

APPENDIX A.6b

DETAILED FOLLOW-UP TELEPHONE INTERVIEW PROTOCOL:  
STATE MEDICAID AGENCY STAFF

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## Detailed Follow-Up Interview Protocol: State Medicaid Agency Staff

### 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

We spoke with you during the site visit in [month] about your experiences with DCM-F/RP, the demonstration of direct certification for free and reduced-price meals using Medicaid data. In this interview, we'll discuss your experiences and progress since the last time we talked and your overall assessment of the demonstration this year. This interview will last approximately one hour.

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 you don't want to answer.

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According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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.

[*Moderator note: If you did not have time to cover all of the questions in the site visit protocol, ask them during this follow-up interview. If you need the respondent to clarify any earlier answers to the site visit protocol, please do so during this follow-up interview.*]

### **Implementation process**

The last time we spoke, we discussed your agency's role in the DCM-F/RP process, including the production of the DCM-F/RP eligibility file, in detail.

- 1) Have any changes occurred in your State's DCM-F/RP process or in how you produce the list of eligible children receiving Medicaid since we last spoke? If so, what changed?
  - a. What are the reasons for these changes?
- 2) Do you conduct any [*additional*] ongoing testing or monitoring of the file(s)? If so, please describe.
- 3) Have any changes occurred in how you deliver the DCM-F/RP file to the [*CN agency*]? If so, what changed?
  - a. What are the reasons for these changes?
- 4) How has the level of effort involved in your part of the DCM-F/RP process changed since you produced and delivered the first DCM-F/RP file?
  - a. [*If changed, ask:*] What are the reasons for this [*increase/decrease*]?

## Challenges and resolutions

- 5) During the site visit, you told us about challenges related to *[fill in from site visit notes]*. What steps have been taken to address these challenges?
  - a. To what extent have you been successful in resolving these issues?
  
- 6) Have any new challenges arisen since we last spoke? If so, what are they?
  - a. What steps are being taken to resolve these new challenges? To what extent have these steps been successful?

## Best practices and lessons learned

Let's talk about some of the lessons learned from conducting DCM-F/RP this year.

- 7) Given everything you now know about the demonstration, is there anything you would have done differently? If so, what?
  - a. Is there any information you wish you had known earlier? If so, what?
  
- 8) How have your agency's systems or processes helped you identify the eligible children and produce the DCM-F/RP file? Please describe.  
*[Probe:]* Are there certain technologies, systems, or guidance that you found helpful?
  
- 9) What advice would you give to other Medicaid agencies that plan to participate in DCM-F/RP?
  - a. What advice would you give to child nutrition agencies that plan to participate in DCM-F/RP?
  
- 10) Are any changes to DCM-F/RP planned for next school year? If so, please describe.
  - a. *[If yes, ask:]* What are the reasons for these changes?
  - b. *[If no, ask:]* Are there any changes you would like to make, but cannot make at the moment? Please describe.

## Closing

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

That concludes our interview. Thank you for speaking with me again.

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