

**INTERVIEW PROTOCOL: SFA DIRECTOR/DISTRICT LEAD**

**CHALLENGES TO IMPLEMENTING DIRECT CERTIFICATION WITH MEDICAID**

**DEMONSTRATIONS OF NSLP/SBP DIRECT CERTIFICATION OF CHILDREN  
RECEIVING MEDICAID BENEFITS**

State:

Interviewee/Position:

Others present/Position:

Permission to Record:

Date:

Start time:

End time:

Interviewer:

**Introduction**

The purpose of this interview is to gather information about [DISTRICT's] experience with [STATE's] demonstration of direct certification of children for the National School Lunch Program and School Breakfast Program or NSLP/SBP, using Medicaid enrollment data. This interview will last approximately 1 hour.

*Fall Interviews:*

The study will assess the impact of the demonstration on NSLP/SBP participation and certification costs. This interview will focus on the challenges you experienced in [MONTH(S)] when implementing the demonstration in your district, and the extent to which you have overcome those challenges to date. We will conduct additional interviews in February 2014 to discuss the experiences and challenges of the next round of certification matching. In addition to these interviews, the study will use quantitative data to assess the demonstration's impact on NSLP/SBP participation and costs. [STATE] is among six participating States, two with statewide demonstrations and four with local district-based demonstrations.

*Subsequent Interviews:*

We talked to you in [MONTH] about your experiences using Medicaid enrollment data for direct certification for free school meals. In this interview, we would like to discuss your experiences and progress since the last time we talked.

*All Interviews:*

Throughout this interview, we will refer to the demonstration of direct certification with Medicaid data as DC-M. The information that we collect in this interview will be used together with information from other States and districts to describe the experiences of all States participating in the demonstration.

Because each State's and district's project is unique, describing a particular district's experiences will likely identify the State and could identify the district. We will not use your name in our

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reports, but your identity might be inferred from the identity of your State and the nature of the information that you provide. 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.

We will ask you questions and record your answers in an interview format that will take about an hour. With your permission, we'd like to electronically record your responses to make sure we get them right. Do I have your permission to record the interview?

*[If yes: Thank you.]*

*[If no: You have my assurance that we will keep anything private that you wish. If you'd prefer, we will not cite anything that you say verbatim from the recording. Wait for response; if yes, record: Thank you. If no: That's OK. Just bear with me as I take detailed notes.]*

Your DC-M implementation began near the start of the 2012-2013 [or 2013-2014] school year. For the most part, we're going to focus on your recent efforts regarding the certification process for this school year, but let's begin with the context of DC-M in your State.

#### **Start-Up Issues and Concerns**

Let's begin by focusing on your preparations for DC-M.

1. Did the State approach your district about DC-M during the application process, or after your State was selected by FNS for inclusion in the demonstration? *[If before:]* What were your reasons for participating in DC-M when the State approached your district? *[Probe: Any other reasons?]*
  - a. Was your participation in DC-M influenced by any limitations or weaknesses of direct certification efforts using other public assistance programs in your district? *[If yes: To what extent was your participation influenced by limitations and weaknesses for:*
    - i. SNAP?
    - ii. TANF?
    - iii. FDPIR?
    - iv. Other programs, if any, specific to your State or district? *[If so: What programs?]*
2. Overall, what would you say were the most serious concerns or operational challenges your district faced in planning and preparing for DC-M?
3. What did the State education or child nutrition agency do to make your participation in DC-M easier? *[Probe: Anything else?]*
4. What else could the State education or child nutrition agency have done to make your participation in DC-M easier? *[Probe: Anything else?]*

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5. Prior to this demonstration, were you using Medicaid data for direct verification of NSLP applications? Was that at the State or district level?
  - a. [If yes at the district level] Explain the transitions that you made to scale up from DV-M to DC-M and how your experience with DV-M affected your preparation for DC-M.

#### **Implementation Challenges**

Turning to implementation of DC-M, let's discuss some implementation challenges that your district might have had to deal with. If something was handled entirely by the State, just let us know, and we'll move on to the next topic.

6. Overall, what challenges have you as a district encountered in implementing DC-M? What problems have these challenges caused? [*Probe: Any other serious challenges?*]
  - a. [*For each challenge:*] To what extent have you been able to resolve the challenges? How?
  - b. To what extent did the State help you in resolving the challenges that you have overcome? Did you access any other resources for help?

#### **Obtaining the data**

Let's talk about the process for obtaining the data you use for DC-M matching.

7. How are Medicaid data provided to your district? Does the process differ from the way SNAP data are provided? How? Do you receive a separate file or list of children receiving Medicaid, or are they included in the same list with children receiving SNAP?
8. What challenges have you encountered in obtaining the Medicaid data? Describe how you overcame them or, if ongoing, how you plan to do so.
9. We want to understand the lag time between enrollment in Medicaid and the potential to benefit from DC-M in your district. How often are Medicaid data provided to your district?
  - a. How recent is the Medicaid data when you receive it? For example, if a match is conducted on August 1, what is the most recent Medicaid enrollment date of students who might be matched? Those enrolled in Medicaid a month before, by July 1, or two weeks before, by July 15, or something else (please specify)?

#### **Matching**

Let's turn to the matching process.

10. First, consider the specifications and algorithms for matching student enrollment data with Medicaid data. [*if asked for clarification: by specifications and algorithms, we mean the specific criteria and process you use to determine whether there is a match.*]
  - a. Are the specifications and algorithms the same as those used for direct certification with SNAP? Why or why not? [*Probe: Is this a State-level or district-level decision?*]

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- b. Are the same identifying variables that you use to match files for DC-SNAP also available in the Medicaid data? What challenges have you encountered, if any, related to the availability of identifying information in Medicaid data? Is missing data a particular challenge in key data elements in the Medicaid files?
11. Because children receiving Medicaid are not categorically eligible, DC-M requires States and districts to look at income, in addition to Medicaid receipt, to determine NSLP eligibility. Is your district responsible for assessing income of children in the Medicaid data, or has someone at the state level made that assessment and included in the lists they provide only those children whose household incomes are below the eligibility thresholds?  
*[If yes to Q11, ask questions 7a-7c]:*
  - a. How challenging is conducting that extra step?
  - b. DC-M requires information on income “before the application of any expense, block or other income disregard,” rather than the income definition used in determining Medicaid eligibility. How were you able to account for this difference so that you could use Medicaid income to determine eligibility for free meals? How challenging was this aspect of the process?
  - c. Has your district faced any challenges in identifying the correct economic unit for which to look at income since we last spoke?  
*[If no to Q11, ask questions 7d-7e]:*
  - d. Do the lists seem to be restricted appropriately (i.e., do any of the students on the list appear to be above the income threshold)?
  - e. Does the list or file that your district receives for DC-M include any information on household size or income?
12. Do you conduct DC-M simultaneously with DC-SNAP, or is direct certification conducted sequentially for different programs? *[If sequentially: How do you combine the results? Did you have any concerns related to the sequencing of different direct certification methods (e.g., SNAP, TANF, FDPIR) for a household/applicant. If yes, what were they?*
13. Did you experience any delays in conducting DC-M compared to direct certification with SNAP, or was the timeline about the same? Describe the nature of any delays and the average impact in time.
  - a. When did you conduct your first DC-M match? How often does your district conduct matching? Are there any State requirements or may the district set its own schedule?
  - b. To what extent is this matching schedule successful in certifying students as quickly as possible?

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14. Describe any quality assurance systems in place to ensure the accuracy of matches. [Probe: Do you check a sample of cases? How? How is the sample determined?]
15. What process is used for identifying other children in the same household with those who are directly certified? [Probe: Do you conduct additional matching to identify siblings? How?] How challenging is this step?
16. How does your system ensure that students certified under DC-M remain certified if they transfer to another school district, or that students certified in other districts remain certified if they transfer into your district? [If DC-M1: Discuss differences in how the process works for districts participating in DC-M and those not participating in DC-M.]

#### Resources

17. Let's discuss the challenges associated with resources to implement DC-M. First, let's focus on IT capabilities. Thinking about technology, did you have all of the software and systems needed to get the job done, or did you have to acquire or develop some? Please explain.
  - a. What systems updates, if any, did you have to make in your district to identify eligible children and conduct the DC-M matching process? Explain the impact of these updates on your staffing needs and decisions. What was the impact on the schedule for getting the work done?
18. Now, please think about any challenges you faced in obtaining staff to implement DC-M at the district level.
  - a. Did you face challenges in identifying staff or obtaining enough of their time to implement DC-M? How did DC-M impact their other responsibilities?
  - b. Did you need any temporary or contract staff?
  - c. What activities associated with DC-M were most time consuming, difficult to implement, or required significantly more time/effort than originally anticipated?
  - d. Were there any particular aspects of your systems or processes that made DC-M more or less labor intensive for staff?
  - e. Is the staff time in conducting DC-M offset by reduced staff time on other activities? Please explain how and to what extent.
  - f. [For subsequent interview only] Did you experience any turnover among key staff that affected your continuing ability to conduct DC-M or make changes/improvements to it?

#### Outcomes

Now, let's talk about outcomes of DC-M.

19. Think about the relative success of matching achieved with DC-M. Overall, roughly what proportion of Medicaid cases were successfully matched under DC-M in your district? How does this compare to the proportion of SNAP cases successfully matched?

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- a. Did your experiences with or success in DC-M matching vary by student characteristics or for any subset of cases or groups of children/families? [*Probe:* Were there differences in success by race/ethnicity? Student grade level? Family/household size and composition? Were there name differences among members of the family/household?] Have you had any challenges concerning key data elements being more often missing for certain subgroups?
20. Are there specific challenges related to obtaining and using Medicaid data that negatively affect the matching success rate? [*Probe:* Have you had difficulties with low-quality data, missing data, high rates of unmatched cases, one-to-many matches, or matching individuals within a household? Any other examples?]
21. What is your estimate of benefits gained from DC-M in helping to meet your State's and district's goals for participating in the demonstration and increasing the participation of students in NSLP/SBP, based on what you know so far?
22. If you were asked whether to recommend continued, full-scale implementation of DC-M for your State and district based on the investment made, estimated ongoing operational costs, offsets to other certification costs, and gains in helping to certify needy children for free meals, would you recommend continuing the effort? Why or why not?

#### **Response to Challenges/Lessons Learned**

Now I'd like you to think about the lessons learned to date in implementing the DC-M demonstration.

23. What would you do differently or recommend that other districts do differently?
24. What procedures have been planned or implemented to improve the success of DC-M? [*Probe:* Are these planned or already implemented; if planned, for when?]
25. How will the system as implemented be able to adapt to changes in Medicaid income definitions or eligibility criteria in the future?
26. Is there anything else you would like to add?

#### **Closing**

That concludes our interview. Thank you for your time. We'll be contacting you again in several months to schedule an interview for [MONTH] to discuss your district's experiences in the next round of DC-M.