

# State Child Nutrition Agency Topics

OMB No. 0584-XXXX

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## Direct Verification Evaluation Study State Child Nutrition Agency Topics—Fall 2007

These interviews will obtain the views and opinions of State Child Nutrition Agency officials about Direct Verification with Medicaid (DV-M). We are interested in your experience with implementation, and your views on the effectiveness and benefits of DV-M. Respondents should include the primary contact in each State (usually the Child Nutrition Director) and staff members who assisted with design, development, and implementation. The basic questions to be answered and the specific areas to be discussed are listed below.

As we indicated in the letter requesting this interview, the information you provide will be used only for research purposes. Your responses will not be linked with your name or title in any published report or in data provided to USDA. Your name may appear in the final report to acknowledge your assistance, unless you request that we withhold your name.

Participation in this interview is completely voluntary. Choosing not to participate will not affect your State's participation in USDA programs in any way.

1. **What pre-existing data systems and procedures were used to support direct verification with Medicaid (DV-M)?**

Pre-existing systems may include (a) direct certification and (b) DV with FS/TANF data (DV-FS). This was discussed during initial contacts; we will follow up as needed.

2. (For States that implemented DV-M for the first time in 2007) **How did the State design, develop and implement DV-M? What was the overall timeline?**

Implementation tasks at the State level might include:

- assessing the feasibility of DV-M and planning for implementation
- establishing interagency agreements, specifications, and procedures for data exchanges
- meeting legal requirements and protecting the privacy and rights of students and families whose data will be used in DV-M
- programming and executing file extracts of Medicaid/SCHIP data for DV-M
- (if applicable) programming and executing file extracts of student information for DV-M
- (if applicable) developing, testing, and implementing systems for collecting and compiling application sample data
- (if applicable) data matching and validation
- developing, testing, and implementing systems for providing data to school districts

Skip to Question 4.

3. (For States that implemented DV-M before 2007) **How did the State modify systems and procedures for DV-M and DV-FS? What was the timeline? Why were the systems/procedures changed?**

Modifications to systems and procedures may include:

- revising data-sharing agreements
- changing the data elements or file formats for Medicaid/SCHIP data extracts
- implementing or changing state-level matches between Medicaid/SCHIP and student/applicant data
- changing the process for providing data to school districts

4. How did the State inform school districts about DV-M? What was the State's role in encouraging sampled districts to use DV-M? Did the State encourage other districts to use DV-M? When did these activities occur? (If applicable) How did the State use the experience from 2006 in these activities?

Tasks to inform school districts and encourage participation may include:

- preparing and distributing instructions and forms
- recruiting and selecting school districts to participate
- presentations at meetings with school districts
- training for school district personnel
- additional training/outreach contacts with/visits to individual school districts
- providing technical assistance/support, trouble-shooting etc.

5. **What are the challenges and lessons of implementing DV-M in 2007? (If applicable) How were the challenges and lessons different from those of 2006?**

The interviews will discuss the challenges, solutions, and lessons learned in the following areas:

- availability and quality of data (identifiers and eligibility data)
- interagency coordination with State Medicaid Agencies
- technology for matching and providing data to school districts
- meeting legal requirements for privacy and security of confidential information
- use of state-level matching, manual look-ups or matching, or district-level matching
- State support for school district use of DV-M
- School district readiness (resources, systems) and motivation/perceived need
- School district effectiveness and challenges

6. **How does DV-M affect other NSLP verification operations?**

The State Child Nutrition interview will complement our interviews with school district officials. We are interested in your perceptions based on feedback from school districts and known results. The questions under this topic are:

- How did DV-M affect the districts' ability to complete verification within the required time?
- How did DV-M affect the level of effort and staffing for verification?

- How did DV-M affect the working environment of school districts? Did it increase or decrease the level of stress associated with verification? How much of this impact was due to startup and learning issues?

7. **What is the future of DV-M?**

- Does the State plan to make DV-M available next year? Will it be statewide? What changes are planned?
- Is DV-M feasible for all school districts in the State? What are the characteristics of school districts that have the capability and the interest to use DV-M?
- What do other States need to know before implementing DV-M?
- What changes at the Federal level would make DV-M more effective and efficient?

8. **What were the costs of implementing DV-M this year? What are the projected costs for conducting DV-M at the statewide scale?**

Please complete the attached worksheet (a) to identify State Child Nutrition/Education Agency personnel costs associated with DV-M in 2007, and (b) to project State Agency costs for statewide DV-M. The worksheet lists specific task elements that may have been performed. **Please add to this list if DV-M involved tasks that are not listed**

## Worksheet for Estimating State Child Nutrition and Education Agency Costs for Direct Verification with Medicaid, SY2007-2008

### Part 1: Hours Spent on DV-M: Actual 2007 and Projected for Statewide DV-M

**Instructions :** You are asked to estimate **actual** hours spent on direct verification with Medicaid (DV-M) by State Child Nutrition (CN) and Education Agency (SEA) personnel in 2007 and **projected** annual hours once DV-M is implemented statewide. Possible tasks are listed to help you construct your estimates; specify other tasks if not listed.

Use the **TAB** key to move between form fields.

If you cannot separate hours spent on DV-M from hours spent on direct verification with FS/TANF, check here:

#### Tasks for implementing and operating DV-M in 2007 (check all that apply):

- Planning for DV-M
- Establishing data-sharing agreements with Medicaid
- Developing procedures for SEA/CN agency and local education agencies (LEAs)
- Programming and testing for data matches and user interface
- Acquiring, compiling, and preparing Medicaid data for DV-M
- Matching student data with Medicaid data
- Making DV-M data available to LEAs
- Providing technical and operational support to LEAs
- Record-keeping and file storage/destruction
- Analyzing results
- Other (please specify):

1.

2.

3.

Titles or types of staff members who may have worked on these tasks are listed below. For each, **please estimate** (a) the approximate hours spent on DV-M in 2007, and (b) the projected hours per year after statewide implementation. If DV-M was implemented statewide in 2007, leave column (b) blank. When a title/type of staff covers more than one person, provide the total hours spent by all staff. **Do not include time spent on the evaluation for FNS.**

#### Estimates of DV-M Hours by Person/Type of Staff Member

Title/Type of Staff Member	Approximate Hours per Year	
	(a) Actual for 2007	(b) Projected—after statewide implementation
State Child Nutrition Director		
Direct verification team leader		
Technology/programming staff		
Program specialists, support for LEAs etc.		
Other staff not listed above (specify)		
1.		

2.		
3.		

**Part B: Salary and Fringe Rate Information**

Please provide salary rates for the staff with time reported above. The rate may be annual, monthly, biweekly, or hourly. Approximate or average rates may be used. *This information is confidential and will be used only for computing personnel costs for DV-M.*

<b>Salary Rates for Staff Involved with DV-M</b>					
<i>Title/Type of Staff Member</i>	<b>Salary/wage</b>	<b>Basis of Pay (check one)</b>			
		Annual	Monthly	Biweekly	Hourly
State Child Nutrition Director	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct verification team leader	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology/programming staff	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program specialists, support for LEAs etc.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other staff not listed above ( <i>specify:</i> )					
1.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide the agency's average fringe benefit rate (as a percent of salaries): \_\_\_\_\_%

Name of contact for question on this form: \_\_\_\_\_

Telephone number: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

*Thank you for providing this information for the Direct Verification Evaluation Study.*

*Please fax both pages of the completed worksheet with a cover page or send by e-mail to:*

Direct Verification Study (c/o Chris Logan)  
 Fax: (617) 386-8511  
 Voice: (866) 638-2112 (toll-free)  
 DirectVerificationStudy@abtassoc.com

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## Direct Verification Evaluation Study State Medicaid Agency Topics—Fall 2007

These interviews will obtain the views and opinions of State Medicaid Agency officials about Direct Verification with Medicaid (DV-M). We are interested in your experience with implementation, and your views on the feasibility of DV-M, both in your State and nationwide. State Medicaid Agency respondents will include the primary contact for DV-M in each State and staff members who were involved with the provision of Medicaid data for DV-M. The basic questions to be answered and the specific areas to be discussed are listed below.

As we indicated in the letter requesting this interview, the information you provide will be used only for research purposes. Your responses will not be linked with your name or title in any published report or in data provided to USDA. Your name may appear in the final report to acknowledge your assistance, unless you request that we withhold your name.

Participation in this interview is completely voluntary. Choosing not to participate will not affect your State's participation in USDA programs in any way.

1. (For States that implemented DV-M for the first time in 2007) **How was the State Medicaid Agency involved in the design, development and implementation of direct verification with Medicaid (DV-M)? What was the overall timeline?**

Tasks involving the State Medicaid Agency may include:

- assessing the feasibility of DV-M and planning for the demonstration
- establishing interagency agreements and specifications for data exchanges
- meeting legal requirements and protecting the privacy and rights of students and families whose data will be used in DV-M
- modifying existing data systems to capture data needed for DV-M
- programming and executing file extracts and transfer of Medicaid/SCHIP data for DV-M
- (if applicable) developing, testing, and implementing procedures for looking up Medicaid records of students sampled for verification, and for determining the NSLP eligibility category for Medicaid enrollees
- (if applicable) developing, testing, and implementing systems for matching NSLP application data with Medicaid data
- training for State/school district personnel on the use and protection of Medicaid data.

(Skip to Q3)

2. (For States that implemented DV-M before 2007) **How did your agency modify systems and procedures for direct verification with Medicaid (DV-M) What was the timeline? Why were the systems/procedures changed?**

Modifications to systems and procedures may include:

- revising data-sharing agreements
- changing the data elements or file formats for Medicaid/SCHIP data extracts

- implementing or changing state-level matches between Medicaid/SCHIP and applicant data
- changing the process for providing data to the State Child Nutrition agency or school districts
- training for State/school district personnel on the use and protection of Medicaid data.

3. **What were the challenges and lessons of implementing DV-M?**

The interviews will discuss the challenges, solutions, and lessons learned in the following areas:

- availability and quality of data required (identifiers and eligibility data)
- interagency coordination
- source, technology, and effort for extracting or searching Medicaid data
- technology and ease of data exchange/integration with State Education Agency system
- meeting legal requirements for privacy and security of confidential information
- timing of direct verification requests and availability of agency resources to respond.

4. **What is the future of DV-M?**

The questions will include:

- Is DV-M worthwhile? What are the benefits from the Agency's perspective?
- Does the State Medicaid Agency plan to make data for DV-M available next year? If not, what are the reasons? What changes are planned?
- What do other States need to know before implementing DV-M?
- What capabilities do State Medicaid Agencies need so that they can share child identifiers and eligibility data for DV-M? What factors might affect the feasibility of DV-M in other States?
- Is it preferable for the State Medicaid Agency or the State Education Agency to determine eligibility for direct verification (whether Medicaid children fall within the eligibility guidelines for free/reduced-price school meals)?
- What changes at the Federal level would make DV-M more effective and efficient?

4. **What were the costs of implementing DV-M this year? What are the projected costs for conducting DV-M at the statewide scale?**

The attached worksheet provides a tool (a) to identify State Medicaid personnel costs associated with DV-M in 2007, and (b) to project State Medicaid Agency costs for statewide DV-M. The worksheet lists specific task elements that may have been performed. **Please add to this list if DV-M involved tasks not listed**



## Worksheet for Estimating State Medicaid Agency Costs for Direct Verification with Medicaid, SY2007-2008

Part 1: Hours Spent on DV-M: actual 2007 and projected for statewide DV-M

**Instructions :** You are asked to estimate **actual** hours spent on direct verification with Medicaid (DV-M) by State Medicaid personnel in 2007 and **projected** annual hours once DV-M is implemented statewide. Possible tasks are listed to help you construct your estimates; specify other tasks if not listed. *Use the TAB key to move between form fields.*

**Tasks for implementing and operating DV-M in 2007 (check all that apply):**

- Planning for DV-M
- Establishing data-sharing agreements with State CN/Education Agency
- Programming and testing for data extracts (computing new variables etc.)
- Extracting, preparing, and transferring Medicaid data for DV-M
- Providing technical support to State Education Agency for use of Medicaid data
- Other systems development, testing, and implementation (such as matching or lookup systems)
- Other (please specify):

1.

2.

3.

Titles or types of staff members who may have worked on these tasks are listed below. For each, **please estimate** (a) the approximate hours spent on DV-M in 2007, and (b) the projected hours per year after statewide implementation. If DV-M was implemented statewide in 2007, leave column (b) blank. When a title/type of staff covers more than one person, provide the total hours spent by all staff. *Do not include time spent on the evaluation for FNS.*

Estimates of DV-M Hours by Person/Type of Staff Member		
Title/Type of Staff Member	Approximate Hours per Year	
	(a) Actual for 2007	(b) Projected—after statewide implementation
Liaison to State Child Nutrition Director		
Legal staff, privacy officer etc.		
Technology/programming staff		
Other program/policy staff		
Other staff not listed above (specify:)		
1.		
2.		
3.		

**Part B: Salary and Fringe Rate Information**

Please provide salary rates for the staff with time reported above. The rate may be annual, monthly, biweekly, or hourly. Approximate or average rates may be used. *This information is confidential and will be used only for computing personnel costs for DV-M.*

<b>Salary Rates for Medicaid Staff Involved with DV-M</b>		<b>Basis of Pay (check one)</b>			
<i>Title/Type of Staff Member</i>	<b>Salary/wage</b>	Annual	Monthly	Biweekly	Hourly
Liaison to State Child Nutrition Director	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal staff, privacy officer etc.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology/programming staff	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other program/policy staff	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other staff not listed above (specify:)					
1.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide the agency's average fringe benefit rate (as a percent of salaries): \_\_\_\_%

Name of contact for question on this form: \_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

*Thank you for providing this information for the Direct Verification Evaluation Study.*

*Please fax both pages of the completed worksheet with a cover page or send by e-mail to:*

Direct Verification Study (c/o Chris Logan)  
 Fax: (617) 386-8511  
 Voice: (866) 638-2112 (toll-free)  
 DirectVerificationStudy@abtassoc.com