**APPENDIX B - APPLICATION TEMPLATE**

**National School Lunch and School Breakfast Programs**

**Application to Participate in Demonstration Projects to Evaluate Direct Certification with Medicaid**

**SYs 2016-2017 and 2017-2018**

Please complete all contact information in the application table below and answer each of the 15 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 must include: ***full responses to questions 1-15 of the Application Template, copies of required Letters of Commitment from your agency and your partnering State Medicaid agency, and copies of any current data sharing agreements with your Medicaid State agency, as applicable***.

**EMAIL APPLICATIONS TO:** [**cnstatesystems@fns.usda.gov**](mailto:cnstatesystems@fns.usda.gov) **Attn: Vivian Lees**

| **Check Application Deadline for this Application**  **🞏 April 15, 2016 for Demonstrations Beginning SY 2016-2017**  **🞏 ­September 15, 2016 for Demonstrations Beginning SY 2017-2018** | |
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| **Applicant Information** | |
| **State Agency Name & Address:** | **Agency Administrator Name, Title & Contact Information**  (Telephone, Email, Fax) |
| **Application Contact Name, Title & Contact Information**  (Telephone, Email, Fax) |

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|  | **LEA Information** | | | | | | | | |
|  | How many local educational agencies (LEAs) in your State participate in the National School Lunch Program? **\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
|  | 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 DCM statewide project, list, at a minimum, 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 or TANF. You may add additional lines/pages as needed to complete your list or submit the LEA list and information in an Excel file format (preferred). Please refer to the Request for Applications, Section E, Demonstration Project Categories, for full descriptions of the participation categories. Numbers and percentages should be as of October 31, 2015, which will coincide with information aggregated for the State agency’s Verification Summary Report (FNS-742) and October Report of School Program Operations (FNS-10). **If applying for a statewide demonstration in all LEAs, you may enter one line of data aggregated for the entire State. If applying for selected LEAs, enter a line for each LEA to be included in the demonstration.** | | | | | | | | |
| **#** | **LEA Name & Location** | **Check Participation Categories for LEA** | | **Can State/LEA provide electronic student meal participation & certification status records?** | **Number in LEA Certified for Free & RP Meals as of**  **Oct 31, 2015** | **Number of Students enrolled as of Oct 31, 2015** | **# of CEP**  **Schools?** | **# of Provision**  **2 or 3 Schools?** | **Does LEA use Direct Verification with Medicaid now?** |
| **DCM-F/RP [[1]](#footnote-1)** | **DCM-OT2[[2]](#footnote-2)** |
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| **#** | **LEA Name & Location** | **Check Participation Categories for LEA** | | **Can State/LEA provide electronic student meal participation & certification status records?** | **Number in LEA Certified for Free & RP Meals as of**  **Oct 31, 2015** | **Number of Students enrolled as of Oct 31, 2015** | **# of CEP**  **Schools?** | **# of Provision**  **2 or 3 schools?** | **Does LEA use Direct Verification with Medicaid now?** |
| **DCM-F/RP** | **DCM-OT2** |
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|  | TOTALS |  |  |  | X | X |  |  |  |

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| **Capacity: Current Direct Certification and Verification Processes** |
| 1. **Does your State Medicaid agency have the ability in its automated eligibility system to identify family income, at both the 130 percent of FPL level and 185 percent FPL level, for children in MAGI 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 your State have a statewide student database that can be matched on a statewide basis to the State Medicaid database for the DCM categories for which you are applying?**   ***Check:* \_\_\_\_\_Yes \_\_\_\_\_No** |
| 1. **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 \_\_\_\_\_NoIf yes, please include a copy of the agreement(s) with your application.** |
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| 1. **Does your State currently conduct direct verification with Medicaid? *Check:* \_\_\_\_\_Yes \_\_\_\_\_No** |
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| 1. **Can your State agency have State agency agreements in place for conducting direct certification with Medicaid in time to conduct direct certification with Medicaid before or during the school year for which your State agency is applying?**   ***Check: SY 2016-2017* \_\_\_\_\_Yes \_\_\_\_\_No *SY 2017-2018* \_\_\_\_\_Yes \_\_\_\_\_No** |
| 1. **What steps have you taken to develop or amend agreements with Medicaid agencies to allow and prepare for direct certification using Medicaid eligibility data?** |
| 1. **Describe any obstacles you have encountered or anticipate 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?** |
| 1. **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, how extended eligibility for other children in the home is handled, and the role of each agency involved.** |
| 1. **How does your State safeguard confidential direct certification and verification data in your current matching process?** |
| **Project Design and Management** |
| 1. **Describe how you propose to conduct a Direct Certification Demonstration Project with the Medicaid Program by answering the following questions (a)-(g) for each direct certification participation category (DCM-F/RP or DCM-OT2) for which your State is applying. *Expand the table to use as much space as needed for each question:*** |
| 1. **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.** |
| 1. **Describe your planned process for conducting matches between student enrollment data and Medicaid program data for each demonstration category for which your agency is applying. Include how you plan to communicate the match information to the appropriate LEA and ensure that the information is acted on correctly 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.**   **(You may refer to your answer in #10 where processes align with direct certification with SNAP.)** |
| 1. **Explain how you will ensure the required security of confidential student and Medicaid program information during the demonstrations.** |
| 1. **Explain how you will ensure that directly certified children remain eligible for free meals or reduced price meals, as applicable, throughout the school year, even if they move to another LEA in the State that may or may not be participating in the demonstration project.** |
| 1. **Describe the potential challenges and risks that your State expects to encounter and how you will address them.** |
| 1. **Describe how you would ensure that households with children directly certified for reduced price meals via the Medicaid match receive notice of the income level used and be offered the opportunity to apply if their income, based on NSLP eligibility policies, is within the limit for free meals (using the NSLP’s current income eligibility guidelines).** |
| 1. **How would you ensure that students already certified for free or reduced price meals based on an application or direct certification with another program are not negatively impacted by the match with Medicaid data (i.e., ensure students are not changed from free to reduced price or paid; and not changed from reduced price to paid)?** |
| 1. **Describe how your agency plans to manage the proposed demonstration project(s), including plans for the following, (a)-(d):** |
| 1. **Quality assurance and training to be sure your agency, your partner Medicaid agency, and LEAs understand and have the capacity to carry out all assignments and activities required to conduct the demonstration projects.** |
| 1. **Staffing and how you will absorb project responsibilities into current workloads without additional Federal funding.** |
| 1. **Oversight and monitoring of project activities to ensure accurate identification of children eligible to be directly certified and accurate implementation of the direct certification processes.** |
| 1. **Handling costs associated with the project without additional Federal funding.** |
| **Capacity to Compile and Report Evaluation Data** |
| 1. **Describe your agency’s capability for collecting, compiling and reporting data as described briefly in the Request for Applications, Sections G (***Study and Evaluation of Demonstration Projects***). For example, this would involve such data as:**  * **aggregate counts of students newly identified as free and as reduced price via the Medicaid match (not already certified by an application or directly certified via other agency records);** * **counts of students already certified for free or reduced price meals by application but directly certified for the same level or a different level (i.e., changed from reduced price to free) via the Medicaid match; and** * **other program data that would allow FNS 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 demonstrations, 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 selection of your State to participate in the Medicaid direct certification demonstration projects.** |

1. Free and Reduced Price Meals [↑](#footnote-ref-1)
2. Other Proposed Projects – Phase 2 [↑](#footnote-ref-2)