State Medicaid agency activity	Activity description
Start-up activities (For States participating in the previous DCM demonstration, these are activities involved in converting from the previous demonstration to DCM-F/RP. For States new to DCM, these are activities involved in adding DCM-F/RP to existing direct certification procedures.)	
Negotiate data-sharing agreements	Draft MOU/MOA; edit and execute the agreements; develop specifications for the data needed from the Medicaid eligibility files.
Enhance MIS or student database	Make enhancements to systems and databases to allow for entry of information related to DCM/F-RP.
Develop and test programs for extract	Develop and test programs for creating extract. The extract consists of school-age children on Medicaid with household incomes at or below the DCM-F/RP thresholds.
Provide test file to CN agency	Provide test file to Child Nutrition agency.
Revise based on feedback	Revise specifications and programming in response to feedback.
Other start-up activities (describe in Notes column)	Additional activities not described above; please specify.
Ongoing activities for DCM-F/RP (These are activities that occur on an ongoing basis, or each time a DCM-F/RP match is conducted.)	
Create extract	Create extract of school-age children on Medicaid with household incomes at or below the DCM-F/RP thresholds.
Send file to CN agency	Send file securely to Child Nutrition agency.
Respond to questions	Respond to data questions from Child Nutrition agency.
Conduct USDA evaluation activities	Conduct activities related to the USDA DCM/F-RP evaluation. These include developing and executing MOUs with Mathematica, participating in interviews, and discussing the evaluation with the evaluation team.
Other ongoing activities (describe in Notes column)	Additional activities not described above; please specify.

Note: In the time log on the next worksheet, please include only time incurred to implement DCM-F/RP that is *in addition to* time already associated with other forms of direct certification for school meals (such as direct certification through SNAP, TANF, or other programs).

Glossary of Terms:

CN = Child Nutrition;

DCM-F/RP = Demonstrations of Direct Certification with Medicaid for free and reduced-price meals;

MIS = management information system;

MOU/MOA = Memorandum of understanding (or agreement);

SNAP = Supplemental Nutrition Assistance Program;

TANF = Temporary Assistance for Needy Families;

USDA = U.S. Department of Agriculture.

DCM-F/RP
Time Tracking Log
[*STATE NAME*] Medicaid Agency Version ([*FIRST MONTH*] - [*LAST MONTH*] [*YEAR*])

Name:	
Position/Title:	
Name of agency/division:	

OMB #: 0584-0606

Initials or position of staff member	Staffing position (*if not specified in first column*)	Activity (select from list)	*Total hours spent during month*			Notes
			Month 1	Month 2	Month xx	
		[select from list]				
		[select from list]				
		[select from list]				
		[select from list]				
		[select from list]				
		[select from list]				
		[select from list]				
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		[select from list]				
		[select from list]				
		[select from list]				
		[select from list]				
		[select from list]				
		[select from list]				
		[select from list]				

Note: In this time log, please include only time incurred to implement DCM-F/RP that is *in addition to* time already associated with other forms of direct certification for school meals (such as direct certification through SNAP, TANF, or other programs).

DCM-F/RP **OMB #: 0584-0606**

Salary Worksheet

[*STATE NAME*] Medicaid Agency Version ([*FIRST MONTH]* - [*LAST MONTH*] [*YEAR*])

Name:	
Position/Title:	
Name of agency/division:	

Initials or position of staff member (include each staff listed in Time Log)	Staffing position (*if not specified in first column*)	Pay rate (dollars)	Basis paid (select from list)	Fringe benefit percentage /amount	Fringe benefits calculated as:	Notes
			[select from list]		[select from list]	
			[select from list]		[select from list]	
			[select from list]		[select from list]	
			[select from list]		[select from list]	
			[select from list]		[select from list]	
			[select from list]		[select from list]	
			[select from list]		[select from list]	
			[select from list]		[select from list]	
			[select from list]		[select from list]	
			[select from list]		[select from list]	
			[select from list]		[select from list]	
			[select from list]		[select from list]	
			[select from list]		[select from list]	
			[select from list]		[select from list]	
			[select from list]		[select from list]	
			[select from list]		[select from list]	

DCM-F/RP **OMB #: 0584-0606**

Other Direct Costs (ODC) Worksheet

[*STATE NAME*] Medicaid Agency Version ([*FIRST MONTH*] - [*LAST MONTH*] [*YEAR*])

Name:	
Position/Title:	
Name of agency/division:	

Type of other direct cost (such as printing and mailing costs, charges for conference calls, or amounts paid to outside contractors for work on the project. Please describe.)	Amount during this data collection period (dollars)	Notes

Note: If totals by month are easier to report, please record them in the Notes column.

DCM-F/RP **OMB #: 0584-0606**

Indirect Costs Worksheet

[*STATE NAME*] Medicaid Agency Version ([*FIRST MONTH]* - [*LAST MONTH*] [*YEAR*])

Name:	
Position/Title:	
Name of agency/division:	

Question	Response
1. Does your accounting system assign indirect costs to any of the direct labor and ODC costs listed above? (Yes or No)	CHECK ONE: ___YES ___NO
2. If yes, describe how applicable indirect costs are defined and measured. (Hypothetical example: indirect costs include management, human resources, accounting, IT services, and building maintenance. They are charged at the rates of 12% of labor costs and 2% of ODCs.)	
3. If yes, what were the total indirect costs associated with DCM-F/RP in [first month] - [last month]? (in dollars)	

DCM-F/RP OMB #: 0584-0606

Contact Information for Individuals Responsible for Completing Form

[*STATE NAME*] Medicaid Agency Version ([*FIRST MONTH*] - [*LAST MONTH*] [*YEAR*])

Name of agency/division:	
Address:	
City/State/Zip code:	
Name of agency/division #2 (if applicable):	
Address #2 (if applicable):	
City/State/Zip code #2 (if applicable):	
Name of 1st contact person:	
Phone number for 1st contact:	
Email address for 1st contact:	
Name of 2nd contact person (optional):	
Phone number for 2nd contact (optional):	
Email address for 2nd contact: (optional):	

Thank you for completing this form. Your responses will help us understand the costs you incur and the various types of activities you perform when conducting direct certification. We understand that this task 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. Please contact your liaison with the study team or Josh Leftin (jleftin@mathematica-mpr.com) with any questions.

DCM-F/RP OMB #: 0584-0606

Time Tracking Log

[*STATE NAME*] Medicaid Agency Version ([*FIRST MONTH*] - [*LAST MONTH*] [*YEAR*])

Name:	
Position/Title:	
Name of agency/division:	

Initials or position of staff member	**Activity (select from list)**	***Total hours spent during week***													**Notes**
		Week 1	**Week 2**	**Week 3**	**Week 4**	**Week 5**	**Week 6**	**Week 7**	**Week 8**	**Week 9**	**Week 10**	**Week 11**	**Week 12**	**Week xx**	
	[select from list]														
	[select from list]														
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Note: In this time log, please include only time incurred to implement DCM-F/RP that is *in addition to* time already associated with other forms of direct certification for school meals (such as direct certification through SNAP, TANF, or other programs).