OMB #: 0584-xxxx

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:	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 [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.

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 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.

BACKGROUND

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

1. Have any changes occurred in how direct certification is conducted in your district?

IMPLEMENTATION CHALLENGES

I'd also like to discuss any 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.

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

3. 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.

4. Are the Medicaid data still provided to your agency by [describe method from previous interview]?

   [*If no*]: 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?

5. Since we last spoke, what challenges have you encountered in obtaining the Medicaid data? Describe how you overcame them or, if ongoing, how you plan to do so.

Matching

Let's turn to the matching process.

6. 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. 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?

7. 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 Q7, 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 Q7, 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?

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.

   a. To what extent is this matching schedule successful in certifying students as quickly as possible?

9. 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?]

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 district to accommodate DC-M? Please explain.

11. Were any additional systems updates necessary 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?

12. Now, please think about any challenges you faced in obtaining staff to implement DC-M at the district level.

13. 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?

    a. Did you need any temporary or contract staff?

    b. What activities associated with DC-M were most time consuming, difficult to implement, or required significantly more time/effort than originally anticipated?

        a. Were there any particular aspects of your systems or processes that made DC-M more or less labor intensive for staff?

        b. Is the staff time in conducting DC-M offset by reduced staff time on other activities? Please explain how and to what extent.

        c. 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.

14. 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?

    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?

15. 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?]

16. 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?

17. 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.

18. What would you do differently or recommend that other districts do differently?

19. 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?]

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

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

CLOSING

That concludes our interview. Thank you for your time.