Table 8.1. CAP Challenges and Potential Solutions**

Challenge or Opportunity for Improvement		Potential Solution
Planning	Analysis of error magnitude and geographic reach	<ul style="list-style-type: none"><li>■ Provide FNS guidance, training, technical assistance, or other resources to State agencies, such as detailed results of RO analysis of QC data for inclusion in CAPs</li><li>■ Create opportunities for State agencies to share best practices for analyses of error magnitude, geographic reach, and root causes</li><li>■ Encourage State agencies to include all relevant staff in CAP planning<ul style="list-style-type: none"><li>– Focus may be placed on those infrequently included in FY 2019 CAP planning: fraud prevention staff, local area office representatives, eligibility workers, eligibility worker supervisors, and IT or systems staff</li></ul></li></ul>
	Root cause analysis	
	Inclusion of all relevant staff in CAP process	

Challenge or Opportunity for Improvement		Potential Solution
Drafting	Ability to identify promising corrective actions	<ul style="list-style-type: none"> <li>Conduct a full root cause analysis to ensure the corrective actions target the root cause of a deficiency instead of the symptoms of the deficiency</li> <li>Build a stronger evidence base for best practices in CAPs to guide the selection of corrective actions</li> </ul>
	Ability to select corrective actions to include in the CAP	<ul style="list-style-type: none"> <li>Conduct a robust analysis of error magnitude and geographic reach to identify the most important deficiencies to address</li> <li>Provide FNS guidance, training, technical assistance, or other resources to help State agencies select which of their candidate corrective actions should be included in their CAPs</li> <li>Reconsider the frequency of new CAPs (e.g., every 2 or 3 years instead of annual) or allow rollover of multiyear corrective actions across CAPs to facilitate the inclusion of effective corrective actions that take longer to implement</li> </ul>
	Ability to determine realistic corrective action timeframes	<ul style="list-style-type: none"> <li>Build a stronger evidence base for best practices in CAPs to guide the timeframe set for corrective actions</li> <li>Provide FNS guidance, training, technical assistance, or other resources to help State agencies set realistic timeframes</li> </ul>
	Lack of clarity on CAP requirements	<ul style="list-style-type: none"> <li>Provide FNS guidance, training, technical assistance, or other resources on CAP requirements (e.g., example CAPs, CAP templates, CAP kickoff to review requirements)</li> </ul>
Implementation	Implementation of data systems changes	<ul style="list-style-type: none"> <li>Provide FNS guidance, training, technical assistance, or other resources on best practices for data systems changes</li> <li>Create opportunities for State agencies to share best practices for data systems changes</li> </ul>
	Completion of activities within the timeframe	<ul style="list-style-type: none"> <li>Reconsider the frequency of new CAPs (e.g., every 2 or 3 years instead of annual) to encourage multiyear corrective actions or allow rollover of multiyear corrective actions across CAPs</li> </ul>
Monitoring and evaluation	Ability to identify measures to monitor and evaluate CAPs	<ul style="list-style-type: none"> <li>Provide FNS guidance, training, technical assistance, or other resources on best practices for monitoring and evaluation</li> <li>Create opportunities for State agencies to share best practices for monitoring and evaluation</li> </ul>
	Ability to set up systems to track monitoring and evaluation data	
	Lack of formal documentation for monitoring and evaluation results	<ul style="list-style-type: none"> <li>Treat CAPs as living document to record all corrective action activities; include space in the document for monitoring and evaluation results</li> </ul>
Overall	State agency staffing and resources	<ul style="list-style-type: none"> <li>Focus directly on addressing issues related to staffing and resources (e.g., leverage remote work)</li> </ul>
	Support from ROs	<ul style="list-style-type: none"> <li>Create a closer partnership and collaboration between ROs and State agencies throughout the CAP process</li> <li>Examine current supports, such as analysis of QC data, to ensure RO efforts are complementary to, instead of duplicative of, State agency work</li> <li>Clarify CAP requirements through guidance and other documents to enable ROs to focus their efforts on CAP effectiveness instead of CAP compliance</li> </ul>

Challenge or Opportunity for Improvement		Potential Solution
Overall (continued)	Alignment between CAPs and other State agency error reduction efforts	<ul style="list-style-type: none"> <li>■ Include new, ongoing, and recently completed corrective actions in CAPs to reflect the fact that State agencies have error reduction strategies in each of these phases at any given time</li> <li>■ Encourage State agencies to maintain a version of their CAP as a living document, updating it at regular intervals to reflect their continuous work</li> </ul>
	Lack of FNS policy focus on achieving targeted outcomes	<ul style="list-style-type: none"> <li>■ Place emphasis on State agencies achieving changes in the specific outcomes their corrective actions target (e.g., require demonstration of improvement in targeted outcomes for CAP validation)</li> </ul>

Note: CAP = corrective action plan; QC = Quality Control; RO = Regional Office

## C. Next Steps to Improve SNAP Administration Through CAPs

Many promising avenues exist to improve SNAP CAPs, thereby enhancing FNS's ability to continually improve the program. Before pursuing these options, FNS should carefully consider SNAP State agency capacity to adopt changes because limited staffing and resources underpin challenges at every stage in the CAP process. Supporting State agencies through guidance, technical assistance, and even changes in CAP requirements or expectations can help FNS deliver even more effectively on its priority of administering SNAP with the utmost integrity.

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