

# When Program Communications Add Burden

**HOW PARTICIPANTS RESPOND TO COMMUNICATIONS**  
IN MICHIGAN'S CHILD DEVELOPMENT AND CARE SCHOLARSHIP PROGRAM





**Public Policy Associates** is a public policy research, development, and evaluation firm headquartered in Lansing, Michigan. We serve clients in the public, private, and nonprofit sectors at the national, state, and local levels by conducting research, analysis, and evaluation that supports informed strategic decision-making.

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# Contents

<b>INTRODUCTION.....</b>	<b>1</b>
<b>RESULTS .....</b>	<b>4</b>
Program Communication as Administrative Burden .....	4
Strategies and Resources Used to Reduce Burden .....	8
Program Communication Effects on Participation .....	11
Opportunities for Communication Improvement .....	13
<b>DISCUSSION.....</b>	<b>15</b>
<b>CONCLUSION .....</b>	<b>16</b>
Recommendations .....	16
<b>REFERENCES .....</b>	<b>18</b>
<b>TECHNICAL APPENDIX.....</b>	<b>19</b>

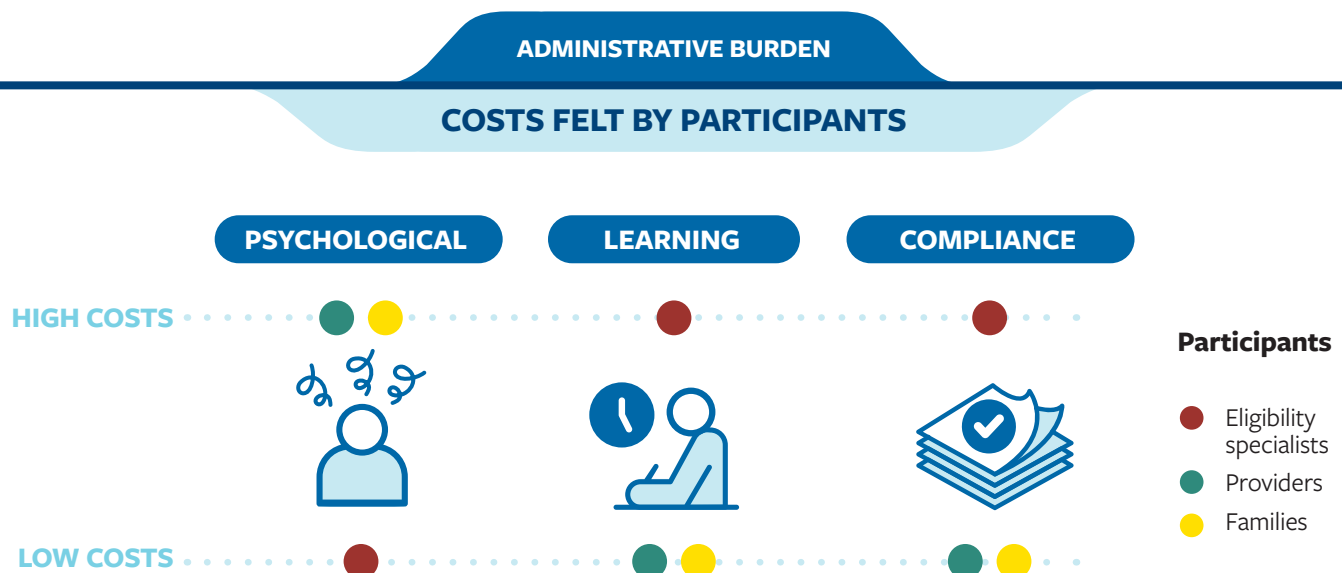
# Introduction

The effectiveness of a public benefit program is a complex story. In addition to assessing the outcomes, program policies, implementation activities, and the experiences of participants all shape how effectively the program fulfills its goals.

In a research partnership with the Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP), Public Policy Associates (PPA) is studying the Child Development and Care (CDC) Scholarship Program's payment structure and related administrative burdens. The program is administered by MiLEAP. The Michigan Department of Health and Human Services (MDHHS) determines eligibility and approves subsidized care hours for families based on program policies. Participating families,<sup>1</sup> providers, and MDHHS eligibility specialists all offer important insights into how the program functions.

## Contribution of Program Communications to Administrative Burden

In this report, we explore how program communications influence the level of administrative burden felt by participants. Moynihan, Herd, and Harvey characterized administrative burden as having three types of costs to the individual: learning, compliance, and psychological (2015). Previously, we found that providers and families more strongly felt the psychological costs—stress and stigma—whereas eligibility specialists more often experienced the learning and compliance costs—time and effort spent learning about program changes and reviewing forms (Frausel et al., 2025).



<sup>1</sup> Throughout this report, PPA uses families and parents interchangeably, recognizing that individuals may be biological, adoptive, step, or foster parents or guardians of the children with scholarships.

Program communications are directed to all three of these groups, but most are intended for families and providers. To explore how the State can reduce the CDC Scholarship Program’s administrative burden to better serve the public and have internal efficiency, the research team collected primary and secondary data. Sources included provider and eligibility specialist surveys, interviews with families, and a longitudinal panel of providers (Table 1), as well as administrative records and research literature.

**Table 1. Primary Data Collection Methods, 2025**

TARGET GROUP	METHOD USED	NUMBER OF PARTICIPANTS
● <b>Families</b>	Interviews by phone	46
● <b>Providers</b>	Virtual longitudinal panels	14
	Online survey	586
● <b>Eligibility specialists</b>	Online survey	409

## COMMUNICATION MODES AND TYPES

In the CDC Scholarship Program, communications are primarily written and include handbooks, forms, letters, memos, and emails. In addition, verbal communication occurs through telephone conversations with program staff and eligibility specialists or occasional webinars held by MiLEAP. For families, letters are generally generated through the state’s MiBridges system upon eligibility determination, when approved care hours change, or when a provider is approved. Other communications come through MiLEAP to providers, such as notifications of a policy change or payment recoupment. The handbooks are updated quarterly and are posted on MiLEAP’s website. Eligibility specialists receive internal memos and briefings about policy changes, form updates, and updates to the program checklist.

## CHILD DEVELOPMENT AND CARE Scholarship Program

Families with household incomes up to 200% of the Federal Poverty Level who have children under age 13 and an allowable need reason (e.g., for a parent to attend work or school) are eligible for the scholarship. Michigan has a tiered reimbursement system based on child age, license type, and provider quality level (licensed providers) or training level (license-exempt providers). A single payment structure defines the payment rates across the state.



**59,900**

children had a CDC  
Scholarship in 2024

**7,773**

providers received CDC  
payment in 2024

The communications are all informative but are of two types: general (pertaining to the program, such as a payment rate increase) or specific (about a particular scholarship case, such as notification of approved hours). Informative communications help individuals understand program rules and make informed decisions. Navigating the program's processes (e.g., redetermination, billing) successfully involves absorbing relevant information and acting when required.

MiLEAP has made program improvements in recent years, such as simplifying forms, streamlining the program hotline, and targeting handbook content by group, but there is room to improve efficiency and reduce administrative burden.

# Results

Across data sources, the research team finds that different types of program communications spark different reactions in families and providers. The results also show that program communications do impact the costs to participants, primarily psychologically. Parents and providers use a range of resources, from the program and on their own, to navigate administrative burdens. Preliminarily, it also appears that program communications also contribute to program-participation effects that are related to but distinct from administrative burden.

## Program Communication as Administrative Burden

Child Development and Care (CDC) Scholarship Program communications convey a tremendous range of information: changes to policies, practices, and processes; initial eligibility determinations and approvals; redetermination results; scholarship amounts and authorized hours; billing and provider training requirements; and other details. With this breadth of information comes the risk that communications contribute to administrative burden. Receiving and reviewing multiple communications takes time and effort and may cause stress.

How a given communication affects the level and type of administrative burden experienced by a parent or provider appears to depend on whether the communication is general or specific. Crucially, from providers' and parents' perspectives, increased administrative burden stems mainly from unexpected program communications and the uncertainty that those create for them.

### FAMILIES

#### Routine program communications rarely affect administrative burden for parents.

Parents reported in interviews that they did not pay much attention to general program communications. As one parent explained, "I only look at my mail if they're saying I have to get a redetermination in, or the [approved care] hours went down or decreased. Anything else, I honestly skip over it." Indeed, only about a quarter of the parent interviewees recalled receiving any general program information, while more than a third stated they had received none.

**Table 2. Parental Awareness of 2024 Policy and Practice Changes**

PROGRAM NAME CHANGE (N = 43)	PROVIDER RATE INCREASE (N = 44)	NEW PROGRAM HANDBOOKS (N = 45)
91% unaware of change	64% unaware of change	89% unaware of change

Asked about parents' interest in program processes, a center provider stated, "Most clients, they don't really care [about the details] as long as they know that they have [child] care and that that care is covered."

In addition, over half (53%) of the interviewed parents described their most recent program experience as uneventful. The previous program interaction (e.g., application, redetermination) also went smoothly for most (over 70%). As one parent noted, "It [my stress level] wasn't really affected. It was like, 'Get it done and over with and have it be there.' ... Yeah, [I could relax] and then be able to have my benefits."

### **Parents' attention is drawn to communications that jeopardize their child's scholarship.**

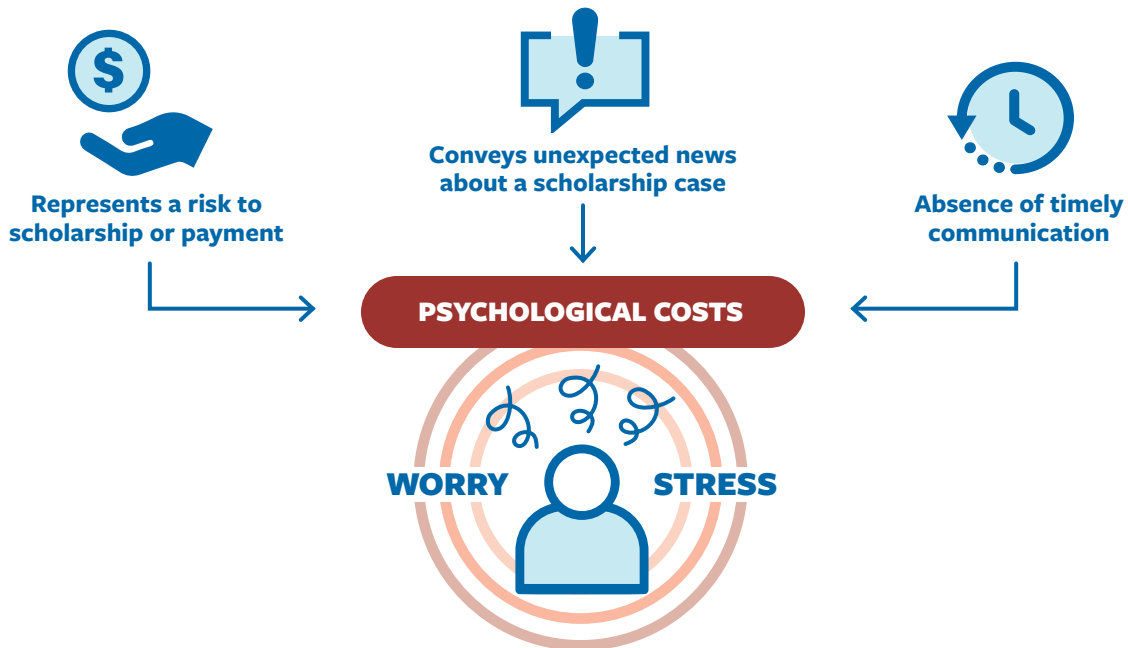
Families reported paying the most attention to program communications that directly affected their child care arrangements and costs. These communications included those about their application status, redetermination of eligibility, or a change for the family, such as a change in job, work hours or wages, or child care provider.

### **Psychological costs increase for families at times of scholarship uncertainty.**

Seventeen of the parents interviewed had a recent program experience involving case-specific communications that triggered an increase in their stress. Of these, nine parents' experiences involved program communications. Parents said they got most stressed by the program when a case-specific communication unexpectedly denied, reduced, or terminated the scholarship. For example, a parent did not realize that their scholarship was terminated, and they owed the provider for care from the termination date until the scholarship was reinstated. In another case, a parent feared that the provider would stop holding a slot for her child while waiting for a scholarship approval. In contrast, receiving confirmation that their approved hours were reduced as a result of a parent's update to MDHHS was predictable.

Although some parents experienced increased learning and compliance costs, an increase in psychological costs predominated across the parents interviewed. This seemed due to the uncertainty inherent in recognizing, addressing, and rectifying an issue. In addition, even if other administrative burden costs were low or had ceased, psychological costs could ramp up or persist longer. Merely waiting for what turns out to be a positive response could increase psychological costs for some. One parent described the psychological costs this way: "During the initial times I was applying, I was definitely stressed. ... It was pretty high at that time [waiting for approval] because ... it was kind of a high-stakes issue where if I didn't get child care, I'd be stuck in like a Catch-22. ... My stress was relieved shortly after [receiving approval], but it was definitely very stressful, like on the edge of my seat, biting my fingernails, and stuff like that."

## COMMUNICATIONS THAT INCREASE BURDEN FOR PROVIDERS & FAMILIES



In their role as the primary communicator with families about scholarship decisions, eligibility specialists contribute to lower or higher administrative burden. In response to the survey, nearly two-thirds of eligibility specialists (61%) said that families sometimes have questions after being approved for a scholarship. However, more than two-thirds of eligibility specialists (68%) also reported difficulty in explaining amounts not covered by the CDC Scholarship to families. One parent interviewed compared her experiences with a program issue for an older child to (later) applying for a younger child's scholarship: "That [first one] went really well, and the communications were enough. ... [I]t's trickier when a problem occurs [like for the second child], and you [try to] reach the right person to fix that problem. That's when more issues tend to pop up."



**Eligibility specialists influence the level of administrative burden experienced by families.**

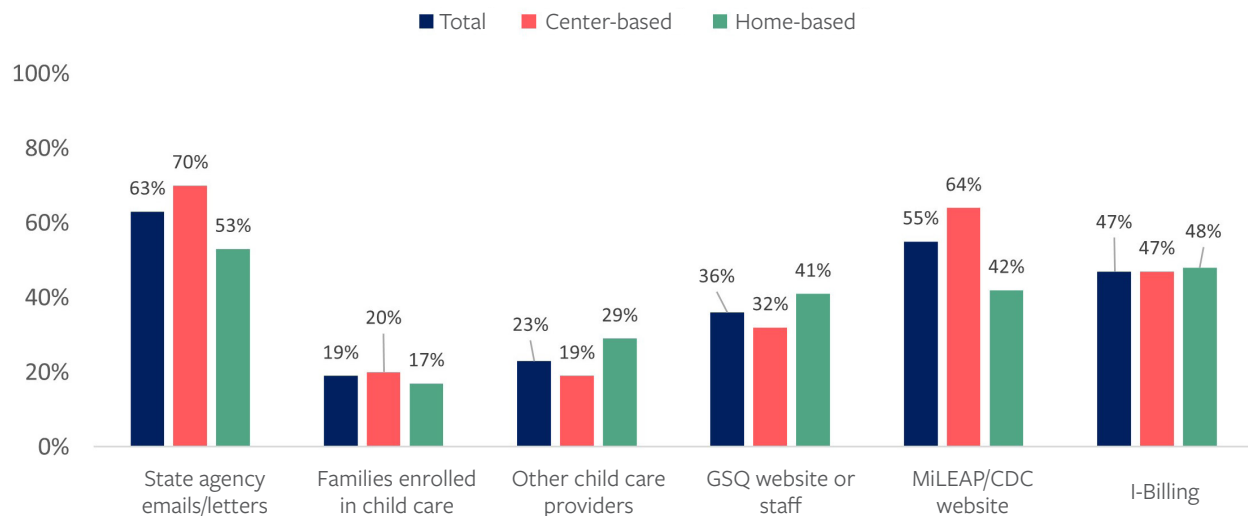
Reaching an eligibility specialist can be difficult for families, but about half of the parents interviewed (53%) reported that their most recent communications with eligibility specialists were successful and did not add to their psychological or other costs. Swift resolution of issues or questions helped families. As one parent noted, “It all depends on who I get on the phone.” Delays in hearing from an eligibility specialist, having to make multiple contacts, or getting fixes completed in MiBridges increased parents’ psychological costs.

## PROVIDERS

### Most providers utilize a range of program information sources, but centers consulted the website and state communications more than home-based providers.

Survey results showed that providers read both general and case-specific program communications. Most providers got program updates from State emails or letters, the program website, and notices on the I-Billing system. However, center-based providers were more likely than home-based providers to use the emails/letters and the MiLEAP/CDC website. Home-based providers consulted their peers more often than centers. These results suggest that some communication channels are more effective than others for different provider types.

**Figure 1. Differences in Sources of Program Information by Provider Type**



Note: GSQ = Great Start to Quality

## **Providers experience increased administrative burden around approvals, denials, and billing issues.**

Like families, providers experienced spikes in administrative burden with case-specific communications, particularly those with negative consequences for their finances. The main sources of this for providers were untimely, ambiguous, or incomplete communications (Frausel et al., 2025). For instance, less than half of providers (41%) responding to the survey indicated that they were able to get answers to questions about a family's scholarship eligibility. This can occur if a family does not indicate to the Michigan Department of Health and Human Services (MDHHS) that they want their case information shared with the provider, the form that allows that sharing is not yet processed by MDHHS, an eligibility specialist incorrectly refuses to share information, or the provider is seeking details that specialists cannot share even with family sign-off (e.g., why a family was denied a scholarship).

As with families, providers' increased burden from program communications were often of limited duration. For instance, several provider panelists reported a temporary system snag that stopped their payments, which occurred when families applied for another type of benefit (e.g., Temporary Assistance for Needy Families, Supplemental Nutrition Assistance Program) but did not note on the application that they had a CDC Scholarship. Nonetheless, given the tight financial margins in child care, challenges weighed on providers' minds. Issues with CDC Scholarship cases can also cause providers to devote additional time and effort to resolving the issues with families or the State, as panelists noted.

## **Strategies and Resources Used to Reduce Burden**

Program communications and administrative burden often went hand-in-hand as participants sought to resolve a problem, issue, or question. The more time and effort required by providers and families, the higher the administrative burden. However, both groups took steps to reduce the magnitude and duration of the burden by leveraging relationships and taking steps independently to exert some control over their experiences.

### **RELATIONSHIPS**

#### **Eligibility specialists recognize their responsibility for helping families to navigate the program.**

Nearly all specialists (94%) acknowledged that they are responsible for helping families understand how the program works. Most eligibility specialists (84%) said that they answer families' questions about the program.

The ability of eligibility specialists to understand policies and utilize resources to answer questions is especially important for families. The majority (81%) of eligibility specialists said that policies were confusing for families to understand. About two-thirds of eligibility specialists said that the program policies (articulated in program materials) were easy for them to understand (68%). Most specialists also agreed that they could easily get answers to their questions about the program (71%).

### **Parents draw on the experience and information of their child care providers and employers to lower their administrative burden.**

Parents tapped into their connections who had relevant knowledge and information. Nine interviewees credited their providers, and two parents said their employers helped them, particularly around necessary documentation. One parent, for example, noted that, after repeated difficulties submitting employment verification through MiBridges, her employer took the initiative to directly communicate with MDHHS to provide and confirm the required information.

In the survey, providers commonly (91%) indicated that families rely on their help to understand the program. According to provider panelists, some parents ask them for help with the program, but more often they offer their guidance before being asked. It is in the providers' best interests to ensure program paperwork is timely and complete.

### **Providers rely on a mix of contacts to learn about program changes and resolve questions.**

Although not their main contact about the program, providers sometimes turn to eligibility specialists for case-specific issues. (Families can authorize MDHHS staff to discuss their scholarship case with their child care provider.) As with families, providers reported mixed results in seeking help from eligibility specialists. Provider panelists discussed challenges making contact with a knowledgeable person; delays, inconsistencies, and errors in responses; and reluctance or refusal to discuss particular cases by eligibility specialists, even with parental authorization (see also Frausel et al., 2025).

Provider contacts ranged beyond eligibility specialists, and included MiLEAP program staff (e.g., helpline, reviewers) and billing-system technical staff. Communications with these sources also resulted in varying satisfaction, with some positive and some negative experiences.

About one in four providers sought out peer advice or support to resolve program questions or issues. Home-based providers were more likely than center-based providers to learn about updates and changes through other child care providers (29% vs. 19%), suggesting that they lean more heavily on peer networks for help navigating the program than center-based providers.

## **SELF-EFFICACY**

### **Experienced families also take steps to try to minimize issues.**

In the interviews, parents with prior program experience lowered their administrative burden by taking steps to fend off potential problems. For instance, in response to redetermination notices, they started the process early, collected verification documentation, rechecked forms, and proactively followed up on submissions. One parent explained that: "If the parents are doing what is needed, then the [redetermination] will run smoothly. ... So [it comes down to], just making sure that you dot all your 'i's and cross all your 't's."



**“[My experience] it was fine. There was no issue. ... It was pretty much as expected, the norm. Because I’ve been doing this for years, so I kind of know what to expect at redetermination now.”**

**—Parent, June 2025**

### **Providers employ an array of strategies to reduce their financial risks and administrative-burden costs.**

Both general and case-specific communications have the potential to affect a provider’s bottom line. To avoid or mitigate the risks of financial loss, providers have developed peer and self-reliant resources and practices. Provider panelists mentioned multiple ways of protecting themselves from costs:

- Participating in provider social media groups that share program information.
- Proactively checking for quarterly handbook updates.
- Developing close working relationships with program staff members.
- Seeking clarification of important policy or practice changes to confirm their understanding.
- Waiting to enroll a child until a scholarship authorization is received, though providers may hold open the slot for a predetermined period of time.
- Enrolling children pending scholarship authorization but requiring a deposit in case authorization is delayed or denied, or if back-billing does not go through.
- Identifying regular I-Billing cycles, as well as departures from those, to properly time billing submissions.

### **Providers also named ways that they work with families to lower administrative-burden costs:**

- Helping parents through the application and redetermination processes, including providing guidance with completing and submitting forms.
- Confirming scholarship authorization by having families scan or send screen shots from MiBridges.
- Explaining to parents the scholarship benefits and their payment obligations at child enrollment and having parents “sign off” annually that they understand how the scholarship works.
- Tracking and reminding families of their scholarship program redetermination dates.
- Reminding parents to repeatedly check MiBridges for information about their scholarship case.

### **Home-based providers and those with fewer years of experience report having more success in getting answers about the program.**

Although more than half of providers (62%) said that they did get answers to questions they had about policies, this differed by provider type and experience level. Home-based providers (71%) were more likely than center-based providers (56%) to get answers to their questions. Additionally, providers' experience level was inversely related to their ability to get answers to questions about policy changes. Providers with five years or less of experience (73%) were most able to get answers to their questions about policy changes, while providers with more than 20 years of experience (57%) were least able to get answers.

## **Program Communication Effects on Participation**

High levels of administrative burden can affect program participation, deterring potential or current participants with overly complex or cumbersome documents and procedures (Herd et al., 2024).

### **The program name change and improved handbooks contribute to some providers' willingness to accept the scholarship.**

Of the providers who said that the program changes affected their willingness to accept families with scholarships (about one-third), the vast majority agreed that they were more likely to accept families after the program name change (88%) and new audience-specific handbooks (87%).

### **Provider, child, and family program participation increase despite administrative burden.**

The pandemic era, particularly 2021, saw sharp declines in provider, child, and family participation in the CDC Scholarship Program (see Figure 2). As of 2024, enrollment has returned to or exceeded that of program participation before the pandemic in 2019. Between 2022 and 2024, the program had returned to enrolling around 16,000 new children, 8,000 new families, and 1,300 new providers each year (Figure 3).

Other indicators of participation impacts showed no effect. Newly participating providers in 2024 made up about 15% of all participating providers, which is a slight decrease from 2023 (18%) and 2022 (22%). Similarly the length of time a child was enrolled with the same provider did not change between 2022 and 2024. Families were equally as likely to exit or take a break from the program for at least three pay periods (about six weeks) between 2022 and 2024. During these years 48% to 53% of families did so.

Increased participation occurred despite increased administrative burden when program policies changed rapidly in 2021 and 2022; during that time, Michigan made significant program changes related to the payment structure (Graber et al., 2024).

Figure 2. CDC Scholarship Program Enrollment, 2019 – 2024

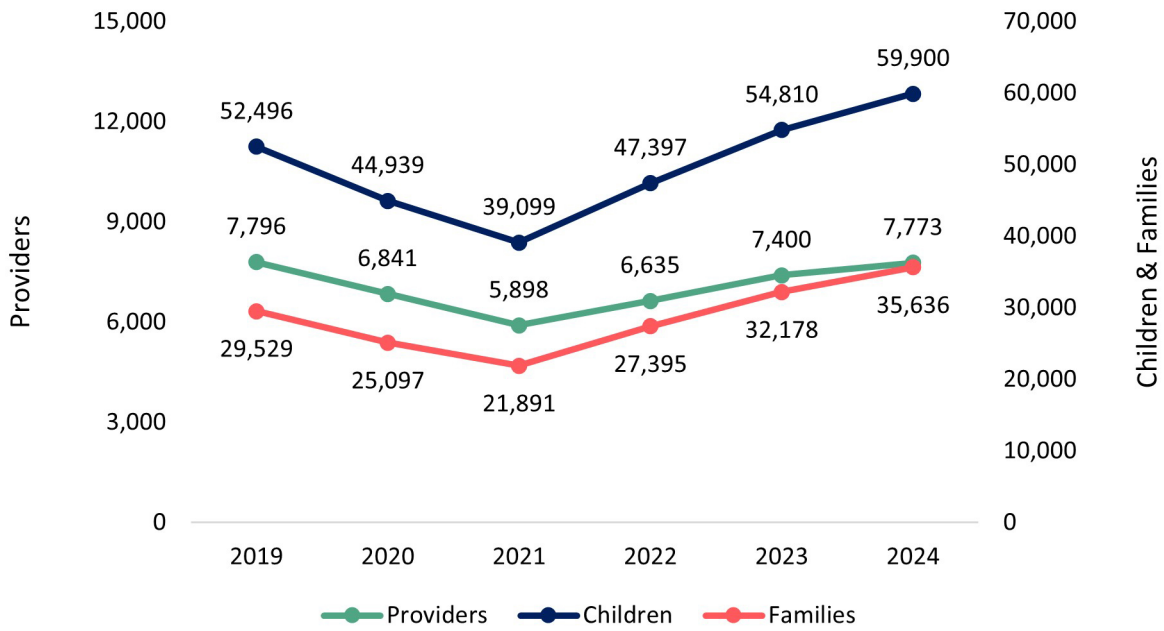
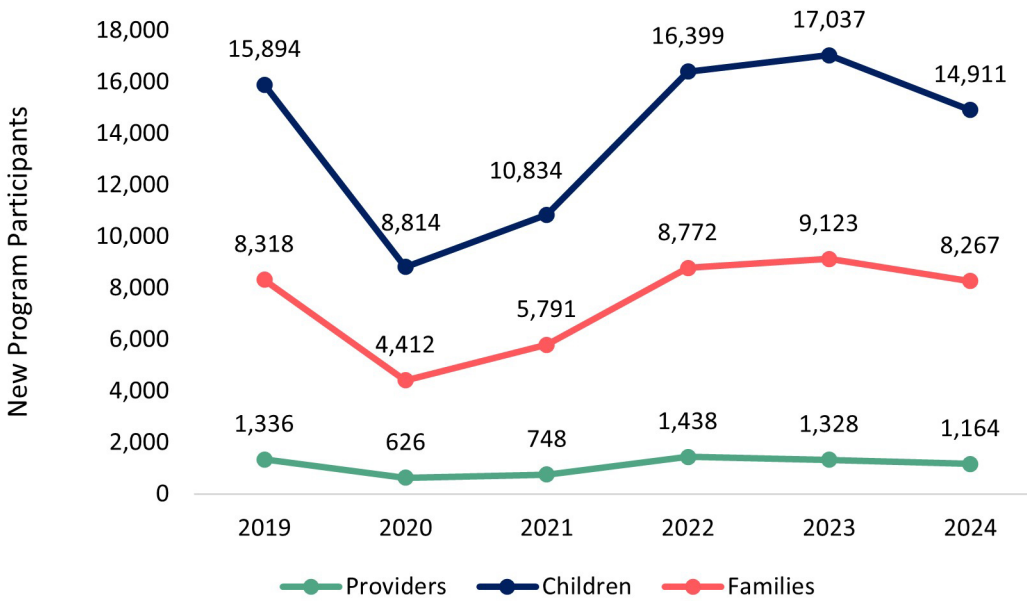


Figure 3. New CDC Scholarship Program Participants, 2019 – 2024



## Opportunities for Communication Improvement

Providers, families, and eligibility specialists thought program communications had potential for improvement. By increasing the impact of program communications, administrative burden might be mitigated.

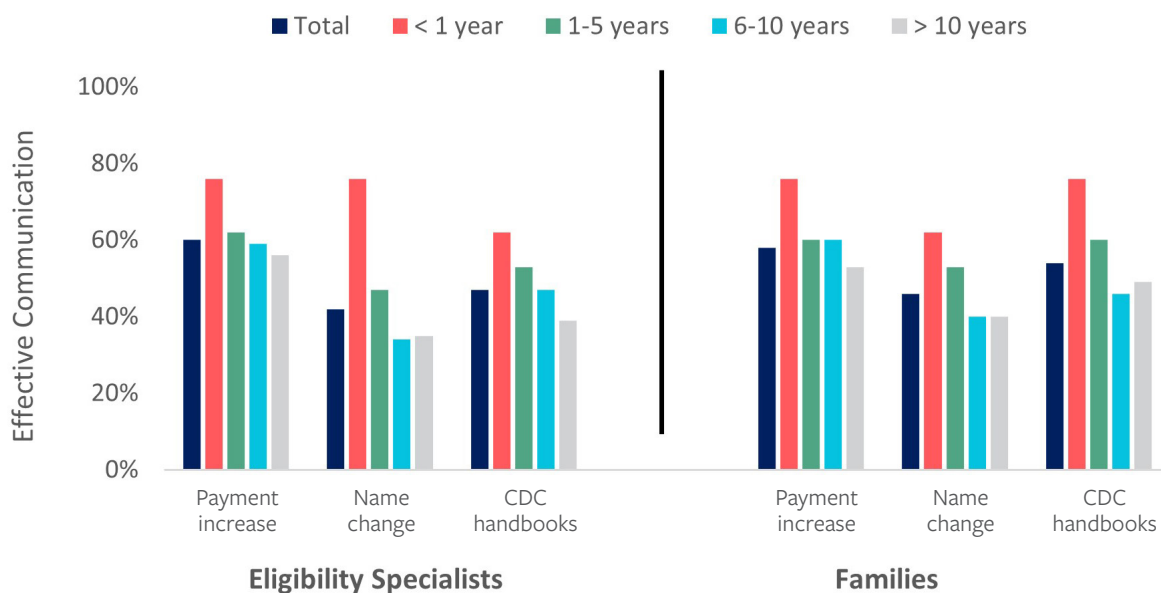
### Eligibility specialists report varying effectiveness among communications about program changes.

More than half of eligibility specialists agreed that the September 2024 payment rate increase was effectively communicated to them (60%) and to families (58%). However, fewer indicated that the program rebranding was effectively communicated to eligibility specialists (42%) and families (46%).

Eligibility specialists' years of experience factored in their perceptions of how effective communications were, as shown in Figure 4. Those with less experience generally perceived program communications as more effective, both for themselves and families. Similar to when providers with less experience found it easier to get answers to their questions, there may be differences in computer literacy among the eligibility specialists, the complexity of their questions, or other factors related to level of experience at work here.

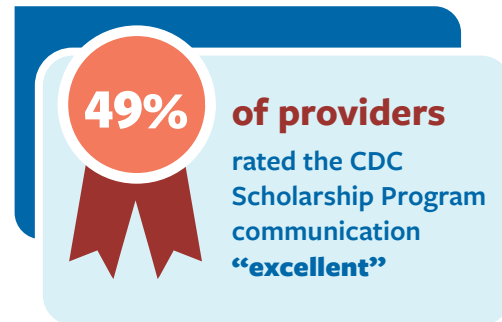
However, this result may also point to awareness of program changes. Far fewer eligibility specialists with 10-plus years of experience said they received communication about the program name change, for example (35% vs. 76% of those with less than one year of experience).

**Figure 4. Proportion of Eligibility Specialists Perceiving Effective Communication of Changes for Specialists (left) and Families (right) by Experience Level**



### Providers' and families' suggestions focus on timeliness and transparency.

About half of providers said that communication from the State is excellent (49%), and 47% said that State staff are responsive when providers need help. However, provider panelists expressed continuing concerns about receiving information in a timely manner. For example, a program communication might mention a future change, but notice of the actual change being in effect might not arrive with sufficient time for providers to respond. Providers similarly experienced challenges obtaining timely and consistent answers to questions or other guidance.



To reduce burden, providers suggested a ticket system when they had technology issues, more guidance around special circumstances, and more promotion of the handbooks. Providers also shared suggestions to improve communication, like training for the eligibility specialists and reducing time lags between email and mailed authorizations and between when providers and families receive case information.

Families generally appreciated the MiBridges interface and rapid communication modes (e.g., email, online), as well as the call-back feature when they tried to reach an eligibility specialist. Like providers, they also had suggestions for improvements. For instance, parents suggested building in more time for them to receive and respond to a notice of a program action (where warranted) and providing prompt confirmation or other feedback to their responses, particularly online. Much of their concern about timeliness was focused on having the opportunity to make contact and the availability of satisfactory assistance once contact was made.



# Discussion

These results generally show that program participants work through the required forms, verifications, redetermination, and other hurdles, often by leaning on personal networks and prior experience navigating similar systems. Recent steps by the State including streamlining forms, extending eligibility periods, and aligning renewals, have attempted to lower the administrative burden. Although program participation has been increasing, psychological costs are still being paid.

The expectancy-value theory of motivation suggests that whether an individual engages in a task is a function of the outcome or benefit they expect for their efforts and the value of that outcome or benefit (Flake et al., 2015). Even if the perceived value is high, an individual's overall likelihood of engaging in a task can be lowered if they are not set up for success. This can happen in cases when communications are unclear or confusing, for example, and an individual faces uncertainty about their ability to overcome that hurdle. Likewise, even the tangible value can be diluted if participants must use additional resources to engage in the program, like the amount of time spent assembling documents. The ongoing success of the CDC Scholarship Program hinges on both expectancy and value: making program navigation smooth and keeping benefits timely and dependable.

Psychological costs can accumulate from program communications, as seen in the study results, particularly when the intended audience does not recognize their relevance. Families often feel the need to filter the communications they receive to avoid becoming overwhelmed. The CDC Scholarship Program materials join a steady stream of other communications going to families from other programs, their children's schools or child care providers, household bills, and the like. A high volume of communication is itself a form of administrative burden. If a program communication is not clear about how the message applies to the family or does not call them to act, they tend to ignore it. This avoidance is a coping mechanism (Roth & Cohen, 1986) for busy parents, but it can also mean that families miss important information. Missing a request for verification of eligibility or other case-related details can further stress parents.

Participants are using their social capital to navigate the program when they draw on their peers or other contacts for help. Leveraging one's social capital can increase success in a program or reaching a goal (Döring & Madsen, 2022). Other research has shown that utilizing social capital helps to reduce poverty (Wu & Gou, 2023; Harrison et al., 2019)—an aim indirectly aligned with child care assistance programs.

By leveraging their social capital, program participants are also able to increase their administrative literacy. Döring and Madsen (2022) describe administrative literacy as the ability to obtain, process, and understand program information, and difficulty comprehending program materials could lead to stress (a psychological cost). Among the types of administrative literacy are functional, communicative, processual, and structural. Knowing who is the best person to contact about an error or what steps to take to get a result demonstrate administrative literacy. This program knowledge may fuel participants' self-efficacy, in addition to easing psychological, learning, and compliance costs.

# Conclusion

For most participants, some administrative burden is expected and accepted as part of the underlying expectancy-value agreement. For many, their administrative burden increased when they perceived risk in the denial or termination of a scholarship. For families, that could block their child care access, and for providers it can affect their earnings. As a result, both families and providers have higher psychological costs from administrative burden than learning or compliance costs. Their main psychological cost is stress.

For families, child care providers, and program eligibility specialists, program communications influence their experience with the program, from application to payment. Case-specific communications are most salient for families, who tend to avoid general communications to cope with information overload and lack of time. Providers recognize general and case-specific communications as important. Psychological costs increase most often when communications are about the scholarship itself or payment is in question.

Families and providers have found ways to reduce their psychological costs by leveraging their networks and relationships, as well as taking proactive steps on their own to reduce the risk of losing a scholarship or payment. Eligibility specialists also serve as crucial contacts in program communications.

With clear communications, access to help, and self-efficacy, families, providers, and eligibility specialists can experience lower administrative burden. Making the CDC Scholarship Program function smoothly benefits all, with quality child care the ultimate prize.

## Recommendations

The research team offers these recommendations:

- Improve program communications by indicating if they are directly relevant to a family's case and how. In addition, ensure communications are clear, complete, and accurate.
- To foster self-efficacy, offer families and providers suggestions about how to have a smooth experience with the program, featuring their peers' experience-based advice in a video or one-page document. This new resource might also address sources of frustration, like what information cannot be shared with a provider about a family's case.
- Recognizing that use of the program website, written communications, and peer networks varies by provider type, explore ways to build on those channels to most effectively share information with providers.
- Leverage the early childhood system infrastructure to increase program literacy. Entities such as the Michigan Family Child Care Network and Great Start to Quality Resource Centers serve as sources of information and support to families and providers. These contacts can build program

knowledge by, for instance, directing participants to the correct contacts based on their concern or boosting their online searching skills. These entities could also nurture social capital growth by connecting participants with peers and fostering strong family-provider relationships.

- Continue to regularly engage providers, parents, and eligibility specialists in identifying and testing document and process improvements.
- Remind program staff and Michigan Department of Health and Human Services eligibility specialists about the ways they can help lower administrative burden for participants and themselves, such as techniques to more quickly assess and address callers' concerns.
- Explore technology solutions to safely reduce administrative burden costs, such as using chat bots to address common questions and programming that reduces the time to approve providers.

This study is supported by the Administration for Children and Families (ACF) of the United States Department of Health and Human Services (HHS) as part of a financial assistance award (Award #: 90YE0359) totaling \$1,150,786 with 100 percent funded by ACF/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, ACF/HHS, or the U.S. Government. For more information, please visit the ACF website, [Administrative and National Policy Requirements](#).

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# Technical Appendix

This report references primary and secondary data collected for the study, as well as cross-disciplinary research literature relevant to administrative burden and public benefit program participation.

## LITERATURE REVIEW

PPA performed a non-comprehensive search and review of the research literature for theories explaining individuals' behavior in public programs, particularly their experiences of administrative burden, and findings about program communications in connection with administrative burden. Search terms included but were not limited to: public sector communication, communication as administrative burden, informative communication, relevant communication, and administrative burden for parents. The search focused on publications for primarily 2022-2025. In total, the team reviewed approximately two dozen works. Few sources were found that applied readily to the questions of this study. Those that were found came from diverse fields such as educational psychology, behavioral economics, and public administration. The research team continues to assess and characterize administrative burden in the context of the CDC Scholarship Program. An annotated log of sources was kept by the research team.

## PRIMARY DATA

### Eligibility Specialist Survey

The survey invitation was sent to all eligibility specialists from the Michigan Department of Health and Human Services central office via the local offices. Responses were collected from 409 eligibility specialists through SurveyMonkey between March and April 2025. The research team conducted descriptive analyses on all questions in Stata to examine frequencies. In addition to examining descriptives among the entire sample, the team examined differences by Business Service Center (BSC) and years of experience as an eligibility specialist. To test for differences across binary variables (e.g., effective vs. ineffective), chi-square tests were conducted. ANOVA tests were also done to examine mean differences in continuous variables. Upon identifying group differences, analysts conducted pairwise comparisons using the Bonferroni approach.

**Table 3. Eligibility Specialist Respondents to Survey, 2025 (N = 409)**

BSC REGION (N)	EXPERIENCE (N)	CDC SPECIALIZATION (N)
Region 1 (20)	Less than 1 year (21)	Yes (59)
Region 2 (85)	1-5 years (154)	No (334)
Region 3 (111)	6-10 years (59)	Not sure (14)
Region 4 (192)	More than 10 years (174)	

BSC Region 1 covers the entire Upper Peninsula and the northern Lower Peninsula. The other regions cover the rest of the Lower Peninsula, where most of the state’s residents live. Region 2 includes the central and eastern areas, Region 3 covers the western area, and Region 4 includes the southeastern area.

### Provider Survey

PPA administered this survey using SurveyMonkey. Data collection occurred from May to June 2025. PPA randomly sampled providers and of the 455 responses received, 410 were usable after cleaning. Prior to analysis, the team utilized sampling weights for BSC region and provider type to accurately represent the population of providers in each group. Using weights, the team conducted descriptive analyses to examine frequencies across all categorical and continuous variables by provider type and years of experience. Chi-square tests were conducted to determine group differences in categorical variables. Analysts then ran a series of two-sample t-tests on the cross-weighted data to examine mean differences in continuous variables based on provider type and years of experience.

### Parent Interviews

**Table 4. Provider Respondents to Survey, 2025 (N = 410)**

BSC REGION (N)	PROVIDER TYPE (N)
Region 1 (52)	Center (183)
Region 2 (82)	Group Home (126)
Region 3 (134)	Family Home (101)
Region 4 (142)	

MiLEAP emailed the invitations and parents self-scheduled their interviews using Bookings. PPA stratified the sample of about 600 by provider type for the youngest child with a Child Development and Care (CDC) Scholarship. PPA staff conducted two rounds of further outreach. Non-respondents were replaced with comparable sample members to fill slots. Between May and July 2025, 46 parents participated in phone interviews lasting up to an hour. Participants received a \$50 gift card. The transcripts were cleaned and analyzed in Dedoose. Coding proceeded deductively based on the constructs from the interview instrument and with subsidiary or child coding conducted inductively to identify emerging themes and relationships.

**Table 5. Parent Interviewees, 2025 (N = 46)**

PROVIDER TYPE (N)	AGE OF YOUNGEST CHILD (N)
Center (9)	12 months or less (5)
Group Home (13)	13 months–24 months (6)
Family Home (12)	3–4 years (16)
License-Exempt (11)	5–7 years (15)
Unknown (1)	More than 7 years (4)

### Provider Panel

The research team identified a purposive sample of providers based on license type and location. Providers were invited to express interest via an online form emailed by MiLEAP. From that, the research team prepared a list of 24 prospective panel members, considering provider tenure in the CDC program and other factors. A total of 14 unique providers participated in two 90-minute panel sessions on Zoom in January 2025 and June 2025. Panelists received a \$50 gift card. Panel sessions were recorded and transcribed. Contemporaneous notes were taken for cross-checking. Analysis of transcripts and Zoom Chat responses in Dedoose was first conducted by initial deductive or parent coding based on the constructs as reflected in the interview instrument and second conducted inductively for subsidiary or child coding to identify emerging themes and relationships.

**Table 6. Provider Panel Participants, Year 2, 2025 (N = 14)**

PROVIDER TYPE (N)	RESOURCE CENTER REGIONS (N)
Center (6)	East, Southeast, or Wayne-Oakland-Macomb (4)
Group Home (2)	Central, Southwest, Kent, or West (7)
Family Home (6)	Northwest or Upper Peninsula (3)

Panelists are clustered by their Great Start to Quality Resource Center regions in Table 6. Note that these differ from the four BSC regions.

## SECONDARY DATA

### Program Records

PPA maintains a longitudinal database of CDC payment records from 2013 to 2024, with payments recorded at the pay-period level to providers, with identifiers for both family and child. In this report, we focused on records from 2019 to 2024, where we looked at the total number of unique identifiers (for providers, families, and children) with payments recorded in each of those six calendar years. Individuals new to the program were also tagged. A provider was considered “new” if their provider ID did not exist in earlier pay-period records; the number of new providers may be overstated in cases where a provider opened a new license number.

To analyze continuity of care and program persistence, the research team randomly selected one child from each family to serve as a “focal child” so that large families would not be overrepresented. In some cases, a child ID was associated with multiple providers in the same pay period (where families split the child’s approved hours among multiple providers); in other cases, a child ID was associated with multiple families (where two parents share custody of a child and each parent uses the CDC Scholarship Program). A primary parent and primary provider were selected for these children based on historical trends (e.g., the provider with the longest tenure caring for the child).

Continuity of care was measured by the number of consecutive payment occurrences for the unit of analysis (parent, child, or provider). A gap of two pay periods (approximately a month) was allowed to prevent temporary absence from impacting the outcomes. Cox regressions were conducted to measure for significant differences between years.

To measure program participation, PPA determined the total number of children, providers, and parents receiving payment for each pay period. To measure first-time enrollment, these were cross referenced with historic data to determine whether or not it was the first time the child, parent, or provider appeared.