Guide to Time Studies for the Ohio Medicaid School Program (MSP)

(including Medicaid Administrative Claiming)

11/5/08 v.6.4

Introduction

The purpose of this guide is to provide direction for conducting time studies for the Ohio Medicaid School Program (OMSP), which includes Medicaid administrative claiming (MAC). The guide has been developed to explain the methodology and process for conducting time studies to support the financial reporting and claiming that are associated with OMSP. It should be used in conjunction with the ***Medicaid Administrative Claiming Methodology Guide***, the ***Guide to Cost Reporting for the Ohio Medicaid School Program,*** and the ***Guide to the Ohio Medicaid School Program***.

Purpose of the Time Study

A time study is a tool used to analyze work being done by employees/contractors over a specified time period. The end result of the time study is a series of percentages reflecting the proportion of time spent on the various types of activities performed by the employees/contractors. When the time study is conducted across a sample of employees/contractors, the results are used to extrapolate to the entire specified population of employees/contractors.

The time study information collected as part of the process described in this guide will be used for two specific purposes as follows:

- **Medicaid Administrative Claiming**: For the Medicaid Administrative Claiming (MAC), time study information is used to actually support the claim made by the school provider. Three key components go into the development of a MAC claim. The total allowable MAC expenditures are computed for each cost pool. Then for each cost pool, the respective time study percentage is applied. Also, important to the computation is the Medicaid Eligibility Rate (MER) – in other words, the percentage of the total student population comprised of Medicaid eligible recipients. As these factors are properly manipulated, the result is the amount that a school provider can claim for federal reimbursement as costs related to Medicaid administrative services. A school district's MER will be calculated annually and the MER will be applied to codes 10, 12 and 14.

- **Direct Service Cost Reporting**: The time study data are used as part of the year-end cost-reporting process. Cost reports are designed to allow school providers to reconcile payments for service claims made throughout the year to actual costs incurred. Similar to the MAC claim, cost reporting involves the use of cost data and time study data Also needed is the IEP utilization rate which is the ratio of students with IEPs that are Medicaid eligible to the total number of students with IEPs. These factors are used to compute total allowable direct service Medicaid costs for the school provider. These computed amounts are then compared to claims paid. If the amount paid is less than the cost, the school provider is paid the difference. If the amount paid exceeds the total cost, the school provider must repay. The ratio of students with Medicaid and IEPs to all students with IEPs will be calculated annually and applied to codes 1 and 3.

Time Study Administration

The time study will be administered by the Ohio Department of Education (ODE) on a statewide basis under contract to another entity. The references throughout this document to the "time study administering entity" means ODE or the entity contracted to perform the time study. The Ohio Department of Job and Family Services (ODJFS) as the single state Medicaid agency will provide oversight of the time study administration and technical assistance regarding time study requirements and implementation issues.

NOTE: All training materials used by LEAs must be submitted for review and comment to the time study administering entity.

Time Study Methodology

The purpose of the Ohio statewide time study is to (1) identify the proportion of administrative time allowable and reimbursable and (2) identify the proportion of direct service time allowable and reimbursable under Medicaid to be used for Direct Service cost reporting to enable the State of Ohio to conduct a cost settlement at the end of the fiscal year in the MSP program. Staff performing Medicaid related activities in a Local Education Agency (LEA) seeking reimbursement will participate in a time study using the approved Random Moment Time Study methodology.

Time Study Participants

All LEAs that participate in the 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. These LEAs must certify that any staff providing services or participating in the time study meet the educational, experiential and regulatory requirements.

The time study contractor will collect a Participant List from each participating LEA through use of an electronic upload system. On an ongoing quarterly basis, a current list of participants will be sent to each LEA Program Coordinator before the start of the quarter. The coordinator will update the list and return it prior to the start of each quarter.

Attachment A: Participant Categories specifies the categories of staff that have been identified as appropriate participants for the Ohio time studies. Additions to the list may be made depending upon job duties. The decision and approval to include additional staff will be made on a case-by-case basis by program administrators based on approval granted by CMS.

All staff will be reported into one of three cost pools:

1. ***POOL 1*** – Personnel who deliver Direct Medical Services, and who may deliver TCM and/or perform administrative services. Only the personnel that are credentialed appropriately and who are approved in the State Medicaid Plan to provide direct services in schools are included in this pool. All such personnel are licensed by cognizant state licensing agencies.
2. ***POOL 2*** -- Personnel not included in any other pool who provide TCM as specified in an IEP. These individuals may also perform some administrative services**.** In some cases, this pool will include employees or contractors who carry position titles listed as part of Pool 3 (i.e. special education administrators).

3. ***POOL 3*** -- Personnel who only perform administrative services.

The three cost pools are mutually exclusive, i.e., no staff should be included in more than one pool. The following provides an overview of the eligible categories in each cost pool.

Attachment B: Summary of Participant Categories Mapped to Cost Pools shows how the categories of staff are divided into the three cost pools.

LEA personnel who are chosen to participate in the time study must be assigned to job categories that describe their job function rather than a generic title that encompasses numerous types of personnel (i.e., pupil support personnel). A miscellaneous group is not acceptable. If a category does include a limited mix of job functions and titles, the functional (or working) job title must be listed beside each person's name. The LEA must maintain a complete job description on file for each of these eligible positions.

The LEAs must certify that the list of staff they are submitting to be included in the eligible staff pool are appropriate for inclusion in the time study and eventual claim. Staff deemed inappropriate during review of time study quarters will be removed from the time study and excluded from the claim.

Administrative staff such as executive directors, program directors, principals, assistant principals, special education directors, and other managers/supervisory staff are not to be included in the time study. Likewise, there should be no clerical or administrative support staff included. These staff will be included in the claiming process by allocating their time and appropriate costs based on the total time study effort.

Three mutually exclusive time studies, described below, will be conducted for the Direct Services and MAC. Although some staff may perform both direct and MAC related activities, they will only be allowed to participate in one of the three time studies. For Direct Service staff that also performs TCM and/or MAC activities, the direct services time study will be used to identify the claimable activities for both programs. MAC claimable time will only be included on a MAC cost report and will not be reimbursed through the Direct Services Program.

- The first time study and associated cost pool is generally comprised of direct service staff, including those who conduct a combination of direct services, targeted case management, <u>and/or</u> administrative activities as well as direct service staff only, and the respective costs for the staff.
- The second time study and associated cost pool is comprised of staff specifically mentioned in a child's IEP as providing targeted case management services, and who are not included in any other cost pool but may also perform administrative activities.
- The third time study and associated cost pool is comprised of administrative claiming staff only and the respective costs for these staff.

Therefore, the three groups of time study participants and associated cost pools are mutually exclusive and the only direct costs that can be claimed under Medicaid related to this program are derived from the three cost pools .

Random Moment Time Study (RMTS)

Upon CMS approval, the State will utilize a Random Moment Time Study (RMTS) methodology at which time all LEAs who participate will be required to participate in the statewide RMTS.

RMTS is a federally accepted method for tracking employee time within LEAs. According to OMB Circular A-87 (revised 5/10/04), and its accompanying implementation guide ASMB C-10, "Substitute systems for allocating salaries and wages to Federal awards may be used in place of activity reports. These systems are subject to approval if required by the cognizant agency. Such systems may include, but are not limit to, random moment sampling…."

Random moment sampling or RMTS is particularly useful, because:

- It uses a verifiable, statistically valid random sampling technique that produces accurate labor distribution results, and
- It greatly reduces the amount of staff time needed to record an individual time study participant's activities.

The RMTS method 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 period. The RMTS method provides a statistically valid means of determining what portion of the selected group of participant's workload is spent performing activities that are reimbursable by Medicaid.

RMTS Sampling Requirements

In order to achieve statistical validity, maintain program efficiencies and reduce unnecessary district administrative burden, Ohio intends to implement a consistent sampling methodology for all activity codes and groups to be used. Ohio has constructed the RMTS sampling methodology to achieve a level of precision of +/- 2% (two percent) with a 95% (ninety-five percent) confidence level for activities. While the 2003 Guide specifically allows for a 5% precision level and this level meets both the Guide requirements and Ohio's goals for an efficient and simplified sampling process, the Ohio sampling methodology is constructed at the 2% precision level based on preferences stated by the CMS statistician.

Statistical calculations show that a minimum sample of 2401 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 lost moments. Lost moments are observations that cannot be used for analysis, i.e., incomplete moments or moments selected for staff no longer at the LEA.

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

$$ss = Z2 * (p) * (1-p)$$

$$\frac{\quad}{c^2}$$

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

$$\text{New ss} = \frac{Ss}{1 + \frac{ss-1}{Pop}}$$

where:

pop = 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 15% will be used to account for unusable moments.

N=	Sample Size Required	Sample Size plus 15% Oversample
100,000	2345	2697
200,000	2373	2729
300,000	2382	2739
400,000	2387	2745
500,000	2390	2749
750,000	2393	2752
1,000,000	2395	2754
3,000,000	2399	2759
>3,839,197	2401	2761

RMTS 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 then randomly match each moment to a participant
4. Notify selected participants about their selection moments

1. Identify Total Pool of Time Study Participants

   At the beginning of each quarter, participating LEAs provide a staff roster (Participant List) to the time study administering entity providing a comprehensive list of staff eligible to participate in the 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 three "cost pools" for each LEA participating in the time study. There will be three cost pools.

2. Identify Total Pool of Time Study Moments

   The total pool of "moments" within the time study is represented by the 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 total pool of moments for the quarter is reduced by the exclusion of weekends, holidays and hours during which employees are not scheduled to work.

3. Randomly Select Moments and Randomly Match Each Moment to a Participant

   Once compiled statewide, each cost pool is sampled to identify participants in the RMTS time study. The sample is selected from each statewide cost pool, along with the total number of eligible time study moments for the quarter. 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, 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 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 documentation submitted by the employee.

   The sampling period is defined as a three-month period comprising each quarter of the year. The following are the quarters to be followed for the MSP:

- October-December
- January-March
- April- June
- July-September

Ohio proposes to begin implementation of the RMTS in October, 2009. This will give the state adequate lead time to secure an RMTS contractor and to have the contractor set up the RMTS information system and develop training materials; to submit time study training materials to CMS for review; to have schools submit Medicaid provider applications, name their MSP coordinators, and submit a list of time study participants; to have the contractor train the MSP coordinators; and for the coordinators to train local RMTS participants. Ohio expects to secure an RMTS contractor by December 31, 2008.

Each quarter, Ohio will determine the dates that school districts will be in session and for which their staff members are compensated. District staff members are paid to work during those dates that districts are in session; as an example, districts may end the school year sometime in May 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 districts may end the school year prior to the close of the quarter staff members are paid for services provided through the end of the fiscal quarter. Districts typically spread staff compensation over the entire calendar year even when staff members are not working. The district considers this compensation reimbursement for time when staff members actually work rather than compensation for the staff members time off during the summer months.

Each quarter, the State will determine the dates that each school provider will be in session based on individual school provider calendars. 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.

The total pool of moments within the time study is represented by applying each school provider's school calendar (most common start/end times for all schools within the school district will be determined) to potential participants eligible to participate in the RMTS for that school provider. The total pool of moments for the quarter does not include weekends, holidays, hours during which employees are not scheduled to work, state testing days and teacher work days.

Since activities and services are not provided in the LEAs when school is not in session, Ohio will not conduct a time study for that time period school is not in session (typically June through August). Ohio will rather use an average of sampling results from the three previous sampling periods to calculate a claim for the period for which no services were provided, thus, no time study was conducted. Ohio has determined that activities are not performed in the summer time (typically the second week of June through the third week of August) when districts are not in session.

4. Notify Participants about their Selected Moments

   Time study participants are notified via paper, email or other method, of their requirement to participate in the time study and of their sampled moment. Sampled participants will be notified of their sampled moment three days prior to their sampled moment. At the prescribed moment, each sampled participant is asked to record and submit his/her activity for that particular moment.

A *validity check* of the time study results will be completed by the time study contractor each quarter prior to the calculation of the claim. The validity check ensures that the minimum number of responses is received each quarter to meet the required confidence level. 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 time study contractor will provide ODE and ODJFS with a series of quarterly reports which include coding that was completed for a randomly selected percentage of responses. In addition, the contractor will provide ad hoc reports upon request.

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.

Training Types & Overview

Three types of training will be conducted for RMTS (1) Program Contact Training, (2) Central Coding Staff Training and (3) Sampled Staff Training. The following is an overview of each training type.

1. Program Contact Training

The time study contractor, with participation by ODE, will provide initial training for the LEA' Coordinators, which will include an overview of the RMTS program and information on how to access data input mechanisms and input information into said mechanisms. These Program Coordinators will then be responsible for conducting training of the selected time study participants in their LEAs. It is essential for the LEAs' 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. Participants are to be provided detailed information and instructions for completing and submitting the time study documentation of the sampled moment. All training materials will be accessible to Program Coordinators initially via the time study administering entity's website and/or any contracted entity's website. In addition, annual training will be provided to the Program Coordinators to cover topics such as MAC program updates, process modifications and compliance issues.

2. Central Coding Staff Training (Activity Coding)

Central Coders will be employed by the time study contractor and will review the documentation of participant activities performed during the selected moments and determine the appropriate activity code. In a situation when insufficient information is provided to determine

the appropriate activity code, the central coder will contact the Program Coordinator at the individual LEA and request submission of additional information about the moment. Once the information is received, the moment will be coded and included in the final time study percentage calculation. All moments will be coded separately by at least two coders as part of a quality assurance process. The moments and the assigned codes will be reviewed for consistency and adherence to the state approved activity codes.

The time study contractor will provide training to the coding staff on an as needed basis, but at a minimum annually to discuss issues surrounding the coding of moments. Training will include an overview of activity codes, samples of activities, and appropriate processes for making coding determinations.

On a quarterly basis, ODE will review a sample of the coding process and original participant documentation for Quality Assurance purposes to show the data submitted in the time study questionnaires support the code selected and therefore show the codes are valid and accurate. In addition to the quarterly review, at its discretion, ODE or ODJFS can review the completed coding and original participant documentation at any time throughout the claim process or as needed for further review or audit purposes.

3. Sampled Staff Training

The Program Coordinator for each LEA must ensure that sampled staff receive training prior to their completion of the RMTS for their sampled moment(s). Since all RMTS responses will be reviewed by Central Coders, and these Coders will subsequently select the appropriate activity code, the staff training will focus on program requirements and the completion of the RMTS survey. The staff training will not include an overview of activity codes since all coding will be completed by Central Coders. The following items must be included in staff training:

- Overview of the required process to participate in RMTS
- Review the standards for RMTS documentation submitted by staff
- Methods for requesting additional documentation from time study participants when insufficient information is provided to centralized coders to determine the appropriate activity code.
- The training must be provided quarterly, staff that has not received training can not participate in the RMTS.
- LEAs must maintain documentation, that all staff participating in each quarter's time study received training.
- It is required that any training materials used by LEAs be submitted for review and comment to Ohio.
- LEAs are encouraged to use and distribute any materials provided by the state regarding the time study.
- LEAs may use a variety of staff training methodologies. Some of these methods include, but are not limited to, on-site trainings, video conferencing, web-based, CD's, videos, and self-training (only after the completion of some form of interactive training has been completed).

NOTE: The time study contractor would provide assistance in the development of training

tools/documents or any additional needs that the LEA Program Coordinators have. All training materials used by LEAs must be submitted for review and comment to the time study administering entity.

Documentation (RMTS)

All documentation of sampled moments ***must be returned within five business days*** after the sampled date. Documentation of moments not received within the required time frame cannot be used in the calculation of the necessary number of moments needed to satisfy the level of precision of +/- 2% (two percent) with a 95% (ninety-five percent) confidence interval.

Documentation of sampled moments must be sufficient to provide answers to three questions needed for accurate coding:

a. Who was with you?
b. What were you doing?
c. Why were you performing this activity?

In addition, sampled staff will certify the accuracy of their response prior to submission

Additional documentation maintained by the time study administering entity and its contractor will include:

a. Sampling and selection methods used,
b. Identification of the moment being sampled, and
c. Timeliness of the submitted time study moment documentation.

Invalid moments are moments not returned by the LEA or moments that were not accurately coded by the coders based on the review by ODE staff. Moments that have been inaccurately coded will be returned for correction, and every effort will be made by Ohio to obtain the corrected valid moment from the vendor.

Validation Method

Ohio is committed to collecting complete and accurate information through its statewide RMTS. As such, it will require that 5% of all moments be validated by an independent observer. In Ohio that responsibility will fall to the LEA Program Coordinator or Assistant Program Coordinator.

After the initial generation of moments, the time study administering entity will generate a sub-sample of 5% of the moments. The moments will be flagged for validation. When a participant responds to a moment in the sub-sample, the LEA Program Coordinator or Assistant Program Coordinator for that district will validate the response.

Validation must occur within a week of the participant responding to the moment. The validation cannot be conducted by the same person or entity that codes the responses.

Time Study Return Compliance

Ohio will require a state-wide response rate for the time study survey of at least 85%, and all non-returned moments will be included and coded as non-Medicaid time. If the 85% compliance

rate is reached without having to code to non-Medicaid time, then non-returned moments will be ignored since they are compensated by the 15% over sampling of the sample size.

To assist in reaching the statewide goal of 85% compliance, Ohio will monitor the LEAs to ensure they are properly returning sample moments and the LEA's return percentage for each quarter will be analyzed by Ohio. If an individual district has non-returns greater than 15% and greater than five (5) moments for a quarter, the LEA will receive a warning letter from Ohio. If the same LEA is in default (as defined previously) the next quarter after being warned, they will not be able to participate in the time study for a one year period of time. ***For instance, if an LEA has non-returns greater than 15% and greater than five (5) moments for the quarter ended June 30, 2008 and December 31, 2008, the LEA will not be able to claim for the Fiscal Year Ending June 30, 2009, and will need to return any interim payments sent to the LEA for the fiscal year under the Direct Services Program.***

Ohio will identify all non- returned moments and make every effort to find out why the moments were not returned. Ohio staff will identify on a weekly basis the non returned moments and sort by LEA. A list of these non returned moments will be sent to the LEA's Program Coordinator for response. Participants will be asked to explain why the moment was not completed and returned, and will also be asked what they were doing at the time of the moment in question to the best of their recollection. Ohio will then analyze this data to ensure that the non-returns are reflective of the time study results. This data will not be included in the claiming process but will be used only to insure that LEAs are not purposely withholding non Medicaid related moments.

State Level Oversight and Monitoring of Time Study Administration

The Ohio Department of Education (ODE) will employ a Medicaid School Program (MSP) Manager who will serve as the single point of accountability for oversight of the time study contractor and monitoring various components of the MSP program. The areas that the MSP Manager will review include, but are not limited to the following:

- **Participant List. The time study contractor will assure that LEAs submit only eligible categories of staff based on the approved RMTS plan. The MSP Manager will sample LEA staff listings to verify that the time study contractor has appropriately performed this task. The contractor will submit to the MSP Manager for review any exclusions to the LEA's participant listing.**
- **RMTS Time Study. The MSP Manager will review the contractor's sampling methodology, the sample and the time study results and document the outcome of this review. The results of this review as well as any unresolved questions or issues will be submitted to the contractor and to ODJFS as the single state Medicaid agency.**
- **RMTS Central Coding. The time study contractor will review a sample of the completed coding and the original participant documentation for coding accuracy and validation and submit the summarized results to the MSP Manager with recommendations. The MSP Manager independently may review a sample of coding results, including excluded time study moments.**

- **Training. The MSP Manager will assure that training requirements for LEA Coordinators, Central Coders and participating LEA staff are being met by review of training materials and attendance at various training sessions.**
- **Documentation compliance. The MSP Manager will review with the time study contractor the results of any documentation compliance issues and take steps to assure that a compliance plan has been completed and to monitor its results.**

Frequency.

The local MSP Program Coordinator will submit to ODE a quarterly report status report in a format provided by ODE, noting the time study activities occurring that quarter and any difficulties with time study implementation. The MSP provider will submit to ODE an annual report regarding local time study implementation signed by the school district superintendent. ODE will summarize the quarterly and annual reports and forward the summaries with recommendations for improving the local implementation process to ODJFS for review and follow-up.

ODE's MSP Manager in collaboration with ODFJS staff will monitor all local MSP programs at least once annually. This monitoring will consist of either an on-site, desk or combination review. For this annual monitoring process, one quarter will be selected for in-depth review. Participating MSP providers will be required to fully cooperate in providing information and access to necessary staff in a timely manner to facilitate these efforts. MSP providers that do not fully cooperate in the review process may be subject to sanctions by ODJFS.

For other quarters, trends will be examined, for example, total costs in the claim, time study results, and reimbursement levels in relation to the school's special education population. Any significant variation from historical trending will be communicated to the MSP providers for explanation of the variance.

Since MSP implementation will begin near the start of the 2008-2009 school year, it is expected that MSP activity will increase as the year progresses and the increase may continue into the following school year. Therefore, the determination of a true base year for trending purposes will require that expected enrollment and billings have been reached.

Remedial Action and Sanctions

ODJFS, upon the recommendation of ODE, may pursue remedial action for MSP providers that fail to meet MSP program requirements or fail to correct problems identified during review. Examples of actions that may cause implementation of sanctions include, but are not limited to:

- **Repeated and/or uncorrected errors in financial reporting, including failure to use the state provided financial reporting templates,**
- **Failure to cooperate with state and/or federal staff during reviews or other requests for information,**

- ***Failure to submit quarterly or annual implementation progress reports,***
- **Failure to maintain adequate documentation, and**
- **Failure to provide accurate and timely information to ODE's RMTS contractor as required.**
- Failure to attend the required training.

Sanctions that Ohio may impose include placing MSP providers on "payment hold", conducting more frequent monitoring reviews, recoupment of funds, and ultimately, cancellation of the MSP provider's Medicaid provider agreement.

Required LEA Personnel

Each LEA must designate an employee as the Program Coordinator to provide oversight for the implementation of the time study and to ensure that policy decisions are implemented appropriately. The local agency must also designate an Assistant Program Coordinator to provide back-up support for time study responsibilities.

Required Attendance of the Program Coordinators and Assistant Program Coordinators

Ohio requires one Program Coordinator attend the initial RMTS training. A minimum of two people with a working knowledge of MSP are required to attend all mandatory Ohio training sessions, following the initial training, as scheduled by ODE. This includes the Program Coordinator and/or the Assistant Program Coordinator or at least one additional local agency personnel with a working knowledge of MSP.

Time Study Activities/Codes

The time study codes assist in the determination of time and associated costs that are related to and reimbursable under the Medicaid program. The time study codes have been designed to reflect all of the activities performed by time study participants per LEA.

The time study codes are assigned indicators that determine its allowability, federal financial participation (FFP) rate, and Medicaid share. A code may have one or more indicators associated with it. These indicators should not be provided to time study participants.

The following are the activity code descriptions for Ohio:

Activity Code	Activity Description	Medicaid Rate
1	IEP Direct Medical Services	D-IEP
2	Non-IEP Direct Medical Services	U
3	Targeted Case Management (IEP)	D-IEP
4	Targeted Case Management (non-	U
5	Other Educational and Social Services (Non-	U
6	Medicaid Program Outreach	ND
7	Outreach Non-Medicaid Program	U
8	Facilitating Medicaid Program Eligibility Determinations	ND
9	Facilitating Non-Medicaid Program Eligibility	U
10	Referral, Coordination, and	D-MER
11	Referral, Coordination, and	U
12	IEP Transportation Coordination and Translation for	D-MER
13	Non-IEP Transportation	U
14	Program Planning, Development, and	D-MER
15	Program Planning, Development, and	U
16	Allocable General Administration	R

For purposes of the Medicaid School Program (including Medicaid Administrative Claiming) each activity is categorized into various types that drive how the percentage of time allocated to that activity will be used in computing claims. These types are as follows:

1. **Non-Discounted (Type ND)** activities are administrative activities that are applicable and reimbursable for the entire student population. Medicaid eligibility percentages are not applied to these activities.
2. **Discounted (Type D-MER**) activities are administrative activities that are applicable to the entire student population but are only reimbursable for the Medicaid eligibles in the school provider population. The costs associated with these activities will be reduced according to the Medicaid Eligibility Rate percentage in claim calculation steps.
3. **Discounted (Type D-IEP)** activities are direct service activities that are applicable to the special education student population with Individual Education Programs (IEPs) but are only reimburseable for the Medicaid eligibles with IEPs. The costs associated with these activities will be reduced according to the ratio of students with IEPs and Medicaid to all students with IEPs.
4. **Unallowable (Type U)** activities are unallowable activities under the Medicaid Administrative claim, but these activities account for the balance of the sampled participants' time. These activities are unallowable regardless of whether or not the population served includes Medicaid eligible individuals. As required in OMB A-87, the full spectrum of activities performed by the sampled participants is measured in order to accurately account for all of the study participants' time.
5. **Reallocated (Type R)** applies to the activity code for general allocable administrative activities. Time allocated to this activity is reallocated across the other activities.

Each activity code may be used to drive percent-of-time values that are used for the MAC claims or the OMSP cost reports.

Time Study Activity Definitions

Detailed definitions of the time study activities can be found in **Attachment D: Time Study Activity Codes.** Many different sources were used to support the development of detailed definitions for Medicaid Administrative functions, including administrative function definitions in the 42 CFR Part 441, Subpart B (of Individuals Under Age 21), and HCFA/CMS approved and/or reviewed Medicaid administrative claim materials employed in several other states.

Financial reporting

Financial information used to claim reimbursement is based upon actual expenditures obtained directly from the participating entities' financial accounting system. All supporting documentation will be made available by the claiming entities for an Agreed Upon Procedure (AUP) by a Certified Public Accountant or Auditors of the State of Ohio.

Help, Comments and Suggestions

If you have any questions or need assistance, please send an e-mail to SchoolMedicaid@ode.state.oh.us. Also, your comments about this guide or any other components of the MSP and suggestions for ways to make it clearer or more understandable are welcome at the same address. In addition information is available on the Medicaid School

Program page of the ODE website which may be accessed by going to www.ode.state.oh.us and typing "Medicaid" in the search box at the upper right hand corner.

Attachment A:
Participant Categories

PARTICIPANT CATEGORIES
• Licensed Audiologists • Licensed Audiology Aides • Licensed Speech-Language Pathologists • Licensed Speech-Language Pathology Aides • Licensed Professional Clinical Counselors • Licensed Counselors • Licensed Registered Nurses • Licensed Practical Nurses (LPNs) • Licensed Occupational Therapists • Licensed Occupational Therapy Assistants (COTAs) • Licensed Physical Therapists • Licensed Physical Therapy Assistants • Licensed Psychologists • Licensed School Psychologists • Licensed Psychiatrists • Licensed Independent Social Workers • Licensed Social Workers • Targeted Case Management (TCM) Personnel (as specified in an IEP and not included in any other category **above**, but possibly titled in categories below) • Bilingual Specialists • Interpreters (Hearing Impaired) • Orientation & Mobility Specialists • Program Specialists • Psychology Interns • Special Education Administrators • Social Work Interns • Teacher Consultant • Professional Pupil Service License Holders – School Psychologists/School Counselors

Attachment B:
Summary of Participant Categories Mapped to Cost Pools

COST POOL	PARTICIPANT CATEGORY
POOL 1 Personnel who deliver Direct Medical Services, and who may deliver TCM and/or perform administrative services	Licensed Audiologists Licensed Audiology Aides Licensed Psychiatrists Licensed Speech-Language Pathologists Licensed Speech-Language Pathology Aides Licensed Psychologists Licensed School Psychologists Licensed Occupational Therapists Licensed Occupational Therapy Assistants (COTAs) Licensed Physical Therapists Licensed Physical Therapy Assistants Licensed Registered Nurses (RNs) Licensed Practical Nurses (LPNs) Licensed Professional Clinical Counselors Licensed Counselors Licensed Independent Social Workers Licensed Social Workers
POOL 2 Personnel not included in pool 1 who provide TCM as specified in an IEP. These individuals may also perform some administrative services	Individuals specifically mentioned in a child's IEP as providing TCM services who are not included in any other cost pool. This ***may*** include some special education administrators and professional pupil service license holders.
POOL 3 Personnel who only perform administrative services	Bilingual Specialists Interpreters (Hearing Impaired) Orientation & Mobility Specialists Program Specialists Teacher Consultant Psychology Interns Special Education Administrators (non-TCM) Social Work Interns

Attachment C:
Summary of Activity Codes

Activity Code	Activity Description
1	IEP Direct Medical Services
2	Non-IEP Direct Medical Services
3	Targeted Case Management – **IEP**
4	Targeted Case Management – **non-IEP**
5	Other Educational and Social Services (Non-Medical Services)
6	Medicaid Program Outreach
7	Outreach Non-Medicaid Program
8	Facilitating Medicaid Program Eligibility Determinations
9	Facilitating Non-Medicaid Program Eligibility Determinations
10	Referral, Coordination, and Monitoring of Medical Services
11	Referral, Coordination, and Monitoring of Non-Medical Services
12	IEP Transportation Coordination and Translation for Medical Services
13	Non-IEP Transportation Coordination and Translation For Non-Medical Services
14	Program Planning, Development, and Interagency Coordination for Medical Services
15	Program Planning, Development, and Interagency Coordination for Non-Medical Services
16	Allocable General Administration

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Attachment D:
Time Study Activity Codes

(Note: Throughout these activity code descriptions, the term "Medical services" means those direct medical services that when provided to Medicaid eligible recipients are covered under the Medicaid School Program. While Medicaid covers the services for Medicaid eligible students, the services are also likely being provided in the normal course of providing IEP services to non-Medicaid eligible students. The relevant codes should be used based on the activity definition – regardless of whether it is provided to Medicaid or non-Medicaid students. The "discounting" computational process will allocate these activity categories proportionally to Medicaid and non-Medicaid students. When the term "Medicaid" is specifically used, as in Codes 5, 6, 7, and 8 it means specifically for the Medicaid program only.)

CODE 1: IEP DIRECT MEDICAL SERVICES

This code should be used primarily by licensed direct service personnel when providing client care, treatment and/or counseling services to an individual pursuant to the IEP in order to correct or ameliorate a specific condition. Any activities billable to OMSP as direct services, except Targeted Case Management, should be included in this code, and should be appropriately documented according to the relevant service rule.

Targeted Case Management services for children with a developmental disability and an IEP should be coded as Code 3; targeted case management services for children without a developmental disability and/or without an IEP should be coded as Code 4.

Examples of activities reported under this code:

- All medical services indicated in the child's IEP;
- Other direct clinical/treatment services indicated in the child's IEP;
- Developmental assessments that lead to the development of an IEP;
- Other diagnostic testing that leads to the development of an IEP;
- Counseling, indicated in an IEP and provided to a student about a health, mental health, or substance abuse issue;
- Administering/monitoring prescribed injection or medication to a student in accordance with an IEP. (Note: administration of a medication such as Ritalin would only be allowable if the student's IEP actually contained a requirement for its provision.)
- Conducting medical/health assessments/evaluations and diagnostic testing that lead to the development of an IEP and preparing related reports.
- Providing health care/personal aide services in accordance with an IEP.

Medical specialized transportation indicated in the child's IEP.

CODE 2: NON-IEP DIRECT MEDICAL SERVICES

This code should be used primarily by licensed direct service personnel when providing client care, treatment and/or counseling services to an individual NOT pursuant to an IEP in order to correct or ameliorate a specific condition. Any activities billable to OMSP as direct services, except Targeted Case Management, should be included in this code when provided to a student NOT pursuant to an IEP, and should be appropriately documented according to the relevant service rule. **Targeted case management services for children without a developmental disability and/or without an IEP should be coded as Code 4.**

Examples of activities reported under this code:

- All billable medical services not indicated in an IEP;
- Other direct clinical/treatment services not indicated in an IEP;
- Developing a treatment plan for a student if provided as a service;
- Developmental assessments that ***does*** not lead to an IEP;
- Other diagnostic testing;
- Counseling, not indicated in an IEP, provided to a student about a health, mental health, or substance abuse issue;
- Performing child health screens such as vision, speech, hearing and scoliosis;
- Administering first aid, emergency care, or prescribed injection or medication to a student.
- Conducting medical/health assessments/evaluations and diagnostic testing and preparing related reports.
- Providing health care/personal aide services.
- Transportation not included in Code 1.

CODE 3: TARGETED CASE MANAGEMENT (IEP)

This code should be used by all staff when providing targeted case management services to an individual pursuant to the IEP.

Case management services are defined as those services ***identified as a Medicaid targeted case management service in a child's IEP*** and delivered by a qualified case manager that will assist the child in gaining access to medical, social, educational and other needed services relative to the educational needs identified in the child's IEP. The amount, scope and duration of the case management services, as well as the case manager responsible for providing the case management service, should be indicated in the child's IEP. The components of the case management services are:

- Assessment
- Care Planning
- Referral and Linkage
- Monitoring and Follow-Up

Examples of assessment activities for a child with an IEP include:

- gathering of comprehensive information concerning the child's preferences, personal goals, needs, abilities, health status and other available supports;

- determining the child's need for case management;

- obtaining agreement from the child's parent/legal guardian to allow the provision of case management;

- making arrangements to obtain from therapists and appropriately qualified persons the initial and on-going evaluation of the child's need for any medical, educational, social, and other services.

Examples of care planning activities for a child with an IEP include:

- ensuring the active participation of the child and the child's parent/legal guardian and family;

- working with the child's IEP team to develop the IEP goals and course of action to respond to the assessed needs of the child.

Examples of referral and linkage activities for a child with an IEP include:

- connecting a child with an IEP to individuals capable of providing needed medical, social, educational and other needed services.

Examples of monitoring and follow-up activities for a child with an IEP include:

- ensuring that the IEP is effectively implemented and adequately addresses the needs of the child;

- conducting quality assurance reviews on behalf of the child and incorporating the results of quality assurance reviews into amendments of the IEP;

- reviewing the progress toward goals in the IEP and making recommendation for assessment as appropriate based upon progress reviews;

- ensuring that services are provided in accordance with the IEP and that IEP services are effectively coordinated through communication with service providers, including the Medical Home.

CODE 4: TARGETED CASE MANAGEMENT (NON-IEP)

This code should be used by all staff when providing targeted case management services to a student when such services are provided but not pursuant to a child's IEP. It is generally understood that the provision of targeted-case management to a child without an IEP is extremely rare.

Case management services are defined as those services delivered by a qualified case manager that will assist the child in gaining access to medical, social, educational and other needed services relative to the educational needs of the child. The components of the case management services are:

- Assessment
- Care Planning
- Referral and Linkage
- Monitoring and Follow-Up

Examples of assessment activities for a child without an IEP include:

- gathering of comprehensive information concerning the child's preferences, personal goals, needs, abilities, health status and other available supports;

- determining the child's need for case management;

- obtaining agreement from the child's parent/legal guardian to allow the provision of case management;

- making arrangements to obtain from therapists and appropriately qualified persons the initial and on-going evaluation of the child's need for any medical, educational, social, and other services.

Examples of care planning activities for a child without an IEP include:

- ensuring the active participation of the child and the child's parent/legal guardian and family in developing the care plan for the child;

Examples of referral and linkage activities for a child without an IEP include:

- connecting a child without an IEP to individuals capable of providing needed medical, social, educational and other needed services.

Examples of monitoring and follow-up activities for a child without an IEP include:

- ensuring that the care plan is effectively implemented and adequately addresses the needs of the child;

- conducting quality assurance reviews on behalf of the child and incorporating the results of quality assurance reviews into amendments to the care plan;

- reviewing the progress toward goals in the care plan and making recommendation for assessment as appropriate based upon progress reviews;

- ensuring that services are provided in accordance with the care plan.

CODE 5: OTHER EDUCATIONAL AND SOCIAL SERVICES (NON-MEDICAL SERVICES)

This code should be used for any activities that are not health-related, such as education, employment, job training, social services, other educational, social, job related, and other activities or services as well as non-Medicaid health related activities.

Examples of activities reported under this code:

- Activities related to the development of IEPs and attending IAT meetings;
- Activities related to immunization requirements for school attendance;
- Performing activities that are specific to instructional, curriculum, student-focused areas;
- Compiling, preparing, and reviewing reports on textbooks or attendance;
- Enrolling new students or obtaining registration information;
- Providing general supervision of students (e.g., playground, lunchroom);
- Conferring with students or parents about discipline, academic matters or other school-related issues;
- Monitoring student achievement;
- Evaluating curriculum and instructional services, policies, and procedures;
- Participating in or presenting training related to curriculum or instruction (e.g., language arts workshop or computer instruction);
- Providing academic instruction (including lesson planning), grading, and (instructional or educational) testing;
- Having a parent/teacher conference about a student's educational progress;
- Translating an academic (e.g., social studies) test for a student;
- Providing individualized instruction (e.g., math concepts) to a special education student;
- Performing clerical activities specific to instructional or curriculum areas.

CODE 6: MEDICAID PROGRAM OUTREACH

School provider employees should use this code when performing activities that inform eligible or potentially eligible individuals about Medicaid and how to access it. This code should also be used when describing the range of services covered under Medicaid, how to obtain them, and the benefits of Medicaid preventive services. Both written and oral methods may be used. Include related paperwork, clerical activities or staff travel required to perform these activities.

NOT DISCOUNTED: Outreach campaigns directed to the entire population to encourage potential Medicaid eligibles to apply for Medicaid are allowable, and the costs do not have to be discounted by the Medicaid percentage. These campaigns are essentially eligibility outreach campaigns. Outreach campaigns directed toward bringing Medicaid eligibles into services provided through Medicaid are allowable and the costs also do not have to be discounted by the Medicaid percentage. These campaigns are service campaigns, targeted on specific Medicaid services, such as information about Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and managed care.

A health education program or campaign may be allowable as a Medicaid administrative cost, if it is targeted specifically to Medicaid services and for Medicaid eligible individuals, such as an educational campaign on immunization addressed to parents of EPSDT children. If the entire campaign is focused on Medicaid, the costs need not be discounted. Health education programs or campaigns or component parts of health education programs or campaigns that are general in nature such as oral hygiene education programs, are not allowable as a Medicaid administrative cost. Immunization programs required by state law and the associated outreach campaigns are not eligible for Medicaid administrative claiming. Time spent on immunization programs should be coded to Code **6**.

Outreach may consist of discrete campaigns or may be an ongoing activity, such as: sending teams of employees into the community to identify children who could benefit from the health services provided by Medicaid as part of a Medicaid outreach campaign; contacting pregnant and parenting teenagers about the availability of prenatal and well-child care through Medicaid; establishing a telephone or walk-in service for referring persons to Medicaid services or eligibility offices; operating a drop-in community center for underserved populations, such as minority teenagers where Medicaid eligibility and service information is disseminated. Certain outreach campaigns may be directed toward bringing specific high-risk populations, for example, bringing low-income pregnant women or substance abusers into health care services offered through Medicaid. Report under this code only that portion of time spent in these activities that specifically address Medicaid outreach. Report the non-Medicaid portion of these outreach campaigns under Code **6** (for example, general health education programs and Child Find).

Examples of activities reported under this code:

- Informing students and their families about the availability of Medicaid services, such as Early Periodic Screening, Diagnosis & Treatment (EPSDT);

- Developing and presenting materials to explain EPSDT and Medicaid services that are available to Medicaid-eligible children in the district. School developed outreach material should have prior approval of ODJFS;

- Participating in a presentation to local girls' and boys' club staff to inform them of the school's efforts to identify children in need of Medicaid services provided by the schools and give them information about how to refer a student who is potentially in need of Medicaid services.

- Preparing and distributing printed materials to day care centers and local physician offices about Medicaid and the school's efforts to assist children to access Medicaid services provided by the schools.

- Assisting the Medicaid agency to fulfill objectives of the EPSDT program by informing Medicaid eligible and potential Medicaid eligible children and families about the benefits of preventative medical/mental health services of the Medicaid Program.

CODE 7: OUTREACH (NON-MEDICAID PROGRAM)

School provider employees should use this code when performing activities that inform eligible or potentially eligible individuals about social, educational, legal or other services not covered by Medicaid and educational programs and how to access them. This code should also be used when describing the range of benefits covered under the NON-Medicaid programs and how to obtain them and for IDEA mandated child find activities to identify and locate children with learning disabilities. Both written and oral methods may be used. Include related paperwork, clerical activities or staff travel required to perform these activities.

Child Find activities are coded here.

Examples of activities reported under this code:

- Conducting general health education programs or campaigns addressed to the general population;
- Participating in IDEA mandated child find activities to identify and locate children with learning disabilities within the school provider.
- Scheduling and promoting activities that educate individuals about the benefits of healthy lifestyles and practices;
- General health education programs or campaigns addressed to the general population (e.g., DARE, dental hygiene, antismoking, alcohol reduction, etc.);
- Outreach campaigns directed toward encouraging persons to access social, educational, legal or other services not covered by Medicaid, such as Free and Reduced Lunch, Temporary Assistance for Needy Families (TANF) and Women Infants and Children (WIC);
- Helping children and their families use health resources, including their own talents and knowledge effectively and efficiently.
- Non-Medicaid portions of general outreach campaigns;
- Child Find activities;
- Activities related to Immunization programs required by state law and the associated outreach campaigns

CODE 8: FACILITATING MEDICAID PROGRAM ELIGIBILITY DETERMINATIONS

School provider employees should use this code when assisting an individual in becoming eligible for Medicaid. Include related paperwork, clerical activities or staff travel required to perform these activities.

This activity does not include the actual Medicaid eligibility determination.

Examples of activities reported under this code:

- Informing students and their parents about the Medicaid Program and referring them to the Department of Job and Family Services to make an application;
- Assisting individuals to provide third party resource information at Medicaid eligibility intake;
- Explaining Medicaid eligibility rules and the Medicaid eligibility process to prospective applicants;
- Assisting an applicant to fill out a Medicaid eligibility application;
- Gathering information related to the application and eligibility determination from a client, including resource information and third party liability (TPL) information, as a prelude to submitting a formal Medicaid application;
- Providing necessary forms and packaging all forms in preparation for the Medicaid eligibility determination.

CODE 9: FACILITATING NON-MEDICAID PROGRAM ELIGIBILITY DETERMINATIONS

School provider employees should use this code when helping an individual to become eligible for NON-Medicaid programs, such as Ohio Works First, Food Stamps, TANF and WIC. Include related paperwork, clerical activities or staff travel required to perform these activities.

Examples of activities reported under this code:

- Informing students and their parents about programs such as cash assistance, food stamps, WIC, day care, legal aid, and other social and educational programs and referring them to the appropriate agency to make an application;

- Developing and verifying initial and continuing eligibility for the Free and Reduced Lunch Program. When a school provider 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;

- Explaining eligibility rules and the eligibility process for TANF, food stamps, WIC, etc. to prospective applicants;

- Assisting an applicant to fill out eligibility applications for such non-Medicaid programs as TANF, WIC, and food stamps;

- Gathering information related to the application and eligibility determination for non-Medicaid programs from a client;

- Providing necessary forms and packaging all forms in preparation for the non-Medicaid eligibility determination.

CODE 10: REFERRAL, COORDINATION, AND MONITORING OF MEDICAL SERVICES

School provider employees should use this code when making referrals to other medical service providers, coordinating, and/or monitoring the delivery of medical, including Medical, services. Include related paperwork, clerical activities or staff travel required to perform these activities.

Please use Code 1, when conducting any screening, referral, coordination, and monitoring activities that fall under the definitions of Direct Medical Services.

Please use Code 3, when conducting any screening, referral, coordination, and monitoring activities that fall under the definitions of Targeted Case Management.

Examples of activities reported under this code:

- Making referrals for and/or coordinating medical or physical examinations and necessary medical evaluations;
- Making referrals for and/or scheduling EPSDT screens, interperiodic screens and appropriate immunizations;
- Providing information about Medicaid EPSDT screening (e.g., dental, vision) in the schools that will help identify medical conditions that can be corrected or ameliorated by services covered through Medicaid;
- Referring students for necessary medical health, mental health, or substance abuse services covered by Medicaid;
- Arranging for any diagnostic or treatment services, which may be required as the result of a condition identified during the child's EPSDT screen;
- Gathering any information that may be required in advance of these health referrals or evaluations;
- Working with children, their families, other staff and providers to identify, arrange for, and coordinate services covered under Medicaid that may be required as the result of screens, evaluations or examinations;
- Participating in a meeting to coordinate or review a student's health related needs for services covered by Medicaid. This example specifically excludes IEP activities;
- Providing follow-up contact to ensure that a child has received the prescribed medical service and to provide feedback whether further treatment or modification of existing treatment are required;

- 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 to provide continuity of care;

- Providing health related information on the child's medical services and plans to other staff from Medicaid service providers, when skilled medical knowledge is not required

CODE 11: REFERRAL, COORDINATION, AND MONITORING OF NON-MEDICAL SERVICES

School provider employees should use this code when making referrals for, coordinating, and/or monitoring the delivery of social, educational, legal or other services not covered by Medicaid. Include related paperwork, clerical activities or staff travel required to perform these activities.

Examples of activities reported under this code:

- Making referrals for and coordinating access to social and educational services such as child care, employment, job training, driver education training, clothing assistance, and housing;

- Making referrals for, coordinating and monitoring the delivery of child health screens (vision, hearing, scoliosis).

- Making referrals for, coordinating, and monitoring the delivery of scholastic, vocational, and other non-health examinations;

- Participating in a meeting/discussion to coordinate or review a student's need for scholastic, vocational, and non-health related services not covered by Medicaid;

- Monitoring and evaluating the non-medical components of the individualized plan as appropriate.

CODE 12: IEP TRANSPORTATION COORDINATION AND TRANSLATION FOR MEDICAL SERVICES

School provider employees should use this code when ASSISTING an individual to obtain transportation to medical services, or obtaining translation services for the purpose of accessing medical services. Include related paperwork, clerical activities or staff travel required to perform these activities.

NOTE: The provision of transportation service must be coded to either Activity Code 1: IEP Direct Medical Services, or Activity Code 2: non-IEP Direct Medical Services.

Non-medical transportation and translation activities should be reported under Activity Code 10 (Transportation and Translation for Non-medical Services). Reporting under this activity should not duplicate activities reported under Activity Code 1.

Examples of activities reported under this code:

- Scheduling or arranging recipient transportation to medical treatment required as the result of an evaluation or examination;

- Arranging for or providing translation services that assist the individual to access and understand necessary care or treatment.

CODE 13: NON-IEP TRANSPORTATION COORDINATION AND TRANSLATION FOR NON-MEDICAL SERVICES

School provider employees should use this code when ASSISTING an individual to obtain transportation to services such as vocational, educational or other non-medical programs, or accompanying the individual to services not covered by Medicaid. This code should also be used by school employees who provide translation services related to social, vocational, or educational programs and activities separate from activities referenced in other codes. Include related paperwork, clerical activities or staff travel time required to perform these activities.

Examples of activities reported under this code:

- Scheduling or arranging transportation to social, vocational, and/or educational programs;
- Arranging for or providing translation services that assist the individual to access and understand non-medical services;
- Arranging for or providing signing services that assist the individual to access and understand non-medical programs and activities.

CODE 14: PROGRAM PLANNING, DEVELOPMENT, AND INTERAGENCY COORDINATION FOR MEDICAL SERVICES

School provider employees should use this code when performing activities associated with program planning and the policy development of strategies to improve the coordination and delivery of medical services to school age children. This code should be primarily used by employees whose position descriptions include these functions. Include any paperwork, clerical activities or staff travel required to perform these functions. Use Activity Code 3 when coordinating IEP health related activities and for OMSP allowable Targeted Case Management.

Examples of activities reported under this code:

- Working with other agencies providing Medicaid services to improve the coordination and delivery of services, to expand their access to specific populations of Medicaid eligibles, and to improve collaboration around the early identification of medical problems;

- Containing Medicaid costs and improving services to children as part of the goals of the EPSDT program;

- Reducing overlap and duplication in Medicaid services, and closing gaps in the availability of services, especially for children;

- Focusing Medical services on specific populations or geographic areas;

- Defining the scope of each agency's Medical service in relation to the other;

- Developing strategies to increase Medicaid system capacity and close Medicaid covered service gaps; includes analyzing Medicaid data related to a specific program or specific group;

- Recruiting new medical providers;

- Providing technical assistance and support to new providers;

- Providing information to providers on medical policy and regulations;

- Developing medical service/provider directories;

- Working with medical resources, such as the managed care plans, to make good faith efforts to locate and develop health services referral relationships;

- Discussing medical health programs, needs and service delivery requirements with specialists for future referral.

- Interagency coordination to improve delivery of Medical services;

- Developing resource directories of Medical services. Code development of Medical service/provider directories to Activity Code 12 (Health Related Provider Relations).

CODE 15: PROGRAM PLANNING, DEVELOPMENT, AND INTERAGENCY COORDINATION FOR NON-MEDICAL SERVICES

This code should be used by school staff when performing activities associated with the development of strategies to improve the coordination and delivery of non-medical services to school-age children, and when performing collaborative activities with other agencies. Non-medical services may include social, educational, and vocational services. Include any paperwork, clerical activities or staff travel required to perform these functions.

Examples of activities reported under this code:

- Identifying gaps or duplication of other non-medical services (e.g., social, vocational, and educational programs) to school age children and developing strategies to improve the coordination of these services;
- Developing strategies to increase the capacity of non-medical school programs;
- Monitoring the non-medical delivery systems in schools;
- 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;
- Conducting external relations related to school educational issues / matters;
- Developing procedures for tracking families' requests for assistance with non-medical services and the providers of such services;
- Analyzing non-medical data related to a specific program, population, or geographical area;
- Recruiting new education and general district personnel, including personnel that provide IDEA non-health related activities;
- Recruiting with outside agencies regarding social and education programs, for example agencies that assist with childcare and housing assistance;
- Providing technical assistance and support to new staff, including orientation;
- Developing staff directories;
- Developing non-medical referral sources.
- Defining the scope of each agency's non-medical service in relation to the other;

- Developing advisory or work groups of professionals to provide consultation and advice regarding the delivery of non-medical services to the school populations;

- Developing non-medical referral sources;

- Coordinating with interagency committees to identify, promote and develop non-medical services in the school system.

CODE 16: ALLOCABLE GENERAL ADMINISTRATION

School provider employees should use this code when engaged in certain general administrative activities. Include related paperwork, clerical activities, or staff travel required to perform these activities. This code should also be used by all school provider employees when on break or on any form of paid leave. It should also be used when engaged in general administrative activities.

Examples of activities reported under this code:

- Training (not related to curriculum or instruction);
- Establishing goals and objectives of health-related programs as part of the school's annual or multi-year plan;
- Reviewing school or district procedures and rules;
- Attending or facilitating general school or unit staff meetings or board meetings;
- Providing general supervision of staff, including supervision of student teachers or classroom volunteers, and evaluation of employee performance;
- Performing administrative or clerical activities related to general building or district functions or operations;
- Reviewing technical literature and research articles.
- Paid leave time: sick, vacation, personal, jury duty, military, bereavement, etc.
- Processing payroll/personnel-related documents;
- Maintaining inventories and ordering supplies;
- Developing budgets and maintaining records;
- Providing executive direction.