INTERVIEW PROTOCOL: STATE CHILD NUTRITION DIRECTOR

CHALLENGES TO IMPLEMENTING DIRECT CERTIFICATION WITH MEDICAID

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

State:	Date:
Interviewee/Position:	Start time:
Others present/Position:	End time:
Permission to Record:	Interviewer:

Introduction

The purpose of this interview is to gather information about [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.

Winter 2013 Interviews:

We talked to you in [MONTH] about your experiences with the demonstration of direct certification of the National School Lunch Program/School Breakfast Program, or NSLP/SBP, using Medicaid enrollment data. 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 to describe the experiences of all States participating in the demonstration.

Because each State's project is unique, describing a particular State's experiences will likely identify that State. We will not use your name in our 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 school year, but we're going to focus on your recent efforts regarding the certification process for this school year.

Background

To start, let's talk about how your demonstration has progressed since [MONTH].

1. Have any changes occurred in your DC-M matching process since the initial round of matching was completed? If so, why did you make these changes?
   [*Probe*: Follow up on anything they mentioned planning during the first round of interviews.]

Implementation Challenges

I'd also like to discuss any implementation challenges that your State might have had to deal with.

2. Have any new challenges arisen since we last spoke?

3. Overall, what challenges have you [*if district-level matching, add:* and local districts] 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 challenge? How? (If state mentioned challenges in previous interview, ask about their current status in resolving them)]

4. What challenges have you encountered in obtaining the Medicaid data? Describe how you overcame them or, if ongoing, how you plan to do so. (For example, did you implement changes after some data elements from Medicaid did not fully meet your needs?)

Matching

Let's turn to the matching process.

5. First, consider the specifications for matching student enrollment data with Medicaid data

   a. 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?

6. 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. How challenging is conducting that extra step?

7. Is a gross income variable, or any other information used to define the file, provided to you by your state's Medicaid agency? [*If yes:* do you use the data in any way?] [*If no:* why are the income data restricted? What procedures has your agency or Medicaid put in place to review that the appropriate data are provided?]

8. 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.

9. Describe any quality assurance systems in place to ensure the accuracy of matches. [*Probe:* Do you check a sample of cases? How is the sample determined?]

Resources

10. Let's discuss the challenges associated with resources to implement DC-M. First, let's focus on IT capabilities. Since we last spoke, have you been required to make any systems updates in order for your agency to accommodate DC-M? Please explain.

    a. Were any additional systems updates necessary to identify eligible children and conduct the DC-M matching process? Explain the impact of these updates on staffing decisions. What was the impact on the schedule for getting the work done?

11. Now, please think about any challenges you faced in obtaining staff to implement DC-M at the State level, or if applicable, 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 State's 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. 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.

12. Think about the relative success of matches 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?

      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?

      b. Did success in matching vary by district characteristics such as size of district? Whether it was urban, suburban, or rural? Diversity of district?

13. 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?] [*If district-level matching:* Have districts reported any specific barriers?]

14. What is your estimate of benefits gained from DC-M in helping to meet your State's goals for participating in the demonstration and increasing the participation of students in NSLP/SBP, based on what you know so far?

15. If you were asked whether to recommend continued, full-scale implementation of DC-M for your State based on the investment made, estimated ongoing implementation costs, offsets to other direct certification costs, and gains in helping to certify needy children for free meals, would you recommend continuing the effort? Why or why not?

16. Would you recommend the effort to other States that are similar to your State in terms of needs of the population and availability of systems and resources? 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.

17. What would you do differently or recommend that other States do differently?

18. 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?]

19. How will the system as implemented be able to adapt to changes in Medicaid income definitions or eligibility criteria in the future?

20. Is there anything else you would like to add?

Closing

[*In February 2013, add for all states except NYC:* [STATE] has X districts included in the evaluation. We'd like to get some input from you on several local districts we can talk to in September 2013 about their experiences. We'd like to be able to talk to a variety of districts in terms of size and the nature of their experiences to get a broad perspective. Mathematica will

send you a form you can complete to suggest districts for those interviews, from which we'll choose about six to interview.]

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 State's experiences in the next round of DC-M.