

APPENDIX A-2.B

SITE VISIT PREPARATION: STATE MEDICAID AGENCY

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[Date]

Dear [Medicaid eligibility agency contact],

We are looking forward to our upcoming visit to [State]. Thank you for your assistance in planning the visit. Here is our planned agenda for the portion of the visit to your agency:

*[State Medicaid eligibility agency: address]*

<b>Name</b>	<b>Title</b>	<b>Activity</b>	<b>Room</b>	<b>Start time</b>	<b>Duration</b>
[Respondent name(s)]	[Respondent title(s)]	Program staff interview			
[Respondent name]	[Respondent title]	Data staff interview			
[Respondent name]	[Respondent title]	Observation			

Our interviews at your agency will cover the following topics:

- The planning process for the DCM-F/RP demonstration.
- A detailed description of the DCM-F/RP eligibility file, including its contents, the process of creating it, and any testing conducted.
- Any challenges encountered.
- Any lessons learned you have perceived so far.

During the observation portion of the visit, we would like to observe any DCM-F/RP data processes that occur at your agency. These might include the process for creating the Medicaid eligibility file, testing it, or transmitting it to the Child Nutrition agency.

If the following documents are available, we would like to collect them during our visit. There is no need to create any new documentation based on this request; we are asking only for documents that already exist and can be shared. The documents are as follows:

1. Data elements included in the Medicaid file(s).
2. Parameters of the individuals included in the Medicaid file(s) (age and any other characteristics, such as household income or Medicaid case type).
3. Any materials detailing the Medicaid file verification, monitoring, or testing process.

Please let us know if you have any questions about our planned visit. We look forward to seeing you soon.

[Names of site visitors]



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