**UTAH SCHOOL-BASED MEDICAID TIME STUDY
IMPLEMENTATION GUIDE FOR DIRECT CARE COST
SETTLEMENT AND MEDICAID ADMINISTRATIVE
CLAIMING EFFECTIVE: October 1, 2021**

Vision

The State of Utah, Department of Health (The Department) is committed to providing an efficient and effective School-Based Medicaid program. The program is comprised of Direct Care Cost Settlement and Medicaid Administrative Claiming (MAC) components designed to ensure the optimum delivery of services to our clients. In keeping with this vision, The Department implemented a statewide Random Moment Time Study (RMTS) methodology to support proper Medicaid reimbursement for delivered services.

Introduction

Utah established the School-Based Skills Development Medicaid program (SDS) to be administered by The Department. Utah state law allows reimbursement for the provision of Medicaid-covered health services for Medicaid enrolled children in public schools. Any public school district or public K-12 educational institution (herein after referred to as "Local Education Agency" or "LEA") may participate in the SDS program.

The Department partnered with LEAs to implement a new reimbursement program for Direct Service and MAC in Utah, according to the specifications and approval of the federal Centers for Medicare and Medicaid Services (CMS).

Required Personnel

Each LEA must designate an employee as the SDS Program coordinator. This single individual is designated within a local agency to provide oversight for the implementation of the time study and to ensure that policy decisions are implemented appropriately. The LEA must also designate an SDS assistant coordinator to provide back-up support and oversee time study responsibilities when the coordinator is absent or on leave.

The coordinator responsibilities include but are not limited to:

- identifying qualified staff for participation in the time study;
- identifying calendar work days and holidays;
- identifying work schedules (shifts) for participants in the time study;
- maintaining the LEA's RMTS staff pool list;
- providing participant information for the RMTS staff pool list to the Department's vendor;
- monitoring staff participation in the time study;
- reporting and/or coordinate reporting of financial information;
- understanding the SDS Program rules and distribution of information; and
- acting as a liaison between the Department and participant.

Central coding is not a function of the LEA but of the Department's vendor. Thus, LEA staff are not trained on Medicaid allowable activities vs. non-Medicaid activities. The training for the coordinator has been designed to assist them in appropriately identifying staff that are eligible to participate in the program. In order for the coordinators to be able to support the identification of staff, the training materials outline examples of activities that are reimbursable under the program. These examples allow the coordinator to make a match between eligible staff and reimbursable activities.

The Department requires coordinators to attend an initial RMTS training and any additional mandatory RMTS trainings as requested. The assistant coordinator may also attend the initial RMTS training or be trained by the coordinator. Other LEA staff may also attend trainings, at the request of the LEA and at The Department's discretion. Training is further described on page 10.

Random Moment Time Study

In most LEAs, it is uncommon to find staff whose activities are limited to just one or two specific functions. Staff normally perform a number of activities, some of which are related to direct covered services and some of which are not. Determining the percentage of time spent by workers on activities related to the provision of direct covered services, as well as to all other functions, requires an allocation methodology that is objective and empirical (i.e., based on documented data). Staff time has been accepted as the basis for allocating staff cost. The federal government has developed an established tradition of using time studies as an acceptable basis for cost allocation.

A time study reflects how workers' time is distributed across a range of activities. A time study is not designed to show how much of a certain activity a worker performs; rather, it reflects how time is allocated among different activities. The Department will utilize a CMS-approved RMTS methodology and all LEAs who participate in any component of SDS Program will be required to participate in the RMTS process.

The RMTS methodology polls participants on an individual basis at random time intervals over a given time period and totals the results to determine work effort for the entire population of eligible staff over that same time period. The RMTS method provides a statistically valid means of determining what portion of the selected group of participants' workload is spent performing activities that are reimbursable by Medicaid.

Time Study Methodology

The Department conducts a statewide time study on a quarterly basis for those LEAs that are participating in the SDS Program (Direct Service and MAC). The purpose of the time studies is to: identify the proportion of administrative and outreach time allowable and reimbursable under the Medicaid Administrative Claiming program; and identify the proportion of direct medical service time allowable and reimbursable under the Direct Care Cost Settlement program. This time study will enable The Department to conduct a cost settlement at the end of the state fiscal year for the Direct Care Cost Settlement program and MAC program on a quarterly basis.

The time study is designed to capture 100% of time worked. Once the sampled participant responds to the moment, the moment can only be coded to a single activity code. The coding of that moment follows definitions of the activity codes and examples that are outlined in this Time Study Implementation Guide. The reimbursement status of each code is also outlined in the SDS Program Manual.

In order for the sample universe to be determined to support appropriate cost allocation procedures, staff performing similar school based functions are identified and grouped into three mutually exclusive cost pools. The cost pools are:

Cost Pool 1: Direct Service Cost Pool
Cost Pool 2: Other Direct Service Cost Pool
Cost Pool 3: Administrative Outreach Personnel Cost Pool

Start and end times of work days are also collected from LEAs. In addition, calendars identifying the start and end dates for which participants are working are also collected from LEAs.

Time Study Participants

All LEAs that participate in the statewide time study will identify allowable Medicaid direct service and administrative costs within a given LEA by having staff who spend their time performing those activities

participate in a quarterly time study. Staff included in the time study may include part-time, full-time and/or contracted staff. These LEAs must certify that any staff providing services or participating in the time study meet the educational, experiential, and regulatory requirements. Participating LEAs must update their staff pool lists each quarter prior to the generation of the time study sample for that period. Only staff that meet the requirements as outlined in the Utah State Plan can bill Medicaid direct services and be included in the Direct Service Cost Pool. LEAs cannot create additional positions to their staff pool list once the time study sample has been generated for that period. Sampled participant updates to name and email address are allowed after a sample is generated; however, no new positions can be added as previously stated. Positions that are not identified on the quarterly staff pool list are not eligible to have their costs included on that quarter's MAC claim or that quarter of the annual cost report. While sampling and staff pool lists are designed to capture the eligible number of positions within a district, LEAs provide the name of the person associated with that position at the time of submission to make the process of participant notification and financial collection more efficient and consistent.

Staff pool lists are certified quarterly. As there is no time study for the first portion of the July – September quarter, there is no staff pool list certified for that quarter. The staff pool list from the previous quarter is used as the basis for the summer quarter. Since the July – September 2021 quarter will be calculated under the old methodology, the October – December 2021 quarter staff pool list will be used to populate the staff list only for the purposes of calculating the Direct Care Cost Settlement for State Fiscal Year 2022 and 2023. For the second portion of the July – September quarter in which a time study is conducted, the staff pool list will be open for districts to make updates for that period in a manner similar to all other quarters in which a time study is conducted. Participants are made active in the RMTS when they are added to the staff pool list and remain active unless the coordinator for the LEA changes their status to inactive. The LEA inactivates staff pool list participants when they have either left the LEA or changed positions to a position that is not eligible to participate in the program.

Individuals such as parents or other volunteers who receive no compensation for their work are not included in the time study process; this would include in-kind "compensation." For purposes of this Time Study Implementation Guide, individuals receiving compensation from LEAs for their services are termed "LEA staff." The Department will be using the statewide time study and its three cost pool methodology. All staff will be reported into one of three cost pools: Direct Service Cost Pool, Other Direct Service Cost Pool or Administrative Outreach Personnel Cost Pool. **The three cost pools are mutually exclusive, i.e., no staff can be included in more than one cost pool.** The Direct Services Staff and Other Direct Service cost pools are comprised of direct service staff, including those who participate in direct service and administrative claiming activities and the respective costs for these staff. These costs include staff time spent on billing activities related to direct services. The Administrative Outreach Personnel Cost pool is comprised of administrative staff and the respective costs for these staff. The following provides an overview of the eligible categories of staff in each cost pool.

Examples of the staff included in each cost pool are included below.

Direct Service Cost Pool
The following positions that are eligible to bill direct medical services in the Utah State Plan include:

- Audiologist;
- Audiologist Aide;
- Certified Occupational Therapy Assistant (COTA);
- Licensed Practical Nurse;
- Occupational Therapist;
- Occupational Therapy Aide;
- Orientation and Mobility Specialist;
- Physical Therapist;
- Physical Therapy Assistant (PTA);
- Psychologist;
- Registered Nurse;

- School Counselor;
- School Social Worker;
- School Psychologist;
- School Hearing Specialist;
- Speech Language Pathologist;
- Speech Language Pathology Aide;
- Vision and Hearing Aide

Other Direct Service Cost Pool
The following positions that are eligible to bill direct medical services in the Utah State Plan include:

- Health Special Education Teachers (who supply Personal Care and Behavior Modification Services)
- Para Educator

Administrative Outreach Personnel Cost Pool
The following staff categories are eligible to participate in MAC:

- Administrators;
- Diagnostician
- Interpreters & Interpreter Assistants;
- Program Specialists;
- Pupil Support Services Administrators;
- Pupil Support Services Technicians;
- Special Education Administrators;
- Special Education Teachers;
- Special Education Coordinators;
- Special Education Support Technicians; and

School Bilingual Assistants;

Staff with job titles listed above as eligible for any of the cost pools are not automatically included in the time study. An LEA must determine whether they meet all requirements above and if they are less than 100% federally funded. Individuals that are known to be 100% federally funded at the time of the staff pool list update will be excluded from the time study. Staff who are partially federally funded may be included in the time study, however, any costs that are included in the cost pool must be net of all federal sources. All criteria must be met in order to be included in the time study.

Part of the RMTS quality assurance process is to ensure that all of the participants that are certified on the staff pool list are included in the sample universe. The LEA prepares, reviews, and certifies the staff pool lists of eligible participants. All those participants are loaded into the appropriate cost pool. Staff pool lists from all participating LEAs in a particular cost pool are included in the sample universe. At the end of the quarter, to the LEAs report allowable costs for participants included in the sample universe. The LEAs will only include the staff positions reported at the beginning of the process and included in the sample universe. LEAs are instructed that they can only report and claim costs for participants that were included on the RMTS staff pool list and thus included in the sample universe.

RMTS Sampling Periods

The sampling period is defined as the three-month period comprising each quarter of the calendar year. The following are the quarters followed for the SDS Program:

- Quarter 1 = July 1 – September 30
- Quarter 2 = October 1 – December 31
- Quarter 3 = January 1 – March 31

- Quarter 4 = April 1 – June 30

Each quarter, LEAs will identify dates they will be in session and for which their staff are compensated. LEA staff are paid to work during those dates that LEAs are in session; as an example, LEAs may end the school year sometime in June each year. All days including and through the end of the school year would be included in the potential days to be chosen for the time study. It is important to understand that although LEAs may end the school year prior to the close of the quarter, staff may receive pay for services provided during the school year through the end of the federal fiscal quarter. The LEAs typically spread staff compensation over the entire calendar year versus compensating staff only during the months when school is in session.

The July – September quarter, starting in July 2023 will be split into 2 time periods. The first time period will run from July 1st until the first day a school in Utah returns for the regular school year. The average of the previous year's time study results will be utilized to calculate the claim for this period. Financial data will be reported for the time period of July 1st until the beginning of the second period (regular school year). For the period in August through the end of September in which the regular school year begins, a time study will be conducted. The time study in this period will begin with the first school day on which staff from any district in Utah returns for the regular school and continue through the end of the quarter. Utah will use an average of the three (3) previous quarters' time study results to calculate a claim for the July-September 2022 period. The three previous quarters utilized for the average for the July – September 2022 quarter would be the previous October – December 2021, January – March 2022 and April – June 2022 quarters.

State of Emergency Exception

In the event there is a "state of emergency" or other disaster declared in the State of Utah that results in prolonged LEA closures that impact the statistical validity of the RMTS as defined in the Sampling Requirements section of this methodology under sampling precision and confidence level, The Department will apply the summer quarter claiming methodology to statistically invalid quarters occurring during the "state of emergency" including the quarter in which the state of emergency is declared and the quarter in which the state of emergency period ends. This means no RMTS will be run during the impacted quarter(s) and claiming will be based on the average of the quarters that were completed. The Department will notify CMS within 15 days of determining that a quarter is statistically invalid, including the reason for the determination, along with details and dates of the declaration of emergency.

Time Study Start and End Dates

LEA calendars will be updated on a quarterly basis and the sample period start and end dates will be determined and documented for each quarter. The dates that LEAs will be in session and for which their staff are compensated will be determined by the LEA. LEAs are instructed to include work days when staff are paid to work during those dates that LEAs are in session: Each quarter, the coordinator has the opportunity to review and update calendar to determine those dates that the LEA pays for their staff to work, and those dates will be included in the sample.

Sampling Requirements

In order to achieve statistical validity, maintain program efficiencies and reduce unnecessary LEA administrative burden a consistent sampling methodology for all activity codes and groups will be used. The RMTS sampling methodology is constructed to achieve a level of precision of +/- 2% (two percent) with a 95% (ninety-five percent) confidence level for activities. This is in accordance with the policy communicated by the CMS.

Statistical calculations show that a minimum sample of 2,401 completed moments each quarter, per cost pool, is adequate to obtain this precision when the total pool of moments is greater than 3,839,197. Additional

moments are selected each quarter to account for any invalid moments or non-responsive moments. Any non-response moments are moments that are not returned.

Invalid moments are moments assigned to staff that are no longer in the position. Invalid moments do not count against the 85% response rate. Non-responses are moments that have not been completed by sampled participants. In the event that an 85% return rate is not met, all non-returned moments will be included and coded as non-allowable codes/non-Medicaid time.

The following formula is used to calculate the number of moments sampled for each time study cost pool.

$$ss = \frac{Z^2 * (p) * (1-p)}{c^2}$$

Where:

Z = Z value (e.g. 1.96 for 95% confidence level)
p = percentage picking a choice, expressed as decimal (.5 used for sample size needed)
c = confidence interval, expressed as decimal (e.g., .02 = ±2)

Correction for finite population:

N = population

The following table shows the sample sizes necessary to assure statistical validity at a 95% confidence level and tolerable error level of 2%. Additional moments will be selected to account for unusable moments, as previously defined. An over sample of a minimum of 15% will be used to account for unusable moments.

N=	Sample Size Required	Sample Size plus the Minimum 15% Oversample
100,000	2,345	2,697
200,000	2,373	2,729
300,000	2,382	2.740
400,000	2,387	2,746
500,000	2,390	2,749
750,000	2,393	2,752
1,000,000	2,395	2,755
3,000,000	2,399	2,759
>3,839,197	2,401	2,762

RMTS Sample Selection Process

The RMTS process is described here as four steps:
1. Identify Total Pool of Time Study Participants
2. Identify Total Pool of Time Study Moments
3. Randomly Select Moments and Randomly Match Each Moment to a Participant
4. Notify Participants About Their Selected Moments

Step 1: Identify Total Pool of Time Study Participants
At the beginning of each quarter, participating LEAs submit a staff roster providing a comprehensive list of staff eligible to participate in the statewide RMTS time study. This list of names is subsequently grouped into

job categories (that describe their job function) and from that list all job categories are assigned into one of the two mutually exclusive cost pools for the statewide time study. The staff pool list is updated on a quarterly basis, and updates are only allowed prior to the start of the quarter.

Step 2: Identify Total Pool of Time Study Moments

The Department has designed the RMTS to capture 100% of time worked by LEA staff. At the beginning of each sample period the participating LEAs submit a calendar that outlines all days schools are in session. Each participant on the staff pool list is assigned to a shift of time each workday. In accordance with the 2003 Medicaid School-Based Administrative Claiming Guide, the shifts are inclusive of all of the time the participant spends during the workday, including lunch. The participating LEA also submits a start and end time that covers all the time staff within the LEA are scheduled to work. Participating LEAs can submit multiple start and end times (by school site, by job category, etc.) in an effort to address the various staff schedules that occur within the district. All the data submitted by the participating LEAs are used to develop the sample universe.

The sample universe contains all of the moments for all staff who are working during the quarter. The total pool of "moments" within the time study is represented by calculating the number of working days in the sample period, times the number of work hours of each day, times the number of minutes per hour, and times the number of participants within the time study. The only days and times that are not included in the sample universe are days and times during which no one is working. This time would include times before and after a school is in session as well as days staff are not in session such as weekends and holidays.

Step 3: Randomly Select Moments and Randomly Match Each Moment to a Participant

Using a statistically valid random sampling technique, the desired number of random moments is selected from the total pool of moments. Next, each randomly selected moment is matched up, using a statistically valid random sampling technique, with an individual from the total pool of participants.

Each time the selection of a minute and the selection of a staff name occurs, both the minute and the name are returned to the overall sample pool to be available for selection again. In other words, the random selection process is done with replacement so that each minute and each person are available to be selected each time a selection occurs. This step guarantees the randomness of the selection process.

Each selected moment is defined as a specific one-minute unit of a specific day from the total pool of time study moments and is assigned to a specific time study participant. Each moment selected from the pool is included in the time study and coded according to the detail submitted by the sampled participant.

Step 4: Notify Participants about their Selected Moments

Time study participants are notified via email of their requirement to participate in the time study and of their sampled moment. Sampled participants will not be notified of their sampled moment date and time prior to the sampled moment. At the prescribed moment, each sampled participant is asked to record and submit his/her activity for that particular moment. Additionally, if the moment is not completed the participant receives a late notification email twenty-four (24) hours after their selected moment. Throughout this entire process, the coordinators have real-time access in the online system. Coordinators can view their sampled participants, the dates/times of their sampled participant's moments, and whether the moment has been completed but not until on/or after the sampled participant has been notified of their moment date/time. The time study questionnaire or survey is not kept open more than two(2) school days after the end of the time study period to ensure the accuracy of the time study detail. If the statewide return rate of valid moments is less than 85%, non-returned moments will be included and coded as non-allowable codes/non-Medicaid time until the 85% threshold is reached.

RMTS Responses

All detail from the sampled participant must be sufficient to provide responses to the time study questions needed for accurate coding:

1. Is the service you provided part of the child's medical plan of care where medical necessity has been otherwise established? (Radio buttons with the options of "Yes – IEP", " Yes – IFSP", "Yes - Medical plan of care other than an IEP (i.e. 504 plan, student health plan, nursing plan, physician's order, crisis intervention services)", "Yes - Medical necessity established in other method", "No" or "N/A".
2. Who were you working with during this sample moment? (The sampled participant must create a narrative to answer this question.)
3. Describe in detail the activity you were performing during your sampled moment. Please answer this question even if you answered "No" to the first question. (The sampled participant must create a narrative to answer this question.)
4. Describe in detail why you were doing this activity during your sampled moment. (The sampled participant must create a narrative to answer this question.)

In addition, sampled participant will certify the accuracy of their response prior to submission—sampled participants are assigned a unique username and password or hyperlink that is only sent to them. They must use this unique username and password or hyperlink to login and document their moment. After answering the sample moment questions, they are shown their responses and asked to certify that the information they are submitting is accurate. Their moment is not complete unless they certify the accuracy of the information. Since the sampled participant only has access to their individual information, this conforms to electronic signature policy and allows them to verify that their information is accurate. Each time study participant must certify the accuracy of his/her response prior to submission.

Additional RMTS documentation maintained by the vendor includes:

- Sampling and selection methods used;
- Identification of the moment being sampled; and
- Timeliness of the submitted time study moment detail.

RMTS Coding

The Department has chosen to utilize a centralized coding methodology to be implemented by the vendor assisting Utah with the RMTS program. Under that methodology, the sampled participant is not required or expected to code his or her moment. The sampled participant is asked to document their activity by providing specific narrative responses. At the end of the RMTS response, the sampled participant is asked to certify their moment response.

The vendor will code all moments submitted. The vendor will randomly select a 5% sample of the coded responses and submit to the State each quarter for their independent validation. The State's validation will consist of reviewing the sampled participant responses and the corresponding code assigned by the vendor to determine if the code was accurate. If The Department has any disagreements with the code(s) selected there will be a discussion with the vendor to decide how the impacted moment(s) should be coded. After that discussion on coding and if applicable the coding instructions will be modified to document those coding decisions so that they can be consistently applied in future quarters.

At the end of each quarter, once all random moment data has been received and time study results have been calculated, statistical compliance reports will be generated to serve as documentation that the sample results have met the necessary statistical requirements.

RMTS Return Compliance

The LEAs have the ability to run compliance reports on a daily basis. A statistical validity check of the time study results is completed at the conclusion of each quarter prior to the calculation of the MAC claim. The validity check ensures that the minimum number of responses is received each quarter to meet required statistical validity. The number of completed and returned time study moments is analyzed to confirm that the confidence level requirements have been met. Once the validity of the sample has been confirmed, the time study results are calculated and prepared for the calculation of the quarterly claim.

The Department will require an 85% response rate. Moments not returned will not be included in the RMTS database unless the return rate for valid moments is less than 85%. Invalid moments are moments assigned to staff that are no longer in the position, a participant is not scheduled to work, or on unpaid time. Invalid moments do not count against the 85% response rate. Non-responses are moments that have not been completed by sampled participants. In the event that an 85% return rate is not met, all non-returned moments will be included and coded as non-allowable codes/non-Medicaid.

The time study questionnaires will be kept open no longer than two(2) school days after the end of the time study period to ensure the accuracy of the time. To ensure that enough moments are received to have a statistically valid sample, Utah will over sample at a minimum of fifteen percent (15%) more moments than needed for a valid sample size.

To assist in reaching the statewide goal of 85% compliance, The Department monitors the LEAs to make sure they are properly returning sampled moments. If an LEA has non-returns greater than 15% and greater than ten (10) moments for a quarter, the LEA may receive a warning letter from The Department. If the same LEA is in default the next quarter after being warned, they may not be able to participate for a one year period of time. As a hypothetical example, if an LEA has non-returns greater than 15% and greater than ten (10) moments for the quarters ending December 31 and March 31 of the same fiscal year, the LEA may not be allowed to claim for the remainder of that fiscal year. If such a penalty is imposed, the LEA is required to return any payments received for that fiscal year under the SDS Program. In addition, if compliance is not achieved after two consecutive quarters, The Department may implement the following sanctions:

- Noncompliant LEAs will not be able to claim for MAC for the remainder of the fiscal year beginning with the second quarter of non-compliance.
- Noncompliant coordinators will be required to complete SDS Program Compliance Training prior to resuming full program participation.

RMTS Training

LEA Coordinator Training (RMTS Process and Compliance)
The Department will review and approve all RMTS training material used by the vendor. Once the training material has been approved by The Department the vendor will provide initial training for the coordinators, which will include an overview of the RMTS/cost reporting system and information on how to access and input information into the RMTS/cost reporting system. It is essential for the coordinators to understand the purpose of the time studies, the appropriate completion of the RMTS, the timeframes and deadlines for participation, and that their role is crucial to the success of the program. Sampled participants are to be provided detailed information and instructions for completing and submitting the time study detail of the sampled moment. All training materials will be accessible to coordinators. In addition, annual training will be provided to the coordinators to cover topics such as RMTS program updates, process modifications and compliance issues.

Sampled Participant Training

The primary purpose of staff training is to educate the sampled participants on the activity codes so he or she could accurately determine the appropriate activity code for the activity they were performing at the sampled moment. Since The Department has implemented a centralized coding methodology, the training around the activity codes is no longer required since the sampled participants will not have to code their moment. The RMTS system includes training information on the program and the sampled participant's role in the program as well as how to complete the moment. The sampled participant must visit these screens prior to being able to document their moment. For these reasons, training of sampled participants will no longer be a requirement for completion of their moment.

SDS Time Study Review

The Department or its vendor shall perform reviews to monitor the integrity and accuracy of all of the time study data and results for the SDS Program. Quarterly reviews specifically related to the time study will be completed on at least 50% of the LEAs participating in the program. The reviews shall consist of verifying the following:

- LEA submission and certification of quarterly participant staff pool lists;
- LEA submission and certification of quarterly district calendars;
- The RMTS compliance rate level requirement of 85% has been met by each LEA.

In addition, annual reviews will be conducted on a sample providers on the staff pool list to verify applicable credentials or licensures. Should the Department or their vendor find discrepancies upon verifying the LEA's quarterly time study updates, an email, requesting explanation, clarification, and/or correction of discrepancies may be requested. The Department may also pursue remedial action for LEAs that fail to meet SDS Program requirements or fail to correct problems identified during reviews. Sanctions the Department may impose include placing districts on "payment hold," conducting more frequent comprehensive program compliance reviews, recoupment of funds, or ultimately, cancellation of the LEAs contract. Examples of actions that may cause sanctions include, but are not limited to:

- Failure to meet minimum the 85% compliance rate in response to the time study;
- Failure to cooperate with State, and/or Federal staff including the vendor during ,reviews or other requests for information;
- Failure to maintain adequate documentation; and
- Failure to provide accurate and timely information to the State or its vendor.

The Department meets with its vendor at least monthly or as needed to provide oversight and/or review LEA reports, quarterly time study results, and provider and/or contractor related issues.

Time Study Activities/Codes

Time study codes assist in the determination of time and associated costs related to and reimbursable under the SDS Program. The time study codes have been designed to reflect all of the activities performed by time study participants.

The time study codes are assigned indicators that determine allowability, Federal Financial Participation (FFP) rate, and Medicaid population. A code may have one or more indicators associated with it. These indicators should not be provided to time study participants. The time study code indicators are:

Code	Description
U	Unallowable – refers to an activity that is unallowable under the SDS Program. This is regardless of whether or not the population served includes Medicaid enrolled individuals.
TM	Total Medicaid – refers to an activity that is 100 percent allowable under the SDS Program.
PM	Proportional Medicaid – refers to an activity, which is allowable as Medicaid administration under the SDS Program, but for which the allocable share of costs must be determined by the application of the proportional Medicaid share (using the Medicaid Enrollment Rate (MER) and the IEP ratio). The proportional Medicaid share will be determined for each district. • For Free Care (cost settlement process) and MAC, the Medicaid share is determined as the ratio of Medicaid enrolled students to total students, i.e. the MER. (Utah will only use this for Free Care if they choose to modify the State Plan to allow for billing of services to students whose medical

		necessity is documented in a manner other than an IEP, commonly referred to as Free Care Services.) • For the Direct Care (cost settlement process), the Medicaid share is defined as the ratio of Medicaid enrolled special education students with a covered service on an IEP to the total special education students with a covered service on an IEP, i.e. the IEP ratio.
R		Reallocated – refers to those general administrative activities which must be reallocated across the other activity codes on a pro rata basis. These reallocated activities are reported under General Administration.

The following time study codes are to be used for the Random Moment Time Study:

Code	Code Text	Activity	Direct Service Indicator		MAC Indicator
	Prov Svcs	**PROVISION OF SERVICES**			
1A	Outreach	Non-Medicaid Outreach	U		U
1B	Outreach	Medicaid Outreach	U		TM/50%
2A	Enrollment	Facilitating Non-Medicaid Eligibility Determination	U		U
2B	Enrollment	Facilitating Medicaid Eligibility Determination	U		TM/50%
3	Educational Services	School Related and Educational Services	U		U
4A	DirNonIEP	Direct Medical Services- Not Covered as IDEA/IEP Services, Not Covered on a Medical Plan of Care	U		U
4B	DirMedIEP	Direct Medical Services- Covered as IDEA/IEP Services, Not Covered on a Medical Plan of Care	PM (IEP Ratio)		U
4C	DirMedFreeCare	Direct Medical Services – Covered on a Medical Plan of Care, Not Covered as IDEA/IEP service	U[1]		U
5A	Transportation	Transportation Non-Medicaid	U		U
5B	Transportation	Medicaid Transportation	U		PM/50%
6A	Translation	Non-Medicaid Translation Services	U		U
6B	Translation	Medicaid Translation	U		PM/75%
7A	Planning	Non-Medical Program Planning, Policy Development, and Interagency Coordination	U		U
7B	Planning	Medical Program Planning, Policy Development, and Interagency Coordination	U		PM/50%
8A	Training	Non-Medical/Medicaid Related Training	U		U

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[1] In the event Utah modifies the State Plan for Free Care Services Code 4C will become reimbursable under the Direct Service Program and will utilize the Proportional Medicaid Rate (PM) outlined in the table.

8B	Training	Medical/Medicaid Related Training	U		PM/50%
9A	Referral	Referral, Coordination, and Monitoring of Non-Medicaid Services	U		U
9B	Referral	Referral, Coordination, and Monitoring of Medicaid Services	U		PM/50%
10	GA	General Administration	R		R
11	Unallowable	Not Paid/Not Worked	U		U

These activity codes represent direct service and administrative activity categories that are used to code all categories of claims. Detailed code definitions and examples may be found starting on page 29.

SDS Medicaid Enrollment Calculation

Participating LEAs are required to regularly submit claims to The Department for direct services rendered, according to the guidelines in the SDS Program Manual. At the end of each fiscal year, the LEA must submit a cost reconciliation report based on annual costs. The Department's vendor prepares the time study results and the IEP ratio and MER in order to complete the Direct Care Cost Settlement process as outlined in Attachment 4.19B of the approved Utah Medicaid State Plan.

The SDS Program's annual claim uses an IEP ratio and MER as one of the steps in determining total allowable costs, as described in Section 4.19B of the approved Utah Medicaid State Plan. An IEP ratio is determined for each participating LEA. When applied, this IEP Ratio discounts the Direct Service cost pool by the percentage of IEP Medicaid students for the time associated with Activity Code 4B. The names and birthdates of students with a covered service on an IEP are identified from the December 1 Count Report each year filed annually by each LEA to USBE and matched against the December 1st Medicaid enrollment file from The Department to determine the percentage of students with a covered service on an IEP enrolled in Medicaid. The numerator of the rate is the students with a covered service on an IEP that are enrolled in Medicaid and the denominator is the total number of students with a covered service on an IEP.

Costs associated with several Medicaid administrative activities performed by the LEAs are adjusted by the LEA's MER. The MER reduces these counts to the amount for services specific to Medicaid enrolled individuals. The MER for the MAC program is calculated on an annual basis. The names and birthdates of students are identified from the December 1st Student Count Report each year filed annually by each LEA to USBE and matched against the December 1st Medicaid enrollment file from The Department to determine the percentage of students enrolled in Medicaid. The numerator of the MER is the total number of Medicaid enrolled students in the district and the denominator is the total number of students enrolled in the district. The costs of these activities are claimable as administrative activities but only to the extent that they are directed toward the Medicaid enrolled population. This MER will also be used to discount the Direct Service Cost Pool for the time associated with Activity Code 4C if the Department modifies the SPA to claim for Free Care services.

Financial Data

The financial data to be included in the calculation of the MAC claim are to be based on actual expenditures incurred during the quarter. These costs must be obtained from actual detailed expenditure reports generated by the LEA's financial accounting system.

2 CFR 225 specifically defines the types of costs: direct costs, indirect costs and allocable costs that can be included in the program. It provides principles to be applied in establishing the allowability of certain items of cost. These principles apply whether a cost is treated as direct or indirect. The following items are considered

allowable costs as defined and cited below by 2 CFR 225.

Direct Costs

Typical direct costs identified in 2 CFR 225 include:

- Compensation of employees or contractors;
- Staff training and professional development; and
- Travel expenses incurred

Indirect Costs

Indirect costs included in the claim are computed by multiplying the costs by the LEA's approved unrestricted indirect cost rate. These indirect rates are LEA specific and developed by the LEA's state cognizant agency, USBE, and are updated annually. The methodology used by the respective state cognizant agency to develop the indirect rates has been approved by the cognizant federal agency, as required by the CMS guide. Indirect costs are included in the claim as reallocated costs.

The Department shall ensure that costs included in the MAC financial data are not included in the LEA's unrestricted indirect cost rate, and no costs will be accounted for more than once.

Unallowable Costs

Costs that may not be included in the claim are:

- Direct costs related to staff that are not identified as eligible time study participants
- Costs that are paid with 100 percent federal funds

Revenue Offset

Expenditures included in the MAC claim are often funded with several sources of revenue. Some of these revenue sources require that expenditures be offset, or reduced, prior to determining the federal share reimbursable by Medicaid. These "recognized" revenue sources requiring an offset of expenditures are:

- Federal funds (both directly received by the district and pass through from state or local agencies such as IDEA, Title I, etc.)
- State expenditures that have been matched with federal funds (including fee-for-service). Both the state and federal share must be used in the offset of expenditures.
- Third party recoveries and other insurance recoveries

Claim Certification

LEAs will only be reimbursed the federal share of any MAC billings. The Chief Financial Officer (CFO), Chief Executive Officer (CEO), Executive Director (ED), Superintendent (SI) or other individual designated as the financial contact by the LEA will be required to certify the accuracy of the submitted claim and the availability of matching funds necessary. The certification statement will be included as part of the claim and will meet the requirements of 42 CFR 433.51.

LEAs will be required to maintain documentation that appropriately identifies the certified funds used for MAC claiming. The documentation must also clearly illustrate that the funds used for certification have not been used to match other federal funds. Failure to appropriately document the certified funds may result in non-payment of claims.

TIME STUDY CODING INSTRUCTIONS

After RMTS sampled participants log their moment, it is the coders' responsibility to categorize the response. The coding structure as seen starting on page 29 will determine whether the activities logged are claimable, non-claimable, an allocated expense or a cost that can be claimed.

All time study results are aggregated statewide and applied equally to LEAs participating in the SDS Program.

Code Descriptions

The coder uses the following detailed descriptions of each activity to determine how to properly code each participant's answer.

PROVISION OF SERVICES

CODE 1A. OUTREACH – FACILITATING NON-MEDICAID OUTREACH

Use this code when the participant is performing activities that inform individuals about non-Medicaid social (Food Stamps and Title IV-E), vocational, general health and educational programs (including special education) and how to access them; describing the range of benefits covered under these non-Medicaid social, vocational and educational programs and how to obtain them. Both written and oral methods may be used. This code includes related paperwork, clerical activities or staff travel required to perform these activities.

Examples:
- Informing families about wellness program and how to access those programs;
- Scheduling and promoting activities which educate individuals about the benefits of healthy life-styles and practices;
- Conducting general health education programs or campaigns addressed to the general population;
- Conducting outreach campaigns directed toward encouraging persons to access social, educational, legal or other services not covered by Medicaid;
- Assisting in early identification of children with special medical/dental/mental health needs through various child find activities; and
- Outreach activities in support of programs that are 100 percent funded by State general revenue.

CODE 1B. OUTREACH – FACILITATING MEDICAID OUTREACH

Use this code when the participant is performing specific activities to inform eligible individuals about Medicaid and EPSDT benefits and how to access the program. Information includes a combination of oral and written methods that describe the range of services available through Medicaid and EPSDT, the cost (if any), location, how to obtain services, and the benefits of preventive healthcare. This code includes related paperwork, clerical activities or staff travel required to perform these activities.

Examples:
- Informing Medicaid eligible and potential Medicaid eligible children and families about the benefits and availability of services provided by Medicaid (including preventive treatment and screening) including services provided through the EPSDT program;
- Interpreting materials about Medicaid to persons with children within the LEA boundaries who are illiterate, blind, deaf, or who cannot understand the English

language;

- Informing foster care providers of foster children residing within LEA boundaries about the Medicaid and EPSDT program;
- Informing Medicaid eligible pregnant students about the availability of EPSDT services for children under the age of 21 (including children who are eligible as newborns);
- Utilizing brochures approved by the state Medicaid agency, designed to effectively inform eligible individuals about the benefits Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program and services, and about how and where to obtain services;
- Assisting the Medicaid agency to fulfill the outreach objectives of the Medicaid program by informing individuals, students and their families about health resources available through the Medicaid program;
- Providing information about EPSDT in the schools that will help identify medical conditions that can be corrected or ameliorated by services covered through Medicaid;
- Informing children and their families about the early diagnosis and treatment services for medical/mental health conditions that are available through the Medicaid program;
- Providing information regarding Medicaid managed care programs and health plans to individuals and families and how to access that system;
- Encouraging families to access medical/dental/mental health services provided by the Medicaid program; and
- Facilitating access to Medicaid when a staff knows that a child does not have appropriate health care, this does not include child find activities directed to identifying children with educational handicapping conditions.

CODE 2A. ENROLLMENT – FACILITATING NON-MEDICAID ENROLLMENT OR ELIGIBILITY DETERMINATION

Use this code when the participant is assisting an individual or family to make application for programs such as TANF, Food Stamps, WIC, day care, legal aid, and other social or educational programs and referring them to the appropriate agency to make application. Both written and oral methods may be used. Include related paperwork, clerical activities or staff travel required to perform these activities.

Examples:
- Explaining the eligibility process for non-Medicaid programs;
- Assisting the individual or family in collecting/gathering information and documents for the non-Medicaid program application;
- Assisting the individual or family in completing the application;
- Developing and verifying initial and continuing eligibility for the Free and Reduced Lunch Program. When an LEA employee is verifying a student's eligibility or continuing eligibility for Medicaid for the purpose of developing, ascertaining or continuing eligibility under the Free and Reduced Lunch program, report that activity under this code; and
- Providing necessary forms and packaging all forms in preparation for the Non-Medicaid eligibility determination.

CODE 2B. ENROLLMENT – FACILITATING MEDICAID ENROLLMENT OR ELIGIBILITY DETERMINATION

Use this code when the participant is assisting children and families in establishing Medicaid eligibility, by making referrals to The Department for eligibility determination, assisting the applicant in the completion of the Medicaid application forms, collecting information, and assisting in reporting any required changes affecting eligibility. Includes related paperwork, clerical activities or staff travel required to perform these activities.

Examples:
- Referring an individual or family to the local assistance office to make an application for Medicaid benefits;
- Verifying an individual's current Medicaid eligibility status for purposes of the Medicaid eligibility process;
- Explaining the Medicaid eligibility process to prospective applicants;
- Providing assistance to the individual or family in collecting required information and documents for the Medicaid application;
- Providing necessary forms and packaging all forms in preparation for the Medicaid eligibility determination;
- Referring an individual or family to the local Assistance Office to make application for Medicaid benefits;
- Assisting the individual or family in completing the Medicaid application; and
- Participating as a Medicaid eligibility outreach outstation.

CODE 3. EDUCATIONAL SERVICES – NON-MEDICAID SCHOOL RELATED AND EDUCATIONAL ACTIVITIES

Use this code when the participant is performing any other school-related activities that are not Medicaid related, such as social services, educational services, teaching services; employment and job training. These activities include the development, coordination, and monitoring of a student's education plan. This code also includes all related paperwork, clerical activities, or staff travel required to perform these activities.

Examples:
- Providing general curriculum instruction to students;
- Developing lesson plans or curriculum;
- Evaluating curriculum and instructional services, policies, and procedures;
- Monitoring student academic achievement;
- Developing, coordinating, and monitoring the academic portion of the IEP for a student, which includes ensuring annual reviews of the IEP are conducted, parental sign-offs are obtained, and the academic portion of the actual IEP meetings with the parents.;
- Monitoring academic progress related to an IEP;
- Providing individualized academic instruction (math or reading concepts) to a special education student;
- Conducting external relations related to school educational issues/matters;
- Testing, correcting papers;
- Compiling grades and report cards;
- Providing general supervision of students (playground, lunchroom);
- Disciplining students or referring students for discipline;
- Performing clerical activities related to instruction services or curriculum;
- Providing general nutrition and health education to students;
- Completing classroom attendance reports;
- Compiling, preparing, and reviewing reports on textbooks or attendance;
- Reviewing the academic record of new students;
- Enrolling new students or obtaining registration information;
- Conferring with students or parents about discipline, academic matters or other school related issues not related to an individualized plan;
- Administering achievement tests (CSAP, CSAP-A);
- Activities related to the educational aspects of meeting immunization requirements for school attendance;
- Enrolling new students or obtaining registration information;
- Evaluating curriculum and instructional services, policies, and procedures;
- Testing to assess specific learning disabilities or English language proficiency;
- Participating in or presenting training related to curriculum or instruction (e.g., language

arts workshop, computer instruction); and

- Providing Individuals With Disabilities Education Act (IDEA) mandated child find activities.

CODE 4A. DIRECT MEDICAL SERVICES - NOT COVERED AS IDEA/IEP SERVICES, NOT COVERED ON A MEDICAL PLAN OF CARE

Use this code when the participant is providing direct client care services for which medical necessity has not been determined or for a service that is being provided by someone for which the service is not in their scope of practice. This code includes pre and post activities associated with the actual delivery of the direct client care services, e.g., paperwork or staff travel required to perform these services.

Examples:
- Administering first aid;
- Screening services conducted by non-qualified providers;
- Mental health services conducted by non-qualified providers; and
- Nursing services conducted by non-qualified providers.

CODE 4B. DIRECT MEDICAL SERVICES – COVERED AS IDEA/IEP SERVICES

IDEA/IEP SERVICES

Use this code when LEA staff (employees or contracted staff) provide direct client services as covered services delivered by LEAs under the SDS Program. These direct client services may be delivered to an individual and/or group in order to ameliorate a specific condition and are performed in the presence of the student(s). This code includes the provision of all IDEA/IEP medical (i.e. health-related) services.

All IDEA and/or IEP direct client care services when the student is present:

- Providing health/mental health services as covered in the student's IEP.
- Conducting medical/health assessments/evaluations and diagnostic testing and preparing related reports as covered in the student's IEP.

Examples:
- Audiologist services including evaluation and therapy services (only if included in the student's IEP);
- Physical Therapy services and evaluations (only if included in the student's IEP);
- Occupational Therapy services and evaluations (only if included in the student's IEP);
- Speech Language Therapy and evaluations (only if included in the student's IEP);
- Psychological services, including evaluations and assessment (only if included in the student's IEP). [Assessment services are not in the client's IEP because assessments are performed before the students IEP is developed.];
- Counseling services, including therapy services (only if included in the student's IEP);
- Behavior Modification Services (only if included in the student's IEP):
- Orientation and Mobility Services (only if included in the student's IEP):
- Aural Rehabilitation Services (only if included in the student's IEP);
- Providing personal aide services (only if included in the student's IEP);
- Nursing services and evaluations (only if included in the student's IEP), including skilled nursing services on the IEP and time spent administering/ monitoring medication only if it is included as part of an IEP and documented in the IEP;

- Physician services and evaluation, including therapy services (only if included in the student's IEP); and
- Social Work services and evaluation, including therapy services (only if included in the student's IEP).

This code also includes pre and post time directly related to providing direct client care services when the student is not present. Examples of pre and post time activities when the student is not present include: time to complete all paperwork related to the specific direct client care service, such as preparation of progress notes, translation of session notes, review of evaluation testing/observation, planning activities for the therapy session, travel to/from the therapy session, or completion of billing activities.

Examples:
- Pre and post activities associated with physical therapy services, for example, time to build a customized standing frame for a student or time to modify a student's wheelchair desk for improved freedom of movement for that client;
- Pre and post activities associated with speech language pathology services, for example, preparing lessons for a student to use with an augmentative communicative device or preparing worksheets for use in group therapy sessions;
- Updating the medical/health-related service goals and objectives of the IEP;
- Travel to the direct service/therapy;
- Paperwork associated with the delivery of the direct care service, as long as the student/client is not present. Such paperwork could include the preparation of progress notes, translation of session notes, or completion of billing activities; and
- Interpretation of the evaluation results and/or preparation of written evaluations, when student/client is not present. (Assessment services are billed for testing time when the student is present, for interpretation time when the student is not present, and for report writing when the student is not present.)

CODE 4C. - DIRECT MEDICAL SERVICES – COVERED ON A MEDICAL PLAN OF CARE, NOT COVERED AS IDEA/IEP SERVICE

Use this code when LEA staff (employees or contracted staff) provide covered direct medical services under the SDS Program when documented on a medical plan other than an IEP or where medical necessity has been otherwise established. These direct services may be delivered to an individual and/or group in order to ameliorate a specific condition and are performed in the presence of the student(s).

All medical services with the student present including:

- Providing health/mental health services as covered in the student's medical plan other than an IEP;
- Conducting medical/health assessments/evaluations and diagnostic testing and preparing related reports as covered in the student's medical plan other than an IEP; and
- Covered services for which medical necessity has been determined.

The list of services corresponds to all of the services outlined in the State Plan. This includes:

- Audiologist services including evaluation and therapy services (only if included in the student's medical plan);
- Physical Therapy services and evaluations (only if included in the student's medical plan);

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- Occupational Therapy services and evaluations (only if included in the student's medical plan);
- Speech Language Therapy services and evaluations (only if included in the student's medical plan);
- Counseling services, including therapy services (only if included in the student's medical plan or when medical necessity has been determined);
- Nursing services, evaluations, and administering / monitoring medication (only if medical necessity has been determined including skilled nursing services on the medical plan and time spent administering/monitoring medication.);
- Physician services and evaluation, including therapy services (only if included in the student's medical plan);
- Social Work services and evaluation, including therapy services (only if included in the student's medical plan); and
- All EPSDT covered services such as screenings, immunizations, etc. or services in which medical necessity has been determined.

This code also includes pre and post time directly related to providing direct medical services when the student is not present. Examples of pre and post time activities when the student/client is not present include: time to complete all paperwork related to the specific direct service, such as preparation of progress notes, translation of session notes, review of evaluation testing/observation, planning activities for the therapy session, travel to/from the therapy session, or completion of billing activities.

General examples that are considered pre and post time:

- Updating the medical/health-related service goals and objectives of the medical plan of care;
- Travel to the direct service/therapy;
- Paperwork associated with the delivery of the direct care service, as long as the student/client is not present. Such paperwork could include the preparation of progress notes, translation of session notes, or completion of billing activities; and
- Interpretation of the evaluation results and/or preparation of written evaluations, when student/client is not present. (Assessment services are billed for testing time when the student is present, for interpretation time when the student is not present, and for report writing when the student is not present.)

CODE 5A. - TRANSPORTATION FOR NON-MEDICAID SERVICES

Use this code when the participant is assisting an individual to obtain transportation to services not covered by Medicaid or accompanying the individual to services not covered by Medicaid. Include related paperwork, clerical activities or staff travel required to perform these activities.

- Scheduling or arranging transportation to social, vocational, and/or educational programs and activities.

CODE 5B. - TRANSPORTATION RELATED TO MEDICAID SERVICES

Use this code when the participant is assisting an individual to obtain transportation to services covered by Medicaid. This does not include the provision of the actual transportation service or the direct cost of the transportation, but rather the administrative activities involved in providing transportation. Include related paperwork, clerical activities or staff travel required to perform these activities. An example is:

- Scheduling or arranging transportation to Medicaid covered services.

Note: Staff that may arrange transportation that may be included in the RMTS include, but are not limited to, Program Administrators, Special Education Support or other staff at the LEA who are responsible for arranging specialized transportation for students to receive medical services. However, job titles of staff that provide these types of services vary by LEA.

CODE 6A. TRANSLATION – NON-MEDICAID TRANSLATION SERVICES

Use this code when the participant is providing translation service for non-Medicaid activities. This code includes related paperwork, clerical activities or staff travel required to perform the activities.

Examples:
- Arranging for or providing translation services (oral or signing services) that assist the individual to access and understand social, educational, and vocational services;
- Arranging for or providing translation services (oral or signing services) that assist the individual to access and understand state education or state-mandated health screenings (e.g., vision, hearing, scoliosis) and general health education outreach campaigns intended for the student population; and
- Developing translation materials that assist individuals to access and understand social, educational, and vocational services.

CODE 6B. TRANSLATION – MEDICAID TRANSLATION SERVICES

Use this code when translation services are not included and paid for as part of a medical assistance service and must be provided with by separate units or separate employees performing solely translation functions for the school and it must facilitate access to Medicaid covered services. Please note that an LEA does not need to have a separate administrative claiming unit for translation. This code includes related paperwork, clerical activities or staff travel required to perform these activities.

Examples:
- Arranging for or providing translation services (oral or signing) that assist the individual to access and understand necessary care or treatment covered by Medicaid; and
- Developing translation materials that assist individuals to access and understand necessary care or treatment covered by Medicaid.

CODE 7A. PLANNING – NON-MEDICAL PROGRAM PLANNING, POLICY DEVELOPMENT, AND INTERAGENCY COORDINATION

Use this code when the participant is performing activities associated with the development of strategies to improve the coordination and delivery of non-medical services to school age children when performing collaborative activities with other agencies. Non-medical services may include social services, education and vocational services. This code includes related paperwork, clerical activities or staff travel required to perform these activities.

Examples:
- Identifying gaps or duplication of non-medical services to school age children and developing strategies to improve the delivery and coordination of these services;
- Developing strategies to assess or increase the capacity of non-medical school programs;
- Monitoring the non-medical delivery systems in schools;
- Developing procedures for tracking families' requests for assistance with non-medical services and providers;
- Evaluating the need for non-medical services in relation to specific populations or geographic areas;

- Analyzing non-medical data related to a specific program, population, or geographic area;
- Working with other agencies providing non-medical services to improve the coordination and delivery of services and to improve collaboration around the early identification of non-medical problems;
- Defining the relationship of each agency's non-medical service to one another;
- Developing advisory or work groups of professionals to provide consultation and advice regarding the delivery of non-medical services and state mandated health screening to the school populations;
- Developing medical referral sources; and
- Coordinating with interagency committees to identify, promote and develop non-medical services in the school system.

CODE 7B. PLANNING – MEDICAL PROGRAM PLANNING, POLICY DEVELOPMENT, AND INTERAGENCY COORDINATION

Use this code when the participant is performing activities associated with the development of strategies to improve the coordination and delivery of medical/dental/mental health services to school age children, and when performing collaborative activities with other agencies and/or providers. This code refers to activities such as planning and developing procedures to track requests for services; the actual tracking of requests for Medicaid services would be coded under Code 9B., Referral, Coordination and Monitoring of Medical Services. This code includes related paperwork, clerical activities or staff travel required to perform these activities.

Examples:
- Developing strategies to assess or increase the capacity of school medical/dental/mental health programs;
- Monitoring the medical/dental/mental health delivery systems in schools;
- Developing procedures for tracking family's requests for assistance with medical/dental/mental health services and providers, including Medicaid. (This does not include the actual tracking of requests for Medicaid services);
- Evaluating the need for medical/dental/mental health services in relation to specific populations or geographic areas;
- Analyzing Medicaid data related to a specific program, population, or geographic area;
- Working with other agencies providing medical/dental/mental health services to improve the coordination and delivery of services, to expand access to specific populations of Medicaid eligible, and to improve collaboration around the early identification of medical problems;
- Working with other agencies and/or providers to improve collaboration around the early identification of medical/dental/mental problems;
- Developing strategies to assess or increase the cost effectiveness of school medical/dental/mental health programs;
- Working with Medicaid resources, such as the Medicaid agency and Medicaid managed care plans, to make good faith efforts to locate and develop EPSDT health services referral relationships;
- Developing advisory or work groups of health professionals to provide consultation and advice regarding the delivery of health care services to the school populations;
- Developing medical referral sources such as directories of Medicaid providers and managed care plans, who will provide services to targeted population groups, e.g., EPSDT children;
- Coordinating with interagency committees to identify, promote and develop EPSDT services in the school system;
- Identifying gaps or duplication of medical/dental/mental health services to school age children and developing strategies to improve the delivery and coordination of these services; and

- Working with the state Medicaid agency to identify, recruit and promote the enrollment of potential Medicaid providers.

CODE 8A. TRAINING – NON-MEDICAL/MEDICAID RELATED TRAINING AND PROFESSIONAL DEVELOPMENT

Use this code when the participant is coordinating, conduction, or participating in training events and seminars for outreach staff regarding the benefit of the programs other than the Medicaid program. For example, training may include how to assist families to access the services of education programs, and how to more effectively refer students for those services. This code includes related paperwork, clerical activities, or staff travel required to perform these activities.

Examples:
- Participating in or coordination training that improves the delivery of services for programs other than Medicaid; and
- Participating in or coordinating training that enhances IDEA child find programs.

CODE 8B. TRAINING – MEDICAL/MEDICAID RELATED TRAINING AND PROFESSIONAL DEVELOPMENT

Use this code when the participant is coordinating, conducting, or participating in training events and seminars for outreach staff regarding the benefit of medical/Medicaid related services, how to assist families to access such services, and how to more effectively refer students for those services. This code includes related paperwork, clerical activities, or staff travel required to perform these activities.

Examples:
- Participating in or coordination training that improves the delivery of medical/Medicaid related services;
- Participating in or coordinating training that enhances early identification, intervention, screening and referral of students with special health needs to such services (e.g., Medicaid EPSDT services); and
- Participating in training on administrative requirements related to medical/Medicaid services.

CODE 9A. REFERRAL - REFERRAL, COORDINATION AND MONITORING OF NON- MEDICAID SERVICES

Use this code when the participant is making referrals for, coordinating, and/or monitoring the delivery of non-medical, such as educational services. This code includes related paperwork, clerical activities, or staff travel necessary to perform these activities.

Examples:
- Making referrals for and/or coordinating access to social and educational services such as child care, employment, job training, and;
- Making referrals for, coordinating, and/or monitoring the delivery of state education agency mandated child health screens;
- Making referrals for, coordinating, and/or monitoring the delivery of scholastic, vocational, and other non-health related examinations;
- Gathering any information that may be required in advance of these non-Medicaid related referrals; and
- Participating in a meeting/discussion to coordinate or review a student's needs for scholastic, vocational, and non-health related services not covered by Medicaid.

CODE 9B. REFERRAL - REFERRAL, COORDINATION AND MONITORING OF

MEDICAID SERVICES

Use this code when the participant is making referrals for, coordinating, and/or monitoring the delivery of medical (Medicaid covered) services. Referral, coordination and monitoring activities related to services in an IEP are reported in this code. Activities that are an integral part of or an extension of a medical service (e.g., patient follow-up, patient assessment, patient counseling, patient education, patient consultation, billing activities) should be reported under Code 4A - Direct Medical Services - Not Covered as IDEA/IEP Services, 4B- Direct Medical Services - Covered as IDEA/IEP Services or 4C- Direct Medical Services – Covered on a Medical Plan of Care, Not Covered as IDEA/IEP service. This code includes related paperwork, clerical activities, or staff travel necessary to perform these activities.

Examples:
- Identifying and referring adolescents who may be in need of Medicaid family planning services;
- Making specific medical referrals for and/or coordinating medical or physical examinations and necessary medical/dental/mental health evaluations;
- Making referrals for and/or scheduling EPSDT screens, interperiodic screens, and appropriate immunization, but not to include the state-mandated health services;
- Referring students for necessary medical health, mental health, or substance abuse services covered by Medicaid;
- Arranging for any Medicaid covered medical/dental/mental health diagnostic or treatment services that may be required as the result of a specifically identified medical/dental/mental health condition;
- Gathering information that may be required in advance of these medical/dental/mental health referrals;
- Participating in a meeting/discussion to coordinate or review a student's needs for health- related services covered by Medicaid;
- Developing, coordinating, and monitoring the medical portion of the IEP for a student, which includes the medical portion of the actual IEP meetings with the parents, time spent developing the medical services plan on the IEP, and writing of the medical service goals of the IEP;
- Providing follow-up contact to ensure that a child has received the prescribed medical/dental/mental health services;
- Coordinating the completion of the prescribed services, termination of services, and the referral of the child to other Medicaid service providers as may be required for continuity of care;
- Providing information to other staff on the child's related medical/dental/mental health services and plans;
- Monitoring and evaluating the Medicaid service components of the IEP as appropriate; and
- Coordinating the delivery of community based medical/dental/mental health services for children with special/severe health care needs.

CODE 10 - GENERAL ADMINISTRATION

Use this code when the participant is performing activities not directly assignable to program activities. Include related paperwork, clerical activities, or staff travel time required to perform administrative activities. Note that certain functions, such as payroll, maintaining inventories, developing budgets, executive direction, etc., are considered overhead and, therefore, are only allowable through the application of an approved indirect cost rate.

Below are typical examples of general administrative activities, but they are not all inclusive:

- Taking lunch, breaks, leave, vacation, sick, or other paid time off not at work;

- Establishing goals and objectives of health-related programs as part of the school's annual or multi-year plan;
- Ordering supplies;
- Reviewing school or LEA procedures and rules;
- Attending or facilitating board meetings or other LEA meetings;
- Performing administrative or clerical activities related to general building or LEA functions or operations;
- Providing general supervision of staff, including supervision of student teachers or classroom volunteers, and evaluation of employee performance;
- Reviewing technical literature and research articles; and
- Other general administrative activities of a similar nature as listed above that cannot be specifically identified under other activity codes.

CODE 11 UNALLOW – UNPAID TIME OFF

Use if the participant indicates that the moment occurred at a time when he or she was not scheduled to work, including unpaid days off.