Final Grant Report: Cash vs. Food?
How Does Food Stamp Eligibility Affect Food Stamp Enrollment and Food and Health Outcomes of SSI Recipients?

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This version: September 10, 2022

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§University of California, San Francisco. Acknowledgments: The research reported herein was performed pursuant to grant RDR18000003 from the US Social Security Administration (SSA) funded as part of the Retirement and Disability Research Consortium. The opinions and conclusions expressed are solely those of the author(s) and do not represent the opinions or policy of SSA, any agency of the Federal Government, or the NBER. Neither the United States Government nor any agency thereof, nor any of their employees, makes any warranty, express or implied, or assumes any legal liability or responsibility for the accuracy, completeness, or usefulness of the contents of this report. Reference herein to any specific commercial product, process or service by trade name, trademark, manufacturer, or otherwise does not necessarily constitute or imply endorsement, recommendation or favoring by the United States Government or any agency thereof. Lilly Bates, Justin Byun, Milo Chang, Trishia Cueto, Danea Horn, Julia Lim, Taegan Mullane, and Grady Short provided excellent research assistance. We thank Chloe East, Ronli Levi, Melinda Pitts, Mary Zaki, and conference participants at the National Tax Association Annual Meetings, the 23nd Annual Meeting of the Retirement and Disability Research Consortium, and the Southern Economic Association Annual Meetings for useful comments, and are grateful to Alexis Fernández at the California Department of Social Services for her support of the project.

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Abstract

Supplemental Security Income (SSI) has been a source of cash assistance for low-income disabled, blind, and elderly persons since it was created in 1974. One choice states had at the start was whether to make SSI recipients eligible for Food Stamps (a means-tested program to provide vouchers for food) or to instead provide additional cash in the SSI grant. Five states initially included the "cash-out" option in 1974, but between 1974 and 1992, four transitioned to grant Food Stamps eligibility to SSI recipients. In 2019, the final hold-out state of California also ended the cash-out program, making SSI recipients in the state eligible for Food Stamps for the first time. In this report, we present findings about the effects of both the beginning of cash out (did Food Stamp participation and food security change for of recipients of the new SSI program differently for those in cash-out states versus non-cash-out states?) and the end of cash out (how did Food Stamp participation and health outcomes change for SSI recipients when cash out ended in their states, making them eligible for Food Stamps?). We use data from a number of sources, including survey data on beneficiaries of SSI and its precursor programs immediately before and after the implementation of SSI, Food Stamp quality control administrative data, hospital-discharge data, and data on program use from the state of California. We find several intriguing results. First, when SSI was initially implemented in 1974, a large number of recipients in cash-out states lost Food Stamp eligibility, and we show that they experienced a significant increase in food insecurity as as result. Second, using data around the 1992 end of cash out in Wisconsin, we show that Food Stamp use went up, and we show suggestive evidence that hospitalizations for food-related diagnoses went down among the low-income elderly population that was likely to be eligible for SSI. Finally, our preliminary analysis of California suggests that county offices that used more different types of outreach and used more accommodations saw a greater increase in SNAP applications among SSI recipients after cash out ended in California.

1 Introduction

Supplemental Security Income (SSI) has provided means-tested cash assistance for the elderly, for the blind, and for individuals with disabilities since its inception in 1974. At that time, states could choose either to make SSI recipients categorically eligible for Food Stamps (now known as the Supplemental Nutrition Assistance Program, or SNAP) or to to make recipients ineligible for Food Stamps and "cash out" those Food Stamp benefits by supplementing the Federal SSI benefit with an additional payment meant to substitute for the Food Stamp amount. Five states initially adopted the cash-out option—California, Massachusetts, Nevada, New York, and Wisconsin. All except California transitioned to categorical eligibility for Food Stamp recipients obtaining SSI by 1992. In 2019, California ended its cash-out policy and made SSI recipients eligible for SNAP benefits.

While there is an active debate in the literature regarding whether recipients view food benefits in the same way as cash,[1] we know very little about how states' decisions to cash-out food benefits for SSI recipients affected Food Stamp take-up and the well-being of SSI recipients. Access to Food Stamps/SNAP for SSI recipients could be particularly important, given that the elderly and individuals with disabilities face relatively high rates of food insecurity (for example, Ziliak and Gundersen (2019) and Coleman-Jensen and Nord (2013)), and a great deal of research shows that Food Stamps and SNAP have reduced food insecurity.[2]

In this paper, we study the effects of the cash-out policy—making SSI recipients eligible for a cash-out SSI payment rather than Food Stamps—on Food Stamp participation, food and economic security, and health outcomes. We first analyze the relationship between states' initial decisions regarding cash-out status and program participation and food security in 1974 using the Survey of Low Income Aged and Disabled (SLIAD), a survey of low-income elderly and individuals with disabilities conducted before and after the implementation of SSI in 1974. We next analyze the relationship between the end of states' cash-out policy on Food Stamp participation using Food Stamp Quality Control (QC) data from 1975–1996. We also use Healthcare Cost and Utilization Project (HCUP) hospital-discharge data to examine changes in food-related health outcomes after Wisconsin's end of cash out in 1992.

Next, we explore the effects of the end of cash out in California in 2019 on SNAP take-

[1] Hoynes and Schanzenbach (2009) find that the roll-out of Food Stamps in the 1960s and 1970s resulted in a marginal propensity to consume out of Food Stamps that was similar to cash. By contrast, Beatty and Tuttle (2015) find that expansions of maximum benefits during ARRA led to a higher propensity to consume out of food stamps than cash. Hastings and Shapiro (2018) find a similar effect for SNAP benefits relative to cash, with a higher propensity to consume being estimated for Food Stamps.

[2] See Hoynes and Schanzenbach (2016) for a review of the literature.

up. Here, we use administrative data on take-up among SSI recipients combined with data on county plans to help SSI recipients enroll in SNAP (known as CalFresh in California). We also conducted a survey of county CalFresh offices about their realized outreach, accommodations, and use of community-based and other partners to help with enrollment and outreach, and discuss our qualitative findings from these surveys. Finally, we are in the process of exploring linked microdata from California on participation in CalFresh and SSI to further study enrollment, and are using additional health data from California's Department of Health Care Access and Information to understand impacts on hospitalizations, but these data became available too late to incorporate in this report.

Preliminary results suggest that access to Food Stamps matters for SSI recipients. The implementation of SSI in 1974 led to a more than 40 percentage point reduction in the percent of elderly and disabled welfare recipients receiving Food Stamps in the five cash-out states—California, Massachusetts, Nevada, New York, and Wisconsin—which is equivalent to a 10 percentage point reduction overall. SSI recipients in cash-out states experienced a reduction in Food Stamp benefits and an offsetting increase in cash benefits, leaving their total benefit package unchanged. These cash-out state recipients were significantly more likely to report not having enough food after the implementation of SSI, and significantly less likely to report eating the right foods. The ending of cash out in Wisconsin in 1992 significantly increased Food Stamp take-up among SSI recipients and decreased the the likelihood that the inpatient hospitalization of an elderly Medicaid recipient was for food-related diagnoses. When cash out ended in California in June 2019, county choices about outreach were important in explaining applications to CalFresh among SSI recipients.

2 Background

2.1 Food Stamps

The modern Food Stamp program began as a pilot in a small number of counties in 1961, where families were provided with coupons which enabled them to acquire food ingredients (but not prepared foods). Starting later, counties could seek to participate in the Food Stamp program, although the timing of implementation across counties was affected by the block grant nature of the program and other factors such as state and USDA choices about which counties could join the program. Until 1979, recipients who were not participating in cash welfare had to satisfy a purchase requirement, meaning they had to pay a certain amount to

the Food Stamp administrative system to obtain coupons.[3] These Food Stamp coupons then included the dollar amount of their purchase requirement payment as well as an additional bonus payment (the analog of the post-1979, modern Food Stamp Benefit). For example in 1967, in Michigan, in a 3-person household, those with income less than $20 per month had a purchase requirement of $1.50 for a $82.50 bonus coupon amount and a total amount of $84 in Food Stamps that had to be redeemed for food, while the highest income group with income between $250 and $290 per month faced a $66 purchase requirement to obtain $18 in bonus coupons and an identical $84 in total Food Stamps.[4]

2.2 The Introduction of SSI and its Relationship to Food Stamps

The 1974 introduction of Supplemental Security Income created a fully-federal cash-assistance program in the US for the first time, replacing previously existing state programs (funded through federal grants-in-aid) for the elderly (Old Age Assistance (OAA), established in 1935), the blind (Aid to the Blind (AB), established in 1935), and individuals with disabilities (Aid to the Permanently and Totally Disabled (APTD), established in 1950) (See Goodman-Bacon and Schmidt (2020) for more detail on the introduction of SSI, Fetter (2017) on OAA, and Fetter et al. (2020) on APTD). SSI provides recipients with a monthly cash benefit, and in most states, access to health insurance through Medicaid.

Prior to the introduction of SSI, most recipients of OAA, AB, and APTD would have been categorically eligible for Food Stamps in counties where the Food Stamp Program was in place.[5] Counties were mandated to universally implement Food Stamps by FY 1974, corresponding closely in time with the introduction of SSI. However, take-up of Food Stamps among welfare recipients was significantly less than 100 percent.[6] When SSI was implemented, states were given the option to either administer Food Stamps to SSI recipients, or to increase supplemental cash SSI payments and make SSI recipients ineligible for Food

[3]The purchase requirement was mostly waived for recipients of other public assistance programs by 1974.

[4]While the Food Stamp program was required to be implemented in all counties by 1975, before this there was also an in-kind program in place, known as the Commodity Distribution Program (CDP). The CDP provided eligible participants with a set of commodities. Welfare participants (such as families with children, low-income elderly, and individuals with disabilities) were also eligible for the CDP. This program essentially disappeared for most populations after 1975 when Food Stamps became universal.

[5]Or similarly categorically eligible for the Commodity Distribution Program.

[6]For example, in 1973 only 46% of a sample of OAA/AB/APTD recipients reported Food Stamp receipt (Authors' calculations from the Survey of Low Income Aged and Disabled). Much later, Trenkamp and Wiseman (2007) report that only 56% of SSI recipients were on Food Stamps in 2006.

Stamps. Five states (California, Massachusetts, Nevada, New York and Wisconsin), chose the latter option, which "cashed out" Food Stamp benefits to SSI recipients (resulting in an additional $10 per month) and made SSI recipients in those states ineligible for Food Stamps.

2.3 Why Did States Choose/End Cash Out?

2.3.1 The Start of Cash Out

The conditions leading to cash-out status for states were created by a complicated interaction of a number of policies and amendments at the time of SSI's creation. The state programs for the elderly and those with disabilities that were replaced by SSI conferred categorical eligibility for Food Stamps on their recipients. The 1972 Social Security Amendments creating SSI initially barred all recipients from receiving Food Stamps, under the assumption that the new, higher federal benefits would be sufficient to cover food costs. States were, however, given the option to replace the value of the Food Stamp benefit with an additional cash payment(CQ Almanac, 1988).[7]

However, as illustrated in Figure 1, the state programs for the elderly and those with disabilities that were replaced by SSI varied widely in their benefit generosity (Goodman-Bacon and Schmidt, 2020). An amendment to SSI rules passed in January 1973 therefore included provisions meant to ensure that beneficiaries already on these programs in high-benefit states would not be made worse off by the move to the new federal SSI benefit level. High-benefit states were required to make state supplemental payments (SSP) of the difference between their existing benefit levels and the new, lower federal SSI amount to current beneficiaries in these states. In addition, "hold-harmless" provisions protected states, in that they were not required to contribute more toward the cost of their SSP than they had contributed to their state-run programs for the aged, blind and disabled during 1972. As a result, the federal government paid the difference between the cost of the new supplementary payment and what the state had spent in 1972 (Cannon, 1976; Arnold and Marinacci, 2003).

In the five cash-out states (California, Massachusetts, Nevada, New York, and Wisconsin) the cost of supplementing the SSI payment up to the previous benefit level equaled or exceeded the states' required payments, resulting in the federal government paying the additional costs of the program, including the cost of cashing out Food Stamps (CQ Almanac, 1988). Most states could not take advantage of the "hold-harmless" provision to have the

[7]Provisions in a subsequent 1973 amendment temporarily restored Food Stamp benefits for recipients in the 45 non-cash-out states temporarily, and were made permanent in 1974.

federal government pay for the cashing out of Food Stamps and would have had to use their own funds to cash out Food Stamps (CQ Almanac, 1988). The cash-out payment was $10 per month, which was based on the average bonus value in January 1972 and not subject to cost-of-living adjustments (Lyle, 1976).

2.3.2 The End of Cash Out

States could only maintain their cash-out status as long as the federal government was contributing to the cost of the SSP through the "hold harmless" provision. As federal SSI benefit levels increased, New York, Nevada and California were projected to no longer receive these payments, which would make them ineligible for cash-out status. New York and Nevada thus ended their cash-out status on July 1, 1976 (US Congress House Committee on Agriculture, 1976).

California projected that it would cost the state more in administrative costs to administer Food Stamp benefits to SSI recipients if cash out ended than it would be to pay out the cash-out amount to SSI recipients ($66 million to administer $24 million in Food Stamp benefits) and therefore asked Congress to change the cash-out criteria so that it could maintain cash-out status.[8] Congress passed an amendment allowing California to continue its cash-out status.[9] The 1976 amendment initially applied only to California but was extended to Massachusetts and Wisconsin in 1981. On October 1, 1981, Massachusetts elected to end cash out and reduce their SSP by the $10.[10] On January 1, 1992, Wisconsin ended its cash-out policy and reduced its state-supplementation payments by $10 a month (State of Wisconsin, 2009).

The last remaining cash-out state, California, ended this status in July 2019. This had been under discussion over the years, but there was a concern that removing cash-out status would affect certain types of recipients differently (Arnold and Marinacci, 2003). Families where all members were SSI recipients would gain Food Stamps (now SNAP) and be unambiguously better off. But, in mixed families made up of both SSI recipients and non-recipients, ending cash out would mean that the income of SSI recipients would be included when calculating Food Stamp eligibility and benefits, and those families could then lose Food

[8]Food Stamp benefits were fully federally funded but the administrative costs of assessing applications and enrolling individuals were shared with states.

[9]This was allowed conditional on California passing through federal SSI cost-of-living adjustments in the SSP (Arnold and Marinacci, 2003).

[10]Notices were sent to all SSI recipients in Massachusetts informing them of the SSP benefit decrease and that they could be eligible for Food Stamps (Program Operations Manual System (POMS), 2002)

Stamp benefits. During the 1990s, California proposed ending cash out while treating the SSI recipients in these mixed status families as a separate Food Stamp unit, but that plan was rejected by USDA. A subsequent effort to end cash out only for the families that would gain from this change was also rejected.

When the policy change was implemented in 2019, the state did not take away the $10 from the SSP, and the state also implemented two temporary programs—the Transitional Nutrition Benefit (TNB) program, and the Supplemental Nutrition Benefit (SNB) program. These plans were meant to ensure that no one would lose benefits due to the end of cash out. The TNB program was designed to provide equivalent benefits to what family units were getting before the end of cash out if an individual lost SNAP due to the cash out ending/adding the SSI recipients to the family unit, and the SNB program was intended to fill in for reduced benefits if family units got a smaller amount of SNAP once the SSI recipient was added to the family unit.

3 Data

To examine historical changes in Food Stamp receipt among SSI recipients, we begin with the Survey of Low Income Aged and Disabled (SLIAD), a survey conducted by the Social Security Administration. Approximately 18,000 low-income aged, blind, and disabled adults were interviewed in 1973 immediately prior to SSI implementation, and again in 1974 after SSI had been in place for about a year.[11] Data were collected from four national samples – aged individuals who received welfare benefits under the OAA program in 1973; individuals with disabilities who received welfare benefits under the AB and APTD programs in 1973; low-income aged individuals in the general population; and low-income individuals with disabilities in the general population. We focus on the first two of these national samples.[12] These data include state of residence, program participation, food consumption and expenditures, health measures, and indicators of food security and economic well-being.[13]

Table 1 shows means for various outcomes from SLIAD by type of state for 1973 (pre-

[11] As described by Barron (1978), "The SSA conducted the Survey of Low-Income Aged, Blind, and Disabled (SLIAD) to determine if SSI did, indeed, improve the economic well-being of the adult poor. The survey's purpose was twofold: To describe the social and economic circumstances of individuals most likely to be helped by the SSI program and to assess the social and economic changes resulting from SSI." For more detail, see Tissue (1977) and Schreiber (1978).

[12] We are currently working with the remaining two samples and hope to add that analysis soon.

[13] Detailed questions on health conditions are only asked in the 1973 wave, so we are unable to examine health effects of the cash-out policy being implemented in 1974.

period) and 1974 (post-period). For each year, the first column shows means for all respondents, and the second shows those in cash-out states. The non-cash-out states are broken into two categories—binding and non-binding (Goodman-Bacon and Schmidt, 2020). Non-binding states had initial OAA, AB, and APTD benefits *above* the new SSI federal benefit, and were required to supplement benefit levels so that recipients did not experience a loss in benefits. Binding states were those that had initial benefits *below* the new SSI federal benefit level, and therefore experienced an increase in cash benefits with the implementation of SSI. In our empirical analysis below, we use the non-binding non-cash-out states, since those were also states that had high benefit levels prior to the implementation, and therefore serve as the closest control for the cash-out states. The non-binding states are illustrated in white in Figure 1. Means for the non-binding non-cash out states are shown in the third column for each year, and means for the binding states are shown in the fourth column. This table shows that there was a huge decline in Food Stamp participation in the cash-out states. Of SLIAD respondents in cash-out states, 43% reported participating in Food Stamps in 1973, but only 5.7% reported participating in 1974.[14] By contrast, Food Stamp participation was fairly constant in the other states, regardless of whether the move to SSI was binding or non-binding.

Next, we use the Food Stamp Quality Control (QC) data from 1975–1996 to examine how the end of states' cash-out policies affected Food Stamp take-up rates and benefit levels among SSI recipients' Food Stamp units and households. These data are sampled from Food Stamp administrative enrollment records to be nationally representative of Food Stamp units, and contain monthly information on eligibility determination, as well as SSI receipt and income. We use the QC data to create the numerator for our take-up rate—the state-by-month counts of Food Stamp units and households that also contain SSI recipients. The denominator of our take-up rate variable comes from the Social Security Administration's Annual Statistical Supplement, which reports the number of persons receiving federally-administered SSI benefits by state in December of each year.[15] We also use the QC data to look at the average Food Stamp benefit amount received in SSI households. Households in which all the members received SSI would not have been eligible for Food Stamps before the

[14]Note that the 5.7% of persons on Food Stamps in 1974 may represent households where the other household members qualify for Food Stamps if the income of the SSI recipient is excluded (this is how eligibility is determined).

[15]Unfortunately our denominator does not exactly match the numerator. The numerator is households, but due to data constraints the denominator is the number of persons obtaining SSI. The SSA does not routinely publish the number of households in each state that contain a member receiving SSI. In the 1990s it was estimated that about 1 in 5 SSI recipients lived in a multi-recipient household (Kochhar and Scott, 1997; Koenig and Rupp, 2004).

end of the cash-out policy. Households in which some but not all of the members received SSI would have had their Food Stamp eligibility and benefit amount re-determined when the SSI recipient(s) were added back into the Food Stamp unit when the cash-out policy ended. This would change both the number of members in the Food Stamp unit, and their total countable income.

We use hospital-discharge data to investigate whether the end of the cash-out policy in Wisconsin affected inpatient hospitalizations for food-related diagnoses. Our Wisconsin data come from the Wisconsin Hospital Association (WHA), and as a control we use data from the Healthcare Cost and Utilization Project (HCUP) State Inpatient Databases for Arizona, Maryland and New Jersey.[16][17] These databases cover the universe of hospital discharges in their state by quarter for 1991 and 1992 and consist of over 4.5 million observations. The food-related diagnoses we examine include hypoglycemia (Ginde et al., 2008), acute preventable diabetes complications (Wharam et al., 2017), and the AHRQ Prevention Quality Indicators – composite indicators for overall, acute, chronic, and diabetes conditions (Agency for Health Research and Quality, 2011). The AHRQ Prevention Quality Indicators capture potentially avoidable hospitalizations for Ambulatory Care Sensitive Conditions which relate to access to and use of care, and were developed for increased statistical precision and to enable cross state comparisons (Agency for Health Research and Quality, 2006, 2011).

One limitation of the hospital-discharge data is that we cannot directly identify SSI recipients who would be affected by the end of cash out. We therefore narrow down our sample of hospitalizations to those among people aged 65 years or older whose hospitalizations were paid for by Medicaid either as a primary or secondary payer. This restriction results in 73,309 hospitalizations (about 2 percent of our original sample). Table 2 presents means for age, location, and characteristics of the diagnosis from the hospital-discharge data for Wisconsin and our comparison states. About half of our sample is from Wisconsin, and the average age reflects the sample selection choice to focus on elderly individuals.[18] Among the low-income elderly population, about 1.3 percent of hospitalizations are for hypoglycemia, 2.3 percent for diabetes, and 23 percent for ambulatory care sensitive conditions with 10 percent for acute conditions and 13 percent for chronic conditions.

Finally, we present some county-level administrative data from the state of California

[16]Wisconsin and the HCUP states are "1634" states, meaning SSI awardees are automatically eligible for Medicaid.

[17]We are in the process of acquiring HCUP data for additional states.

[18]In our original sample, 23 percent of the hospitalizations were in Wisconsin, but this rises significantly after the age and Medicaid payer restrictions.

on monthly applications to CalFresh from SSI recipient households, the number of annual SSI recipients as well as data from planned outreach plans by county. These are akin to applications among eligibles, as all those on SSI are eligible for CalFresh after the policy change. There is some mismatch between the number of applications (by households) and the number of SSI recipients (some of whom are in households with other SSI recipients) but this is the best measure we can find. We will explore adding other measures such as take-up rates in future work.

4 Methods

We use either differences in differences or generalized differences in differences for most of our analysis. For the analysis of the SLIAD, our sample includes respondents receiving OAA, AB, and APTD in high-benefit states in 1973. We estimate the following equation:

$$y_{ist} = \beta_0 + \beta_1 \cdot \text{CO}_{st} + X_{i73}^{'} \cdot \beta_2 + \beta_3 \cdot DS_i + H_{i73}^{'} \cdot \beta_4 + \epsilon_{ist}$$

Here, y is the first difference in the outcomes of interest, CO is the dummy for living in a cash-out state, X_{i73} is the vector of individual characteristics measured in 1973, DS_i is an indicator for being in the disabled sample, and H_{i73} is a vector of health conditions and statuses in 1973. We cluster standard errors on the state, and use the survey weights.

For our analysis of the end of cash out using the Food Stamp Quality Control and hospital-discharge data, we also use a differences in differences approach. Using the QC data, we compare outcomes in the first four states that ended cash out (New York, Nevada, Massachusetts, and Wisconsin) to those in other states.

$$y_{ist}^1 = \beta_0^1 + \beta_1^1 \cdot \text{CO}_{st} + S_s + T_t + \epsilon_{ist}^1$$

Now our unit of observation is at the state-year level. The state-year means and counts are created using the QC survey weights. y^1 is the outcome in state s and time t, CO is an indicator for the state having cash out in place during the year, and S and T are state and year fixed effects. The standard errors are clustered at the state.

Using the hospital-discharge data, we compare hospitalizations tied to diabetes and other specific health conditions before and after cash out ended in Wisconsin to changes in other our control states of Arizona, Maryland, and New Jersey.

$$y_{ist}^2 = \beta_0^2 + \beta_1^2 \cdot \text{CO}_{st} + S_s^1 + T_t^1 + \epsilon_{ist}^2$$

Now y^2 is the outcome in the hospital-discharge data for state s and time t, CO is an indicator that is 1 before Wisconsin ends cash out and 0 after, and is zero for our control states in all

years. S^1 and T^1 are state and year fixed effects. Again, the standard errors are clustered at the state.

For our descriptive analysis of the effects of ending cash out in California, we use a modified differences in differences approach, comparing the effect of additional modes of outreach or accommodation on CalFresh take-up among eligibles.

$$y^3_{ct} = \beta^3_0 + \beta^3_1 \cdot N_{accomct} + \beta_4 \cdot N_{outreachct} + C_c + T^2_t + M_m + Z'_{ct} \cdot \beta_5 + \epsilon^3_{ct}.$$

y^3 is the aggregate county-level CalFresh take-up among SSI recipients as a share of the county SSI population. This analysis also controls for county characteristics (population, share of those over 5 who don't speak English at home), and county, year, and month fixed effects. Standard errors are clustered at the county level, and we weight by county SSI population. The county-level measures in the numerator vary by month, while the denominators are measured annually, as are the county characteristics. The outreach measure is the count of the number of types of outreach that were measured from the county plans collected by DSS in March 2019, and the accommodation measure is the county of the number of accommodations provided.[19]

5 Results

5.1 SLIAD

We first use the SLIAD to examine whether states' initial cash-out decisions made a difference in Food Stamp participation among SSI recipients. However, one concern is that Food Stamp participation might be trending differently in cash-out states versus the other states used as a control. The SLIAD data begin in 1973 and therefore only give us one year pre-implementation. To examine possible pre-trends, we look at Food Stamp caseloads per capita in each state from USDA administrative data.[20] Figure 2 shows Food Stamp caseloads per capita from 1970 through 1979, broken out by type of state, with cash-out states in red, non-binding non-cash-out states in blue, and binding states in purple. This figure illustrates two facts—first, that the roll-out of Food Stamps is still happening in the early 1970s, as new counties begin offering the program. Second, there do not appear to be differential trends immediately prior to SSI implementation, at least between the cash-out and the non-binding non-cash-out states. Figure 3 focuses on the years 1971 through 1973, and shows this even

[19] See Tables 10 and 11 for details on outreach and accommodations, respectively

[20] We tabulated these data from replication files provided by Hoynes et al. (2016).

more clearly.

Table 3 presents difference-in-difference estimates of the effect that states' initial cash-out decisions made on Food Stamp participation of SSI recipients, relative to those in other high-benefit (non-binding) states. Column 1 shows the effect of cash-out status with no controls, Column 2 adds controls for demographics (respondent sex, race, age, and whether they had a disability (those without disabilities are elderly)), and Column 3 adds detailed health conditions as measured in 1973. Those in cash-out states were 38 percentage points less likely to report Food Stamp participation in 1974, after SSI was implemented, relative to 1973 as compared to the non-cash-out non-binding states, on a baseline mean of 43.0%, and these results are similar with or without detailed controls.

The 1974 SLIAD survey asked Food Stamp non-recipients "Why don't you use Food Stamps now?" Options included: Cost too much; Embarrassed to use them; Can't buy needed items (paper, soap); Can get them only monthly, Need them more often; Can't buy enough for family needs; Don't know what they are; Stores don't like them; Applied, was refused; Didn't apply, does not feel eligible; Used to receive them, has been cutoff; and Other. Surveyors were directed to mark any that applied. These responses are shown in Table 4, by the cash-out and binding status of the states. Among respondents in cash-out states, the most common reason by far for non-participation was "Used to receive, was cutoff." 46% of respondents in cash-out states reported this, compared with only 12% of respondents in the non-cash-out non-binding states.

We now turn to examining benefit levels. All remaining SLIAD tables present results only for the preferred specification with a full set of demographic and health controls. Table 5 examines how benefit levels (in real 1973 dollars) for both cash and food changed with the introduction of SSI for cash-out states vs. non-cash-out states. Column 1 presents results for cash benefits, defined to be OAA/AB/APTD in 1973 and SSI benefits in 1974, and illustrates that respondents in cash-out states saw an increase in cash benefits of close to $10, the amount that was supposed to be cashed out from Food Stamps into their SSI payment. Column 2 shows the dollar amount for Food Stamps purchased; Column 3 shows the dollar amount of the total value of Food Stamps received, and Column 4 shows the results for the Food Stamp bonus value, defined to be the total value minus the purchase requirement. (The Food Stamp bonus value corresponds with how we think of Food Stamp/SNAP Benefits today). All three Food Stamp value columns show a significant decrease in Food Stamps received for recipients in cash-out states. Column 5 sums the cash and the Food Stamp bonus value together to

create the entire package, coding the Food Stamp bonus as zero for those not receiving Food Stamps, and show that the total cash plus food package for recipients in cash-out states saw no significant change after the implementation of SSI. Finally, Column 6 shows that when SSI was implemented, those in cash-out states became 4.5 percentage points less likely to report that they received free groceries, which was likely due to decreases in access to the CDP program.

Table 6 shows how the introduction of SSI and cash-out status affected food security. Column 1 shows that respondents in cash-out states were 4.7 percentage points more likely to answer "only some of the time" or "never" when asked "Do you generally get enough to eat?" in 1974 than in 1973, on a baseline mean of 8.3%. A second question asked respondents "Do you feel you are eating the right kinds of foods?" Column 2 shows that respondents in cash-out states were 5.9 percentage points less likely to answer "always" or "most of the time" after SSI was implemented, on a baseline mean of 78.9%.

Overall, our results from the SLIAD document that the introduction of SSI led to a significant number of former OAA/AB/APTD recipients in cash-out states (relative to recipients in other high-benefit, non-binding states) losing access to Food Stamps, but with no reduction in the value of total benefits (cash plus food) received. This move from receiving some benefits in food relative to cash significantly increased food insecurity of the recipients in cash-out states.

5.2 Food Stamps Quality Control

We next use the QC data to examine whether the end of cash affected Food Stamp take-up and benefits among SSI recipients. Figure 5 graphs SSI recipients' Food Stamp unit take-up rate before and after Nevada, New York, Massachusetts, and Wisconsin ended their cash-out policy. Before the end of cash out in these four states there were, by definition, no Food Stamp units with SSI recipients. We present difference-in-difference results in Table 7 where for each state Column 1 shows the effect of ending cash out with no controls; Column 2 controls for the state-year unemployment rate, the maximum AFDC benefit for a family of three and the fraction of the year under an AFDC waiver; and Column 3 drops all other cash-out states. Results suggest a large increase in Food Stamp take-up after the end of cash out in each state, and these effects are robust across specifications. The end of cash out led to increases in Food Stamp participation ranging from 19 percentage points (in Massachusetts) to 33 percentage points (in New York).

Next we change our outcome of interest from *Food Stamp unit* take-up rates to *Food Stamp household* take-up rates. The main difference between the two is the treatment of SSI recipients. By construction the Food Stamp unit take-up rate for SSI recipients is zero before the end of cash out because SSI recipients are ineligible for Food Stamps. Therefore, no Food Stamp units with an SSI recipient exist. However, the SSI household take-up rate is not zero before the end of cash out because some SSI recipients live in household receiving Food Stamps even though the SSI individual is ineligible. While we have a measure of SSI Food Stamp unit take-up rates throughout the QC panel, we can only measure SSI household take-up starting in 1983. Due to this data limitation, we can therefore only look at the end of cash out in Wisconsin and not the other cash-out states. In Figure 6 and Table 8, we look at the effects of Wisconsin's end to cash out on SSI recipient households (as opposed to Food Stamp units). Figure 6 Panel A and Table 8 Columns 1–3 suggest that after ending cash out, the Food Stamp take-up rate rose among SSI recipient households by at least 19 percentage points.

We next examine how the average Food Stamp benefit amount among SSI households with any Food Stamp benefits, changed with the end of cash out in Wisconsin. When cash out ended in 1992, SSI households may have gained or lost Food Stamp benefits as the SSI individuals and their income was included in the Food Stamp eligibility unit. In Figure 6 Panel B and Table 8 Columns 4–6, we find that the average Food Stamp benefit amount received by Food Stamp households with an SSI recipient fell by about $100 (1992) dollars when cash out ended. This fall reflects both a change in the composition of SSI households with any Food Stamp benefits and a change in the benefit amount households received when the SSI individual was added into the Food Stamp eligibility unit for benefit calculation. We cannot disentangle these two effects because the QC data is a repeated cross-section and we cannot follow Food Stamp units or households over time.

5.3 Hospital-Discharge Data

To investigate whether the end of the cash-out policy led to meaningful changes in health, we now turn to the hospital-discharge data. Wisconsin, which ended cash out in 1992, is the only state in which we can measure an impact, because hospital-discharge data are not available in the 1970s (when New York and Nevada ended cash out) or the 1980s (when Massachusetts ended cash out).

Table 9 shows how the end of cash-out status affected the likelihood that a hospitaliza-

tion was for several food-related diagnoses. For each outcome, we show results with (the first column) and without (the second column) controls for the unemployment rate and the maximum AFDC benefit for a family of three. Column 2 indicates that hospitalizations for hypoglycemia fell by 0.8 percentage points (19 percent compared to the sample mean). Column 4 shows a reduction in acute preventable diabetes complications by 0.3 percentage points (14 percent compared to the sample mean). The remaining columns with controls show significant reductions for all four composite indicators: overall by 7.7 percentage points (34%); for acute by 5.9 percentage points (57%); for chronic by 1.8 percentage points (14%) and for diabetes by 0.6 percentage points (27%).

The panels of figure 7 plots the interaction terms of an indicator for being in Wisconsin with indicators for each quarter of data from a regression including controls. The omitted category is 1991 Q4, immediately before the end of cash out in Wisconsin. These figures indicate that the decline in the likelihood that a hospitalization was for food-related diagnoses in Wisconsin began as cash out was ending in 1992 Q1 and not beforehand. This time pattern of results suggests that the change in hospitalization diagnoses could possibly be attributed to the end of cash out. However, we also find evidence that at the exact same time the likelihood a hospitalization among the elderly was paid for by Medicaid also increased (Figure 8). This indicates that the change in hospitalizations for food-related diagnoses could be the partially driven by a change in the composition of our sample rather than the end of cash out. To probe this result further, in future work we will purchase additional states' HCUP SID, include additional state-year control variables and include data on county SSI-to-population ratios rather than subsetting our sample on Medicaid as payer, which is potentially endogenous.

6 The End of Cash Out in California

In 2019, the state of California was the last state to end their cash-out program. The first SSI recipients enrolled in CalFresh in May 2019, and the first payments were received in June 2019. Hembre et al. (2022) have looked at this change nationally, using the Consumer Expenditure Survey. They find that SSI recipients in California spend more money on food at home, less money on food away from home, and explore other outcomes.

Our analysis of the California end to cash out consists of two main components. First, we are using California administrative data to examine participation in SNAP among SSI

recipients overall and at the county level.[21] Second, we have explored how differences in planned county-level outreach and accommodations affected take-up of SNAP among SSI recipients.[22]

Figure 9 shows the time series of households with an SSI recipient that newly applied to CalFresh (in 1000s of applications). It is clear that there was a burst of households applying to join CalFresh in June 2019 (the first month benefits were paid out), with 134,000 additional persons applying to join SNAP. Then the number of new applicants settles down within 2-3 months to a number on the order of 25,000-30,000 new CalFresh applicants per month until COVID-19 hits.

In California, SNAP is administered at the county level, and the planned and implemented methods of outreach and accommodations varied by county. For example, some county SNAP offices collaborated closely with local SSA field offices; some did a media campaign, while some retrained staff or hired new staff. We use administrative data on caseloads to examine which methods of planned county outreach—predetermined variables—were the most effective.

There was little advance warning of this policy change, but in March 2019, California's Department of Social Services (CDSS) had county-level CalFresh offices fill out a readiness plan. Some counties began accepting SNAP applications from SSI recipients in May 2019, and FNS warned stores accepting SNAP that they might experience an increase in EBT users. A large number of partner organizations also planned outreach, and CDSS organized meetings beginning in July 2018 to engage stake-holders, including partners, county welfare departments, advocates, and clients. This included meetings for "All Stake-holders," an "Outreach Advisory Group," a "Customer Experience Advisory Group," an "Automation Technical Work Group," and a "Data Technical Work Group." There was also extensive policy guidance including All-County Letters and policy webinars covering how new clients would get onto SNAP as well as how the Transitional Nutrition Program and Supplemental Nutrition Program would be administered.

[21] Eventually, we will use linked individual-level data on Medicaid claims, hospital discharges, and CalFresh enrollment data to examine how take-up rates vary as a function of recipient health, and how take-up varies depending on the expected increase in benefits from both SNAP and other transitional benefits implemented by California (the Transitional Nutrition Program and Supplemental Nutrition Program programs). Delays in obtaining the linked data until quite recently leave us in the process of exploring these micro-data, with no completed analysis to report. First, there were delays in linking the data. Then, the way that these highly restricted data could be accessed was changed, and we only obtained access to this new platform in early 2022. Finally, there have been challenges in learning the intricacies of both the linking process done by the state and the various aid codes associated with use of SNAP and the temporary programs and of the aid codes associated with the Medicaid program in California denoting the recipient is on SSI.

[22] As we describe below, we also conducted surveys of county CalFresh offices regarding their implementation of outreach and accommodations. We hope to analyze effects of actual implementation in the future.

Table 10 contains information from the state-readiness plans on the modes of outreach planned by the counties, and Table 11 presents the accommodations planned by the counties. Planned modes of outreach included flyers and posters, newspaper and radio/TV adds, geographically targeted outreach to SSI recipients and the homeless population, social media, mailers, texting and calling, press releases, and application assistance. Counties planned to take diverse approaches to outreach, with 31 using flyers, 7 using newspaper ads, 2 using radio and TV ads, 3 using geographical targeting, 23 using social media, 20 using mailers, 6 using texts or phone calls, and 7 using press releases. Half of the counties had community partners helping them reach eligible people, and 11 were using translation services. Accommodations also were quite variable. While 39 counties reported ADA-compliant space, 14 had lowered desks and tables, 12 had Braille or otherwise accessibility for those with limited vision, 34 had American Sign Language options, and 13 had Telecommunications Device for the Deaf / Teletype options. Home visits were available in 20 of the counties. 33 had trained staff, and 10 allowed applicants to ask for accommodations.

We considered whether county-level characteristics were predictive of the number of accommodations or outreach modes that counties made, including annual CalFresh participants in several categories (5 and older speaking another language besides English; ages 18-59; and ages 60 and older), the population in several categories (under 18, 18-59, and 60 and older), the total not speaking English at home, and the number of SSI recipients. These characteristics were measured in 2018 and are therefore from the period before the policy change, and thus can't be responding to the outreach efforts. Table 12 presents the coefficients on the key variables from the regressions. Column 1 presents the determinants of the number of accommodations planned and Column 2 presents the determinants of the number of outreach approaches planned. These characteristics were not strong predictors of the number of modes for either accommodations or outreach.

Next, we considered the extent to which the number of planned outreach and accommodation modes affect applications to CalFresh among the eligible population. Table 13 presents the results from regressions of the determinants of the share of households with a SSI recipient applying to CalFresh each month as a share of the total SSI population, from 2014 through 2021. We control for the same control variables as in the previous table (minus the controls for participation in CalFresh), but add an interaction of the number of accommodations offered and number of outreach modes with the period during which counties were reaching out (from May 2019 on). Column 1 of the table only controls for county, year, and month

fixed effects in addition to outreach/accommodation, while column 2 adds other controls. Regressions are weighted by the number of SSI recipients in the month, and standard errors are clustered at the county level, allowing for arbitrary correlations within county. Here we see that the number of outreach modes and accommodation codes are positively associated with increased take-up, and that both measures are statistically significant, controlling for population characteristics. This is suggestive evidence that outreach and accommodation measures matter.

Next, we discuss the semi-structured interviews we conducted of the actual outreach activities, accommodations, and community partnerships each county used in their implementation of the end to cash out. These interviews were conducted by Williams College undergraduate research assistants. The interview questions are included in Appendix A. The research team completed 36 (out of 58 possible) interviews between February 16, 2021 to February 16, 2022. Appendix Table 1 has the county name and interview dates of the counties for which we were able to obtain completed interviews.[23]

The interviews were with a host of different types of staff in county offices. As noted, a non-trivial number of counties either refused to participate or require further follow up. Thus, we do not present regressions using these survey data. (We will continue to follow up with those counties which have not yet responded to our request for an interview.) Reading the interview transcripts holistically, it seems as though even among counties that chose to participate in the interview, there was considerable variation in their approaches to and implementation of the end to cash out. Some counties were able to set up a working relationship with their SSA offices. We also obtained interesting responses concerning challenges and successful approaches. Some counties thought word of mouth was the most important approach, while others thought that their partnerships were the most useful. Many counties mentioned the usefulness of partnerships with SSA offices and the state CDSS help and materials. In addition to English and Spanish, other languages were included when there were relevant populations in the community. Recurring themes included working with SSA partners if the SSA office was geographically close, usefulness of community partners, and how helpful materials from CDSS were. There was also considerable discussion of how having

[23]There was an interview protocol. First, teams of two research assistants reached out by email twice to each county. They then scheduled an interview with the county SNAP office, or, in rare cases, sent the questions by email. A small number of counties refused to participate, the remainder of the non-completers did not have time, or simply did not respond. We complemented the interviews with an web search which revealed additional details for some counties, and more broadly, for the state. After each interview the research team followed up to ask for public-use documentation and to ask any clarification questions.

SSA do some SNAP applications initially and sending them to the CalFresh office simplified the process, since SSA has stringent rules for verification, which overlaps with CalFresh rules and speeds up enrollment.

7 Conclusion and Ongoing Work

Our results suggest that Food Stamp eligibility for SSI recipients matters. Recipients of means-tested programs for the elderly and disabled lost access to Food Stamps after the transition to SSI, and despite no overall change in benefit levels, the move from cash to food led to significant reductions in food security. The ending of cash-out status significantly increased Food Stamp take-up among SSI recipients in New York, Nevada, Massachusetts and Wisconsin. Notably, the increase in Food Stamp take-up among SSI recipients was similar in magnitude at the end of cash out in each of these four states even though their policies ended over the span of three decades. In Wisconsin the end of cash out possibly reduced the likelihood that a hospitalization among the low-income elderly was for a food-related diagnoses. Our results suggest a symmetry of effects between the beginning and end of cash out, but with varying magnitudes. Our estimates suggest a 40 percentage point fall in Food Stamp take-up when SSI began, and a 19–33 percentage point increase in Food Stamp take-up when cash out ended.

We have also examined the 2019 policy change in California, using county level administrative data. In California, SNAP is administered at the county level, and the methods of outreach varied by county. Using aggregate administrative data, we discovered that while outreach and accommodations implemented by counties in response to this policy change were hard to explain, counties with more outreach modes and accommodations were able to get a larger share of their SSI population onto CalFresh. In ongoing work, we are examining which methods of county outreach were the most effective, and are working with linked individual-level administrative data to better understand both patterns in take-up of SNAP among SSI recipients, as well as the health implications of this policy change.

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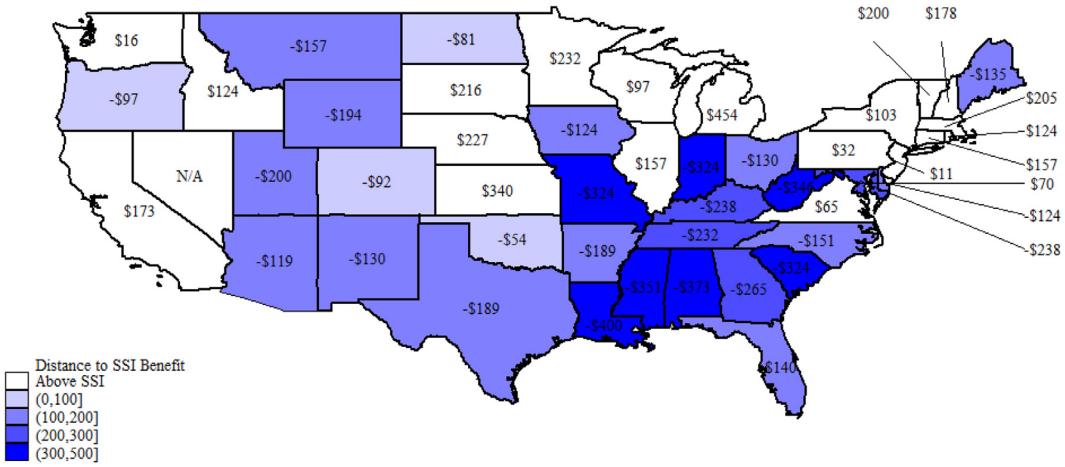
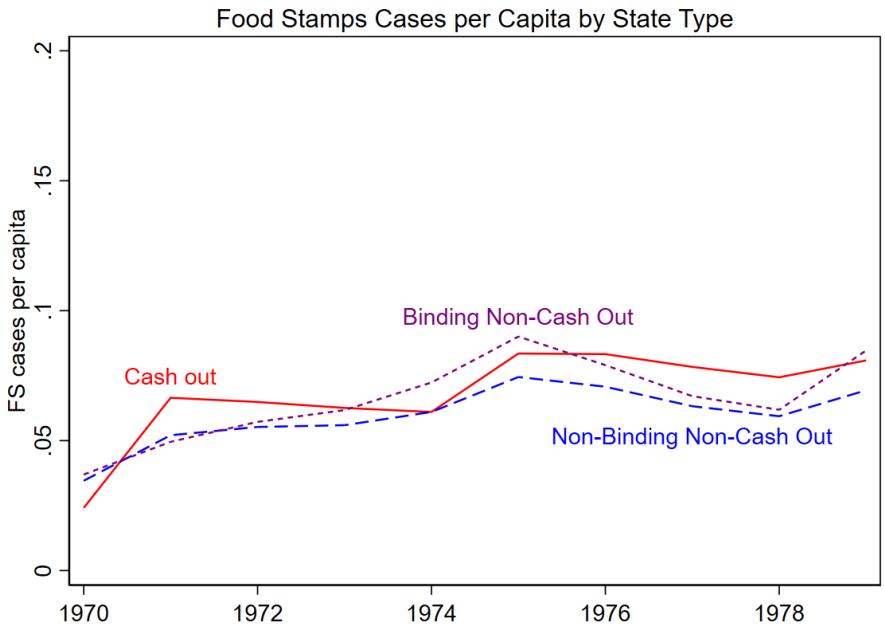
8 Figures and Tables

Figure 1: Gap Between Pre-existing Disability Benefit Levels and SSI Benefit Floor



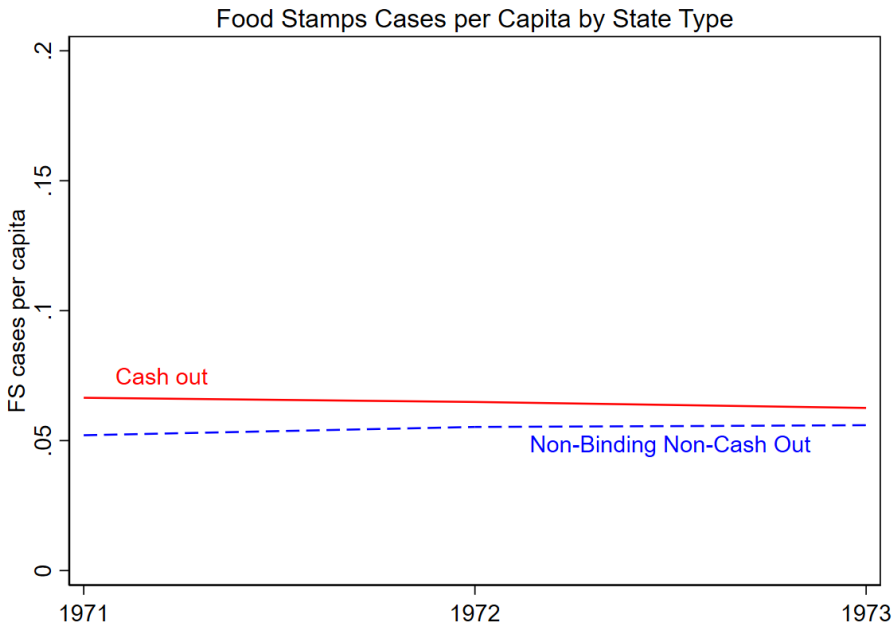
Source: Goodman-Bacon and Schmidt (2020). States in blue were "binding," in that their initial benefit level was lower than the SSI floor. For recipients in those states, the implementation of SSI led to an increase in benefit levels. States in white (which include the five cash-out states) were "non-binding," in that their initial benefit level was higher than the SSI floor. States were required to supplement the federal SSI benefit to keep the overall benefit level for recipients in these states unchanged.

Figure 2: Food Stamp Caseloads per Capita 1970–1979, by State Type



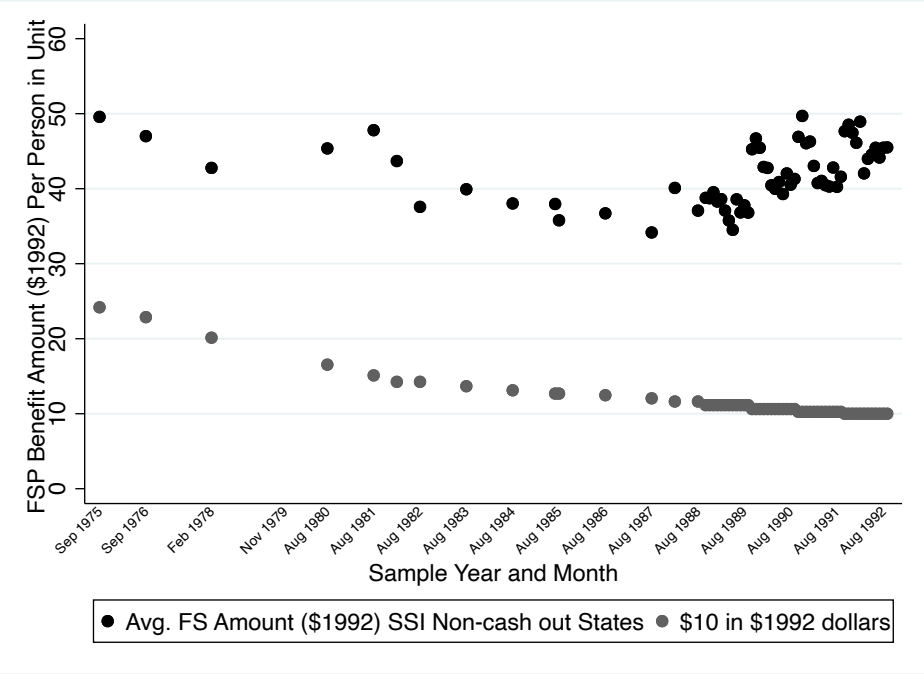
Notes: Authors' tabulations of Food Stamp caseloads for January from replication files provided by Hoynes et al. (2016) by state from USDA administrative data. Cash-out states are California, Massachusetts, Nevada, New York, and Wisconsin. Non-Binding Non-Cash-Out states are the other states where the initial OAA/AB/APTD payments were higher than the federal SSI benefit. Binding states are the states where initial OAA/AB/APTD benefits were lower than the federal SSI benefit, and therefore experienced an increase in total benefit level at the introduction of SSI (Goodman-Bacon and Schmidt, 2020)

Figure 3: Food Stamp Caseloads per Capita 1971–1973, by State Type



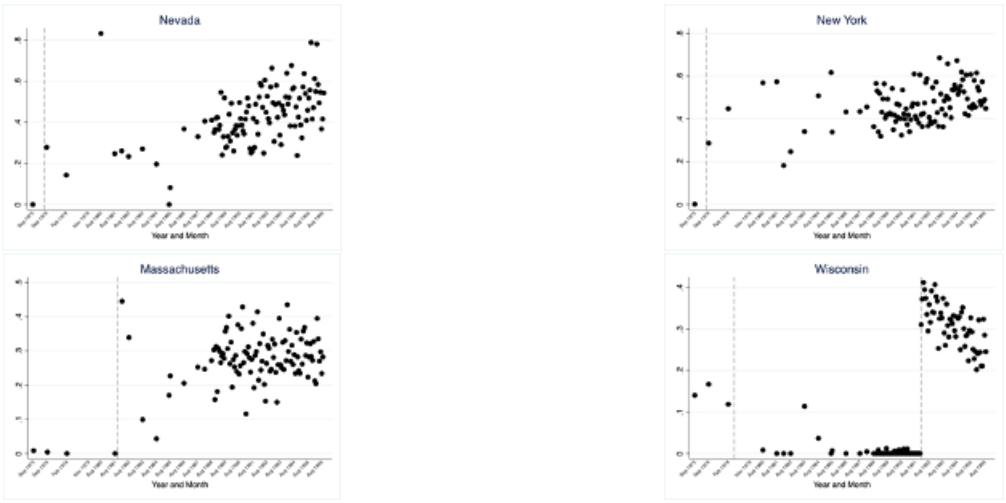
Notes: See notes to Figure 2

Figure 4: As the Real Value of the $10 Fell, the Per Person Food Stamp Amount in SSI Units in Non-Cash-Out States Stayed Flatter



Notes: Authors' calculations from the Food Stamp Quality Control data.

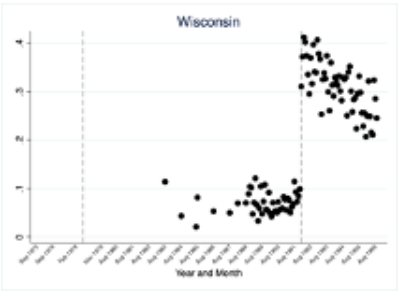
Figure 5: With the End of Cash Out, Food Stamp Unit Take-up Rate Among SSI Recipients Increased



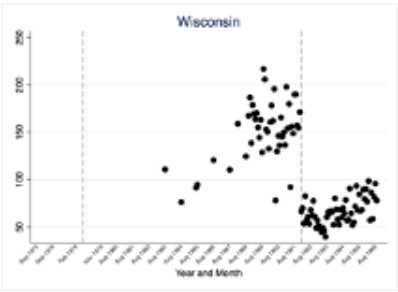
Notes: This figure plots disability benefit recipients' Food Stamp unit take-up rate by month. The numerator of the take-up rate is the weighted number of Food Stamp units with an SSI recipient taken from the Food Stamp Quality Control data. The denominator of the take-up rate is number of persons receiving federally-administered SSI in December and taken from the SSA Annual Statistical Supplements. The vertical line indicates the month in which each state ended its cash out policy. Wisconsin suspended its cash out policy between September 1975 and July 1978..

Figure 6: With the End of Cash Out, Food Stamp Household Take-up Rate Among SSI Recipients Increased and Average Food Stamp Benefits Decreased

(a) Food Stamp Households Take-up Rate

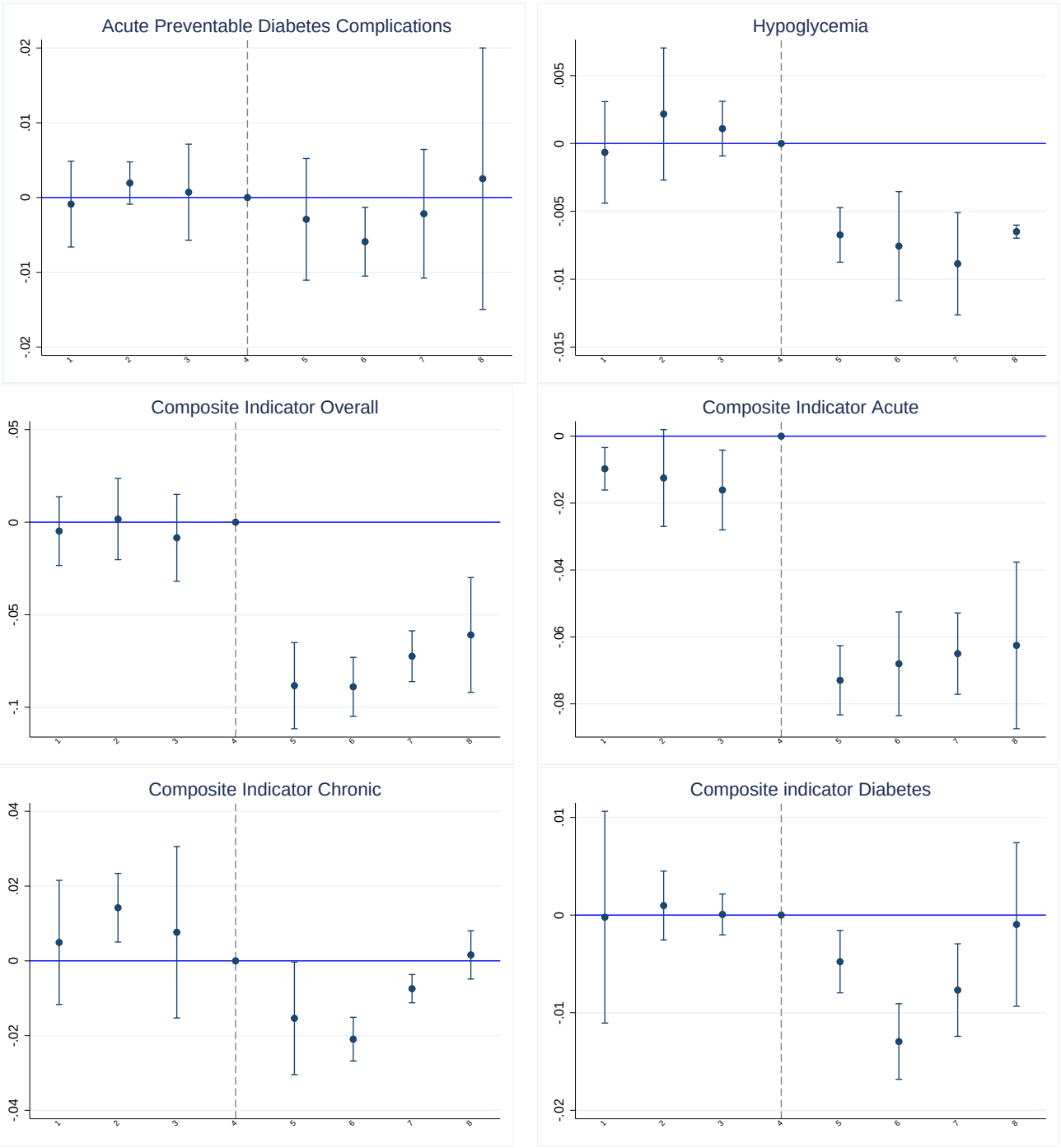


(b) Average Food Stamp Benefit Amount ($1992)



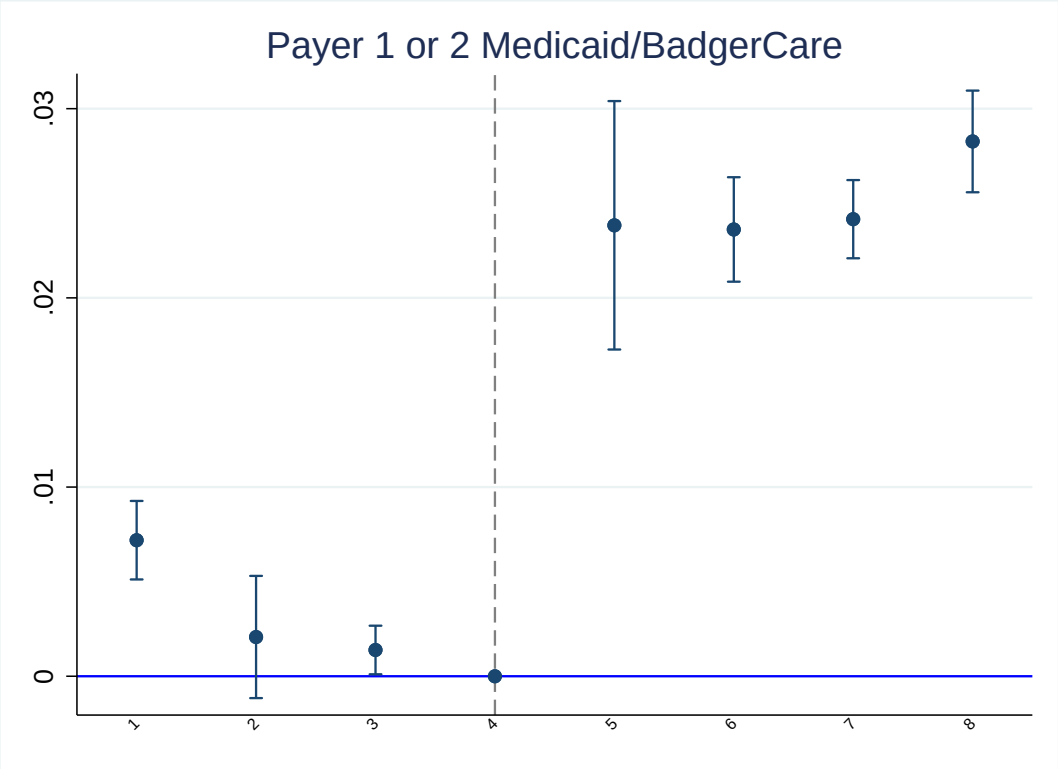
Notes: Panel A plots disability benefit recipients' Food Stamp unit take-up rate by month. The numerator of the take-up rate is the weighted number of Food Stamp households with an SSI recipient taken from the Food Stamp Quality Control data. The denominator of the take-up rate is number of persons receiving federally-administered SSI in December and taken from the SSA Annual Statistical Supplements. Panel B plots the weighted monthly average Food Stamp benefit amount in 1992 dollars among households with SSI recipients. The vertical line indicates the month in which each state ended its cash out policy. Wisconsin suspended its cash out policy between September 1975 and July 1978

Figure 7: With the End of Cash Out, Food Stamp Household Likelihood of Hospitalization for Food Related Diagnoses Decreased



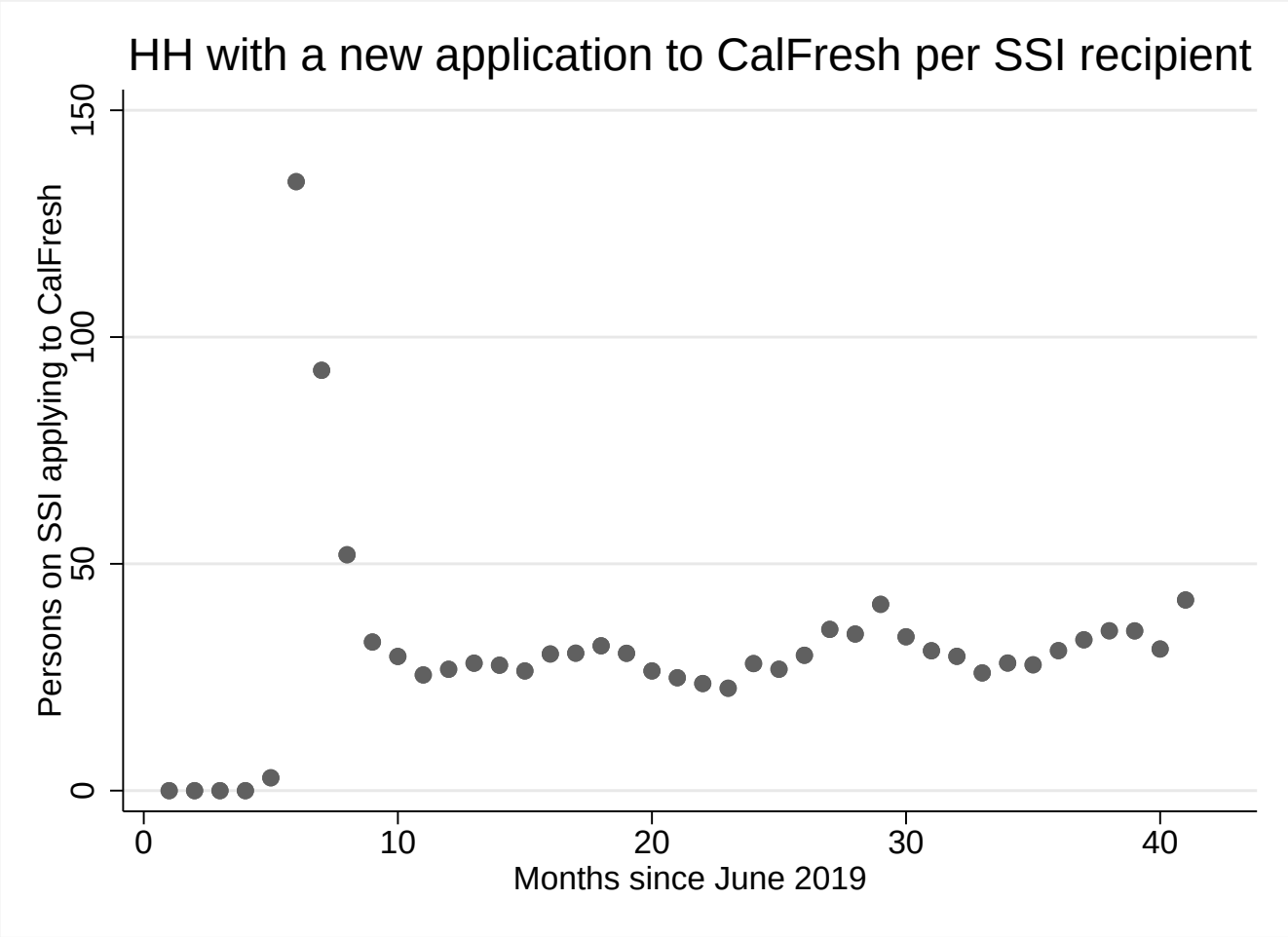
Notes: Data from the Wisconsin Hospital Association and the HCUP SID for Arizona, Maryland and New Jersey 1991-1992. This figure plots the interaction terms comparing Wisconsin to the other three states with indicators for each quarter.The omitted quarter is 1991 Q4. The control variables also include state-year unemployment rates and the state-year maximum AFDC payment for a family of three. The sample includes hospitalizations paid for by Medicaid (either primary or secondary payer) among patients aged 65 and over. Each outcome is an indicator equal to one if the hospitalization is for the food related diagnosis. Hypoglycemia is measured as in(Ginde et al., 2008). Acute preventable diabetes complications is measured as in (Wharam et al., 2017), and the AHRQ Prevention Quality Indicators as in (Agency for Health Research and Quality, 2011).

Figure 8: With the End of Cash Out, Food Stamp Household Likelihood of Hospitalization Paid for By Medicaid Increased



Notes: Data from the Wisconsin Hospital Association and the HCUP SID for Arizona, Maryland and New Jersey 1991-1992. This figure plots the interaction terms comparing Wisconsin to the other three states with indicators for each quarter.The omitted quarter is 1991 Q4. The control variables also include state-year unemployment rates and the state-year maximum AFDC payment for a family of three. The sample includes hospitalizations among patients aged 65 and over.

Figure 9: Time Series of Count of Households with Both an SSI Recipient and an Application to CalFresh per SSI Recipient, by Month



Notes: Authors' calculations from CA DSS data.

Table 1: Means, SLIAD

	1973				1974			
	(1) All States	(2) Cashout States	(3) Non-Cashout Non-Binding States	(4) Binding States	(5) All States	(6) Cashout States	(7) Non-Cashout Non-Binding States	(8) Binding States
Food Stamp participation	0.454	0.430	0.517	0.449	0.351	0.057	0.484	0.461
Cash Benefits	71.748	98.415	67.422	59.891	93.621	125.843	89.214	78.901
Food Stamp expenditures	13.371	12.700	14.142	13.503	12.843	2.390	14.422	17.578
Food Stamp value	24.880	19.112	26.073	27.416	23.386	4.535	27.595	31.569
Food Stamp bonus amount	11.443	6.392	11.872	13.833	10.441	2.036	12.942	13.928
Combined cash and food	83.236	104.921	79.406	73.605	104.117	127.816	102.387	92.899
Receive free food	0.085	0.065	0.020	0.112	0.025	0.022	0.033	0.025
Not enough food	0.076	0.083	0.103	0.065	0.072	0.097	0.087	0.055
Not able to eat the right foods	0.752	0.789	0.706	0.745	0.798	0.787	0.755	0.816
Characteristics								
Disabled	0.419	0.503	0.608	0.328				
Age	64.823	62.637	60.010	67.156				
Non-White	0.302	0.250	0.339	0.319				
Hispanic	0.103	0.148	0.017	0.104				
Male	0.347	0.339	0.359	0.348				
At most H S degree	0.961	0.927	0.943	0.982				

Notes: Authors' tabulations of SLIAD sample, using weights. Each column represents a different set of states, with 1973 means in columns 1–4 and 1974 means in columns 5–9.

Table 2: Means, WHA and Comparison State Hospital-Discharge Data

	Count	Min.	Max.	Mean	SD
Age in Years	73309	65	124	77.37255	8.245247
State is Wisconsin	73309	0	1	.5321993	.4989655
Hypoglycemia	73309	0	1	.0126587	.1117975
Acute Preventable Diabetes Complications	73309	0	1	.0227939	.149247
Composite Indicator Overall	73309	0	1	.2307766	.4213326
Composite Indicator Acute	73309	0	1	.1023885	.3031606
Composite Indicator Chronic	73309	0	1	.1283881	.3345237
Composite indicator Diabetes	73309	0	1	.0220573	.146871
Observations	73309				

Notes: Data from the Wisconsin Hospital Association and the HCUP SID for Arizona, Maryland and New Jersey 1991-1992.

Table 3: With the Start of SSI and Cash Out Food Stamp Participation Decreased

	(1) FS Participation	(2) FS Participation	(3) FS Participation
Cash Out	-0.381***	-0.381***	-0.382***
	(0.130)	(0.122)	(0.123)
Controls	None	Basic	Full
Observations	3,731	3,731	3,731
R-squared	0.110	0.137	0.139

Robust standard errors in parentheses
*** p<0.01, ** p<0.05, * p<0.1

Notes: Regressions from the SLIAD. Sample includes only non-binding states (states that did not experience an increase in benefit level when SSI was introduced). Basic controls include demographics (gender, race, age and age squared, education level, number of children, whether the individual was from the disabled sample). Full controls add health conditions in 1973 (mental illness, respiratory conditions, circulatory conditions, cancer, diabetes, digestive issues, and arthritis). Cluster robust standard errors in parentheses. $***p < 0.01, **p < 0.05, *p < 0.1$

Table 4: Means for Reasons Why Did Not Participate in Food Stamps in 1974, SLIAD

	1974			
	All States	Cashout States	Non-Cashout Non-Binding States	Binding States
The cost is too high	0.136	0.023	0.134	0.240
Stigma	0.018	0.015	0.027	0.018
I don't have the cash to pay	0.028	0.015	0.043	0.035
Too infrequent	0.003	0.000	0.009	0.004
Not generous enough	0.008	0.004	0.011	0.012
I don't know what they are	0.064	0.064	0.035	0.071
No stores take them	0.007	0.007	0.015	0.005
I was denied access	0.116	0.100	0.138	0.124
I am ineligible	0.208	0.200	0.264	0.202
I was cut off from the program	0.256	0.462	0.120	0.101
Other	0.060	0.030	0.087	0.082

Notes: Authors' tabulations of SLIAD sample, using weights. Each column represents a different set of states, with 1974 means for reasons why respondents did not participate in Food Stamps, if they did not.

Table 5: Effects of Cash-Out Status on Cash and Food Benefit Levels

	(1) Cash Benefits	(2) FS Expenditure	(3) FS Value	(4) FS Bonus	(5) Cash + Food	(6) CDP
Cash Out	9.985	-11.513***	-17.381***	-5.861***	3.895	-0.045*
	(13.360)	(1.587)	(2.869)	(1.678)	(11.847)	(0.023)
Controls	Full	Full	Full	Full	Full	Full
Observations	3,616	3,696	3,699	3,675	3,553	3,686
R-squared	0.012	0.086	0.086	0.060	0.011	0.012

Robust standard errors in parentheses
*** p<0.01, ** p<0.05, * p<0.1

Notes: Regressions from the SLIAD. Sample includes only non-binding states (states that did not experience an increase in benefit level when SSI was introduced). Includes full set of demographic and health condition controls. Cluster robust standard errors in parentheses. $***p < 0.01, **p < 0.05, *p < 0.1$

Table 6: With the Start of SSI and Cash Out, Food Security Decreased

	(1) Not Enough Food	(2) Ate the Right Food
Cash Out	0.047**	-0.059**
	(0.020)	(0.022)
Controls	Full	Full
Observations	3,365	3,360
R-squared	0.010	0.007

Robust standard errors in parentheses
*** p<0.01, ** p<0.05, * p<0.1

Notes: See notes from Table 2.

Table 7: With the End of Cash Out, Food Stamp Unit Take-up Rate Among SSI Recipients Increased

	(1) Nevada	(2) Nevada	(3) Nevada	(4) New York	(5) New York	(6) New York
Cash out	0.292***	0.294***	0.304***	0.331***	0.322***	0.331***
	(0.021)	(0.020)	(0.020)	(0.021)	(0.023)	(0.024)
Control variables	N	Y	Y	N	Y	Y
Drops other cash out states	N	N	Y	N	N	Y
Observations	5607	5607	5164	5607	5607	5164
R-squared	0.164	0.166	0.172	0.165	0.166	0.167
	(7) Massachusetts	(8) Massachusetts	(9) Massachusetts	(10) Wisconsin	(11) Wisconsin	(12) Wisconsin
Cash out	0.189***	0.182***	0.189***	0.260***	0.266***	0.267***
	(0.015)	(0.019)	(0.020)	(0.007)	(0.009)	(0.009)
Control variables	N	Y	Y	N	Y	Y
Drops other cash out states	N	N	Y	N	N	Y
Observations	5607	5607	5163	5607	5607	5164
R-squared	0.165	0.166	0.169	0.189	0.191	0.193

Notes: Regressions from the Food Stamp Quality Control data and the Social Security Administration SSI Annual Statistical Report. Controls include state-year unemployment rate, the maximum AFDC benefit for a family of three, and the fraction of the year the state had a AFDC waiver in place. Cluster robust standard errors in parentheses. $***p < 0.01, **p < 0.05, *p < 0.1$

Table 8: With the End of Cash Out, Food Stamp Household Take-up Rate Among SSI Recipients Increased and Average Food Stamp Benefits Decreased

	(1) FS HH Take-up Rate	(2) FS HH Take-up Rate	(3) FS HH Take-up Rate	(4) Average FS Benefit ($1992)	(5) Average FS Benefit ($1992)	(6) Average FS Benefit ($1992)
Cash out	0.183***	0.187***	0.187***	-96.650***	-97.425***	-96.660***
	(0.007)	(0.008)	(0.009)	(1.154)	(1.157)	(1.157)
Control variables	N	Y	Y	N	Y	Y
Drops other cash out states	N	N	Y	N	N	Y
Observations	5298	5298	4882	5288	5288	4873
R-squared	0.138	0.140	0.140	0.099	0.106	0.101

Notes: Regressions from the Food Stamp Quality Control data and the Social Security Administration SSI Annual Statistical Report. Controls include state-year unemployment rate, the maximum AFDC benefit for a family of three, and the fraction of the year the state had a AFDC waiver in place. Cluster robust standard errors in parentheses. $***p < 0.01, **p < 0.05, *p < 0.1$

Table 9: With the End of Cash Out, Food Stamp Household Likelihood of Hospitalization for Food Related Diagnoses Decreased

	(1) Hypoglycemia	(2) Hypoglycemia	(3) Acute Preventable Diabetes Complications	(4) Acute Preventable Diabetes Complications	(5) Composite Indicator Overall	(6) Composite Indicator Overall
Cash Out	-0.002	-0.008***	-0.002**	-0.003**	-0.009	-0.077***
	(0.001)	(0.000)	(0.000)	(0.001)	(0.006)	(0.003)
Controls	N	Y	N	Y	N	Y
Observations	82566	82566	82566	82566	74207	74207
R-squared	0.000	0.000	0.000	0.000	0.003	0.003

	(7) Composite Indicator Acute	(8) Composite Indicator Acute	(9) Composite Indicator Chronic	(10) Composite Indicator Chronic	(11) Composite Indicator Diabetes	(12) Composite Indicator Diabetes
Cash Out	-0.001	-0.059***	-0.007***	-0.018***	-0.002***	-0.006***
	(0.005)	(0.002)	(0.001)	(0.001)	(0.000)	(0.000)
Controls	N	Y	N	Y	N	Y
Observations	74207	74207	74207	74207	74207	74207
R-squared	0.002	0.002	0.002	0.002	0.001	0.001

Notes: Regressions from the Food Stamp Quality Control data. Controls include state-year unemployment rate, and the maximum AFDC benefit for a family of three. Cluster robust standard errors in parentheses. $***p < 0.01, **p < 0.05, *p < 0.1$

Table 10: California County Outreach Plans

County	Flyers / Posters	Newspaper	Radio / TV	Geo-mapping	Social media	Mailers	Text / Call	Press Release	Application Assitance
Alameda	x			x	x			x	x
Alpine									x
Amador						x			
Butte	x				x				x
Calaveras	x								
Colusa									
Contra Costa	x	x			x	x			x
Del Norte									
El Dorado					x				
Fresno									
Glenn					x				
Humboldt									
Imperial	x						x		
Inyo	x					x			
Kern	x					x			x
Kings	x					x	x		x
Lake					x	x		x	
Lassen									
Los Angeles	x	x			x		x		x
Madera	x				x				
Marin	x					x			x
Mariposa	x				x				
Mendocino		x				x		x	x
Merced	x	x	x		x				x
Modoc	x								x
Mono	x				x	x			x
Monterey	x								x
Napa									x
Nevada					x	x	x		x
Orange	x			x		x			x
Placer	x								x
Plumas									x
Riverside	x				x				
Sacramento									x
San Benito	x				x				x
San Bernardino	x		x		x			x	x
San Diego	x				x	x	x	x	x
San Francisco	x				x	x	x	x	x
San Joaquin	x					x			
San Luis Obispo		x			x	x			
San Mateo	x			x	x				x
Santa Barbara	x								
Santa Clara					x	x			
Santa Cruz									
Shasta					x				
Sierra									
Siskiyou									
Solano									
Sonoma									
Stanislaus									
Sutter	x								x
Tehama	x								
Trinity	x	x			x	x			x
Tulare	x					x			x
Tuolumne						x			x
Ventura						x			
Yolo									
Yuba	x	x			x			x	x

Notes: Authors' tabulations from the "Expanding CalFresh to SSI Recipients: County Readiness Plan" https://www.cdss.ca.gov/Portals/9/CalFresh%20SSI%20Cash-Out/All%20County%20Readiness%20Plans-4.12.19.pdf?ver=2019-04-15-110413-780

Table 11: California County Accommodations Plans

County	ADA compliant spaces	Lowered counters	Braille/Large print/Signature guide	ASL interpreters/Language Line	Home visit	Trained greeters/staff	TDD/TTY telephone/Relay services	Request accomodation form
Alameda	x	x	x	x				x
Alpine				x	x			
Amador								
Butte		x		x		x		
Calaveras	x		x	x				
Colusa				x				
Contra Costa	x			x	x	x		
Del Norte	x			x	x			
El Dorado	x		x	x		x	x	x
Fresno	x	x		x		x		
Glenn					x			
Humboldt	x					x		
Imperial	x			x	x	x		
Inyo	x			x	x			
Kern	x	x	x	x		x		x
Kings	x	x		x	x	x	x	
Lake				x		x		
Lassen	x							
Los Angeles	x			x		x		x
Madera	x		x		x	x		
Marin	x				x	x	x	
Mariposa	x		x		x	x	x	
Mendocino	x	x	x	x		x		x
Merced						x		
Modoc						x		
Mono	x				x			
Monterey	x				x			
Napa			x	x		x		
Nevada			x	x		x	x	
Orange			x	x	x			x
Placer						x		
Plumas	x					x		
Riverside	x					x		
Sacramento					x	x		
San Benito	x	x		x	x	x	x	
San Bernardino	x			x	x	x	x	x
San Diego				x		x		
San Francisco	x				x	x		
San Joaquin	x	x				x		x
San Luis Obispo	x	x		x	x	x		
San Mateo	x	x		x			x	
Santa Barbara	x	x		x		x	x	
Santa Clara								x
Santa Cruz	x			x		x	x	
Shasta	x	x		x				
Sierra	x		x			x	x	
Siskiyou	x		x				x	
Solano	x							
Sonoma	x					x		
Stanislaus	x							
Sutter				x	x			
Tehama	x			x				x
Trinity				x	x	x		
Tulare	x			x				
Tuolumne				x		x		
Ventura	x	x	x	x			x	
Yolo				x				
Yuba	x	x		x			x	

Notes: Authors' tabulations from the "Expanding CalFresh to SSI Recipients: County Readiness Plan" https://www.cdss.ca.gov/Portals/9/CalFresh%20SSI%20Cash-Out/All%20County%20Readiness%20Plans-4.12.19.pdf?ver=2019-04-15-110413-730.

Table 12: Determinants of number of accomodation and outreach modes per county, as of December 2018

	(1)	(2)
Variables	*Number of accom. modes*	*Number of outreach modes*
Population 60 and older	-1.70e-05	-2.64e-05
	(1.83e-05)	(1.94e-05)
Population under 18	-4.19e-05	-8.31e-06
	(2.58e-05)	(2.73e-05)
Total ESL Over age 5 CY	6.86e-06	-1.08e-05
	(1.71e-05)	(1.81e-05)
Population 18–59	2.67e-05	1.35e-05
	(1.62e-05)	(1.71e-05)
CalFresh, 5 and older,	4.77e-06	-2.13e-05
speaking another language	(5.51e-05)	(5.81e-05)
CalFresh, aged 18–59	0.000114*	-4.13e-05
	(6.02e-05)	(6.35e-05)
CalFresh, aged 60 and older	-0.000215	0.000526
	(0.000302)	(0.000319)
SSI recipients	-0.000198*	-2.57e-05
	(9.96e-05)	(0.000105)
N	58	58
R^2	0.12	0.28

Notes: Determinants of number of planned county accomodation modes and county outreach modes as a function of December 2018 variables, from California CDSS administrative data and their calculation of some controls. Standard errors in parentheses. *** p<0.01, ** p<0.05, * p<0.1.

Table 13: Determinants of share HH with a SSI recipient applying to CalFresh among SSI population

	(1)	(2)
Population 60 and older		8.08e-09
		(1.66e-08)
Population under 18		4.55e-08
		(3.11e-08)
Total ESL Over age 5 CY		1.86e-08***
		(3.67e-09)
Population 18–59		-2.98e-08
		(3.02e-08)
Number of outreach modes x post policy	0.00168*	0.00264***
	(0.000931)	(0.000922)
Number of accom. modes x post policy	0.00388***	0.00381***
	(0.00125)	(0.00117)
N	5,568	5,568
County FE	Yes	Yes
Month FE	Yes	Yes
Year FE	Yes	Yes
R^2	0.49	0.62

Notes: Determinants of share of HH with a SSI recipient applying to CalFresh as a share of SSI recipients, 2014–2021, at the county-month level. Variables are from California CDSS administrative data and their calculation of some controls. Weighted by number of SSI recipients. Standard errors in parentheses, clusterd by county. County, year, and month FE, and dummies for missing variables. *** p<0.01, ** p<0.05, * p<0.1.

Appendix

A Semi-structured Interview Questionnaire for County CalFresh Offices

A.1 Mediums

1. Did your county use FLIERS/POSTERS? [If YES] In which languages? [FOR EACH LANGUAGE] When or over what time period? [EXACT DATES OR MONTHS PREFERRED] What was the scale or scope? [e.g. number of, catchment area, whether targeted] [IF YES] Could you send us a copy or example?
2. Did your county use NEWSPAPER ADS OR STORIES? [If YES] In which languages? [FOR EACH LANGUAGE] When or over what time period? [EXACT DATES OR MONTHS PREFERRED] What was the scale or scope? [e.g. number of, market area] [IF YES] Could you send us a copy or example?
3. Did your county use RADIO/TV ADS? [If YES] In which languages? [FOR EACH LANGUAGE] When or over what time period? [EXACT DATES OR MONTHS PREFERRED] What was the scale or scope? [e.g. number of, market area] [IF YES] Could you send us a copy or example?
4. Did your county use SOCIAL MEDIA? [If YES] In which languages? [FOR EACH LANGUAGE] When or over what time period? [EXACT DATES OR MONTHS PREFERRED] What was the scale or scope? [e.g. number of, size of following] [IF YES] Could you send us a copy or example?
5. Did your county use MAILERS/POSTCARDS? [If YES] In which languages? [FOR EACH LANGUAGE] When or over what time period? [EXACT DATES OR MONTHS PREFERRED] What was the scale or scope? [e.g. number of, whether targeted] [IF YES] Could you send us a copy or example?
6. Did your county use TEXTS/CALLS? [If YES] In which languages? [FOR EACH LANGUAGE] When or over what time period? [EXACT DATES OR MONTHS PREFERRED] What was the scale or scope? [e.g. number of, whether targeted] [IF YES] Could you send us a copy or example?
7. Did your county use a MEDIA ADVISORY/PRESS RELEASE? [If YES] In which

languages? [FOR EACH LANGUAGE] When or over what time period? [EXACT DATES OR MONTHS PREFERRED] What was the scale or scope? [e.g. number of, market area] [IF YES] Could you send us a copy or example?

8. Did you use or are you planning to use any other MEDIUMS that we have not asked you about already? If so, what are they?

A.2 Accommodations

1. In general, who initiates the request for accommodation?
2. In general, what documentation must the client or staff provide to request accommodation, if any?
3. Does your county use a REQUEST ACCOMMODATION FORM OR CASE FILE FLAG TO ASSIST THE ELDERLY AND DISABLED POPULATION? [IF YES] When did your county implement this accommodation? [EXACT DATE OR MONTHS PREFERRED] What languages do they speak?
4. Does your county provide accommodations for AMBULATORY DIFFICULTY (Having serious difficulty walking or climbing stairs)? [IF YES] What accommodations for AMBULATORY DIFFICULTY do you provide? When did your county implement this accommodation? [EXACT DATE OR MONTHS PREFERRED] [IF YES TO AMBULATORY DIFFICULTY] Does your county use ADA COMPLIANT SPACES? [IF YES] When did your county implement this accommodation? [EXACT DATE OR MONTHS PREFERRED] [IF YES TO AMBULATORY DIFFICULTY] Does your county use LOWERED DESK OR RECEPTION COUNTERS FOR WHEELCHAIR ACCESSIBILITY? [IF YES] When did your county implement this accommodation? [EXACT DATE OR MONTHS PREFERRED]
5. Does your county provide accommodations for VISION DIFFICULTY (blind or having serious difficulty seeing, even when wearing glasses)? [IF YES] What accommodations for VISION DIFFICULTY do you provide? When did your county implement this accommodation? [EXACT DATE OR MONTHS PREFERRED] [IF YES TO VISION DIFFICULTY] Does your county use BRAILLE, LARGE PRINT MATERIALS, SIGNATURE GUIDES? [IF YES] When did your county implement this accommodation? [EXACT DATE OR MONTHS PREFERRED]

6. Does your county provide accommodations for HEARING DIFFICULTY (deaf or having serious difficulty hearing)? [IF YES] What accommodations for HEARING DIFFICULTY do you provide? When did your county implement this accommodation? [EXACT DATE OR MONTHS PREFERRED] [IF YES TO HEARING DIFFICULTY] Does your county use AMERICAN SIGN LANGUAGE (ASL) INTERPRETERS, INTERPRETER SERVICES, OR LANGUAGE LINE? [IF YES] When did your county implement this accommodation? [EXACT DATE OR MONTHS PREFERRED] [IF YES TO HEARING DIFFICULTY] Does your county use TELECOMMUNICATION DEVICE (TDD) / TEXT TELEPHONE (TTY), RELAY SERVICES? [IF YES] When did your county implement this accommodation? [EXACT DATE OR MONTHS PREFERRED]

7. Does your county provide accommodations for INDEPENDENT LIVING DIFFICULTY (Because of a physical, mental, or emotional problem, having difficulty doing errands alone)? [IF YES] What accommodations for INDEPENDENT LIVING DIFFICULTY do you provide? When did your county implement this accommodation? [EXACT DATE OR MONTHS PREFERRED] [IF YES TO INDEPENDENT LIVING DIFFICULTY] Does your county use HOME VISITS, TRAVEL TO CLIENT RESIDENCES? [IF YES] When did your county implement this accommodation? [EXACT DATE OR MONTHS PREFERRED]

8. Does your county provide accommodations fro COGNITIVE DIFFICULTY (Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions) ? [IF YES] What accommodations for COGNITIVE DIFFICULTY do you provide? When did your county implement this accommodation? [EXACT DATE OR MONTHS PREFERRED]

9. Does your county use GREETERS OR STAFF SPECIFICALLY TRAINED IN ASSISTING THE ELDERLY AND/OR DISABLED POPULATION? [IF YES] When did your county implement this accommodation? [EXACT DATE OR MONTHS PREFERRED]

10. Does your county use any other ACCOMMODATIONS to assist the SSI recipient population with CalFresh enrollment that we have not mentioned?

A.3 Partners

1. Have SSA FIELD OFFICES been involved with your outreach to and enrollment of the newly eligible SSI population? [IF YES] Could you please provide us with information for your contact at the SSA FIELD OFFICE so we can follow up with them if we have additional questions? [Name, Email, Phone] [IF YES] What activities have the SSA FIELD OFFICES been involved with? [FOR EACH ACTIVITY] When or over what time period? [EXACT DATES OR MONTHS PREFERRED]

2. Have OTHER GOVERNMENT OFFICES been involved with your outreach to and enrollment of the newly eligible SSI population? [IF YES] Which ones? [FOR EACH GOVERNMENT OFFICE] Could you please provide us with information for your contact at [OFFICE NAME] so we can follow up with them if we have additional questions? [Name, Email, Phone] [FOR EACH GOVERNMENT OFFICE] What activities has [OFFICE NAME] been involved with? [FOR EACH ACTIVITY] When or over what time period? [EXACT DATES OR MONTHS PREFERRED]

3. Have COMMUNITY PARTNERS/COMMUNITY ORGANIZATIONS been involved with your outreach to and enrollment of the newly eligible SSI population? [IF YES] Which ones? [FOR EACH COMMUNITY PARTNER] Could you please provide us with information for your contact at [PARTNER NAME] so we can follow up with them if we have additional questions? [Name, Email, Phone] [FOR EACH COMMUNITY PARTNER] What activities has [PARTNER NAME] been involved with? [FOR EACH ACTIVITY] When or over what time period? [EXACT DATES OR MONTHS PREFERRED]

A.4 Documents and Data

1. Do you have implementation documents that you can share with us? (e.g. internal documents, training handbooks, memos that describe to staff the outreach efforts and procedures) [IF YES] Can you email them to us or who can I reach out to to get a copy of those documents? [ENTER NAME, PHONE, EMAIL]

2. Do you have documents that you distribute to clients or community partners that you can share with us? (e.g. handouts, flyers, press releases, etc., documents in other languages or multi-media) [IF YES] Can you email them to us or who can I reach out to to get a copy of those documents? [ENTER NAME, PHONE, EMAIL]

3. Do you have data tracking your outreach to and enrollment of the newly eligible SSI population that you can share with us? We are not asking for client level data, but rather aggregated data you might have or reports you might have generated tracking outreach, application and enrollment for the newly eligible SSI recipient population. [IF YES] Can you email them to us or who can I reach out to to get a copy of those documents? [ENTER NAME, PHONE, EMAIL]

A.5 Challenges and Successes

1. In your experience what have been the biggest challenges or hurdles to outreach and enrollment of the newly eligible SSI population into CalFresh? What have been the most successful efforts to outreach and enrollment of the newly eligible SSI population into CalFresh? [PROBE] What do you think have been the "keys" to your success?

Appendix Table 1: List of counties interviewed and dates of interviews

County name	*Interview Date*
Alameda	3/2/2021
Alpine	2/16/2021
Butte	2/18/2021
Contra Costa	2/8/22
Del Norte	10/10/2021
Glenn	7/7/2021
Humboldt	7/8/2021
Imperial	7/23/2021
Inyo	8/4/2021
Kern	2/16/22
Kings	7/23/2021
Lassen	7/29/2021
Madera	8/2/2021
Mariposa	8/31/2021
Mendocino	4/8/2021
Mono	8/16/2021
Monterey	7/22/2021
Napa	7/29/2021
Nevada	8/24/2021
Placer	2/25/2021
Riverside	3/4/2021
Sacramento	8/16/2021
San Benito	8/31/2021
San Bernardino	6/22/2021
San Francisco	1/14/2022
San Joaquin	4/12/2021
San Luis Obispo	3/16/2021
San Mateo	5/24/2021
Santa Barbara	7/7/2021
Santa Cruz	1/27/2022
Solano	8/16/2021
Tehama	4/2/2021
Tulare	2/1/2022
Tuolumne	7/1/2021
Ventura (written)	7/2/2021
Yolo	7/23/2021

Notes: Table contains names and dates for counties we were able to conduct interviews with. The following counties were unresponsive: Amador, Calaveras, Colusa, El Dorado, Fresno, Lake, Los Angeles, Marin, Merced, Modoc, Orange, Plumas, San Diego, Santa Clara, Shasta, Sierra, Siskyou, Sonoma, Stanislaus, Sutter, Trinity, and Yuba.