

**DC-M Evaluation
State Costs Associated with DC-M Implementation
Interview with [Medicaid Agency]
[Month, 20xx]**

Respondent Name/Position:
Phone Number:
Email Address:
Date:

INTRODUCTION

My name is [NAME], from Mathematica Policy Research.

As you know, under the *Healthy, Hunger-Free Kids Act of 2010*, the U.S. Department of Agriculture's Food and Nutrition Service (FNS) is conducting demonstrations that add Medicaid to the list of programs used to directly certify students for free meals under the National School Lunch Program (NSLP) and School Breakfast Program (SBP). FNS has contracted with Mathematica Policy Research and its research partner, Insight Policy Research, to conduct an evaluation of the Direct Certification-Medicaid (DC-M) demonstration.

As part of the evaluation, we have received your cost workbook for the [month year] through [month year] time period. Thank you for your responses. They will help us determine whether there are savings in administrative costs from the demonstration, and what the extent of the savings is. They will also help us the extent to which the demonstration results in savings in administrative costs. They will also help us understand the various types of activities your agency performs when conducting DC-M.

The objectives of this interview are to learn more details about the costs you incur and the activities that you conduct, to confirm that we are properly interpreting your responses, [First interview only: and to solicit feedback on ways to improve the workbook that we sent you]. Do you have an electronic or hard copy of the workbook available to look at as we talk? [If not, I can wait a minute for you to retrieve it.]

[Just as a reminder,] I need to tell you that our reports to FNS will describe the range of responses expressed by staff, and may list the names of agencies and partners who contributed information, but we will not quote you or anyone by name or title. However, because of the relatively small number of states and offices participating in the study, there is a possibility that a response could be correctly attributed to you. If there is something that you want to say privately that you would not otherwise mention, let us know and we'll use it to inform our understanding, but will keep the details private.

I expect that our conversation will take approximately 30 minutes.

First, do you have any general questions for me about what we will be discussing today?

Appendix C.2: State Cost Survey Follow Up Interview Protocol (Medicaid Agency Version)

[Ask any questions that appear to be relevant. Ask for each respondent, if multiple people are on the call.]

A.1 What state department/agency do you work for?

A.2 What is your position? What are your day-to-day responsibilities?

A.3 What are your specific responsibilities for implementing DC-M?

B. ACTIVITIES RELATED TO DC-M

Next, I would like to turn to some questions related to the activities that you conduct when implementing DC-M. I will first ask questions about how your activities compare with the activity list in the workbook. Then, I will ask a few specific questions about your direct certification process.

B.1 Please view the Activity Descriptions tab of the workbook. Does the activity list (and our description of each activity) accurately reflect the types of DC-M activities that you conducted during the last quarter?

B.2 Where there any major activities that we did not capture in the activity list? These may have been conducted during the last quarter, or you may expect to conduct them in future quarters.

B.3 Did any of the activities in the activity list not apply during the quarter? Will they apply in future quarters? [Ask specifically about any activities that had no labor hours associated with them on the form. Also ask if there were any costs associated with management activities that were not captured.]

B.4 Did any activities have essentially no costs? That is, could any of the work associated with implementing DC-M be easily tacked onto work that is already performed when conducting direct certification with other programs such as SNAP or TANF, without additional staff time?

B.5 Did you conduct any DC-M activities before July, 2012? What were those activities? Roughly how many labor hours were involved, over what time period?

B.6 Please view the Time Log tab of the workbook. Which costs are exclusively (or almost exclusively) for start-up activities? That is, which activities and/or costs will not show up again in future quarters?

B.7 [Ask only in first quarter:] We recognize that there is a learning curve in implementing a new program. Based on your experiences so far, do you anticipate any changes in any of the following:

- the steps involved
- their timing
- the types of staff involved
- the level of effort?

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[Ask in later quarters: Have you changed your procedures, or do you plan to in the future, based on your experiences so far?]

- B.8 How often do you [in first quarter: plan to] update the direct certification list by conducting a new Medicaid match or sending a new Medicaid extract to districts for matching?
- B.9 [If a DC-M1 state] Does the Medicaid extract cover the entire state or just the demonstration areas?
- B.10 [If a DC-M1 state] If the study were implemented statewide (that is, if every district in the state were in the demonstration), how would the DC-M activities at the state level change? [Probe if needed: For each activity on the Time Log tab, would the level of effort increase? For example, would matching take more time? Would technical assistance to districts require more staff hours?]

C. COST INSTRUMENT REPORTING METHODS AND FEEDBACK

Next I would like to ask some questions related to how you filled out the cost instrument workbook.

- C.1 Who took the lead on compiling the information on the Time Log tab of the workbook? Did more than one person edit this tab of the workbook? If so, what other staff contributed information, and what types of information did each provide? of the workbook?
- C.2 How were the time log data collected? If you or designated supervisors filled in the time log, did the supervisors collect from their staff a preexisting time tracking form or an informal time estimate) of the employees' DC-M hours, or did the supervisors talk to staff and ask for an estimate? If each employee populated the time log, did they record their DC-M hours on a daily/weekly/monthly basis?
- C.3 Please turn your attention to the Salary Information tab of the workbook. Who compiled and entered the information on salary and fringe benefits?
- C.4 Would you like us to separate those tabs from the rest of the workbook? Would you like us to keep those tabs more secure? (for example, we could password protect the tab, or move that tab to a separate, password-protected workbook)
- C.5 How was the value of fringe benefits calculated? Does it include mandated benefits? Does it include employer and employee contributions? [If no fringe benefits were reported, ask the state to confirm that all fringe benefits were included in the salary on the salary tab.]
- C.6 Please turn your attention to the ODC Information tab of the workbook. [If ODCs were reported] Could you elaborate on the sources of your Other Direct Costs? How were they calculated? Will these costs appear again next quarter? How long does it take for such costs to be invoiced and paid by your agency?
- C.7 [If no ODCs were reported] Could you confirm that there were no Other Direct Costs associated with DC-M (e.g., printing and mailing costs for materials provided to school districts, charges for conference calls, or amounts paid to outside contractors for work on the project (such as programming or clerical work)?

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[Ask C.8-C.10 only in first quarter.]

C.8 Was the workbook (as a whole) easy to use? Was it sufficiently flexible to fully capture all of your agency's DC-M costs?

C.9 How could we improve the workbook (e.g., the Time Log tab)?

C.10 Did you review the instructions (attached with the workbook) before completing the workbook? [If so] was there any portion that was confusing? [If not], why? Did you refer to the instructions as you completed the form?

Thank you very much for the information and feedback. We really appreciate your time and responsiveness. We will be collecting these data quarterly over the two-year demonstration period. The cost workbook will be due no later than one month after the end of the quarter. The next steps include:

- You and your staff filling out the workbook for the next quarter ([month] through [month], 20xx). Did you receive the form?
- A discussion at the end of the next quarter to review quarter [X+1] data.

You should also feel free to contact us with questions by e-mail or phone. Our contact information is at the end of the instruction page.

END OF INTERVIEW