

# ELIGIBILITY SPECIALIST SURVEY 2021

This brief provides a summary of the results of a survey of the Michigan Department of Health and Human Services (MDHHS) case workers, who are known within the state as eligibility specialists. These staff provide a unique perspective on the implementation and effects of policy changes for the Child Development and Care (CDC) assistance program.

The policy changes examined for this brief included those instituted during 2020 (with some continuing into 2021):

- Allowing providers to bill for enrolled children who were absent due to the pandemic, beyond the 360-hour annual maximum, even if the facility was closed.
- Offering Child Care Relief Fund grants to providers to help with their operating expenses. Requiring child care rate reductions/credits by providers to parents as part of the Child Care Relief Fund grant terms. (These were not limited to CDC recipients.)
- Extending the redetermination period by six months (for cases that came due in March through June 2020).
- Allowing providers to bill for school-aged children who were engaged in remote learning while in care.

The survey is part of a larger study on the effects of child care assistance program policy changes being carried out by Public Policy Associates, Inc. (PPA). This is done in partnership with the Michigan Department of Education (MDE), which administers the CDC program, and the MDHHS, which determines eligibility for the program.

The goal of the survey was to evaluate perceived difficulties experienced by clients and specialists, as well as to gauge the general effectiveness of policy changes in CDC in response to COVID-19. The year 2020 was difficult for clients and specialists alike, as COVID-19 introduced myriad new restrictions and challenges. Although their levels of approval varies from policy to policy, specialists who work with CDC clients did see overall benefits in the policies put into place as a response to COVID-19. Additionally, specialists gave feedback on how messaging and policy administration could be improved upon and what type of policies they would like to see continued.

In many instances a high percentage of eligibility specialists reported that they did not know or were unsure about the effect of policies. This is likely due to the fact that many of the policies adopted in response to COVID-19 were designed to stabilize the market for child care providers. Since eligibility specialists rarely interact directly with providers, this result should not be surprising. However, it also indicates that eligibility specialists were not hearing about difficulties with providers indirectly through their clients.

# Recommendations

The following recommendations are presented for consideration to the CDC program leadership and the MDHHS Business Resource Centers (BSCs). These recommendations are based on the results of an analysis of the survey responses from specialists that work with clients of the CDC program.

- Provide more and clearer material about the program and policies for both clients and specialists, particularly the program's income eligibility requirements. Provide specialists in rural areas with information and strategies to aid clients in finding client care in communities with child care deserts.
- When communicating new policies to specialists, outline how these align with client concerns, known or suspected. Specialists may be able to also provide insights before policies are determined, based on their interactions with clients.
- Work with specialists to explore how change reporting could be made more timely by clients. Deliver additional training to specialists on how to explain and field questions about program requirements and features satisfactorily, focusing on those with the least experience first.

# Results

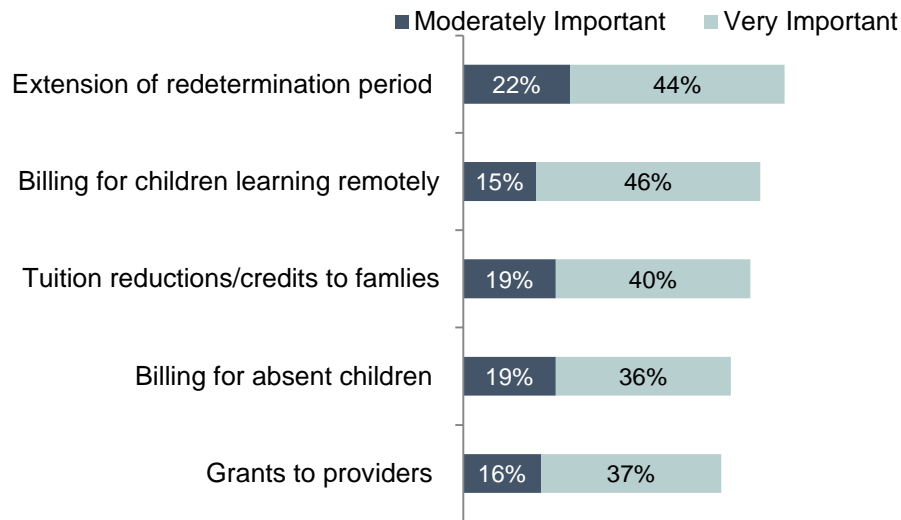
There were some differences among survey respondents by their BSC region, overall experience, community type, or frequency of interaction with the CDC program. These differences are mentioned in the text only when they are statistically significant and relevant.

## **On the whole, specialists were mostly undecided on whether COVID-related policies had a positive impact on clients.**

When asked about the policies as a group, half of the specialists reported that they agreed or strongly agreed (50%) that the policies have made it easier for client families to obtain financial stability. Additionally, respondents believed the policies, as a group, made it easier to improve the health and safety of children in Michigan (47% agreed or strongly agreed). However, about one-third of specialists were not sure of or marked “not applicable” for the effect of the policies.

## **Specialists considered the extended redetermination period to be the most important policy change.**

Of the different policies studied, eligibility specialists thought the extension of redetermination and billing for school-aged children while in care and learning remotely as the most important for clients, although all were viewed as important. The redetermination period is most directly connected to the work of the specialists. The grants to providers were perceived by specialists as the least important of the policies implemented.



**Figure 1. The importance of policy changes from the perspective of eligibility specialists (n=623)**

### **Many specialists were uncertain about the impact of the COVID-related policies on child care access, quality, continuity, equity, and subsidy program retention**

Up to half of the specialists responded “not applicable/not sure” to these questions. Additionally, specialists had inconclusive feelings on how the extension of redetermination impacted child care access during the pandemic. None of the three answer groups (positive impact, negative impact, and not sure) received over 50% of responses for any of the five areas asked about. Very few answered that they thought these policies had a negative impact, but the high level of uncertainty leaves a fair amount of ambiguity for the perceived impacted of the policies by the specialists. Again, this is likely a reflection of the fact that specialists did not have a direct role with most of these policies (with the extended redetermination period being the exception).

In response to a similar but distinct question, 44% of specialists thought that the extended redetermination period was “very important” for parents using the subsidy, more so than the other policies. Again, though, many providers were not sure about the importance of these policies for families.

### **Access to child care of most concern for specialists in rural areas**

Sixty-five percent of specialists that work with rural communities saw finding child care as the biggest challenge faced by clients, as compared to 44% in other areas (urban, suburban). In addition, 65% of specialists with clients in rural areas also said that COVID-19 reduced access to child care, as opposed to 54% from other areas. In their comments, specialists expressed concern about the number of providers in a given area, also their varying capacities, hours, costs/fees, and other aspects of child care availability and affordability.

## Worries about losing child care subsidy among client concerns reported by specialists

When asked about the impact of the pandemic overall for subsidy families, specialists thought that parents were experiencing increased financial hardship (69% agreed or strongly agreed) and that parents had reduced access to child care (56% agreed or strongly agreed). In addition, 41% of specialists agreed or strongly agreed that clients worried about retaining their subsidies. In this regard, the extended redetermination period policy and the attempts to support providers to remain open were responsive to family concerns.

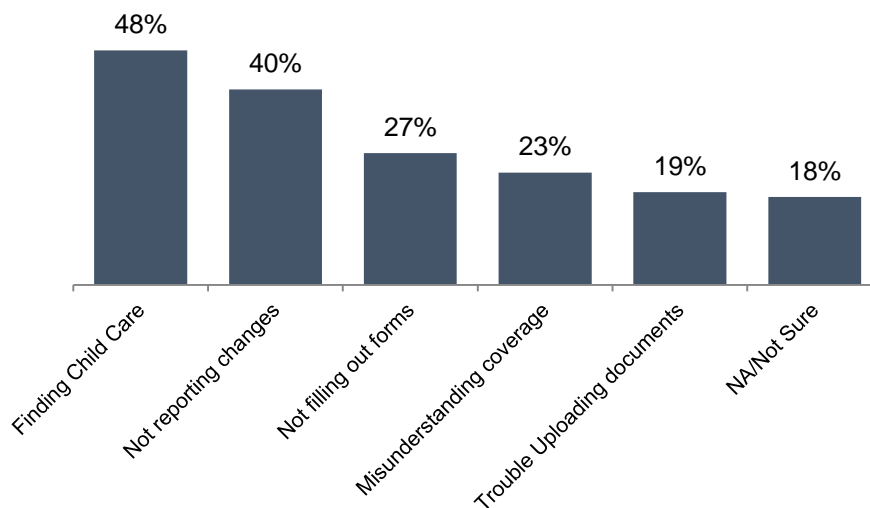
The effect of the pandemic on access to care for children with special needs could not be addressed by most specialists (86%). Of those who answered, each thought access remained about the same.

## Specialists would like to see most of the policies extended if feasible

There was a fairly balanced response when questioned on which of the five policies they would most like to see extended, provided that funding was available. The exception was the policy permitting providers to bill for enrolled children who are absent beyond 360 hours annually when the situation warranted, which only 5% believed should be extended, suggesting this was perhaps the least important policy in the eyes of specialists.

## Biggest challenges for clients observed by specialists are finding child care and turning in paperwork on time

Specialists in all experience levels noted similar challenges with the program for clients. They reported that problems finding child care was a major issue for clients (48%). When working with child care subsidy clients, specialists also noted that clients did not report changes in a timely manner (40%). This lack of timeliness is an increase over last year, when 21% of specialists noted this challenge. Both of these likely were related to the economic and social changes that occurred in connection with the pandemic. Other challenges with clients, like misunderstanding benefits and incomplete forms, were reported by less than one-quarter of specialists.



**Figure 2. Biggest Challenges for Clients, According to Specialists (n=668)**

## **Most specialists believed pandemic affected the need for child care but did not lower interest in the subsidy**

Mirroring the reduced access, 66% of specialists agreed or strongly agreed that the pandemic reduced the need for child care, and 43% thought that it reduced the need for care during non-standard hours (although 23% remained unsure of its effects on need). This should not be a surprise, since more work was being done remotely by parents at the time of the survey, and many parents left employment during the pandemic. Even with the perceived reduction in need, most specialists did not see reduced interest in the subsidy from parents (54%). A large portion of specialists also reported parents having a greater desire for home-based care (45% agree or strongly agree) resulting from the pandemic, however, 36% were unsure.

## **Program income limits and the required family contribution the most difficult to explain to clients**

When asked what they found most difficult to explain to clients, most specialists thought that the policy about family contribution procedures was the most challenging (62%). Respondents also thought explaining the program income limits and eligibility requirements (49%) was difficult. As might be expected, specialists with more experience felt better able to explain program features and requirements, although the frequency of contact with CDC clients did not correlate to more ease with these tasks overall.

## **Specialists confident in their ability to assist CDC program clients with applications and eligibility determination**

A majority of respondents stated that they felt confident that they could assist clients of the CDC program in all aspects, including completing applications (85% agreed or strongly agree) and determining eligibility (80%). However, specialists were less confident overall in their ability to answer questions about eligibility (65%), provide information about how to find child care (63%), and address questions about where and how the subsidy could be used (56%). On the whole, the more experienced workers and those who worked with CDC clients more frequently felt more capable in these roles.

## **Policies needed to be better communicated to specialists and clients**

The majority of eligibility specialists did not think this set of policies was well communicated to them (56%). Forty-seven percent thought policies were not communicated well to clients, with an additional 35% unsure how well the policies were communicated to clients, a potentially problematic gap in communication in itself.

In addition, 74% of specialists said that keeping up with policy changes was by far the most serious challenge for them in connection with the CDC program during the previous year. When compared to the results of the previous specialist survey (spring 2020), this was a 5% increase.

To reduce confusion, specialists wanted more materials to give clients and they would like more professional development. A majority (57%) said that they need better information for clients; in particular, materials on eligibility requirements and income limits (59%). In open-ended comments, specialists also noted that they could use more training and notice of changes, as well as solutions to technical glitches or obstacles. These findings are consistent with those from last year's survey of specialists.

### Specialists see several opportunities for program enhancements

When asked about the overall CDC program effectiveness, 16% of specialists said it was very effective, with a further 43% saying it was somewhat effective. Beyond the improved communications for specialists and clients discussed with the previous findings, specialists noted that income eligibility thresholds (50%), informational resources for providers (41%), eligibility specialist professional development (41%), and provider acceptance of the subsidy (33%) were prime opportunities for program improvement.

## Survey Participant Characteristics

The survey received 884 responses of the 2,950 eligibility specialists who work for MDHHS, for a response rate of 30%. Of the respondents, 779 (83.6%) worked with clients regarding the CDC program, with 42% working with clients in the program daily or weekly.

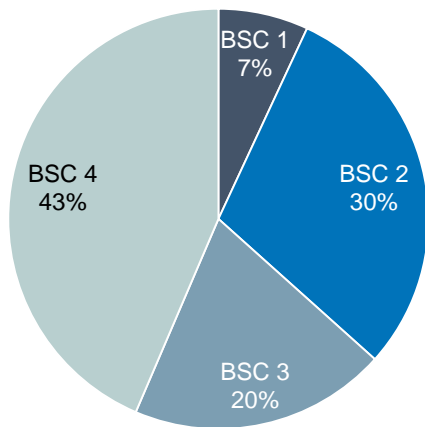


Figure 3. Response by BSC Region (n=588)

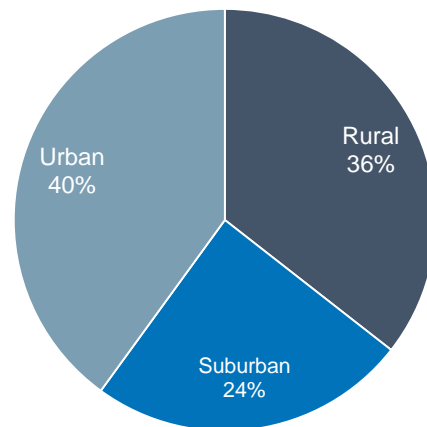


Figure 4. Response by Community Type (n=583)

The respondent pool was quite experienced, with about half (51%) having worked as eligibility specialists for more than 10 years and only around a quarter with one to five years (26%). Specialists with more than 10 years of experience were most likely to work with CDC clients on a weekly basis (33.1%), while those who have been working for one to five years are more likely to work monthly (32.0%) or less than once a month (35.3%) with CDC clients.

## Methods

This survey was developed in collaboration with MDE and MDHHS partners in order to assess the impacts of the COVID-19 pandemic on clients with regard to need for child care services and subsidies, financial hardship, and access to and availability of child care services. It also assessed the impacts of policy changes made in 2020 in response to the pandemic from the case worker perspective. Items were based on the previous year's survey instrument, with constructs modified to address the specific policies implemented in response to COVID. The instrument was piloted with a small group of current eligibility specialists and revised in light of their feedback.

The final survey was disseminated to all MDHHS specialists in March 2020 and remained open for 2 months. The caseworkers were emailed an electronic link to the survey (with accompanying explanation) by MDHHS staff. Survey responses were confidential and without identifying information.

PPA analyzed the survey data using descriptive statistics and significance testing of differences among specialists (by experience, frequency of working with the program, community type, and region). In cases when a respondent reported "NA/not sure," they were coded as missing for statistical testing. However, in some cases "NA/not sure" counts were high enough to be significant (approximately 20% or greater), and so were included so as to not obscure the results. Additionally, it is possible that for other reasons than previously mentioned, the specialists who did not respond have different feelings than those who did, potentially introducing selection bias.