

APPENDIX C-1

STATE COST DATA COLLECTION EMAIL

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First round

Dear [State agency contact],

As part of the evaluation of the demonstration of Direct Certification with Medicaid for Free and Reduced-Price Meals (DCM-F/RP) conducted by FNS, we are requesting data on State-level costs associated with implementing DCM-F/RP. We are collecting similar information from each State agency involved in the demonstration to track information on their costs. Together, your responses will help us determine the types and amounts of costs associated with the demonstration, to help FNS and other States understand the likely costs and how they compare to the potential benefits of DCM-F/RP. The workbooks are designed to ensure that the cost estimates capture all types of costs and activities associated with the demonstration, and to promote consistency across agencies and States.

Three files are attached: an instructions document and two cost log Excel workbooks (one for July through September 2018 and one for October through December 2018). For States that are newly implementing DCM-F/RP in SY 2018-2019, the July through September workbook includes an additional column for any DCM-F/RP costs incurred from the month the State was approved for DCM-F/RP through June, 2018. We will send additional workbooks covering January through March 2019 in December 2018, and April through June 2019 in March 2019.

Each workbook contains six different tabs, and the instructions provide information on how to complete each tab. Throughout the workbooks, we would like you to include only the time or costs incurred to implement DCM-F/RP that are *in addition to* time or costs already associated with other forms of direct certification for NSLP/SBP (that is, direct certification through SNAP, TANF, or FDPIR [, or under the previous DCM demonstration, if applicable]). Please retroactively enter costs for past months into the workbook(s), and track current and future costs as they occur.

Please complete and return the workbook for the first part of the school year (July-September 2018) at your earliest convenience. Would [date of email plus 2 weeks] be reasonable? We will send a reminder email for the second cost log (October-December 2018) in mid-December.

We understand that tracking costs requires the investment of your time and greatly appreciate your participation. We will contact you to set up a brief follow-up call to discuss the workbook and your responses after you complete the first cost log.

Please contact me at [telephone number] or task leader [task leader name] ([task leader email] or [task leader phone]) if you have any questions or comments.

Thank you for your help,

[Evaluation team liaison]

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 0584-0630. The time required to complete this information collection is estimated to average 2 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0630). Do not return the completed form to this address.

Later rounds

Hi [State agency contact],

Thank you for completing the [time frame] cost log Excel workbook[s] for the demonstration of Direct Certification with Medicaid for Free and Reduced-Price Meals (DCM-F/RP) evaluation. Please find the [next time frame] cost log attached, as well as the instructions for your reference. As a reminder, we would like you to include only the time or costs incurred to implement DCM-F/RP that are *in addition to* time or costs already associated with other forms of direct certification for NSLP/SBP (that is, direct certification through SNAP, TANF, or FDPIR [, or under the previous DCM demonstration]).

As always, please contact me at [telephone number] or task leader [task leader name] ([task leader email] or [task leader phone]) if you have any questions or comments.

Thank you for your help,

[Evaluation team liaison]

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 0584-0630. The time required to complete this information collection is estimated to average 2 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0630). Do not return the completed form to this address.