



THE IMPACT OF POLICY CHANGES ON PROGRAM HANDBOOK COMPLEXITY

Results from Michigan’s Child Development and Care Program

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How the complexity of program documents communicating child care policies to parents and providers can be measured and reduced to enhance program access and satisfaction

INTRODUCTION

Administrative burden arises when individuals encounter challenges accessing, utilizing, or understanding government services and programs, such as the Child Care Development Fund (CCDF), the nation’s child care assistance program. When intended beneficiaries (such as families and child care providers) perceive that the required efforts and costs associated with the program outweigh the benefits received, this may discourage participation and reduce the use of economic and social supports.

Complex administrative procedures and bureaucratic processes have historically hindered access to social services for disadvantaged populations, and barriers traditionally have larger impacts on individuals with characteristics associated with economic or social marginalization, such as having a low income, primarily speaking a language other than English, having limited educational attainment, being an immigrant, being disabled, experiencing homelessness, or identifying as a minority race or ethnicity (Brodkin & Majumdar, 2010; Fox et al., 2020). Many of these factors are likely to intersect, compounding inequities.

Explaining policy changes through administrative documents might add complexity and increase administrative burden. To understand how Michigan’s Child Development and Care (CDC) payment structure changes affected the program handbook, the research team examined the January 2020 CDC Handbook (issued before many new changes occurred) and the January 2024 CDC Handbook (after significant changes).





How Providers Can Be Impacted by Administrative Burden

Administrative burden can directly impact child care providers who accept subsidy families as clients. Child care providers, as well as families, consistently raise complaints that the administrative procedures associated with the CCDF program are a barrier to participation. For example, previous research highlights how administrative errors and other procedural problems cause difficulties for child care providers (Adams et al., 2008). Findings on CCDF provider experiences highlight significant burdens related to application and renewal paperwork, monthly reimbursements, resolution of payment disputes, coordinating with multiple state agencies, and assisting families in navigating the system (Adams et al., 2008; Jenkins & Nguyen, 2022). Due to their smaller staff size, administrative barriers may impact home-based providers more strongly than center-based providers (Adams & Dwyer, 2021).

These burdens have considerable financial implications for providers, including the risk of not being paid while awaiting eligibility decisions and insufficient notices of benefit termination (Adams et al., 2008; Jenkins & Nguyen, 2022). Due to the administrative burden associated with the child care subsidy program, some providers may opt out of accepting families receiving child care assistance entirely (Rohacek & Adams, 2017).

How Families Can Be Impacted by Administrative Burden

Only a small portion of eligible families receive child care subsidies, and even among the states with the highest usage rates, less than a quarter of eligible children participate in the child care subsidy program (Ulrich et al., 2019). Participation rates are even lower for some groups, including children from Hispanic families (Ulrich et al., 2019). Barriers to accessing child care assistance may also hinder families' access to the downstream benefits associated with quality child care, impacting both children's development and overall economic opportunities, by limiting parents' ability to participate in education, training, or employment (Jenkins & Nguyen, 2022).

Low family participation rates could relate to several factors, including the administrative burden associated with applying for and receiving benefits. Surveys of subsidy-receiving families reveal procedural barriers, including long wait times, excessive paperwork, and poor communication (Sandstrom et al., 2015). Other studies find families' negative experiences with caseworkers can deter program participation (Lin et al., 2022). Emerging research specific to the CCDF program found that families are burdened by the program's continual eligibility requirements, which impacts families' persistent enrollment in the program (Jenkins & Nguyen, 2022).



Program Simplification Can Increase Program Access and Participation

Broader efforts at program simplification have been associated with increased participation and satisfaction, which may suggest declines in administrative burden. For example, Fox et al. (2023) analyzed three social welfare programs (TANF, SNAP, Medicaid) from 2000 to 2016 across states, finding that states with more relaxed policy rules and processes to automate enrollment increase access and participation to entitled recipients. In other words, program enrollment for eligible recipients increases when burdensome rules are changed. However, this study is limited in that the actual degree of burden or change in the level of administrative complexity is not directly measured, only assumed.

Evaluating Program Document Complexity to Measure Administrative Burden

One of the key ways that policy rules and regulations are communicated to intended benefit recipients and third-party service providers is through program and administrative documents. These documents are known to be complex, leading to initiatives in the United States such as “plainlanguage.gov” that seek to make government communications easier for the public to read, understand, and use. Understanding the complexity of a program’s administrative documentation (which includes material such as rules, handbooks, forms, memoranda, and letters) will provide insights into the level of effort needed to comprehend and act on the information – that is, the level of administrative burden.

Challenges With Measuring Administrative Burden

Despite the recognized need for considering administrative burden as an important dimension for evaluating policy interventions and programs, there is a lack of research on how administrative burden can be conceptualized and measured. Apart from client self-reports, there are few established methods for assessing the degree of changes in administrative burden, posing challenges for establishing common ground and allowing empirical measures of administrative burden to be used across contexts and policy areas (Baekgaard and Tankink, 2022).

A wide body of research explores administrative burden from the end user’s perspective using primary data (e.g., interviews, focus groups, surveys). For example, research on government programs such as the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Medicaid, and the Free Application for Federal Student Aid (FAFSA) shows that perceptions of administrative burden impacts program participation (Finkelstein & Notowidigdo, 2017; Giannella et al., 2023; Bettinger et al., 2012; Mueller & Yannelis, 2022).

However, studies like these only provide *indirect* measures of administrative burden, and they have largely focused on the impacts of administrative burden on intended recipients. Other stakeholders can also be affected by a program’s administrative burden, such as program administrators and staff, eligibility caseworkers, and third-party service providers such as child care providers. Caseworkers and child care providers may face both direct and indirect challenges with administrative burden, whether it’s the effectiveness of their implementation (for caseworkers) or their willingness to serve clients (for child care providers), potentially impacting engagement with programs.



The complexity of program documents may be attributable in part to the quantity of policies (or regulations) associated with the program that must be communicated. However, program documents can be complex for other reasons, such as the overall readability (or legibility) of the text and abundant references to other documents or materials, both of which increase the cost of knowledge acquisition and increase administrative burden.

The complexity of regulatory text can have real-world impacts, as shown in studies on the complexity of Spanish governmental regulatory texts (Lucio & Mora-Sanguinetti, 2021; 2022). The researchers theorized regulatory complexity stems from three different dimensions, as shown in Table 1. The researchers found that increased regulatory complexity across these three dimensions is linked to lower productivity and effectiveness in the Spanish legal system.

TABLE 1. DIMENSIONS OF COMPLEXITY

DIMENSION	DESCRIPTION
Volume/Quantity	Regulations may be too broad, either in volume (number of regulations, sentences, and words) or a variety of sources, making them hard for individuals to understand.
Readability	Regulations can be ambiguously written or hard to read, making them challenging for individuals to follow.
Relations/Linkages	Regulations can relate and refer to other regulations, documents, or materials, meaning individuals require more resources to comprehend.



Traditionally, most research that evaluates the complexity of regulatory documents has taken the volume (or quantity) approach. For example, a study in Australia showed that the growth in legislation (measured by number of pages) negatively related to growth in real income per-capita in the short-term (Kircher, 2012). Relatively less research has incorporated readability and relational approaches to measuring regulatory complexity. Moreover, to the knowledge of the researchers, no study has evaluated the administrative burden of public assistance programs, such as the child care subsidy programs, by measuring administrative document complexity.

THE CURRENT STUDY

This study presents a methodology for how to directly measure changes in administrative burden by studying changes in Michigan’s child care assistance program. Specifically, the research team examined the child care subsidy handbook (CDC Handbook), which is used to communicate child care policies, procedures, and regulations to parents and providers, for the three dimensions of regulatory complexity (volume, readability, and relations). The CDC Handbook was evaluated both before (January 2020) and after (January 2024) a number of changes in payment policies were enacted in Michigan.

Changes to Michigan’s Child Care Assistance Program From 2020 to 2024

The child care assistance program in Michigan is operated by the Office of Child Development and Care (CDC) in the Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP). Between 2020 and 2024, Michigan both increased the rates that they paid providers, as well as enacted several changes related to payment policies for the CDC program. The previous and revised policies are summarized in Table 2. While increased subsidy payments have been shown to enhance program participation (Weber et al., 2014), there is limited knowledge on how different payment *policies* impact access to care, particularly for disadvantaged families (Adams & Pratt, 2021), and when payment policies are intended to reduce the administrative burden associated with program participation.

TABLE 2. MICHIGAN’S CHANGED CHILD CARE POLICIES

JANUARY 2020 POLICIES	JANUARY 2024 POLICIES
Centers paid \$2.75-\$5.50/hour; HBCCs paid \$2.65-\$4.65/hour ^a	Centers paid \$4.25-\$8.35/hour; HBCCs paid \$4.15-\$7.10/hour ^a
Providers bill by child program attendance	Providers bill by child program enrollment
Providers bill by actual hours of care	Providers bill by consolidated blocks of time
Families who meet certain circumstances must pay a co-payment (known as the <i>family contribution</i>)	The family contribution was waived during the pandemic and re-instated for certain families on October 1, 2023

NOTE: HBCC = Home-based care provider. ^aProvider payment rates depend on child age and program QRIS rating.



The CDC Program Handbook Is Used to Communicate Program Rules and Changes

The CDC Program Handbook forms the basis for the analyses of regulatory complexity and allows the research team to directly measure changes in administrative burden. The CDC Program Handbook is posted on the Office of Child Development and Care Website, where it is updated quarterly and serves as the official record for all CDC program policies. Many parents and providers are directed to the manual to answer questions about program eligibility, applications, processes, and more. According to a March 2024 survey conducted by MiLEAP with more than 300 child care providers, almost 2 in 3 (62%) reported using the CDC manual to find information about the child care subsidy program in the past year, with the majority (86%) of those who do reference it referencing it multiple times (M. Chipman, personal communication, April 24, 2024). Much of the content of the handbook stems from the need for Michigan's CDC program to align with regulations of the federal CCDF program (i.e., guidelines, rules, requirements).

METHODS

This study adapted the framework of Lucio and Mora-Sanguinetti (2022) to assess the three dimensions of complexity in the administrative documents of Michigan's CDC assistance program. This study focused on two administrative documents: the January 2020 and January 2024 CDC Program Handbooks. These documents were selected to explore differences in complexity before and after the pandemic, and before and after some policy changes meant to simplify payment policies were enacted.

Program Document Coding

Because the context underlying the original complexity framework (i.e., Spanish governmental regulatory text) differs greatly from the context of Michigan's child care reference handbook, the research team created a new set of terms to code for when reviewing program documents. Each sentence in the January 2020 and January 2024 CDC Program Handbook was coded as one of the following:

- **Policy:** Sentences that are identified as a policy are the most crucial. They frame a core program element. These are the focus of the document section and serve the same function as norms (number of specific regulations) in the original framework.
- **Implementation/Explanatory Details:** These sentences rephrase the policy, provide illustrative examples, describe how the policy applies to different subgroups, or describe the finer details related to the enactment of the policy.
- **References:** These statements are linkages to other documents or information, such as a website address, a person or organization to contact, or citation, as well as references to other sections in the document.

All sentences in all sections of the handbook were coded by two coders. When identical sentences appeared in both handbooks, the research team was sure to code the sentence in the same way. For each document, two coders used an established coding protocol to independently code each sentence as a policy, implementation/explanatory detail, or reference. An independent auditor also trained on the coding scheme reviewed the coding for consistency and accuracy between coders. The two coders were in agreement on



85% of the sentence codes. Disagreements were reconciled by the auditor, who prepared a document with the final codes and ran algorithms in Stata to convert the qualitative codes into quantitative data for analysis.

Program Document Comparison

Only certain sections of the handbook specifically pertain to the changes in payment policies described in Table 2, while other payment policies remained stable over the study period. Additionally, the handbook covers other content related to the child care subsidy program that is not relevant to payment policies. The research team divided the content of the handbook (which itself is divided into thematically related sections) into four different blocks (see Table 3). Each block contained 6-8 sections. Topics not relevant to payment policies were randomly assigned to either Control Block 2 or Control Block 3. The reference sections that appear at the end of the handbook were not included in the analyses.

The focus of the analyses was to compare the experimental block (the sections that describe the changed payment policies) between the 2020 and 2024 handbook versions. The hypothesis was that the January 2024 experimental block experienced the most changes across all three dimensions (volume, readability, relations) of complexity. However, the direction of change (whether the block became more or less complex) was ambiguous, since it was unclear whether the changed policies were, in fact, less complex and easier to communicate.

Overall results (i.e., the whole handbooks, minus the reference sections) as well as results from the other blocks are also presented to provide additional context, and to evaluate changes in the administrative burden of the CDC program overall.





TABLE 3. HANDBOOK BLOCKS FOR COMPARISON

	JANUARY 2020 HANDBOOK SECTIONS	JANUARY 2024 HANDBOOK SECTIONS
Experimental Block: Changed Payment Policies	Family Contribution Rates and Payments Payments Attendance Records Billing “Dos” and “Don’ts” ^a Billing Absence Hours ^a	Family Contribution Rates and Payments Payments Attendance Records Excess Subsidy Payments ^b Provider Bi-Weekly Rates ^b Attendance Billing ^b Enrollment Billing ^b
Control Block 1: Stable payment policies	Payment Delays Overpayments Questions about Billing Provider Billing PINS Billing Help Bi-Weekly Hour Limits IRS Reporting Direct Deposit	Payment Delays Overpayments Questions about Billing Provider Billing PINS Billing Help Bi-Weekly Hour Limits IRS Reporting Direct Deposit
Control Block 2: Other topics	Introduction Program Application Provider Relationship Eligible Providers Background Checks Enrolling as a License-Exempt Provider Centralized Intake	Introduction Program Application Provider Relationship Eligible Providers Background Checks Enrolling as a License-Exempt Provider Centralized Intake CDC Review/Redetermination ^b
Control Block 3: Other topics	Authorization Provider Training Reporting Changes Program Violations Provider Duties Reporting Injuries Welfare Fraud Time and Attendance Reviews ^a	Authorization Provider Training Reporting Changes Program Violations Provider Duties Reporting Injuries Welfare Fraud
<i>Excluded Reference Sections:</i>	<i>Resources, Glossary, CDC 2020 Payment Schedule^a, I-Billing Step-by-Step Instructions, I-Billing FAQs, Sigma VSS</i>	<i>Resources, Glossary, CDC 2024 Payment Schedule^b, CDC 2023 Payment Schedule^b, I-Billing Step-by-Step Instructions, I-Billing FAQs, Sigma VSS</i>

Note: ^aSection only appeared in 2020 handbook; ^bSection only appeared in 2024 handbook.



Block-Level Measures of Complexity

The research team analyzed complexity at the overall handbook level and at the block level. For the 2020 and 2024 handbooks, and for each block within the two handbooks, the research team calculated the total number of sentences, the total number of each sentence type, the total number of words, and the total number of letters. These metrics form the basis of the complexity metrics.

The sentence text and the codes for each sentence (Policy, Implementation/Explanatory Details, and References) were used to develop scores for the different domains of complexity, described in Table 4. These scores were averaged across the handbook overall and within each block.

TABLE 4. COMPLEXITY METRICS

DOMAIN	METRIC(S)
Volume/ Quantity	Number of words Number of sentences Number of policy sentences Number of implementation/explanatory detail sentences
Readability	Mean number of letters per word Mean number of words per sentence Legibility Index = $\left(\frac{\text{Words per policy}}{\text{Words per policy} - 1}\right) \times \left(\frac{\text{Average number of letters per word per policy}}{\text{Variance in number of letters per word per policy}}\right) \times 100$ Mean number of implementation/explanatory details per policy
Relations/ Linkages	Number of references

The legibility index was originally developed by Lucio and Mora-Sanguinetti (2022) and will usually fall between 0 and 100. Higher legibility index scores are associated with better readability, while lower scores are associated with worse readability.

RESULTS

Volume/Quantity

First, the research team evaluated whether and how the handbook changed in length between January 2020 and January 2024. In Table 5, the research team presents the overall numeric results as well as the percentage changes for the handbook overall, for the experimental block, and for the three control blocks.

TABLE 5. SUMMARIES OF VOLUME/QUANTITY COMPLEXITY METRICS

	# WORDS			# SENTENCES			# POLICIES			# IMP/EXP DETAILS		
	JAN '20	JAN '24	% Δ	JAN '20	JAN '24	% Δ	JAN '20	JAN '24	% Δ	JAN '20	JAN '24	% Δ
Overall Handbook	6,251	8,141	+23%	425	531	+20%	77	83	+7%	302	393	+23%
Experimental Block	1,598	2,433	+34%	85	136	+38%	28	24	-17%	45	100	+55%
Control Block 1	1,385	1,416	+2%	105	108	+3%	15	15	+/-0%	79	80	+1%
Control Block 2	1,592	1,969	+19%	111	133	+17%	16	19	+16%	84	97	+13%
Control Block 3	1,676	2,323	+28%	124	154	+19%	18	25	+28%	94	116	+19%



The CDC handbook got longer between 2020 and 2024, particularly the experimental block.

At the word and sentence level, the overall handbook increased in length by 23% and 20% respectively. The experimental block (containing the changed payment policies) saw the largest increase in length (34% more words and 38% more sentences in 2024 compared to 2020), while the first control block (containing the stable payment policies) saw the fewest changes to volume. Interestingly, the other two control blocks (on topics not related to payment policies; see Table 3) also got longer, though not to the extent of the experimental block.

While the number of policies remained relatively stable, there were more implementation/explanatory details.

Turning to the number of policy sentences and number of implementation/explanatory detail sentences, the overall handbook only experienced a modest increase in number of policies between 2020 (77 policies) and 2024 (83 policies). However, the number of implementation/explanatory details increased by 23%. Looking within each block, the experimental block saw a 17% decline in overall number of policies, but a 55% increase in the number of implementation/explanatory details tied to those policies. This suggests that the program did effectively reduce the number of payment policies presented in the handbook, but the policies themselves became more challenging to explain.

As with the number of words and sentences, control block 2 (on stable payment policies) saw little to no change in number of policy sentences or implementation/explanatory detail sentences. Control blocks 2 and 3 (on topics not related to payment policies) also saw an increased number of policy and implementation/explanatory detail sentences.

Readability

Next, the research team evaluated changes in the readability of the handbooks overall as well as the experimental block and 3 control blocks. Results are presented in Table 6.

TABLE 6. SUMMARIES OF READABILITY COMPLEXITY METRICS

	MEAN # LETTERS PER WORD			MEAN # WORDS PER SENTENCE			LEGIBILITY INDEX <i>(higher = more legible)</i>			MEAN # IMP/EXP DETAILS PER POLICY		
	JAN '20	JAN '24	% Δ	JAN '20	JAN '24	% Δ	JAN '20	JAN '24	% Δ	JAN '20	JAN '24	% Δ
Overall Handbook	5.13	5.17	+1%	14.71	15.33	+4%	66	64	-3%	3.92	4.73	+21%
Experimental Block	4.94	5.02	+2%	18.80	17.89	-5%	75	68	-9%	1.61	4.17	+159%
Control Block 1	5.07	5.16	+2%	13.19	13.11	-1%	65	63	-3%	5.27	5.33	+1%
Control Block 2	5.19	5.22	+1%	14.34	14.80	+3%	57	57	+/-0%	5.25	5.11	-3%
Control Block 3	5.29	5.30	+/-0%	13.52	15.08	+12%	60	67	+12%	5.22	4.64	-11%

**Average word length and average sentence length remained generally stable.**

With respect to average word length (mean number of letters per word), both handbooks, and the sections within each handbook, used words that were on average 5 letters long, with no significant changes over time. With respect to average sentence length (mean number of words per sentence), the overall handbook experienced a marginal increase between 2020 (14.7 words per sentence) and 2024 (15.3 words per sentence), though the increase is likely not practically significant. Control block 3 (on non-payment related topics) saw the largest increase in number of words per sentence (from 13.5 to 15.1), while the other blocks (both experimental and control) saw little to no change in mean sentence length.

Handbook sections on payment policies became harder to read, but these sections are still easier to read than sections on other topics.

With respect to the legibility index, the overall handbook experienced little to no change in legibility from 2020 (66) to 2024 (64). However, this masks two different patterns: A *decline* in readability in the blocks on payment policies (experimental block, changed payment policies: 9% decline; control block 1, stable payment policies: 3% decline) and either *no change* or *increased readability* in control blocks 2 or 3, which contain content relating to non-payment policy topics.

In addition to examining changes over time, it is also important to look at the value of the legibility index relative to other sections. The original payment policies (Experimental Block in January 2020) had the highest legibility score (75), and the

revision of these sections in January 2024 (68) is still relatively more legible than the other blocks. Control block 2 had the lowest legibility at both time points (57), suggesting other policies beyond those relating to payment policies may be burdensome to understand.

More implementation/explanatory details were required to explain the changed payment policies.

Finally, the research team examined how many implementation/explanatory detail sentences were required, on average, to explain each policy. As reported in Table 5, across the whole handbook, the number of policies only increased marginally (7% increase), while the number of implementation/explanatory details increased substantially more (23% increase). Many of these added implementation/explanatory details were concentrated in the experimental block on changed payment policies. In January 2020, it took, on average, less than 2 sentences (1.61) to explain each payment policy in the experimental block (28 policies, 45 implementation/explanatory details). In January 2024, it took, on average, more than 4 sentences (4.17) to explain each payment policy in the experimental block (24 policies, 100 implementation/explanatory details). However, these changes put the experimental block more in line with the other sections (which also average 4-5 implementation/explanatory details to explain each policy).

Altogether, the readability findings suggest the payment policies might have been simpler in January 2020 (even compared to other CDC policies), and more complex in January 2024 (more in line with other CDC policies).



Relations/Linkages

There were more external references, but none related to the changed payment policies.

Finally, the research team evaluated changes in the number of references, as reported in Table 7. The number of references to other sources (such as websites, phone numbers, or other organizations, or to other sections in the handbook itself) overall increased by 20% between 2020 and 2024, though no additions appeared in the experimental block. Other blocks (particularly control block 2) saw large increases in the number of references over the study period.

TABLE 7. SUMMARY OF REFERENCES/LINKAGES COMPLEXITY METRIC

	# REFERENCES		
	JAN '20	JAN '24	% Δ
Overall Handbook	46	55	+20%
Experimental Block	12	12	+/-0%
Control Block 1	11	13	+18%
Control Block 2	11	17	+55%
Control Block 3	12	13	+8%

DISCUSSION

The results from this study suggest that the volume/quantity of policies for Michigan’s CDC program increased overall. While non-payment policies also saw changes, the changed payment policies saw a marked increase, particularly in the number of implementation/explanatory details required to explain each policy. Users of the handbook (primarily providers, though the handbook is also available for families) could experience greater administrative burden when attempting to understand which payment policies apply to their needs and situation.

In addition to increased volume, the readability of the changed payment policies also declined. Prior to the implementation of the policy changes reported in Table 2, the payment policies in the experimental block were actually relatively easy to understand (at least compared to other sections of the handbook). Once the policy changes were enacted, the payment policies became *less* readable, putting them more in line with the other CDC policies in other sections of the handbook.

Impact for State CCDF Programs

This study is unique because it presents an objective measure for measuring administrative burden, by focusing on the volume/quantity, readability, and relations of policies as communicated in program materials. The methodology described here can be applied to other states’ CCDF policy programs, allowing for between-state comparisons in how subsidy policies are described and implemented. It is possible that administrative burden, measured in this way, could be used to explain why states have such different rates in the proportion of eligible children who enroll in the program (Ulrich et al., 2019).

These administrative burden metrics can also be used to measure administrative burden over time. States that have implemented or are considering implementing changes in policies (whether or not they are related



to payments to providers) can evaluate program documents and communications to ensure changed policies are not overly burdensome to intended recipients and child care providers.

By developing a measure of administrative burden that relies on program documents and communications, the research burden associated with primary data participation is reduced. As discussed in the Introduction, most of the prior research on administrative burden uses client self-report as a way to measure administrative burden. Using secondary data to evaluate administrative burden allows for research to be conducted more efficiently, and with less need for new data collection targeting already over-taxed study participants (i.e., child care providers, families receiving child care subsidies).

Implications for the Measurement of Administrative Burden Across Policy Areas

The objective nature of how administrative burden has been conceptualized here allows for broader application to other contexts or policy areas. The degree of administrative burden for other types of public-sector programs, such as TANF and FAFSA, can also be evaluated and compared to CCDF programs. This methodology allows for a more comprehensive way to measure administrative burden, and simplification strategies for managing policies can be developed that may be generalizable to other states, contexts, and policy areas.

Next Steps

This issue brief reports on differences in the complexity of the CDC program handbook in January 2020 and January 2024. During this four-year period, other payment policies, some temporary, were enacted, which may also have impacted providers during this time. Next, the research team will code the sections in the *experimental block* for each quarterly installment of the program handbook, as well as other official communications from the CDC program to child care providers and parents related to the changed payment policies. This will allow for a greater understanding of how the administrative burden of these changing payment policies unfolded over time, including testing the extent to which the policies fluctuated in their degree of complexity in the short term.

While the administrative document complexity coding is an objective measure, it is only a small piece of the broader study on changes to Michigan's CDC payment policies. The broader study adopts a holistic framework for further measuring administrative burden, with other data-collection strategies including:

- Family interviews
- Provider panel (longitudinal focus groups with same group of providers)
- Provider survey
- Michigan Department of Health and Human Services (MDHHS) eligibility specialist survey
- Other secondary data, including:
 - Enrollment of providers and families in CDC program
 - Continuity/persistence of families and providers in CDC program
 - CDC program error rates



Data from these other sources will be used to evaluate how well the objective administrative document complexity coding aligns with administrative burden measured in other ways, particularly program participants' subjective perceptions of administrative burden. Should the objective complexity coding results align with subjective insights from families, child care providers, and other parties, this enhances the validity and reliability of the research findings. The multi-pronged approach also allows for a more comprehensive and nuanced understanding of how administrative burden may manifest differently for different groups (e.g., for families with different characteristics; for different types of child care providers).

Conclusion

This study provides initial insights into the increasing complexity and administrative burden of Michigan's CDC payment policies. However, it is important to note that these findings are based on only two time points and one type of document. The ongoing research will expand this analysis by incorporating additional data sources and time periods to achieve a more comprehensive understanding. While these initial findings are valuable, further investigation is necessary to confirm these early observations and their broader implications.





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