

EVALUATION OF THE EFFECTIVENESS OF PILOT PROJECTS IN  
INCREASING SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) PARTICIPATION  
AMONG THE MEDICARE EXTRA HELP POPULATION (SUMMARY)

**Background**

Elderly, low-income individuals who are eligible for SNAP historically have participated at much lower rates than other individuals. Many of these people receive assistance from Medicare, including:

- The Extra Help program (EH), which helps eligible individuals pay for Medicare Part D, which covers prescription drugs.
- Medicare Savings Programs (MSPs), which assist elderly, low-income individuals in paying for Medicare premiums.

In 2010, USDA’s Food and Nutrition Service (FNS) launched a project to pilot and evaluate innovative strategies to reduce participation barriers for this population by leveraging new data-sharing requirements related to these programs. FNS awarded grants to three States (New Mexico, Pennsylvania, and Washington) for pilot projects to link SNAP caseload data to medical assistance program data to identify potentially eligible people who were not yet enrolled in SNAP.

The aim of the 2-year pilots was to expand access to SNAP for a narrowly defined group of low-income people who were already seeking to connect to public assistance programs for specific medical costs.

**Overview of Pilot Projects**

All three pilot States matched the EH applications to SNAP records to determine those individuals who were potentially eligible but not participating in SNAP. All three States also simplified SNAP applications for eligible elderly. New Mexico and Pennsylvania deemed information in the EH applications as verified by the Social Security Administration (SSA). New Mexico was the only

State that provided a standardized benefit for pilot participants.

The target population varied slightly by State based on whether the applicant was approved for EH or an MSP. New Mexico and Washington’s pilots served both elderly and disabled individuals, while Pennsylvania served only the elderly.

The evaluation design required matched comparison counties within the States, thus limiting the number of pilot counties and the numbers served in each State.

**Table 1. Pilot Details by State**

	New Mexico	Pennsylvania	Washington
<b>Approach</b>	<ul style="list-style-type: none"> <li>• Combined MSP/SNAP application</li> <li>• Deemed EH income</li> <li>• Standardized benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Shortened SNAP application</li> <li>• Provided application assistance</li> <li>• Deemed EH income</li> </ul>	<ul style="list-style-type: none"> <li>• Shortened SNAP application</li> <li>• Targeted outreach</li> <li>• Conducted general SNAP awareness campaign</li> </ul>
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• EH approved and MSP eligible</li> <li>• Elderly or disabled</li> <li>• No dependents</li> </ul>	<ul style="list-style-type: none"> <li>• EH applicants</li> <li>• Elderly only</li> <li>• No dependents</li> </ul>	<ul style="list-style-type: none"> <li>• EH and MSP approved</li> <li>• Elderly or disabled</li> <li>• Dependents allowed</li> </ul>
<b>Pilot Counties Evaluated</b>	10	10	2

**Findings**

**All three pilot projects had positive effects on SNAP applications and approvals, but the effects were small.** Only about 10 people per month in the pilot counties in each State decided to apply for SNAP because of the pilot. SNAP certifications increased by even less, as not all applicants were eligible.

These effects vary widely in magnitude across the pilot States, since the size of the target populations varied widely. Table 2 summarizes the results by State.

**Table 2. Pilot Effects by State**

	New Mexico	Pennsylvania	Washington
<b>Pilot eligible population</b>	349	4,431	6,132
<b>Increase in SNAP applications per month</b>	10 applicants 46 percentage points	13 applicants 11 percentage points	11 applicants 4 percentage points
<b>Increase in approved SNAP applications per month</b>	3 applicants 12 percentage points	9 applicants 7 percentage points	6 applicants 2 percentage points

As each pilot’s targeted population was defined differently, the evaluation cannot determine the extent to which the magnitudes of pilot effects on SNAP applications varied because of the strategies each pilot used.

**Per capita costs of operating the pilot varied considerably:** \$33 in Pennsylvania, \$73 in Washington, and \$462 in New Mexico. These costs are per pilot-eligible population member and, therefore, include the cost of serving people who neither applied for nor enrolled in SNAP. New Mexico’s high cost reflects that the State assigned two workers to the pilot but had the smallest pilot-eligible population.

## Conclusions

**The evaluation identified several key lessons for consideration in future pilots:**

- **A clear and early understanding of the size of target population and what connections they already have to programs may help set realistic expectations.** The target population for New Mexico’s pilot was smaller than anticipated and was estimated late in the pilot planning process.
- **When data matching or deeming application information, problems with file structure,**

**variable definition, and missing data can hinder the efficiency of the process.** Extra Help application data were sometimes not adequate for determining SNAP eligibility, due to differences in how the programs define a household and its income, and differences in the data file structure.

- **Good communication is challenging but essential to effective collaboration when sharing client data across programs.** Pennsylvania required considerable communication and approvals from the SSA before sharing the EH applications. Washington learned only after the pilot started that EH applicants already received SNAP information from the Medicaid office.
- **Streamlined application processes and more information about the program may spur SNAP applications, but some people still will choose not to participate.** In Washington and Pennsylvania, survey respondents not participating in SNAP reported significantly better levels of food security on all measures than SNAP participants. This suggests that they may perceive themselves to have less need for help with food, despite having low income and being eligible for other means-tested programs.

## For More Information

Sama-Miller, Emily, et.al. (2014). *Evaluation of the Effectiveness of Pilot Projects in Increasing Supplemental Nutrition Assistance Program (SNAP) Participation among Medicare’s Extra Help Population: Final Report.* Prepared by Mathematica Policy Research for the Food and Nutrition Service (available online at [www.fns.usda.gov/research-and-analysis](http://www.fns.usda.gov/research-and-analysis)).