

Appendix D.1: State Cost Survey Introductory Email

OMB #: 0584-xxxx
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From: Joshua Leftin [<mailto:JLeftin@Mathematica-Mpr.com>]
Sent: [DATE]
To: [STATE CN or MEDICAID REPRESENTATIVE]
Cc: Anne Gordon
Subject: DC-Medicaid Evaluation Cost Survey Request – [STATE]

Dear [NAME],

As part of the evaluation of the Demonstrations of Direct Certification of Children Receiving Medicaid (DC-M) conducted by the U.S. Department of Agriculture's Food and Nutrition Service, Mathematica Policy Research is requesting data from each State in the demonstration on State-level costs associated with implementing DC-M. Your responses will help us determine the types of costs associated with the demonstration at the State agency level.

Attached are an introductory letter from Anne Gordon (cost study task leader) summarizing our request and two versions of a form (one for July through September 2012, and another for October through December 2012) that we would like you to use to report costs your agency incurred implementing DC-M during those quarters. In future quarters, we will provide you with a revised form before the beginning of the quarter, so you can use it to track costs as they occur, rather than retrospectively. The forms are provided as Excel workbooks with six spreadsheet tabs, plus a seventh optional tab (detailed in the letter). We have also attached detailed instructions that provide further clarification on how to fill out the forms.

We hope that you are able to complete and return the form for the quarter covering July through September 2012 **by November 9, 2012**, and the form for the quarter covering October through December 2012 **by January 31, 2013**. Shortly after you return the July through September 2012 form, we will contact you regarding a brief follow-up interview to discuss the form and your responses.

Please note that we are sending similar forms to our contact at the [STATE Department of Education or Medicaid Agency] to track information on costs incurred by that agency's staff for DC-M. Therefore, please do not include information on costs to the [Department of Education or Medicaid Agency] on the forms. Throughout the forms, we would like you to include **only** time or costs incurred to implement DC-M that are **in addition to** time or costs already associated with other forms of direct certification for the National School Lunch Program/School Breakfast Program (that is, direct certification through the Supplemental Nutrition Assistance Program [SNAP], Temporary Assistance to Needy Families [TANF], or the Food Distribution Program on Indian Reservations [FDPIR]).

We understand that tracking costs requires the investment of your time and greatly appreciate your participation. Although we have tried to make these forms both flexible and straightforward, we will appreciate any suggestions for improvements. We will contact you to set up a brief follow-up interview in mid-November.

Please contact me or Anne Gordon (Agordon@mathematica-mpr.com, 609-275-2318) if you have any questions or comments.

Thanks,

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