



APPENDIX A - APPLICATION TEMPLATE

National School Lunch and School Breakfast Programs Application to Participate in Demonstration Projects to Evaluate Direct Certification with Medicaid

Please complete all contact information in the application table below and answer each of the 16 questions on the following pages. You may expand the tables throughout to use as much space as you need to adequately address each question. Additional information may be attached to the application narratives in the table as needed. Completed applications -- *including a cover page, brief abstract, responses to questions 1-16 of the Application Template, copies of all required Letters of Commitment and copies of any current data sharing agreements with Medicaid State agencies, as applicable* -- must be emailed (scanned versions are acceptable) or mailed in hard copy to the USDA Food and Nutrition Service as follows:

Vivian Lees, Branch Chief
State Systems Support Branch
Child Nutrition Division
USDA Food and Nutrition Service
3101 Park Center Drive, Room 639
Alexandria, VA 22302

Email Address: Vivian.Lees@fns.usda.gov
With copy to: Jacqueline.Mitchell@fns.usda.gov

TO BE CONSIDERED, APPLICATIONS MUST BE RECEIVED BY FNS NO LATER THAN DECEMBER 5, 2011

Applicant Information	
State Agency Name & Address:	Agency Administrator Name, Title & Contact Information (Telephone, Email, Fax)
	Application Contact Name, Title & Contact Information (Telephone, Email, Fax)

Application to Participate in Demonstration Projects to Evaluate Direct Certification With Medicaid

LEA Information										
1.	How many local educational agencies (LEAs) in your State participate in the National School Lunch Program? _____									
2.	List the LEAs that your State proposes for participation in the direct certification demonstration projects and provide the requested data/information for each LEA. There is no limit on the number of LEAs that you may propose for your State. If applying for a DC-M2 statewide project, list, <u>at a minimum</u> , all LEAs in the State that participate in the school meals programs and are currently using automated matching processes to directly certify children in households receiving SNAP, TANF or FDPIR. You may add additional lines/pages as needed to complete your list. Please refer to the Request for Applications, Section D, Demonstration Project Categories, for full descriptions of the participation Categories.									
#	LEA Name & Location	Check Participation Categories for LEA			Can LEA provide electronic student meal participation & certification status records?	Number in LEA Certified for Free Meals SY 2010-11	Number in LEA Certified for RP Meals SY 2010-11	% of Students Certified for Free and RP Meals in LEA in SY2010-11	Estimated % of students in SNAP households in LEA	Does LEA use Direct Verification with Medicaid now?
		DC-M1 ¹	DC-M2 ²	Other Proposal						
1										
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¹ FNS may assign each listed LEAs to either treatment or control categories and/or require information for a pre/post comparison

² Statewide Match

Application to Participate in Demonstration Projects to Evaluate Direct Certification With Medicaid

#	LEA Name & Location	Check Participation Categories for LEA			Can LEA provide electronic student meal participation & certification status records?	Number in LEA Certified for Free Meals SY 2010-11	Number in LEA Certified for RP Meals SY 2010-11	% of Students Certified for Free and RP Meals in LEA in SY2010-11	Estimated % of students in SNAP households in LEA	Does LEA use Direct Verification with Medicaid now?
		DC-MI	DC-MZ	Other Proposal						
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Capacity: Current Direct Certification and Verification Processes

3. Does your State Medicaid agency have the ability to identify family income within its automated eligibility system before the application of any expense, block, or other income disregard?

Check: Yes No

4. Does your State have a statewide student database that can be matched on a statewide basis to the State Medicaid database for the categories for which you are applying?

Check: Yes No

5. Does your State have the capability to provide the FNS selected evaluation contractor with prior year data (SY 2011-2012) so that the contractor can match Medicaid data with school enrollment data for the year prior to implementation of the demonstration project?

Check: Yes No

6. Does your State agency have a current agreement for direct verification or other data sharing with the State agency that administers Medicaid eligibility?

Check: Yes No **If yes, please include a copy of the agreement(s) with your application.**

7. Does your State currently conduct direct verification with Medicaid?

Check: Yes No

If the answer is yes, please describe below how your direct verification system works at the State and LEA levels. (Expand to use as much space as needed):

8. Can your State agency have State agency agreements in place for conducting direct certification with Medicaid agencies before July 1, 2012?

Check: Yes No

<p>9. What steps have you taken to develop or amend agreements with Medicaid agencies to allow and prepare for direct certification with Medicaid eligibility data?</p>
<p>10. Please describe any obstacles you have encountered in establishing agreements, how you are overcoming (or have overcome) those obstacles and when you expect to have agreements in place to allow for direct certification with Medicaid?</p>
<p>11. Describe your State’s current process for conducting direct certification with SNAP and other means-tested programs. Include frequency for matching, elements matched, where matching occurs (State-level or district-level), how matches are handled at each level, how non-matches are handled, the role of each agency involved, etc.</p>
<p>12. How does your State safeguard confidential direct certification and verification data in your current matching process?</p>
<p>Project Design and Management</p>
<p>13. Please describe how you propose to conduct a Direct Certification Demonstration Project with the Medicaid Program. For each direct certification participation category for which your State is applying, provide the following information. <i>Expand the table to use as much space as needed for each question:</i></p>
<p>(a) Describe the goals and objectives of your proposed direct certification with Medicaid project. Include expected outcomes and benefits.</p>
<p>(b) Describe how your project(s) will be organized and structured.</p>
<p>(c) Identify the agencies and partners involved and the role of each. Include a description of collaborative planning that has been accomplished to date and is planned for the future.</p>
<p>(d) Describe your planned process for conducting matches between student enrollment data and Medicaid program participation and income data. Include how you plan to communicate the match information to the appropriate LEA and ensure that the information is acted on to directly certify eligible children in LEAs participating in the project. Include any operational requirements and processes that you will put in place. Include the planned frequency for matching and the data elements that you plan to use in the matching process.</p>
<p>(e) Explain how you will ensure security of confidential student and Medicaid program information during the demonstrations. Explain your process for allowing appropriate access to data by FNS and its evaluation contractor during the evaluation component of the demonstration (see RFA, Sections F.3 and G.4).</p>

<p>(f) Explain how you will ensure that directly certified children remain eligible for free meals throughout the school year, even if they move to another LEA in the State and that LEA is not participating in the demonstration project.</p>
<p>(g) If applying for a statewide project, provide an estimate (to the extent possible) of the number of new children (children not already receiving free school meals) you expect to directly certify as eligible for free meals through matching with Medicaid in the LEAs listed on your application. Explain how you arrived at these estimates. (This can be reflected as an expected percentage increase.)</p>
<p>(h) Provide estimates (to the extent possible) of the number of children currently receiving free meals via an application whom you expect to directly certify in the first year of the demonstration through matching with Medicaid in the LEAs listed on your application. Explain how you arrived at this estimate. (This can be reflected as an expected percentage increase.)</p>
<p>(i) Describe the potential challenges and risks that your State expects to encounter and how you will address them.</p>
<p>14. Please describe how your agency plans to manage the proposed demonstration project(s), including plans for the following:</p>
<p>(a) Oversight and monitoring of project activities.</p>
<p>(b) Staffing and how you will absorb project responsibilities into current workloads without additional Federal funding.</p>
<p>(c) Ensuring that your agency, your partner agencies, and selected LEAs understand and have the capacity to carry out all assignments and activities required to conduct the demonstration projects.</p>
<p>(d) Handling costs associated with the project without additional Federal funding.</p>
<p style="text-align: center;">Capacity to Compile and Report Evaluation Data</p>
<p>15. Please describe your agency's capability for collecting, compiling and reporting data at the granular level described in the Request for Applications, Section G.4, <i>Data to be Collected from States and LEAs for Project Evaluation</i></p>
<p style="text-align: center;">Additional Information</p>
<p>16. Please provide any additional information that supports the selection of your State to participate in the Medicaid direct certification demonstration projects.</p>