APPENDIX A-3b

DETAILED SITE VISIT INTERVIEW PROTOCOL:
STATE MEDICAID AGENCY STAFF

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Detailed Site Visit Interview Protocol: State Medicaid Agency Staff[1]

Evaluation of Demonstrations of Direct Certification with Medicaid for Free and Reduced-Price Meals (DCM-F/RP)

State: Date:

Interviewee(s)/position(s):   Start time:

                                                         End time:

Permission to record: Interviewer:

Introduction

The purpose of this interview is to gather information about [*State's*] demonstration of direct certification of students for free or reduced-price meals using Medicaid data. This new demonstration is known by the acronym DCM-F/RP [*for States that participated in the previous demonstration, add*: to distinguish it from the earlier DCM demonstration].

The information that we collect in this interview will be used to describe the experiences of States participating in the demonstration. Because each State's project is unique, description of a particular State's experiences could 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 in confidence that you would not otherwise mention, let us know and we'll use it to enhance our understanding, but we will keep the details private. Although participation in the data collection is a requirement of the demonstration, your individual participation in this interview is voluntary, and you do not have to answer any questions that you don't want to answer.

The interview will last approximately one hour. With your permission, we'd like to make an audio recording of the interview to fill in gaps in our notes. 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 us/me as I take detailed notes.

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[1] In States where staff of a Medicaid agency vendor or a third State agency play a key role in the DCM-F/RP process, this protocol would be tailored for use in interviewing those respondents.

Overview

Before we discuss the details of your roles in the direct certification process, I'd like to learn more about your role in [*Medicaid agency*] and how your agency prepared for the demonstration.

1) What is your position here at [*Medicaid agency*]?

2) What is your role in the DCM-F/RP process?

    [Moderator note: Because we'll be interviewing almost everyone who plays a key role, the responses to this question will collectively summarize the DCM-F/RP process. Later sections of the protocols delve into the details of many activities, but if a response here mentions aspects not fully covered by later questions, probe for details here.]

    a. [*After each person in the interview describes his or her role*:] Are there any aspects of the process conducted by your agency that you aren't involved in? [*If so*:]

        i. Tell me about that part of the process.

        ii. Who conducts that step of the process? [If someone not on the site visit schedule (or who was scheduled but unable to attend the interview):] Could I contact [that person] by telephone later to learn more about [his/her] role?

    b. [If any key steps (coordinating with the CN agency, identifying eligible children in the Medicaid data, testing and monitoring file production, transmitting the file) haven't been mentioned, ask:] What about [steps]? Who is involved in that part of the process? [If they're not on the site visit schedule:] Could I contact them by telephone later to learn about their role?

3) Does your agency provide any other data to the [*CN agency*] for the purposes of direct certification or direct verification?

    a. [*Probe:*] Do you handle data for SNAP, TANF, FDPIR, foster children, or any other program?

Planning and preparation

Let's take a minute to talk about the start-up phase of the demonstration.

4) When you first discussed the DCM-F/RP demonstration with the [*CN agency*], were the eligibility requirements clear? If not, what was unclear?

    a. [*Probe:*] Were the income requirements clear in the guidance provided by FNS? If not, what was unclear?

5) How did you plan and prepare for DCM-F/RP?

    a. What concerns or challenges did you encounter when planning and preparing for DCM-F/RP?

6) In simple terms, can you describe which Medicaid information systems and databases are involved in DCM-R/FP?

   a. [*Probe:*] What data system are you pulling the Medicaid children from? Is it a mainframe IT system?

   b. Were any system changes required to accommodate DCM-F/RP? If so, what were they? What level of effort was required to make the changes?

Assessing DCM-F/RP eligibility

7) In June 2017, your State's Medicaid income limit was [*fill in*] for children ages 1-5 and [*fill in*] for ages 6-18 (when the 5 percent disregard is included). Are these numbers still accurate?

As you know, children directly certified for free or reduced-price school meals based on Medicaid must meet certain income criteria. To qualify for *free* meals, a child must receive Medicaid and have a family income below 130 percent of the Federal Poverty Level (FPL). To qualify for *reduced-price* meals, a child must receive Medicaid and have a family income between 130 and 185 percent of the FPL.

[Moderator note: Responses to income determination and quality assurance sections may be technical. Ask respondent for clarification when necessary, and ensure that he or she takes you through the process step-by-step.]

8) How did you identify the correct children at these two income levels?

   a. [*Probe:*] Can you walk me through the process step-by-step?

   b. What challenges, if any, did you encounter in identifying these children? How did you resolve the challenges?

9) Under DCM-F/RP, income must be calculated before the standard 5 percent disregard is applied to a family's modified adjusted gross income (MAGI). How does your agency account for this rule when identifying eligible children?

10) How do you identify gross income for children in Medicaid categories for which MAGI is not used to calculate household income?
[*Probe:*] How do you identify gross income for other groups of children for whom MAGI is not used, such as those with disabilities?

   a. [*Probe:*] Can you walk me through the process step-by-step?

   b. Is the process of assessing DCM-F/RP eligibility for children in these categories any more or less difficult than for children in MAGI categories?

11) Children may also qualify for DCM-F/RP if they live in the same household as a child who receives Medicaid and meets the income criteria. Does your agency identify these children? If so, how do you identify them?

Quality assurance

The production of a new data file often requires one or more tests to ensure that the programming is accurate.

12) What testing was done to verify that the correct children were included in the DCM-F/RP file? Please explain the process in detail.

[Moderator note: Obtain any written documentation on this process, if available.]

a. Did testing differ for the MAGI versus non-MAGI categories of children? If so, how?

b. Was the [*CN agency*] involved in the testing process? If so, how?

13) In what ways, if any, does your agency continue to monitor or test file production to ensure that the file you provide to the [*CN agency*] includes the correct children?

a. Is the [*CN agency*] involved in the ongoing monitoring or testing of the file? If so, how?

Medicaid data quality

14) Are you aware of any limitations to the Medicaid data that may affect matching success?

a. Are any fields in the Medicaid data truncated (e.g., last name)?

b. Are some data elements less accurate than others?

c. [*If the agency also provides SNAP or other data for direct certification:*] Do similar limitations apply to the SNAP or other data that you provide for direct certification?

15) Did the [*CN agency*] ask you to format the Medicaid data for DCM-F/RP?

a. Did the [*CN agency*] require variables to conform to specific formats or values? For instance, limiting "sex" to "M" or "F" or recording "date of birth" as "MM/DD/YYYY?"

b. [*If the agency also provides SNAP or other data for direct certification:*] Do you apply similar formatting to the SNAP or other data that you provide for direct certification?

Medicaid file transfer

16) How is the Medicaid file delivered to the [*CN agency*]?

a. Did you encounter any challenges in transferring the data?

17) What information is included in the file?

a. What specific data elements are included?

b. How does the file indicate which children are eligible for free meals and which for reduced-price meals?
[*Probe:*] Are children eligible for free and reduced-price meals included in the same file or separate files? Is there a data element that indicates the eligibility level?

c. Does the file include only children eligible through Medicaid or also those eligible through other programs?

d. [*If agency provides data for other programs:*] Is there an indicator(s) for which other program benefits (such as SNAP) the children receive?

e. How many children were included in the first DCM-F/RP file?
[*If the agency also provides SNAP or other data for direct certification:*] How does that number compare to the number in the first DC-SNAP file?

18) How often does your agency provide the Medicaid file?

    a. To what extent has providing the files on this schedule been a challenge, if at all? [*If challenge, ask:*] How are you dealing with this challenge?

Challenges and resolutions

Let's discuss some implementation challenges that your State might have had to address.

[Moderator note: Do not discuss challenges and resolutions already covered.]

19) What challenges have you encountered in implementing DCM-F/RP?

    a. [*Probe:*] Any other serious challenges?

    b. What problems have these challenges caused?

    c. To what extent have you been able to resolve each of these challenges? How?

20) How much additional time and resources have been required for your agency to implement DCM-F/RP, over and above the efforts for conducting direct certification with other programs?

    a. How much time and resources were involved in the planning, preparation, and testing process?

    b. How much time and resources were needed to produce the first DCM-F/RP file? [*For those that have conducted more than one round of DCM-F/RP matching, ask:*] And the later files?

    c. Which activities associated with DCM-F/RP have been the most time-consuming? The least time-consuming?

    d. Which activities associated with DCM-F/RP have been the most difficult? The least difficult?

Best practices

We're interested in what you've learned from your experience thus far, as one of the first States to implement DCM-F/RP.

21) What aspects of your agency's approach or systems facilitated DCM-F/RP implementation (including production and delivery of the Medicaid file)?

    a. Are there other activities your agency conducted that helped facilitate the production and delivery of the file?

22) What aspects of your agency's approach or systems made implementation more difficult?

    a. Are there other agency activities or requirements that complicated the production or delivery of the Medicaid file?

23) What technical assistance provided by FNS or the Centers for Medicare and Medicaid Services (CMS) did you find most helpful?

    a. In what areas could you have used more help or guidance from FNS or CMS?

24) What changes, if any, have been planned to improve the DCM-F/RP process (including the production and delivery of the Medicaid file)?

    a. Are there other changes you think [*State*] could make (or could have made)?

        i. [*Probe:*] Are there any changes to your systems or databases that could improve the quality, accuracy, or timeliness of the Medicaid file?

Closing

25) Is there anything else you would like to add about your experiences in implementing DCM-F/RP so far?

Thank you for meeting with us today. We'll be contacting you [*primary respondent for each agency*] again in [*month*] to conduct a follow-up telephone interview to reflect on your experiences near the end of this DCM-F/RP school year.