



Child Care and Development Fund— Research Synthesis Brief Series

Client-Friendly Strategies What Can CCDF Learn from Research on Other Systems?

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- Research suggests that some CCDF policies can create unintended barriers to subsidy access and retention.
- Evidence from Medicaid/SCHIP and SNAP suggests access can be improved by simplifying application processes, and retention can be improved by simplifying renewal processes and lengthening redetermination periods.
- Evidence from Medicaid/SCHIP and SNAP also suggests, however, that policy and administrative strategies may affect subgroups differently.

The child care subsidy system funded through the Child Care and Development Fund (CCDF) provides critically needed child care assistance to almost a million low-income working families that need help paying for child care so they can work or attend training or education.¹ Yet research suggests that some subsidy policies and implementation practices can create unintended barriers to subsidy access and retention, undercutting CCDF's ability to meet its goals of stabilizing parental employment and supporting child development, and creating administrative inefficiencies. As a result, federal and state policymakers have

become interested in helping the CCDF become more “client friendly” in its operation, with a particular interest in identifying strategies to make it easier for low-income working parents to navigate the process of obtaining and retaining subsidies. However, there is relatively little research assessing the effectiveness of different approaches to accomplish this goal within the CCDF. To inform this area of interest, this brief examines research from other benefit programs on the effectiveness of policies designed to make their services more client friendly and to help their clients get and keep benefits, and explores the implications both for CCDF policy and for future research.

Both SNAP and Medicaid/SCHIP have placed a priority in recent decades on supporting outreach, access, and retention of benefits to make it easier for clients to get and keep benefits, and can provide valuable insights for CCDF.

Why Focus on Client-Friendly Policies in the CCDF?

Client-friendly policies in the CCDF subsidy system are of interest for several reasons:

- There is evidence that the subsidy application process itself can be burdensome for eligible parents to navigate, thus creating unintended barriers to initially obtaining subsidies.²
- While a key goal of child care subsidies is to stabilize work and child care, research suggests that some subsidy policies and implementation practices may inadvertently contribute to instability in both domains.³ Specifically, parents in the child care voucher system appear likely to experience short subsidy spells (median length ranging from three to seven months⁴), a significant portion of families that lose benefits appears to still be eligible, and a significant subset of these families returns to the system.⁵ This suggests that at least some families that lose benefits are not doing so because they no longer want or need them, but for other reasons. While the significant instability that low-income families face in employment and other dimensions of their lives contributes to subsidy instability, research suggests that child care subsidy policies and implementation practices affecting what clients have to do to keep the benefit also play a role. This has implications not only for the ability of low-income parents to achieve stable employment, but also for their children's healthy development.⁶ Concern about these issues recently prompted the Office of Child Care to issue an information memorandum focusing on continuity of care and highlighting the importance of client-friendly policies such as those examined in this brief.⁷
- It appears that some administrative procedures and policy requirements for application and subsidy retention can be administratively inefficient and lead to greater errors.⁸

Despite the importance of this issue and the interest of policymakers, there has been relatively little research exploring the implications of client-friendly policies and procedures for access and retention of CCDF subsidies. Specifically, while there is some information about the kinds of strategies states are implementing to make subsidies easier to obtain and retain,⁹ there has been relatively little research assessing the effects of these kinds of strategies within the CCDF program. (The main exception to this is a recent experiment examining lengthening redetermination periods in Illinois, which is discussed more below.¹⁰)

What Can CCDF Learn from Other Safety Net Programs?

This brief examines research on client-friendly practices from the Supplemental Nutrition Assistance Program (SNAP) and Medicaid/State Child Health Insurance Programs (SCHIP) to help inform CCDF policymakers about client-friendly policies. While there are important differences between these programs and the CCDF—most notably that they are entitlements while the CCDF is not—there are also important similarities. They serve low-income families, have similar eligibility and client processes, and have faced similar problems of access and retention. Both SNAP and Medicaid/SCHIP have placed a priority in recent decades on supporting outreach, access, and retention of benefits to make it easier for clients to get and keep benefits, and can provide valuable insights for CCDF in this area.¹¹

The research on these programs has examined three broad categories of policies and practices that make these systems more client friendly:

- Programmatic access: policies and practices that affect clients' ability to get to and in the "front door" to receive assistance.
- Programmatic retention: policies and practices that affect clients' ability to stay enrolled for as long as they are eligible.

- Administrative support: administrative policies and practices, including staffing structures and service delivery, that support programmatic access and retention.

The studies reviewed for this brief, as well as the research approach taken, the policies examined (in the three categories above), and the outcomes reported, are summarized in table 1. These studies use a variety of analytic approaches (including multivariate, descriptive, and key informant approaches¹²), though experimental studies were scarce. The studies vary widely in their purpose and in the variables and outcomes they examined, and often focus on multiple strategies as implemented by different states. When drawing conclusions, more weight is given to findings that are consistent across multiple studies and to findings from studies that addressed common challenges such as the complexity of intervening factors and significant variations in policy contexts.¹³ Due to the size of the literature on these programs, however, these studies are selected from the broader literature and are not meant to provide an exhaustive review.

We focus on strategies that are of interest to state CCDF administrators, who have been actively exploring reforms in each of these areas.¹⁴ The relevance of the findings for CCDF is perhaps most obvious for the studies of retention, since reducing disenrollment of eligible clients is a priority for the CCDF. In the other categories, researchers often examine changes in caseloads—either increasing enrollment or decreasing disenrollment. While increasing enrollment in child care subsidy programs is not always feasible, given that CCDF is not an entitlement and states receive finite federal funding, this outcome is nonetheless relevant to CCDF efforts to be more client friendly because it is used as a measure of improved access. While studies have examined other outcomes of special interest to CCDF, such as administrative burden or costs, client burden, or error rates/program integrity, these are less common.

What Is Known about Policies Designed to Affect Access to Programs?

Research on policies affecting access focuses on one or more of the following areas:

- where and how clients submit the application,
- what clients have to do to prove eligibility, and
- whether clients get assistance in filling out the application.

In looking across these three areas, the evidence suggesting that client-friendly policies are associated with improved access is strongest for the second category. The evidence for the first category is also strong but not as consistent, most likely because of research challenges (described below). The evidence in the third category is positive but scant.

Where and how clients submit the application. Several studies examine policies designed to make it easier for families to get and submit the application, including eliminating face-to-face interviews; allowing clients to submit applications by phone, by mail, or online; allowing joint applications with other programs; and implementing strategies to minimize the stigma associated with receiving a benefit.¹⁵

Most of the studies reviewed find that these kinds of changes are associated with expanded access to benefits,¹⁶ and the studies with findings about administrative burden and application processing time report improvements on these outcomes as well.¹⁷ However, it appears that some strategies may not work the same way across different subgroups. For example, online and modernization strategies may work for some populations and not for others: one study found that lowest-income, rural, and non-English-speaking populations were the least likely to choose an online method.¹⁸

The findings of expanded access were common across the studies reviewed, regardless

of design. However, a few of the studies that work to separate out the effects of individual policy components using multivariate analyses found no associated changes in outcomes.¹⁹ This appears to be due at least in part to limitations of the research approach and the data, as well as to the complexity of assessing concurrent policy initiatives.

What clients have to do to prove eligibility. States have implemented client-friendly strategies affecting what clients have to provide during the application process. All of the studies examining these strategies, across a range of methodological approaches, found that they are associated with expanded access to the benefit, as measured by indicators such as expanded caseloads. Some also reported associations with reduced administrative and client burden and improved program integrity.

Many of the policies examined in these studies are relevant for the CCDF, including simplifying the application form, removing/reducing asset limits (relevant for a few states that still have such requirements for CCDF), using information/eligibility determination for other programs in the CCDF eligibility assessment process, allowing other entities to collect eligibility information and to determine eligibility pending completion of the formal eligibility process (called “presumptive eligibility” in Medicaid/SCHIP), and pre-screening families for eligibility.

Whether clients get assistance in filling out the application. As shown on table 1, there is some evidence that providing clients (in some cases, special subgroups such as the elderly or families with children) with extra help or case management support in filling out the application is associated with increased enrollment. In some studies, these efforts were also associated with decreasing client burden, administrative burden, and processing time.

What Is Known about Policies Designed to Affect Retention?

Many public benefit programs, including child care, provide clients with a time-limited benefit that must be renewed periodically to ensure that the client is still eligible. This process is commonly known as *redetermination*, *recertification*, or *renewal*. Redetermination is a point at which clients may lose their benefits, even if they remain technically eligible. Various process factors—such as what information clients have to provide and how they must provide it, how often renewal is required, and what financial and other relevant changes during the renewal period clients are required to report—can affect the likelihood that clients can successfully renew their benefits.

The research on policies that address barriers to enrolled clients staying in the program can be grouped into studies focusing on one or more of the following overarching policy areas:

- reducing what clients have to do to renew benefits,
- reducing the frequency with which clients have to renew, and
- simplifying and reducing the frequency of reporting changes that can affect eligibility or benefit levels.

Strong and consistent evidence indicates that all three of these approaches are associated with reduced rates of disenrollment and improved retention of benefits. Fewer studies consider whether these changes have affected other outcomes of interest.

Reducing what clients have to do at renewal. Several studies have examined state strategies to reduce client burden at renewal. The most commonly studied policy is “passive” or “administrative” renewal, where states minimize client burden by finding as much eligibility information as possible from other programs or databases, and in some cases renew the eligibility with little or no involvement by the client. There is consistent evidence across a variety of studies that

administrative renewal processes are positively associated with retention, and a few studies report that these strategies are associated with reduced administrative burden. In addition, studies examining client-friendly renewal procedures—such as simplified renewal forms, phone renewal and follow-up, and client reminders—find that these strategies also are associated with retention.

Reducing frequency of renewals. Lengthening renewal periods has been a policy of particular interest to CCDF administrators interested in stabilizing child care receipt.²⁰ Research on SNAP and Medicaid/SCHIP has found strong evidence across different kinds of studies suggesting a positive relationship between the length of the re-determination period and the likelihood that clients retain benefits. These findings are corroborated by a recent experimental study of extending CCDF renewal periods in Illinois, which found that longer renewal periods resulted in longer subsidy spells, as well as greater stability in child care arrangements and reduced parental reports of problems with work due to child care problems.²¹

Simplifying the process of reporting changes during the renewal period. Some studies examine strategies that simplify the reporting required of clients experiencing any changes in their circumstances—such as income, family composition, or other eligibility criteria—that could affect their eligibility during the renewal period. Some studies focused on SNAP’s “simplified reporting” process, which combines longer renewal periods with reductions in reporting requirements. Again, most of these studies found that such strategies were associated with enrollment increases (or reduced disenrollment). A few studies found such strategies to have little or no effect,²² though again these findings appear at least partially due to research challenges and design. Other studies examined the policy of allowing “continuous

eligibility” in Medicaid/SCHIP (which greatly reduced reporting requirements between eligibility reviews) and found that these changes were associated with enrollment increases or reduced disenrollment.

What Do We Know about Administrative Approaches?

A number of the policies described above implicitly involve changes in how agencies set up and deliver services, though the administrative structure was not the focus of the research. However, there are a few studies that explicitly include a focus on administrative approaches and explore their implications for access and retention. These studies, while not conclusive, provide a reminder of the importance of considering administrative approaches in assessing the effects of policy changes.

Changing administrative practices. A study of SNAP found that states report that changing the way the work is allocated across caseworkers can reduce the time clients wait to receive benefits. Technological innovations also contributed to case-processing speed.²³

Another study highlights the importance of examining changes in staffing and structures that may accompany policy changes when assessing outcomes. It found that a shift to modernized benefits access (i.e., online applications and self-service documentation) that coincided with reductions in staff and the elimination of a traditional caseworker approach was associated with a reduction in applications and new cases for SNAP.²⁴ This also corroborates the earlier finding that technological approaches to application may not work for everyone, as well as previous evidence that case management approaches can be helpful for some families. These findings may provide insights for CCDF, given that some states use caseworkers to achieve other CCDF goals, such as supporting consumer education around finding quality child care options.

Changing administrative culture. Though difficult to measure, staff perceptions of goals and mission can affect service delivery. For example, one study found that respondents reported that agency culture was important in achieving desired outcomes for Medicaid/SCHIP improvements.²⁵

Implications for CCDF Policy

This body of research suggests that many client-friendly policy strategies currently being explored by CCDF administrators have the potential to improve client access and retention. The general uniformity of the direction of the findings, along with the consistency of findings across different research approaches, policy contexts, and sites, suggests that many of the client-friendly policy changes have expanded access to services. And while the evidence is not as strong, some studies also find that these changes have implications for administrative efficiency, client burden, and program integrity.

This review suggests the following conclusions:

- **Lengthening redetermination periods and administrative renewal can improve retention.** However, these studies do not provide clear evidence regarding the implications of these efforts for program integrity, so this issue deserves further exploration.
- **Simplifying the application process seems promising.** The evidence is also quite strong that a client-friendly application process increases enrollment. However, more needs to be learned about whether particular combinations of policies or strategies are especially effective and whether the effects of some strategies vary across subgroups of clients.
- **Policy and administrative strategies may influence subgroups differently.** Some client-friendly policies appear to have different effects depending on client

characteristics. For example, online/self-service strategies may not work for clients who need extra support, and extra assistance or case management can be effective for particular populations. This is not surprising given clients' varying challenges, including differences in access to and comfort with technology, literacy levels, language capacity, and access to transportation.

Implications for CCDF-Related Research

The research base also provides important insights into high-priority issues for researchers interested in examining the effects of client-friendly policies in CCDF:

- **It is critical to control for other intervening factors, including economic and demographic conditions, administrative variation, implementation and timing, and policy conditions.** Such factors can affect the outcomes being assessed, underscoring the importance of considering them in any analysis of these issues.
- **Exploring the role of multiple policy changes, and the varied policy context, is essential in examining outcomes.** These studies underscore how common it is for states to implement multiple policy changes concurrently, and they highlight enormous variations in the “on-the-ground” policy context that can affect the outcomes of these policies. Understanding these complexities is also essential to explore how and whether policies function independently or in combination to achieve the desired outcomes.
- **A variety of research methods is needed to explore these complexities.** These complex research issues underscore the importance of approaching these research questions with a variety of qualitative and quantitative methods.
- **Additional focus on measuring other outcomes is important.** Given the unique

nature of CCDF goals and program constraints, this research suggests four additional areas of focus for CCDF researchers:

- Researchers should look beyond simple changes in total caseloads in order to assess the effects of policies. For example, examining both inflows and outflows simultaneously, assessing the composition of the caseload, and considering the timing of changes in caseload in relation to implementation would more accurately reflect the complexity of the situation.
- Given that enrollment expansion is not the focus of CCDF reforms, it is important to identify measures for other outcomes, such as administrative burden and costs, client burden, processing time, and subsidy duration.
- Assessing the effectiveness of strategies in relation to program integrity goals, in combination with measuring access to services, would provide valuable information for policymakers and administrators.
- Researchers can consider how and when to assess outcomes that are related to other CCDF program goals, such as being “child focused” and “fair to providers.” These could include, for example, not only whether such policies stabilize subsidy receipt, but also whether they affect stability of care arrangements, quality or type of care arrangements, satisfaction, employment interactions, and so forth.
- **Other fields can provide useful insights.** Finally, other fields and disciplines can provide useful ideas and strategies to consider. The emerging field of behavioral economics can provide important insights,

as can the extensive literature from fields of implementation research in human services delivery, human services administration, business process/customer satisfaction (both for human service delivery and for other service approaches), and program effectiveness. ■

Table 1. Selected Studies Reporting the Outcomes of Client-Friendly Policies in SNAP and Medicaid/SCHIP, by Policy Area and Reported Outcomes

CITATION	PROGRAM	RESEARCH APPROACH	FOCAL SITE/ POPULATION	POLICY AREAS EXAMINED								REPORTED OUTCOME						
				Access			Retention			Administrative changes	Other policies that may affect access/retention ^a	Enrollment/disenrollment/churn	Administrative burden/efficiency	Program integrity/accuracy	Client burden	Other		
				Where and how	Services provided	Assistance	Requirements	Frequency	Change reporting									
Aizer (2006)	Medicaid	Multivariate	California/ Hispanic and Asian	✓		✓						✓	✓					
Bhattarai, Duffy, and Raymond (2005)	SNAP	Multivariate	National		✓		✓						✓					
Cox (2001)	Medicaid/SCHIP	Key informants	Multistate	✓	✓							✓		✓	✓			✓
Danielson and Klerman (2006)	SNAP	Multivariate	National				✓		✓	✓	✓	✓						
Dick et al. (2002)	Medicaid/SCHIP	Multivariate	Multistate				✓		✓									
Dorn (2008)	Medicaid/SCHIP	Key informants/ descriptive	Multistate	✓								✓	✓					
Dorn and Kenney (2006)	Medicaid/SCHIP	Key informants/ descriptive	National	✓	✓		✓					✓	✓				✓	
Ellwood and Kenney (1995)	Medicaid	Descriptive	Multistate	✓		✓			✓		✓	✓						
Flores et al. (2005)	Medicaid/SCHIP	Experimental	Boston	✓		✓				✓	✓	✓						
Hanratty (2006)	SNAP	Multivariate	National	✓	✓			✓	✓		✓	✓						
Heflin and Mueser (2010)	SNAP	Multivariate	Florida	✓						✓	✓	✓						
Herndon and Shenkman (2005)	Medicaid/SCHIP	Key informants/ descriptive	Florida				✓		✓	✓	✓	✓						
Herndon et al. (2008)	SCHIP	Multivariate	Florida		✓		✓				✓	✓						
Hudson (2009)	Medicaid/SCHIP	Multivariate	National	✓			✓	✓	✓	✓	✓	✓						
Kabbani and Wilde (2003)	SNAP	Multivariate	Multistate					✓			✓	✓			✓			
Kaushal and Gao (2010)	SNAP	Multivariate	National						✓		✓	✓						
Kenney et al. (2005) ^b	Medicaid/SCHIP	Key informants/ descriptive	Multistate					✓	✓		✓	✓						
Kronebusch and Elbel (2004)	Medicaid/SCHIP	Multivariate	National	✓	✓			✓		✓		✓						
Leininger et al. (2011)	Medicaid/SCHIP	Descriptive	Wisconsin	✓						✓	✓	✓						
McKernan and Ratcliffe (2003)	SNAP	Multivariate	National					✓			✓	✓						

Table continues on following page.

CONTINUED: Table 1. Selected Studies Reporting the Outcomes of Client-Friendly Policies in SNAP and Medicaid/SCHIP, by Policy Area and Reported Outcomes

CITATION	PROGRAM	RESEARCH APPROACH	FOCAL SITE/ POPULATION	POLICY AREAS EXAMINED								REPORTED OUTCOME				
				Access			Retention			Administrative changes	Other policies that may affect access/retention ^a	Enrollment/disenrollment/churn	Administrative burden/efficiency	Program integrity/accuracy	Client burden	Other
				Where and how	Services provided	Assistance	Requirements	Frequency	Change reporting							
Nogales, Cody, and Ohls (2005)	SNAP	Descriptive	Multistate/elderly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ratcliffe, McKernan, and Finegold (2007)	SNAP	Multivariate	National		✓			✓			✓			✓		
Rosenbach et al. (2007) ^b	Medicaid/SCHIP	Key informants/descriptive	Multistate	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ross, Horn, and Marks (2008)	Medicaid/SCHIP	Key informants	Multistate		✓					✓	✓					
Rowe et al. (2010)	SNAP	Key informants	National	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Smith, Ellis, and Chang (2001)	Medicaid/SCHIP	Key informants	Multistate		✓					✓	✓	✓	✓	✓		
Summer and Mann (2006)	Medicaid/SCHIP	Key informants	Multistate				✓	✓	✓	✓	✓	✓				
Trippe et al. (2004)	SNAP	Key informants	Multistate				✓				✓	✓	✓	✓		
Wooldridge et al. (2010) ^b	Medicaid/SCHIP	Key informants/descriptive	Multistate	✓	✓	✓	✓			✓	✓	✓				
Zedlewski et al. (2005)	SNAP	Key informants	Multisite	✓	✓	✓				✓	✓	✓		✓		

Note: Check marks indicate that the study reported on the relevant policies and outcomes—they do not indicate the direction of the findings.

a. This column notes where other policy changes not relevant to this brief are examined.

b. See additional state-specific project reports for more details.

Notes

1. The CCDF assists low-income families, families receiving temporary public assistance, and those transitioning from public assistance in obtaining child care so they can work or attend training/education. Data on the numbers of families and children served are at http://www.acf.hhs.gov/programs/ccb/data/ccdf_data/09acf800_preliminary/table1.htm.
2. Adams Snyder, and Sandfort (2002).
3. Adams and Rohacek (2010).
4. While median spell length varies across studies, studies with consistent methodological approaches estimate a three- to seven-month duration (Weber 2010).
5. Grobe, Weber, and Davis (2006).
6. While not the subject of this brief, research on the relationships between child care stability and employment, child care continuity, child development, and family stability, along with a discussion of the role of child care subsidies in child care stability, is available in Adams and Rohacek (2010).
7. <http://www.acf.hhs.gov/programs/ccb/law/guidance/current/im2011-06/im2011-06.htm>.
8. Adams, Snyder, and Banghart (2008).
9. Ibid.
10. Michalopoulos, Lundquist, and Castells (2010).
11. For example, in Medicaid, Congress established a new Children's Health Insurance Program (CHIP) in 1997 as Title XXI of the Social Security Act, which focused on finding and enrolling eligible children in CHIP and Medicaid. Similarly, in 2002, SNAP's approach shifted when the Food Security and Rural Investment Act of 2002 was enacted, focusing (among other changes) on supporting access and simplification of program rules.
12. This review does not include studies which provide overviews of policy strategies without discussing their associated effects.
13. See final section on implications for research for more discussion on some of the common research challenges identified in this review.

14. Adams et al. (2008).
15. Though it is not always explicit, many of these policies were likely concurrent; for example, eliminating face-to-face interviews was likely to be accompanied by new alternative methods such as online or phone applications, which were likely to reduce stigma.
16. Some studies focus on the effects of removing client-friendly policies; these studies are counted in this brief as falling into this category if they found that such efforts resulted in reducing access.
17. Unless noted otherwise, the studies examining particular kinds of policies (listed on table 1) found that client-friendly policies expanded access.
18. Leininger et al. (2011). Also Heflin and Mueser (2010) found that modernization efforts exhibited a beneficial effect only among higher-earning families.
19. Heflin and Mueser (2010); Kronebusch and Elbel (2004).
20. Adams et al. (2008).
21. Michalopoulos et al. (2010).
22. Hanratty (2006); Ratcliffe, McKernan, and Finegold (2007).
23. Rowe et al. (2010).
24. Heflin and Mueser (2010).
25. Wachino and Weiss (2009).

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