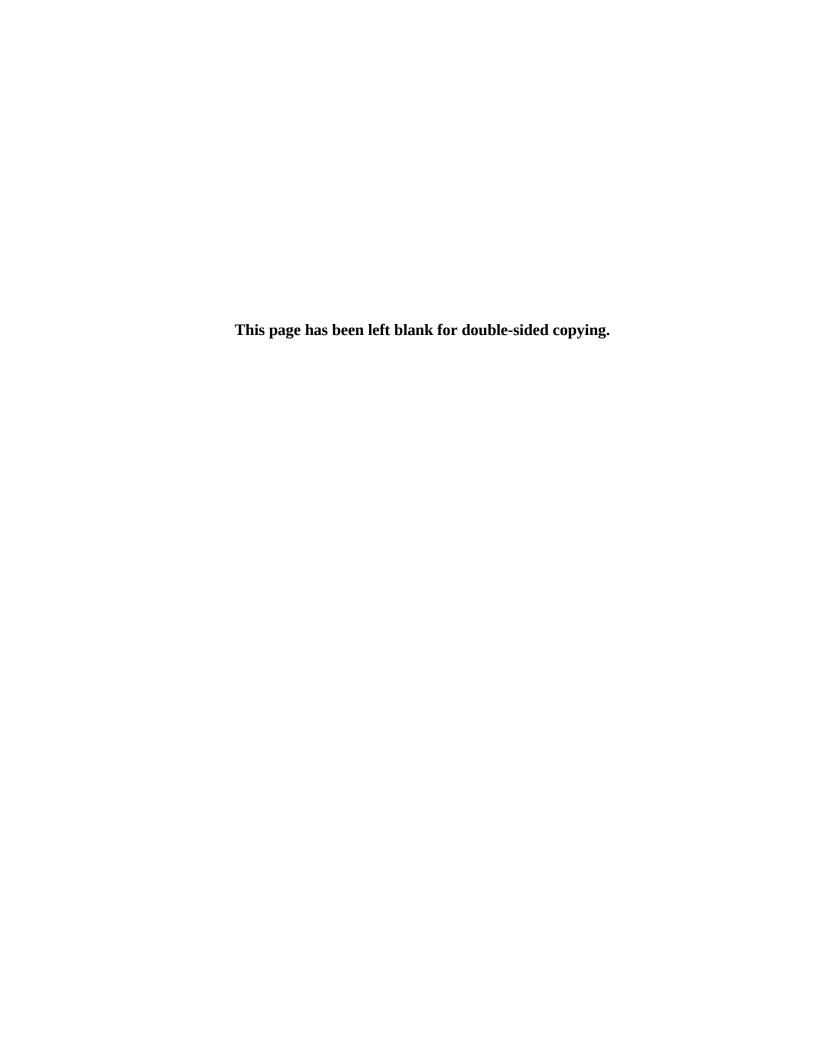
### APPENDIX C-4

# SEMI-STRUCTURED STATE COST LOG CLARIFICATION PROTOCOL



### **State Cost Log Clarification Protocol**

OMB #: 0584-0630

EXPIRATION DATE: 12/31/2020

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

#### Introduction

Thank you for completing the DCM-F/RP demonstration cost workbook for [month year] through [month year]. Your responses will help us understand the amount of time that your agency spent on the various types of activities involved in implementing DCM-F/RP. The purpose of this clarification call is to confirm that we are interpreting your responses in the cost workbook properly. This call will last approximately 20 minutes.

I will ask some questions about specific tabs of the workbook you completed. Do you have an electronic or hard copy of the workbook available to look at as we talk? [If not, I can wait a minute for you to retrieve it.]

- 1. [*If not known:*] First, please tell me your position at [*agency*] and briefly describe your responsibilities, including those for implementing DCM-F/RP.
- 2. Did you or your staff have any difficulty in completing the cost logs? [*If so:*] Please elaborate.
- 3. Please look at the Activity Descriptions tab of the workbook.
  - a. Do the activity list and descriptions accurately reflect the types of DCM-F/RP activities that you conducted? [*If* "other" activities selected:] I see you selected an activity in an "other" category. Can you elaborate on this activity?
  - b. [*If some activities had no costs:*] We noticed you did not report any costs on [*activities with no costs*]. Can you confirm [*activities with no costs*] did not occur during the reporting period? Did any of the activities occur but have no associated costs?
- 4. Please look at the Time Log tab of the workbook.
  - **a.** How were the time log data collected? Did the information come from a preexisting time-tracking form or an informal time estimate? Did staff record their DCM-F/RP hours daily, weekly, or monthly?
  - **b.** [*If no costs reported before July in a Cohort 2 State:*] We noticed you did not report any costs before July. Can you confirm that your agency did not incur any costs before July 2018? [*If some activities did occur before July but were not reported in the log:*] What activities did you spend time on? Can you provide an

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 20 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.

estimate of the number of hours from the time period prior to July 2018 for each staff member and activity, along with any ODCs or indirect costs?

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- **5.** Please look at the Salary Information tab of the workbook.
  - **a.** Are the reported salaries precise, or are they averages for the associated staffing position?
  - b. How was the value of fringe benefits calculated? Does it include mandated benefits? Does it include employer and employee contributions? Does it include worker's compensation, unemployment insurance, Social Security, Medicare, health insurance, COBRA, family and medical leave?
  - **c.** [*If no fringe benefits were reported:*] Are fringe benefits included in the salary information you reported in the salary tab?
- **6.** Please look at the ODC Information tab of the workbook.
  - **a.** [*If ODCs were reported:*] Could you elaborate on the sources of your other direct costs? How were they calculated? How long does it take for such costs to be invoiced and paid by your agency?
  - **b.** [*If no ODCs were reported:*] Could you confirm that no other direct costs were associated with DCM-F/RP (for example, 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)?

#### Closing

Thank you very much for the information. We really appreciate your time and responsiveness. We will be collecting these cost data [number of times] more during this school year. Each workbook will be due no later than one month after the end of the reporting period. You should already have received the workbook for the next period ([month year] through [month year]). Please feel free to contact me by email or telephone with questions about the workbook or any other data collection activities.