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APPENDIX A - APPLICATION

**National School Lunch and School Breakfast Programs**

# Application to Participate in Demonstration Projects to Evaluate Direct Certification with Medicaid (DC-M)

New Applicants - Please complete the application including all contact information and responses to each of the 13 questions.

Previous Applicants – Please submit the application as previously completed with updates as appropriate (e.g., contact information, proposed school year for participation, etc.).

Tables may be expanded to enable detailed responses to each question and additional information may be attached.

Each application must include:

* ***Complete responses to questions 1-13 of the Application;***
* ***Letters of Commitment from both the State agency and partnering State Medicaid agency; and,***
* ***Copies of all current data sharing agreements with the State Medicaid agency, as applicable***.

**EMAIL APPLICATIONS TO:** [**cnstatesystems@usda.gov**](mailto:cnstatesystems@usda.gov) **Attn: Rachel Bishop**

| **Proposed School Year for Participation:**  **Proposed Date:** | |
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| **Applicant Information** | |
| **State Agency Name & Address:** | **Agency Administrator Name, Title & Contact Information**  (Telephone, Email) |
| **Application Contact Name, Title & Contact Information**  (Telephone, Email) |

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| **Capacity: Current Direct Certification and Verification Processes** |
| 1. **Does the State Medicaid agency have the ability in its automated eligibility system to identify family income, at both the 130 percent of Federal Poverty Level (FPL) level and 185 percent FPL level, for children in MAGI (Modified Adjusted Gross Income) and non-MAGI Medicaid categories, before the application of any expense, block, or other income disregard as defined in the *Request for Applications,* *Section C – Definitions*?**   ***Check:* \_\_\_\_\_Yes \_\_\_\_\_No** |
| 1. **Does the State agency administer a statewide student database that can be matched on a statewide basis to the State Medicaid database for the D-CM categories?**   ***Check:* \_\_\_\_\_Yes \_\_\_\_\_No** |
| 1. **Does the State agency have a current agreement for direct verification or other data sharing with the State Medicaid agency?**   ***Check:* \_\_\_\_\_Yes \_\_\_\_\_NoIf yes, please include a copy of the agreement(s) with your application.** |
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| 1. **Does the State agency currently conduct direct verification with Medicaid? *Check:* \_\_\_\_\_Yes \_\_\_\_\_No** |
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| 1. **If the response to #3 is “No”, will the State agency finalize an agreement to conduct direct certification with the State Medicaid agency prior to beginning the school year?**   ***Check:* \_\_\_\_\_Yes \_\_\_\_\_No** |
| 1. **Identify actions implemented in developing/amending an agreement with the State Medicaid agency to enable the use of Medicaid eligibility data for the demonstration project.** |
| 1. **Identify any legal, operational, or administrative challenges which have or may delay developing or amending an agreement, as well as solutions and timeframes for resolution.** |
| 1. **Describe the State agency’s current process for conducting direct certification with SNAP and other means-tested programs. Include:**  * **frequency for matching;** * **elements matched;** * **at what level matching occurs (e.g. State level or district level);** * **how matches are processed at each level;** * **how non-matches are processed at each level;** * **how extended eligibility for other children in the household is processed; and,** * **role of each State and local agency engaged in conducting direct certification.** |
| 1. **Identify current methods the State agency has in place to safeguard confidential direct certification and verification data.** |
| **Project Design and Management** |
| 1. **Provide information regarding the proposed Direct Certification with Medicaid Demonstration Project.** |
| 1. **Identify**  * **the agencies and partners participating in the demonstration project;** * **the role of each agency and partner;** * **the collaborative planning that has been accomplished to date; and** * **the collaborative planning that must be completed prior to initiating the demonstration project.** |
| 1. **Describe the State agency’s planned process for conducting matches between student enrollment data and Medicaid program data. Include:**  * **Plan for communicating the match information to the respective LEA;** * **Plan for confirming match application to directly certify eligible children;** * **Planned operational requirements and processes;** * **Planned matching frequency;** * **Planned data elements to be used in the matching process.**   **(Refer to responses in #8 if processes align with direct certification with SNAP.)** |
| 1. **What processes will the State agency use to prevent disclosure to ensure the confidentially of student and Medicaid program information?** |
| 1. **What processes will the State agency use to ensure that directly certified children who move to another LEA (participating or non-participating), remain eligible for free meals or reduced price meals, as applicable, throughout the school year?** |
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| 1. **Identify process for ensuring that households with children directly certified for reduced price meals in the proposed DC-M demonstration project, will be notified:**  * **of the income level used for the eligibility determination;** * **of the opportunity to apply for free school meals, as appropriate.** |
| 1. **Identify processes for ensuring that children certified for free or reduced price meals based on application or direct certification with another program are not negatively impacted by the match with Medicaid data (i.e., prevent eligibility changes).** |
| 1. **Identify processes which will be implemented to manage the proposed demonstration project, including plans for the following, (a)-(d):** |
| 1. **Quality assurance and training to ensure the State Medicaid agency and LEAs can accommodate the capacity to implement assignments and activities required to conduct the demonstration project.** |
| 1. **State agency staffing and workload management distribution.** |
| 1. **Oversight and monitoring of project activities to ensure accurate identification of children eligible to be directly certified for free and reduced price meals and accurate implementation of the direct certification processes.** |
| 1. **Managing costs associated with the proposed demonstration project.** |
| **Capacity to Compile and Report Evaluation Data** |
| 1. **Describe the State agency’s capability for collecting, compiling, and reporting data as described briefly in the *Request for Applications, Section G - Study and Evaluation of Demonstration Projects*. Including:**  * **aggregate counts of children newly identified as eligible for free and reduced price meals through the Medicaid match (not already certified by an application or directly certified through other agency records);** * **counts of students already certified for free and reduced price meals by application but directly certified for the same level or a different level (i.e., changed from reduced price to free) through the Medicaid match; and** * **other program data that may be used to identify changes in participation, meal counts, number of students certified for free meals, number of students certified for reduced price, number of students directly certified or other program statistical data under the demonstration projects, etc.**   **(Please note that, to the extent possible, FNS will use data already reported to the Federal level for other purposes).** |
| **Additional Information** |
| 1. **Please provide any additional information that supports the proposed demonstration project for direct certification with Medicaid.** |