

APPENDIX C-2

INSTRUCTIONS FOR STATE COST DATA TRACKING LOGS

This page has been left blank for double-sided copying.

Instructions for State Time and Cost Tracking Log

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

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 collecting data on State-level costs, including labor, other direct, and indirect costs associated with implementing DCM-F/RP. The cost log Excel 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. Each workbook includes six tabs. This document provides guidance on how to complete each tab in the workbook.-

Tab 1: Activity Descriptions

This tab describes in detail the activities to consider when completing the Time Log. It also includes a glossary of terms. The State need not enter any information on this tab.

Tab 2: Time Log

In this tab, we are requesting information on the amount of time each type of staff person (or group of staff with the same job category and a similar salary) spent on DCM-F/RP during the data collection period, by activity. **Please include only 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 the National School Lunch Program/School Breakfast Program (that is, direct certification through the Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, or other programs). Next, we provide instructions for completing each column.

Column A: Staffing Position. Please include job titles of each staff member that worked on DCM-F/RP. If several staff members from a particular job category (such as programmers) work on DCM-F/RP and earn a similar salary, they can be grouped on one line. If salaries differ substantially, please include separate entries for the single job category (for example, Programmer 1 and Programmer 2). Please include all staff members within your agency who worked on DCM-F/RP, even if the staff member was not specifically from the office or division sending us the workbook (for example, IT staff).

Column B: Activity. Clicking on a cell in Column B will display an arrow on the right that opens a drop-down list of activities. Click on the appropriate activity to select it. The Activity Descriptions tab (Tab 1) defines the activities in more detail. If an activity that was part of the DCM-F/RP process is not listed, click on “Other pre-implementation activities” or “Other post-implementation activities” (whichever one is appropriate) and describe the activity in Column F (Notes).

Columns C–E: Total Hours Spent During Month: [Month 1, Month 2, ..., Month xx]. For the staffing position listed in the row and the activity selected in Column C, enter the total hours spent on that activity in each of the months specified in the cost log. If needed, please consult records or speak to the individual(s) or their supervisor. The staff members’ best estimates are

fine. To facilitate tracking, we have included a weekly version of the time log for State agencies to use if interested (see **Tab 6: Time Log – Optional Weekly Version**). After the first data collection round, we will provide a form early in the next data collection period that you can use to track costs as they occur, rather than retrospectively.

Column F: Notes. Use this column to record any additional details needed to understand the entries in Columns A–E.

Tab 3: Salary Information

In this tab, we are requesting information on the salaries of each staff position (or multiple salaries for the same job category if salaries vary widely) who spent time conducting DCM-F/RP activities during the data collection period. Next, we provide instructions for completing each column.

Column A: Staffing Position. Please complete this column for each staff position involved with DCM-F/RP activities, as you did in Tab 2.

Column B: Pay Rate (dollars). Please enter the dollar amount that the staff position is paid for the time period described in Column C.

Column C: Basis Paid. Please specify (using the drop-down menu) whether the pay rate in dollars refers to dollars per hour, per week, biweekly (26 pay periods), bimonthly (24 pay periods), per month, or per year. If the pay rate is in a different unit than one of these options, please explain in the Notes column. If the member in the staff position received overtime pay, list that rate on a separate line and write “overtime” in the Notes column.

Column D: Fringe Benefit Rate/Amount. If fringe benefits are calculated as a percentage (such as 50 percent of salary), please enter the rate in this column. If fringe benefits are calculated as an amount, please enter the total dollar amount for the staff position in the column. The dollar amount should reflect the same period as the base pay rate.

Column E: Percentage or Amount. Please specify (using the drop-down menu) whether the fringe benefits in Column D are expressed as a percentage or a dollar amount.

Column F: Notes. Use this column to record any additional details needed to understand the entries in Columns A–E.

Tab 4: Other Direct Cost (ODC) Information

In this tab, we are requesting information on any type of nonlabor (“other”) direct costs (ODCs) that are incurred in order to implement DCM-F/RP. These may include printing and mailing costs for materials provided to school districts, charges for conference calls, or amounts paid to outside contractors for work on the project (such as programming or clerical work). Column A asks for the type of cost, Column B asks for the total dollar amount for the data collection period, and Column C provides space for any explanatory notes. If totals by month are easier to report, please record them in the Notes column. If there are no ODCs related to DCM-F/RP, just type “no costs” somewhere on the form so we know nothing is missing.

Tab 5: Indirect Cost Information

This tab (row 8) asks if the agency uses an indirect cost rate. If the answer is no, you do not need to provide any further information. If the answer is yes, please list the indirect cost rate and explain in row 9 what costs are included in indirect rates and how they are allocated. If there are differing indirect cost rates—depending on the type of cost to which it is applied—please provide detailed information on how each is allocated. Then, please estimate in row 10 the total indirect costs associated with the direct costs previously reported.

Tab 6: Time Log - Optional Weekly Version

This tab is an optional alternative to **Tab 2: Time Log**.

According to the Paperwork Reduction Act of 1995, no persons are 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 3 hours 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.