

Section 1 Preface

SECTION 1 - PREFACE

The Missouri Department of Elementary and Secondary Education (DESE), Division of Special Education, collaborates with the Missouri Department of Social Services (DSS), MO HealthNet Division (MHD), in the promotion and implementation of medical care through Medicaid in Missouri's schools. Support is provided through various venues, which include the Early Periodic Screening Diagnosis and Treatment (EPSDT) program and School District Administrative Claiming (SDAC). The DSS has the authority to promulgate rules and regulations and DESE assists in the distribution and interpretation of program information among schools in Missouri.

END OF SECTION

[TOP OF SECTION](#)

SECTION 2 - INTRODUCTION

This manual contains information regarding the MO HealthNet [Division \(MHD\) Early and Periodic Screening, Diagnosis and Treatment \(EPSDT\)](#) and [School District Administrative Claiming \(SDAC\)](#) programs. The procedures for the SDAC program is not regulatory; however, they have been endorsed by the Missouri Department of Social Services (DSS), MO HealthNet Division (MHD)—the state Medicaid agency. The procedures contained herein are in compliance with the “Medicaid School-Based Administrative Claiming Guide” published May 2003 by the Centers for Medicare and Medicaid Services (CMS).

The purpose of administrative claiming is to form a partnership between the ~~Department of Social Services (DSS)~~, ~~MO HealthNet Division (MHD)~~, and individual school districts to share in the responsibility for promoting access to health care for students in the school system, preventing costly or long term health care problems for at risk students, and coordinating students’ health care needs with other providers. Many of the activities performed by school district staff meet the claimable criteria for ~~MO HealthNet MHD~~ administrative claiming. The primary purpose of administrative claiming is to reimburse school districts for these activities, where allowed in this guide.

Schools ~~districts~~ in Missouri are playing a major role in the ~~MO HealthNet MHD~~ program. Missouri's schools ~~districts~~ may participate directly in the ~~MO HealthNet MHD~~ program in two ways, and indirectly via a third way:

2.1 [SCHOOL-BASED INDIVIDUALIZED EDUCATION PLAN \(IEP\) DIRECT SERVICES](#)

[School-based individualized education plan \(IEP\) Direct services \(hereafter referred to as direct services\)](#) include the provision of occupational, physical, and speech evaluation and therapy; behavioral health; private duty nursing; personal care; and audiology in a school. Because these [direct services](#) are administered somewhat differently in schools ~~districts~~ than in other settings, school districts *must* work with the ~~MHD MO HealthNet Division~~ in order to participate. Schools ~~districts~~ interested in information regarding direct services should review the program Provider Manuals on-line at <http://manuals.momed.com/manuals/> and school based services bulletins at <http://www.dss.mo.gov/mhd/providers/pages/bulletins.htm>.

School districts that are prepared to enroll as providers of direct services related to an [Individualized Education Plan \(IEP\)](#), *must* enroll online at <http://peu.momed.com/momed/presentation/commongui/PeHome.jsp>. Any school districts with questions regarding enrollment may contact the Missouri Medicaid Audit and Compliance Unit, Provider Enrollment Section via e-mail at www.mmac.providerenrollment@dss.mo.gov.

2.2 ADMINISTRATIVE CLAIMING

Administrative claiming allows Missouri's school districts to become an "administrative arm" of the ~~MO HealthNet Division MHD~~ through eligibility outreach, coordination and referral for improved health care services for students. Procedures for the implementation of the program in school districts can be found in this manual.

2.3 PRIMARY AND PREVENTIVE HEALTH CARE SERVICES

Provision of these services includes aspects of items 1 and 2. The service provision requirements for these services are the same for all MO HealthNet providers of primary and preventative care regardless of the location in which they are provided. MO HealthNet provides reimbursement for the provision of these services to the actual provider of the service. The following primary and preventive services are available to MO HealthNet participants, ages 0 to 21.

- Physician's (M.D., D.O., or Podiatrist) services in a hospital, office, or nursing home.
- Hospital outpatient services.
- Prescription drugs.
- Medically necessary inpatient hospital services including a semi-private room for the length of stay needed to treat the medical condition. Limitations apply by diagnosis.
- Artificial arms, legs, and larynx; and related adaptive physical, occupational and speech therapies.
- Ambulance services to the nearest appropriate hospital for emergency.
- Oxygen and breathing equipment; braces, wheelchairs and certain other types of equipment.
- Eye exams, eyeglasses, artificial eyes, etc.
- Hearing aids and related services.
- Home health, personal care, and private duty nursing.
- Hospice services.
- Case management (service coordination)
 - administrative
 - medical
 - specialized
- Dental services.
- X-Ray and laboratory services.
- Skilled nursing facility services.
- ICF for the intellectually disabled.
- Inpatient psychiatric services.
- Physical, occupational, and speech therapy.
- Comprehensive Substance Treatment and Rehabilitation.
- Immunizations and injections

Section 2 - Introduction

For children, all services that are determined medically necessary *must* be provided. The determination of medical necessity for services is established by the child's physician and is reviewed and approved by MHD consultants.

END OF SECTION

[TOP OF SECTION](#)



SECTION 3 - Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

A key focus of administrative claiming is the EPSDT (~~Early Periodic Screening, Diagnosis and Treatment~~) Program, also known in Missouri as Healthy Children and Youth (HCY). This program’s function is to ensure a comprehensive, preventative health care program for MO HealthNet eligible children, under the age of ~~21~~~~twenty-one~~. The program is designed to link the child and family to an ongoing health care delivery system. The EPSDT Program provides early and periodic medical/dental screening, along with diagnosis and treatment, to correct or ameliorate defects and chronic conditions found during an EPSDT screen.

An EPSDT screen consists of a health and developmental history: unclothed physical examination, developmental assessment, immunization status including any needed immunizations, nutritional status, vision testing, hearing testing, laboratory procedures, dental status, lead screening, and referrals for follow-up care or evaluation of any abnormality detected whether or not treated during the course of the screening. Screens are to be provided to MO HealthNet eligible children between the ages of 0 and 21 according to a specific periodicity schedule as follows:

Periodicity Schedule for EPSDT (HCY) Screening Service

Newborn (2-3 Days)	3 years
By one month	4 years
2 months through 3 months	5 years
4 months through 5 months	6 years through 7 years
6 months through 8 months	8 years through 9 years
9 months through 11 months	10 years through 11 years
12 months through 14 months	12 years through 13 years
15 months through 17 months	14 years through 15 years
18 months through 23 months	16 years through 17 years
24 months	18 years through 19 years
	20 years

Improving student’s access to EPSDT services available through MO HealthNet is the basis for the administrative claiming program.

END OF SECTION

[TOP OF SECTION](#)

SECTION 4 - ADMINISTRATIVE CLAIMING

The state of Missouri currently provides administrative claiming through one distinct methodology; the School District Administrative Claiming (SDAC) program. The SDAC methodology is designed in order to achieve the following goals:

- Assure that all Title XIX eligible clients under the age of 21 and their families are informed of the [Early and Periodic Screening, Diagnosis and Treatment \(EPSDT\)/Healthy Children and Youth \(HCY\)](#) benefit and how to access it.
- Assure that assistance is provided to potentially eligible children and their families in determining their eligibility for participation in the MO HealthNet program.
- Assure early and appropriate intervention and screening so that diagnosis and treatment occur in a timely manner.
- Link MO HealthNet eligible children receiving EPSDT/HCY through service coordination activities to a primary care provider.
- Assure that services are of sufficient amount, duration and scope to correct or ameliorate the condition for which they were determined to be medically necessary.
- Assure that services are provided by appropriate MO HealthNet enrolled providers for the correction or amelioration of conditions identified through a full, partial, or inter-periodic EPSDT/HCY screen.
- Encourage a healthier lifestyle for children by teaching each of them to become their own case manager.

The purpose of administrative claiming is to encourage the development of a framework of activities that will result in each MO HealthNet participant having information and assistance to access needed health care services from a qualified provider. The program does not place the school [district](#) in the role of being the sole provider of the services needed; rather, the school [district](#) assists the student in accessing needed services as appropriate.

Administrative claiming allows a school [district](#) to become an "administrative arm" of the MO HealthNet Division. Program beneficiaries create a framework within their own unique environments that allows a seamless health care delivery system for children. Even when appropriate health care services exist within a community, many beneficiaries of public health care programs do not readily access the primary and preventive services they need. Among the primary reasons for the failure of persons to access services are: (a) the child in need is not being recognized as eligible for MO HealthNet which could fund the services needed, and (b) there is no system operating, however informal, to ensure that the services are identified and provided. School [district](#) staff work to erase the barriers to access that may exist.

The activities included under administrative claiming encompass responsibilities for locating, coordinating and monitoring necessary and appropriate services. In EPSDT, it centers on the process of collecting information on the health needs of the child, making (and following up on) referrals as needed, maintaining a health history, and activating the examination/diagnosis/treatment "loop." Administrative activities provide the difference between a fragmented program in which examinations,

Section 4 - Administrative Claiming

diagnosis, treatment, and other functions are performed in isolation from each other, and a comprehensive program based on the concept of getting children into the existing "mainstream" system of health care delivery.

The program represents an effort to address the needs of children for primary and preventive health care as well as ongoing health care through referral and coordination. The key to an effective health services coordination effort is an appropriate screening program for all beneficiaries, the cornerstone of the EPSDT program.

The character of the program will differ among schools ~~districts~~. This results from differences in the actual duties of staff in each particular school ~~district~~. The key implementation components of the program are: (a) an interagency-cooperative agreement or contract between the state agency and the school district, and (b) a methodology which describes in detail how the program will be implemented. These administrative tools should be used by school districts to implement the program.

In order to take full advantage of this program, it is critical that a school district has a deep commitment to the improvement of the health status of children through improvement in access to health care. Such a commitment will provide a vision by which the program will grow and expand far beyond the initial plans to work alongside others in providing health care for children. School districts are actively encouraged to take the steps necessary to provide an interlocking system with other health care providers in their communities to provide appropriate health care services for children.

The program is reimbursed according to a calculation which includes the staff expense, the federal financial participation rate, the percentage of time spent performing claimable administrative activities, ~~and the percentage of MO HealthNet eligible children in the school district, and the percent of MO HealthNet enrolled providers the district refers students to for services (provider participation rate)~~. A general representation of the reimbursement formula is as follows:

Staff expenses

X % of time spent performing reimbursable activities

X % of MO HealthNet Eligible Students

~~X% of provider participation~~

X Federal Financial Participation Rate

Total Billable Expenses

Although some activities are reimbursed according to the percentage of MO HealthNet eligible students, administrative claiming typically benefits the entire school enrollment.

END OF SECTION

[TOP OF SECTION](#)

SECTION 5 - PARTICIPATION IN ADMINISTRATIVE CLAIMING

In order for school districts to participate in administrative claiming, they *must* complete a series of programmatic requirements. The recommended order of these program steps and a detailed explanation of each may be found in this manual. The success of administrative claiming in a school district is dependent upon completion of each of the following steps:

- Step #1 School District Commitment to Missouri's—the MO HealthNet Agenda (reference Section 5.1)
- Step #2 Sign an Interagency Cooperative Agreement (reference Section 5.2)
- Step #3 Methodology and Activity Codes (reference Section 5.3)
- Step #4 Time Study Methodology (reference Section 5.4)
- Step #5 Prepare an Invoice-Claim for Payment (reference Section 5.5)
- Step #6 Program Monitoring (reference Section 5.6)

5.1 STEP #1—SCHOOL DISTRICT COMMITMENT TO THE MISSOURI'S MO HEALTHNET HEALTH CARE AGENDA

To effectively implement the program in a school district at least two primary supports exist: (a) the board of education endorses and actively promotes the effort within the community; and (b) the administration provides the leadership and supports required. With these supports in place, the school district's activities and the goals of the program will be compatible.

Although it may not be readily apparent, all schools districts currently play a role in their communities as health care providers. Missouri schools districts are required by state statute to determine the immunization status of students, they perform certain activities that are associated with programs for students with disabilities, and they are involved in coordinating athletic physicals. Other health related activities surface as a result of concern by various staff members who expand their roles based upon their professional training and/or empathy for students and their families, (e.g., nurses talking with family practitioners, counselors interacting with family service workers, and so forth).

The scope and depth of a unified health care role of a school district should not be a patchwork of activities with little purpose, organization or predictability. School districts, appropriate community leaders, parents, human service agencies and others should determine the needs which exist in their communities, and provide a network which supports the delivery of primary and preventive health care for all children. Having determined such needs, the school district may define the scope and depth of efforts which will be directed at the need, based upon the school district's resources to respond, recognizing that its primary duty is that of providing a quality education to all students. A quality education is easier to provide to students who are in regular attendance and are healthy and properly nourished.

School districts interested in participating in administrative claiming *must* begin with policy and executive leaders (i.e., the board of education and top administrative staff) identifying the scope and depth of the health care role which is desirable and possible for the school district to play. Consideration *must* be given to its resources and commitment and to the needs of its students.

Section 5 - Participation in Administrative Claiming

School Districts considering participation in the program are encouraged to evaluate their current commitment to assisting students with their health care needs by using the following continuum. This evaluation should be done not only by school district insiders, but should include members of the community who work with children and are concerned with their health care needs. The continuum reads:

1. Our school district is very active in all areas of student health promotion and provides access to primary and preventive health care, when needed. We regularly interact with health care providers in the community for the purpose of coordinating student health care.
2. Our school district views parents as having the primary role. We interact with community health care providers on an "as needed" basis for individual students.
3. Our school district considers parents to be the primary health care managers. We contact them or other health care providers on an emergency basis only.

Having first answered the broader question of "What is the school district's commitment?" the identification of the actual activities and resources directed to achieve the desired role will uncover any discrepancies which may exist between intentions and actions.

Schools districts should assess the program of health care services provided by the school district and compare them with the allowable and billable services available to MO HealthNet participants through the program. The following is a list of the reimbursable activities that will assist the school district in choosing the staff to be included in the sample pool. *Reimbursement is not made for the actual MO HealthNet service, but is for the arrangement and/or coordination for the service.*

- Outreach to Children and Families to Access MO HealthNet
- Facilitating an Application for MO HealthNet Programs
- Program Planning, Policy Development and Interagency Coordination Related to Medical Services
- Referral, Coordination and Monitoring of MO HealthNet Services
- Transportation Related Activities in Support of MO HealthNet Services
- Translation Related to MO HealthNet Services

A more detailed explanation of each of these activities is provided later in this manual. These are the types of activities that a school district *must* provide in order to participate in the program.

5.2 STEP #2—SIGN AN INTERAGENCY COOPERATIVE AGREEMENT

Participation in administrative claiming involves a contractual relationship between the Missouri Department of Social Services (DSS), MO HealthNet Division (MHD) and a school district. This contract or interagency cooperative agreement binds the DSS and a school district's board of education in a relationship whereby the Department is obligated to reimburse the school district when it performs certain claimable activities.

Section 5 - Participation in Administrative Claiming

The [interagency cooperative](#) agreement explains the objectives of the program and the respective responsibilities of the parties to the agreement. The obligations of a school district, as specified in the [interagency cooperative](#) agreement, are essentially those of providing outreach, making referrals and coordinating service delivery on behalf of MO HealthNet participants. The [cooperative interagency](#) agreement lists the allowable administrative activities for which school districts will be reimbursed and specifies that all claims will be in accordance with [OMB Circular A-872 CFR 200](#), the State Medicaid Plan and all federally approved public assistance cost allocation plans.

The federal government requires that [interagency cooperative](#) agreements include:

- The mutual objectives and responsibilities of all parties to the agreement;
- The activities or services each party offers and under what circumstances;
- The specific activities ~~y codes~~ (by reference or inclusion) approved by Centers for Medicare and Medicaid Services (CMS) for administrative costs that will be claimed;
- The specific description and methodology (by reference or inclusion) approved by ~~Centers for Medicare and Medicaid Services (CMS)~~ for building the [invoiceclaim](#) for administrative costs;
- The cooperative and collaborative relationships at the State and local levels; and
- The methods for payment or reimbursement, exchange of reports and documentation, and continuous liaison between the parties, including designation of State and local liaison staff.

Once a school district submits a signed [cooperative interagency](#) agreement to the ~~DSS~~[Department of Social Services](#), they *must* also provide the written methodology of how it will meet the requirements of the agreement. [The cooperative agreement may be returned to DSS via mail, fax, or email.](#) The signed agreement will be approved by the state agency. When the agreement is approved, a copy will be returned to the [school](#) district with a FTP contact form. [An example of this form can be referenced in Attachment I.](#) This contact form must be completed and submitted with the methodology in order for the [school](#) district to gain access to the eligibility determination process described herein. Prior to invoicing for [School District Administrative Claiming \(SDAC\)](#), a school district *must* provide to DSS/MHD and receive written approval of the written methodology to be used by the school district which meets the criteria as outlined in this manual for the following requirements:

- ~~Training~~
 - Determination of the direct cost pool expenses
- ~~Provider Participation Rate (PPR)~~
 - Verification of MO HealthNet eligibility

School districts must submit a revised methodology for approval when program or process changes occur (i.e. change in billing entity). Invoices for the quarters affected by program changes will not be reimbursed until a revised methodology has been received and approved by MHD.

School districts *must* sign and submit an ~~interagency cooperative~~ agreement for approval before ~~conducting staff training or~~ participating in the random moment sampling (RMS).

[Interagency Cooperative](#) agreements for the ~~School District Administrative Claiming (SDAC)~~ program are open ended, but may be canceled at any time by either party after giving a thirty day notice. [School](#)

Section 5 - Participation in Administrative Claiming

Districts interested in continuing in the program after the term of a current agreement should contact the ~~DSS/MHD~~Department of Social Services, MO HealthNet Division, prior to the expiration date of the current agreement. Failure by the school district to submit any invoices~~claims~~ for 24 consecutive months will result in the termination of the agreement by DSS/MHD.

Please note that the SDAC program is an ongoing program and school districts may sign up to participate in future quarters, however, reimbursement is not retroactive.

A school district representative who is interested in implementing the SDAC program should request a copy of the interagency cooperative agreement by writing or calling the MO HealthNet Division. Inquiries should be addressed as follows:

Department of Social Services
MO HealthNet Division
Program Operations Unit
P.O. Box 6500
Jefferson City, MO 65102-6500
(573) 751-9290
Email: MHDSchoolPrograms@dss.mo.gov

A sample interagency cooperative agreement for SDAC can be found in Attachment A.

5.3 STEP #3—METHODOLOGY AND ACTIVITY CODES

5.3. A Introduction

After a district submits its interagency cooperative agreement for approval, the ~~MHD~~MO HealthNet Division and/or its designee will be available to the school district to provide technical assistance to assure compliance with the SDAC program.

The interagency cooperative agreement will assure that the program methodology has been adopted by the school district. It is important to keep in mind that no ~~RMS~~random moment sampling observation form will be considered valid prior to the effective date of ~~an~~ the interagency cooperative agreement.

Some students enrolled in school districts receive services per Individualized Education Plans (IEPs) which are reimbursable under the State's Healthy Children and Youth Program (HCY), aka Early and Periodic, Screening, Diagnosis and Treatment (EPSDT). Among the students receiving such services (occupational therapy, physical therapy and speech therapy, personal care, private duty nursing, audiology, behavioral health among others) there are many who are eligible for MO HealthNet benefits and others who may be eligible but for whom an application has not been made.

The student population enrolled in these programs includes children who require direct medical and/or therapeutic services.

This section describes the procedures that the school district will use in its implementation of the SDAC Program.

5.3. B Operating Principles

Proper and Efficient Administration

The costs of any activities are allowable and reimbursable under MO HealthNet, if the activities are “found necessary by the Secretary for the proper and efficient administration of the plan” (referring to the Medicaid State Plan), according to section 1903(a)(7) of the Social Security Act and the implementing regulations at 42 CFR 430.1 and 42 CFR 431.15. Additionally, [OMB Circular A-872 CFR 200](#), which contains the cost principles for State, Local and Indian Tribal Governments for the administration of Federal awards, provides that “Governmental units are responsible for the efficient and effective administration of Federal awards.” Under these provisions, costs *must* be reasonable and necessary for the operation of the governmental unit for ongoing participation in the Federal award.

The principle of proper and efficient administration has been applied in developing time study activity codes in that every activity an employee may potentially perform in a given day is represented by one of the activity codes.

Time Study

All school district employees who are involved in MO HealthNet administrative and school-based individualized education plan (IEP) direct services (hereafter referred to as direct services) activities participate in the time study. The RMS time study model is used to measure the percentage of time school district staff spends in performance of Medicaid administrative and direct service activities by sampling and assessing the activities of a randomly selected cross-section of individuals included in Cost Pool 1 and Cost Pool 2, and support will participate in a random moment sample (RMS) as the preferred method of reporting time and effort. For more information on RMS see [Random Moment Sampling in sStep 4](#).

Coordination of Activities

It is important that the local school district staff not knowingly perform activities that are already being offered or should be provided by the ~~MHDMO HealthNet Division~~, State Department of Elementary and Secondary Education ([DESE](#)), managed care health plans, and other entities that are providing outreach, referral and assistance to MO HealthNet eligible and potentially eligible children and their families. School districts should constantly strive to become knowledgeable of [the MO HealthNet program](#) and health care resources in their communities and develop mechanisms to coordinate activities. As appropriate, this requires the close coordination between school districts, ~~MHDMO HealthNet Division~~, ~~DESE Department of Elementary and Secondary Education~~, providers, community and non-profit organizations, and other entities related to the activities performed.

IEP Related Activities

[Individuals with Disabilities Education Act \(IDEA\)](#) provisions require school staff to perform a number of education related activities which can generally be characterized

as child find, evaluation (initial) and reevaluation, and development of an Individualized Education Program (IEP). Schools districts are conducting the above activities for the purpose of fulfilling education-related mandates under IDEA; therefore, the associated costs of these activities are not allowable as administrative costs under SDAC.

Provider Participation in the MO HealthNet Program

~~Administrative activities performed in support of medical services that are not coverable or reimbursable under the MO HealthNet program would not be allowable under SDAC. In order for a medical service to be reimbursable, the provider furnishing such services *must* be participating in the MO HealthNet program and bill MO HealthNet for the service. It is not always administratively efficient for the schools to verify for each referral whether a provider is participating in the MO HealthNet program. The state has developed a provider participation rate in order to represent the percentage of referrals to participating providers.~~

5.3. C SDAC Activity Codes

5.3. C (1) Activity Codes: Description and Examples

Any school district staff member who participates in the SDAC and/or Direct Services Program and spends part of their working time performing program-related administrative or direct service activities is eligible for inclusion in one of two cost pools for purposes of the time study. When staff performs duties related to the proper administration of the MO HealthNet program, federal funds may be drawn as reimbursement for the costs of providing these administrative services. To identify the cost of providing these services, a random moment time study (RMTS) of staff will be conducted. In addition, the same RMTS random moment time study is used to determine the costs associated with the provision of direct services. The time study identifies the time spent on MO HealthNet administrative and direct service activities that are allowable and reimbursable under the MO HealthNet program. The following is the coding scheme that will be used by the State of Missouri when reporting these activities.

Application of FFP rate

50% Refers to an activity which is allowable as administration under the MO HealthNet program and claimable at the 50% non-enhanced FFP rate.

The indicators below, which follow each Activity Code, provide the application of the FFP rate, the allowability or non-allowability designation, and the proportional Medicaid share status of the Activity Code. In order to maintain coding objectivity by time study participants, time study ~~sheets-surveys completed~~used by employees should not include references to rates of FFP, proportional or total Medicaid, or whether such codes are allowable or unallowable under Medicaid.

Section 5 - Participation in Administrative Claiming



Activity Code	Description of Code	Allowable Activities	Unallowable Activities	Reallocated Activities
1a	Non-Medicaid Outreach		X	
1b	Medicaid Outreach	TM		
2a	Facilitating Application for Non-Medicaid Programs		X	
2b	Facilitating Medicaid Eligibility Determination	TM		
3	School Related and Educational Activities		X	
4a.	Direct Medical Services <u>– Not Covered as IDEA-IEP services</u>		X	
4.b	<u>Direct Medical Services – Covered as IDEA-IEP services</u>	<u>PM*</u>		
5a	Transportation for Non-Medicaid Services		X	
5b	Transportation-Related Activities in Support of Medicaid Covered Services	PM		
6a	Non-Medicaid Translation		X	
6b	Translation Related to Medicaid Services	PM		
7a	Program Planning, Policy Development, and Interagency Coordination Related to Non-Medical Services		X	
7b	Program Planning, Policy Development, and Interagency Coordination Related to Medical Services	PM		
8a	Non-Medical/Non-Medicaid Related Training		X	
8b	Medical/Medicaid Related Training	PM		
9a	Referral, Coordination, and Monitoring of Non-Medicaid Services		X	
9b	Referral, Coordination, and Monitoring of Medicaid Services	PM		
10	General Administration			X
11	<u>Not Paid/Not Worked</u>		X	

*Code 4B results are non-reimbursable under the SDAC program, but are used for the Direct Services Program for Cost Report purposes.

Allowable activities are those activities which are allowed as reimbursable under the MO HealthNet program and are claimable at the 50% non-enhanced FFP rate.

Unallowable activities are those activities which are not allowed as reimbursable under the MO HealthNet program and are not claimable. This is regardless of ~~whether~~ or not whether the population served includes Medicaid eligible individuals.

Not Paid/Not Worked Activities are those moments that are responded to by time study participants indicating that during their sampled moment they were not working and not paid for that time. These returned moments are included in compliance rates as it is a valid response however they are not included in time study result calculations since they represent time in which the participants were not working.

Reallocated Activities are those general administrative activities performed by time study participants which must be reallocated across the other activity codes on a pro rata basis. These reallocated activities are reported under Code 10, General Administration. 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.

Total Medicaid (TM) refers to an activity that is 100% allowable as administration under the Medicaid program.

Proportional Medicaid (PM) Refers to an activity which is allowable as administration under the Medicaid program, but for which the allocable share of costs must be determined by the application of the proportional Medicaid share (the Medicaid eligibility rate). The Medicaid share is determined as the ratio of Medicaid eligible students to total students.

Code 1.a: Non-MO HealthNet Outreach

~~Use~~ This code is used when performing activities that inform eligible or potentially eligible individuals about non-MO HealthNet 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-MO HealthNet social, vocational and educational programs and how to obtain them. Both written and oral methods may be used. Includes related paperwork, clerical activities or staff travel required to perform these activities.

Examples:

- 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 MO HealthNet;
- 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 which are 100% funded by State general revenue.

Code 1.b: MO HealthNet Outreach

~~Use~~ This code is used when performing specific activities to inform eligible individuals about MO HealthNet benefits and how to access the program. Information includes a combination of oral and written methods that describe the range of services available through MO HealthNet.

Examples:

- Interpreting materials about MO HealthNet to persons with children within the school district boundaries who are illiterate, blind, deaf, or who cannot understand the English language;

Section 5 - Participation in Administrative Claiming

- Informing foster care providers of foster children residing within school district boundaries about the MO HealthNet and EPSDT program;
- Informing MO HealthNet 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 MO HealthNet Division, 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;
- Providing information about EPSDT in the schools that will help identify medical conditions that can be corrected or ameliorated by services covered through MO HealthNet;
- Informing children and their families about the early diagnosis and treatment services for medical/mental health conditions that are available through the MO HealthNet program; and
- Facilitating access to MO HealthNet when a staff member 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 2.a: Facilitating an Application to Non-MO HealthNet Programs

~~Use~~ This code [is used](#) when 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.

Examples:

- Explaining the eligibility process for non-MO HealthNet programs;
- Assisting the individual or family in collecting/gathering information and documents for the non-MO HealthNet program application;
- Assisting the individual or family in completing the application [for a non-MO HealthNet Program](#);
- Developing and verifying initial and continuing eligibility for the Free and Reduced Lunch Program; and
- Providing necessary forms and packaging all forms in preparation for the Non-MO HealthNet eligibility determination.

Code 2.b: Facilitating MO HealthNet Eligibility Determination

~~Use~~ This code [is used](#) when assisting children and families in establishing MO HealthNet eligibility, by making referrals to the Family Support Division for eligibility determination, assisting the applicant in the completion of the MO HealthNet application forms, collecting information, and assisting in reporting any required

Section 5 - Participation in Administrative Claiming

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 MO HealthNet benefits;
- Explaining the MO HealthNet eligibility process to prospective applicants;
- Providing assistance to the individual or family in collecting required information and documents for the MO HealthNet application; and
- Assisting the individual or family in completing the MO HealthNet application.

Code 3: School Related and Educational Activities

~~Use of~~ This code is used when performing any other school-related activities that are not MO HealthNet 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. Include related paperwork, clerical activities, or staff travel required to perform these activities.

Examples:

- Providing classroom instruction (including lesson planning);
- Testing, correcting papers;
- Developing, coordinating, and monitoring the Individualized Education Plan (IEP) for a student, which includes ensuring annual reviews of the IEP are conducted, parental sign-offs are obtained, and the actual IEP meetings with the parents;
- Compiling attendance reports;
- Reviewing the education record for students who are new to the school district;
- Providing general supervision of students (e.g., playground, lunchroom);
- Providing individualized instruction (e.g., math concepts) to a special education student;
- Conducting external relations related to school educational issues/matters;
- Activities related to the immunization requirements for school attendance;
- Enrolling new students or obtaining registration information;
- Conferring with students or parents about discipline, academic matters or other school related issues;
- 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 4: — Direct Medical Services

Use this code when providing direct health care, treatment, and/or counseling services including mental health assessments and evaluations to an individual in order to correct or ameliorate a specific condition. This code also includes administrative activities that are an integral part of or extension of a medical service (e.g., patient follow-up, patient assessment, patient counseling, patient education, parent consultations, billing activities). This code also includes all related paperwork, clerical activities, or staff travel required to perform these activities.

Examples:

- Providing health/mental health services contained in an IEP;
 - Medical/health assessment and evaluation as part of the development of an IEP;
 - Conducting medical/health assessments/evaluations and diagnostic testing and preparing related reports;
 - Providing health care/personal aide services;
 - Providing speech, occupational, physical and other therapies;
 - Administering first aid, or prescribed injection or medication to a student;
 - Providing direct clinical/treatment services;
 - Providing counseling services to treat health, mental health, or substance abuse conditions;
 - Performing routine or mandated child health screens including but not limited to vision, hearing, dental, and EPSDT screens;
 - Providing immunizations;
 - Targeted Case Management provided or covered as a medical service under MO HealthNet; and
- — Activities which are services or components of services listed in the State's Medicaid plan.

CODE 4.a. DIRECT MEDICAL SERVICES – Not Covered as IDEA/IEP Service (FFS – Non IEP)

This code is used ~~should be selected~~ when school district staff (employees or contract staff) is providing direct client care services that are not IDEA and/or not IEP services. This code includes the provision of all non-IDEA/IEP medical services reimbursed through Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services. 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 of non-IDEA and/or non-IEP direct client care services as follows:

1. Providing health/mental health services.
2. Conducting medical/health assessments/evaluations and diagnostic testing and preparing related reports.
3. Providing personal aide services.
4. Performing developmental assessments.
5. Developing a treatment plan (medical plan of care) for a student if provided as a medical service.
6. Performing routine or mandated child health screens including but not limited to vision, hearing, dental, scoliosis, and EPSDT screens.
7. Administering first aid or prescribed injection or medication to a student.
8. Providing counseling services to treat health, mental health, or substance abuse conditions.
9. Making referrals for and/or coordinating medical or physical examinations and necessary medical evaluations as a result of a direct medical service.
10. Immunizations and performance of routine or education agency mandated child health screens to the student enrollment, such as vision, hearing and scoliosis screens.

CODE 4.b.DIRECT MEDICAL SERVICES – Covered as IDEA/IEP Service (FFS – IEP)

This code is used ~~should be selected~~ when school district staff (employees or contracted staff) provides direct client services as covered services delivered by school districts under the Direct Services 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. It also includes functions performed pre and post of the actual direct client services (when the student may not be present), for example, paperwork, or staff travel directly related to the direct **client** services.

Examples of activities reported under this code:

All IDEA/IEP direct **client services with the Student/Client present including:**

- 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.

This includes the following services:

1. Audiologist services including evaluation and therapy services (only if included in the student's IEP).
2. Physical Therapy services and evaluations (only if included in the student's IEP).
3. Occupational Therapy services and evaluations (only if included in the student's IEP).
4. Speech Language Therapy and evaluations (only if included in the student's IEP).
5. Psychological-Behavioral Health services, including evaluations and assessment (only if included in the student's IEP), [The assessment services are not in the client's IEP because assessments are performed before the student's IEP is developed.]
6. Counseling services, including therapy services (only if included in the student's IEP).
7. 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.
8. Personal Care (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/client 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 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.

General Examples that are considered pre and post time:

8. 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 the client.
9. Pre and post activities associated with speech language pathology services, for example, preparing lessons for a client to use with an augmentative communicative device or preparing worksheets for use in group therapy sessions.
10. Updating the medical/health-related service goals and objectives of the IEP.
11. Travel to the direct service/therapy.

12. 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.

13. 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 5.a: Transportation for Non-MO HealthNet Services

This code ~~is should be~~ used ~~by school staff~~ when school district staff is assisting an individual to obtain transportation to services not covered by MO HealthNet, or accompanying the individual to services not covered by MO HealthNet. Include related paperwork, clerical activities or staff travel required to perform these activities.

Examples:

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

Code 5.b Transportation-Related Activities in Support of MO HealthNet Covered Services

This code ~~is should be~~ used ~~by school staff~~ when school district staff is assisting an individual to obtain transportation to services covered by MO HealthNet. 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.

Examples:

- Scheduling or arranging transportation to MO HealthNet covered services.

Code 6.a Non-MO HealthNet Translation

This code ~~should be is~~ used ~~by school staff~~ when school district staff is providing translation service for non-MO HealthNet activities. Include 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 6.b Translation Related to MO HealthNet Services

This code ~~is should be~~ used ~~by school staff~~ when it is 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 MO HealthNet covered services. Please note that a school district does not need to have a separate administrative claiming unit for translation. Include 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 MO HealthNet; and
- Developing translation materials that assist individuals to access and understand necessary care or treatment covered by MO HealthNet.

Code 7.a: Program Planning, Policy Development, and Interagency

Coordination Related To Non-Medical Services

This code ~~should be is~~ used ~~by school staff~~ when school district staff is performing activities associated with the development of strategies to improve the coordination and delivery of non-medical services to school age children. Non-medical services may include social services, educational services, and state or state education mandated child health screenings provided to the general school population. Only employees whose position descriptions include program planning, policy development and interagency coordination may use this code. Include 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 7.b: Program Planning, Policy Development, and Interagency

Coordination Related To Medical Services

This code ~~should be is~~ used ~~by school staff~~ when school district staff is performing activities associated with the development of strategies to improve the coordination and delivery of MO HealthNet covered medical/dental/mental health services to school age children, and when performing collaborative activities with other agencies and/or providers. Only employees whose position descriptions include program planning, policy development and interagency coordination should use this code. Include 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 families' requests for assistance with medical/dental/mental health services and providers, including MO HealthNet. (This does not include the actual tracking of requests for MO HealthNet services);
- Evaluating the need for medical/dental/mental health services in relation to specific populations or geographic areas;
- Analyzing MO HealthNet 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 MO HealthNet 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 MO HealthNet resources, such as the MO HealthNet agency and MO HealthNet 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 MO HealthNet providers and managed care plans, which 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 MO HealthNet Division to identify, recruit and promote the enrollment of potential MO HealthNet providers.

Code 8.a Non-Medical/Non-MO HealthNet Related Training

This code ~~is should be used by school staff~~ when school district staff is coordinating, conduction, or participating in training events and seminars for outreach staff regarding the benefit of the programs other than the MO HealthNet 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. Include 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 MO HealthNet; and
- Participating in or coordinating training that enhances IDEA child find programs.

Code 8.b Medical/MO HealthNet Related Training

Section 5 - Participation in Administrative Claiming

This code ~~is should be~~ used ~~by school staff~~ when school district staff is coordinating, conducting, or participating in training events and seminars for outreach staff regarding the benefit of medical/MO HealthNet related services, how to assist families to access such services, and how to more effectively refer students for those services. Include related paperwork, clerical activities, or staff travel required to perform these activities.

Examples:

- Participating in or coordination training that improves the delivery of medical/MO HealthNet 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., MO HealthNet EPSDT services); and
- Participating in training on administrative requirements related to medical/MO HealthNet services.

Code 9.a: Referral, Coordination, and Monitoring Of Non-MO HealthNet Services

~~Use~~ This code is used when making referrals for, coordinating, and/or monitoring the delivery of non-medical, such as educational services. Include 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-MO HealthNet related referrals;
- Participating in a meeting/discussion to coordinate or review a student's needs for scholastic, vocational, and non-health related services not covered by MO HealthNet; and
- Monitoring and evaluating the non-medical components of the IEP as appropriate.

Code 9.b: Referral, Coordination, and Monitoring Of MO HealthNet Services

This code ~~is should be~~ used when making referrals for, coordinating, and/or monitoring the delivery of medical (MO HealthNet covered) services. Referral,

coordination and monitoring activities related to services in an IEP are reported in this code. Activities that are part of a direct service are not included in this code. Include related paperwork, clerical activities, or staff travel necessary to perform these activities.

Examples:

- Identifying and referring adolescents who may be in need of MO HealthNet 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 MO HealthNet;
- Arranging for any MO HealthNet 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 MO HealthNet;
- 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 MO HealthNet 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 MO HealthNet 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 of~~ This code is used when performing activities that are not directly assignable to program activities. Includes related paperwork, clerical activities or staff travel required to perform these activities.

Examples:

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

Section 5 - Participation in Administrative Claiming

- Establishing goals and objectives of health-related programs as part of the school's annual or multi-year plan;
- Attending or facilitating school or unit staff meetings training, or board meetings;
- Reviewing school or school district procedures and rules;
- Reviewing technical literature and research articles;
- Providing general supervision of staff, including supervision of student teachers or classroom volunteers, and evaluation of employee performance; and
- Performing other administrative or clerical activities related to general building or school district functions or operations.

Code 11: Non Paid, Non Work

Non-paid time/non-work time is time during the school work day for which a participant in the time study is not working AND is not being compensated.

Examples:

- Part-time/Contracted staff whose sampled moment occurs during non-scheduled work hours.
- Staff member takes an unpaid day off during the sampled moment
- Non-paid sick time.
- Non-paid leaves of absence.
- No longer employed by the school district

5.4 STEP #4—TIME STUDY METHODOLOGY

5.4. A School District Sample Pool

All school districts in the state that wish to participate in the SDAC and/or Direct Services Program will maintain a pool Personnel Roster of staff from which a statistically valid random sample will be derived each quarter.

School districts in the state that wish to participate in the Direct Services Program cost settlement will also be included in the SDAC Personnel Roster.

MHD or its designee will work with school districts to identify the appropriate staff for inclusion in the sample pool on the roster. MHD requires all school districts who choose to participate in SDAC and/or Direct Services Program do so through a statewide RMS sample pool. School districts will be required to participate in the statewide RMS sample pool in order to obtain SDAC and/or Direct Services Program reimbursement.

Any school district staff member who participates in the SDAC and/or Direct Services programs and spends part of their working time performing program-related administrative or direct service activities is eligible for inclusion in one of two cost pools for purposes of the time study. When a school district constructs the list of staff that is included in the time study, it determines first whether the individuals in those positions perform administrative and/or direct service activities and then includes them in the appropriate category.

Each category of staff will be reported into one of two cost pools: “Cost Pool 1” or “Cost Pool 2”. **The two cost pools are mutually exclusive, i.e., no staff should be included in both pools.** The purpose of two cost pools is to group staff into “like” categories. Cost Pool 1 is made up of direct service/therapy personnel and is the same listing of providers in the approved State plan; Cost Pool 2 is made up of staff involved in administrative activities rather than direct service activities. Staff that are 100% federally funded should be excluded from participation in ~~the~~ both programs.

The following provides an overview of the eligible categories in each cost pool.

1. Cost Pool 1

Staff that participate in administrative activities and are eligible to submit claims for the Direct Services Program are included in Cost Pool 1. The RMS survey will also be utilized to determine Direct Service cost reimbursement. In general, these employees include:

- Occupational Therapist
- Speech Therapist
- Physical Therapist
- Personal Care Aide
- Registered Nurse (RN)
- Licensed Practical Nurse (LPN)
- Audiologist
- Hearing Instrument Specialist
- Psychiatrist
- Psychiatric Clinical Nurse Specialist
- Psychiatric Mental Health Nurse Practitioner
- Psychologist
- Provisionally Licensed Psychologist
- Licensed Clinical Social Worker
- Licensed Master Social Worker
- Licensed Professional Counselor
- Provisionally Licensed Professional Counselor

- Nationally Certified School Psychologist (NCSP) Credentialed School Psychologists

2. Cost Pool 2

Staff included in Cost Pool 2 are non-Direct Service personnel that are involved in administrative activities. If a school district identifies a staff member who routinely performs allowable MO HealthNet eligible activities but do not fit in a category below, the school district may include those additional staff members under the Student Services Personnel category.

- Administrator for Special Education
- Augmentative Specialist
- Bilingual Specialist
- School Counselor
- Diagnostician
- Dietitian
- Interpreter
- Liaison for Special Education
- Occupational Therapy Assistant
- Physical Therapy Assistant
- Physician
- Program and staffing specialists
- School Health Aide
- Social Worker (no license)
- Speech Language Pathologist
- Speech Language Pathology Assistant
- Licensed Professional Clinical Counselors (LPCC)
- Licensed Nutritionists
- Respiratory Therapist
- Orientation & Mobility Specialist
- Special Education Teachers
- Student Services Personnel

~~While the school districts may be combined for the purpose of creating a statistically valid random sample, the member school districts will still invoice the MHD separately.~~

~~The MHD will continue to enter into signed agreements with the individual school districts.~~

5.4. B Random Moment Sampling

All school district employees who are involved in MO HealthNet SDAC and/or Direct Services Program activities and support will participate in a RMS random moment sample as the preferred method of reporting time and effort. ~~The school employees who are involved in MO HealthNet activities and support within all of the member districts will participate in the random moment sample.~~

The use of RMS Random Moment Sampling is a federally accepted method for tracking employee time within an organization. ~~According to the latest revisions of OMB Circular A 87 and the accompanying implementation guide ASMB C 10, "...a statistical reporting system (e.g. random moment sampling) should be considered for employees working in dynamic situations (performing many different types of activities on a variety of programs over a short period of time)."~~ The RMS methodology is designed to comply with current federal reporting requirements and is flexible enough to be used in any organization where there is a need to accurately record employee time and effort.

CMS policy permits a 5% precision level for RMS random moment time study results that are used to claim School District Administrative Claiming expenditures, as stated in the CMS May 2003 Medicaid School-Based Administrative Claiming Guide. However, CMS policy requires a higher 2% precision level for medical assistance (MAP) expenditures claimed under the cost based reporting methodology for its Direct Service Program. As a result, the following sampling methodology is defined for each Cost Pool.

Sampling Methodology - Cost Pool 1 (Direct Service & Administrative Providers)

The RMS process starts with the creation of a sample consisting of several thousand randomly selected "moments". Based on the available number of moments per quarter, the RMS sample for Cost Pool 1 will consist of 2401 moments (95% confidence level, +/-2% precision). In addition, to achieve statistical validity, the sample must be increased by 15% which will require 2,761 moments be generated per quarter.

Sampling Methodology - Cost Pool 2 (Administrative Services Providers Only)

CMS policy permits a 5% precision level for RMS random moment time study results that are used to claim SDAC expenditures, as stated in the CMS May 2003 Medicaid School-Based Administrative Claiming Guide. The RMS methodology for Cost Pool 2 must meet federal reporting and documentation requirements, and is designed to permit a level of precision of +/- 5% (five percent) with a 95% (ninety-five percent) confidence level for activities. Based on the available number of moments per quarter, the RMS sample for Cost Pool 2 will consist of 385 moments (95% confidence level,

+/-5% precision). In addition, to achieve statistical validity, the sample must be increased by 15% which will require 443 moments be generated per quarter.

The RMS sampling frame comprises the total universe of eligible positions, dates, and minutes in a given quarter. Quarters are comprised of three-month periods, beginning with the January 1st through March 31st quarter. Eligible dates and times for a single quarter are defined by all dates and minutes within the quarter, reduced to exclude weekends, holidays, and dates and times for which participants are not scheduled to work. A random sample is drawn from the frame until the number of sampled moments is sufficient to achieve statistical validity. Each individual sampled moment of the time study comprises the position, date, and time randomly selected from this process, and each eligible combination in the sample frame has equal probability of selection.

~~Each moment is defined as a specific one minute unit of a specific day. The total universe of moments from which the selection is made is defined by the total number of minutes available in a given calendar quarter. The total universe for the quarter is then reduced by the exclusion of weekends, holidays and hours during which employees are not scheduled to work. From the remaining available minutes, each randomly selected minute is then matched up with a randomly selected name from the sample pool. 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 virtually guarantees the "randomness" of the selection process.~~ At the prescribed moment, each sampled employee is asked to record his/her activity for that particular minute (See Attachment E). The "Random Moment Sampling Observation Form" may be completed either in paper or electronic format is made available online. In the event of a sampled employee being unable to complete the online survey a paper form is available. Regardless of the format in which this form is completed, it must not be altered from its current form. The sampled employee will provide a description of the activity at the prescribed moment to include the activity, intended purpose of the activity and who the activity is geared to. From this description, the central coder will determine the appropriate code. Any forms that are incomplete are required to be returned to the person originally completing the form for the necessary corrections. As the thousands of moments and their related activities are recorded, a statistically valid distribution of staff time across all activities is produced.

Whether a paper ~~orf~~ electronic observation form is utilized, the observation form must be distributed to sampled staff no sooner than two (2) business days prior to the scheduled moment and the completed sample observations must be collected no more than five (5) business days following the moment.

Section 5 - Participation in Administrative Claiming

A central coder is a person(s), designated by the state, responsible for reviewing the ~~RMS random moment sample~~ documentation of participant activities performed during the selected moments and determining the appropriate activity code.

~~RMS Random moment sampling~~ is particularly useful, because:

- It greatly reduces the amount of staff time needed to record an individual employee's activities;
- It uses a verifiable, statistically valid random sampling technique that produces accurate labor distribution results without the burden of recording, compiling, analyzing and summarizing time sheet information; and the software used to generate the sample and record the results produces standardized reports that will reduce and simplify the necessary claim review process for both MHD and ~~Centers for Medicare and Medicaid Services (CMS)~~.

5.4. C Random Moment Sampling Participants

~~The implementation of a random moment sampling system will allow direct service staff to participate in the administrative claiming process and eliminate the extensive time required to complete and compile time logs.~~

A ~~RMS random moment sampling~~ system allows costs associated with both direct services and administrative services to be captured and clearly distinguished while using one statewide ~~survey cost pool~~.

Examples of staff to be included in the school district sample pool are as follows:

- Employees who refer, coordinate and monitor the delivery of health care services;
- Any employee involved in linking the child and family to an ongoing health care delivery system; and
- Any employee involved in building and sustaining state and local partnerships for the delivery of medical and dental services.
- Any employee involved in the provision of direct services to a child and family.

Appropriate staff will be chosen by each school district based upon function and duties not on job title. The school district must reevaluate the appropriateness of sample pool staff before the beginning of each calendar quarter. Staff may be added to the sample pool for the quarter during the prior quarter and up to the close date set by the state agency or its designee. This sample pool must be finalized before the RMS is created and must be prior to the beginning of each calendar quarter and will not be modified thereafter. Once the RMS close date has passed, no further changes/additions/deletions to the sample pool staff will be accepted.

All staff, who as part of their routine work functions are engaged in outreach, referral, linkage and coordination, and direct service activities, will be included in the sample pool. This will include long-term substitute staff, contracted staff and new staff. ~~who~~

~~will be trained prior to their inclusion in the quarterly sampling.~~ In the preparation of the quarterly invoices, federal dollars will be excluded. If a staff person is identified for the cost pool, but their salary is 100% federally funded, that staff person must not be included in the cost pool; or in the sample universe.

~~Typically, the sample pool may include but is not be limited to:~~

- ~~• Speech Language Pathologists and Speech Language Pathology Assistants~~
- ~~• Audiologists and Audiology Assistants~~
- ~~• Occupational Therapists and Occupational Therapy Assistants~~
- ~~• Physical Therapists and Physical Therapy Assistants~~
- ~~• Social Workers~~
- ~~• Psychologists~~
- ~~• Counselors~~
- ~~• Diagnosticians~~
- ~~• Physicians~~
- ~~• Registered Nurses, Licensed Practical Nurses and School Health Aides~~
- ~~• Interpreters~~
- ~~• Orientation and Mobility Specialists~~
- ~~• Bilingual Specialists~~
- ~~• Program and Staffing Specialists~~
- ~~• Administrators for Special Education~~
- ~~• Student Services Personnel~~
- ~~• Augmentative Specialists~~
- ~~• Dietitians~~
- ~~• Respiratory Therapists~~
- ~~• Liaisons for Special Education~~
- ~~• Other school district staff who routinely engage in MO HealthNet reimbursable administrative activities~~

The sample pool is a group of personnel who coordinate various MO HealthNet reimbursable services to students. The expenses of this group are central to the SDAC reimbursement formula. Any staff member, regardless of job description, may be included in the cost pool. However, the [school](#) district must be able to document and justify the placement of each staff position in the sample pool. For example, classroom teachers would generally not be expected to have time to do MO HealthNet administration in addition to educational duties. However, if the [school](#) district can demonstrate that classroom teachers regularly engage in SDAC activities, inclusion in

the sample pool may be appropriate. School District staff (i.e. business managers, accountants) who engage in activities to prepare information for SDAC invoices/claims would not qualify for inclusion as they are not performing the claimable activities described previously in this manual.

5.4. D Frequency of Random Moment Sampling

The sampling period is defined as the same three-month period comprising each quarter of the federal calendar. The RMS must produce a random selection of observation moments concurrent with the entire reporting period, ~~which must be paired with randomly selected members of the designated staff population. Each individual sampled moment of the time study comprises the position, date, and time randomly selected from this process, and each eligible combination in the sample frame has equal probability of selection. The sampling frame is constructed to provide each staff person in the pool with an equal opportunity, or chance, to be included in each sample observation. Sampling must occur with replacement, so that after a staff person and a moment are selected, the staff person is returned to the potential sampling universe. Therefore, each staff person has the same chance as any other person to be selected for each observation, which ensures true independence of sample moments.~~

The MHDMO HealthNet Division requires a statewide response rate for the RMS random moment sampling of at least 85% to reach statistical validity. Non-returned moments are those that were generated and not returned from the selected participant who occupied the selected position. Returned moments are those that are completed within the timeframes and guidelines of the program. In the event that ~~an a~~ statewide 85% compliance rate is not met, ~~all~~ non-returned moments will be coded as non-Medicaid until compliance is reached. If the quarterly 85% compliance rate is reached, no action will be taken with those ~~non-response returned~~ moments. The 85% is calculated based on the total number of forms generated and the total number of forms returned (codes 1 through 11 valid or invalid).

If the MHDMO HealthNet Division determines through its quarterly reviews that a school district's non-returned moments are greater than 15% with greater than five (5) sampled moments for a quarter ~~is failing to meet the 85% threshold~~, the MHD will request information (such as the list of RMS recipients and the RMS forms) from the participating school districts or its designee to examine any possible explanations why the non-returned moments were unanswered. The MHDMO HealthNet Division will analyze this data to ensure the school districts are not purposely withholding non-Medicaid related moments.

~~RMS Random moment sampling observation forms can be categorized into three distinct categories; valid, invalid, and non-responses. Non-responses are forms that were generated and not returned from the selected participant. Valid forms are those completed accurately within the timeframes and guidelines of the program. Valid forms are used in the calculation of the SDAC invoice. Invalid forms are those returned that did not meet timeframes or guidelines of the program. Examples of invalid forms include, but are not limited to:~~

Section 5 - Participation in Administrative Claiming

~~form was completed more than five (5) business days after the scheduled moment;~~

~~form not signed or dated;~~

~~form routed to participants more than two (2) business days prior to the scheduled moment;~~

~~– form completed when participant had not been trained within a year prior to the scheduled moment; and~~

~~– form with a description that does not contain enough information to determine activity or contains more than can be completed in a single moment.~~

When calculating the claimable percentages of activities on the invoice, the total number of responses to code 1 through 10 are valid and invalid responses is utilized. Non-returned moments are only utilized Non-responsive forms are only utilized in the invoice calculations when the statewide 85% response rate is not met.

5.4. E Summer Time Studies

The methodology for the summer quarter (i.e., July – September) is based on payment of salaries by the school districts. The methodology is based on whether the salary and costs paid during the summer months reflect activities performed during the regular school year or whether the salary and costs paid during the summer months reflect activities actually performed during the summer months.

For school district personnel, including outreach personnel, who perform activities during the summer quarter, a time study is required. The RMS for the summer quarter will follow the same time study methodology described previously in this guide.

5.4. F Staff Training

Periodic staff education is essential to proper administration of the SDAC and Direct Service school based Medicaid Pprograms.-SDAC Program. Without proper training and a feedback mechanism, the data collected and used to generate billable charges will have little, if any, validity or reliability. Absent, such school districts could not substantiate their charges and some or all funds paid would likely be disallowed and recouped. The procedures herein are intended to assure the development of a complete, valid and reliable record of employee time and effort regarding program billings.

Staff training will occur for multiple types of staff within each school district and is conducted as needed to assure that all new staff is fully aware of the processes, procedures and the operational definitions of the sample activities. Training will be conducted based on the training material provided in Attachment F, and includes the following types of staff training:

- RMS Staff Training
- SDAC Coordinator Training

- Financial Training-

RMS Staff Training

The objective of training staff for participation in the cost pool is to teach them:

1. The goals and structure of the SDAC Program.
3. The importance of the accuracy of their time sample completion.

It is important that district staff understand what SDAC, outreach to children, and wellness education means to them. Training should help staff understand and accept the purpose of the time study and enable them to accurately complete the “Random Moment Sampling Observation Form” if sampled.

For time study participants, it is essential to understand the purpose of the time studies, the process to accurately complete the time study, that time is of the essence related to completion of the RMS, and that their role is crucial. All sampled participants are can only access their RMS survey after one an online training module is complete. The online training provides participants detailed information and instructions for completing the time study documentation of the sampled moment. The online training does not include information regarding either the activity codes or time study coding, which ensures that participants are unaware of which activities are reimbursable. Since a central coder is utilized for coding purposes, this further maintains the objectivity and appropriateness of coding.

In addition, staff *must* be familiar with the sampling methodology and understand how to complete the “Random Moment Sampling Observation Form” (Attachment E) utilized to collect claiming data. In order to ensure that staff acquires required knowledge and skills, school district staff *must* participate in training that accomplishes both an understanding of the definitions of all activities that staff participates in during the day. This will include detailed training regarding completing the “Random Moment Sampling Observation Form”. Training *must* be provided prior to collection of data for each claiming period until all employees and contract staff representing the sampling pools have been trained.

Staff education will be provided at several key times:

1. Initially when the program begins in the district;
2. At least yearly thereafter for all staff;
3. Prior to the time a new staff member is to be sampled; and
4. When the results of the time study indicate that one or more people in the sample pool may not be responding correctly.

Section 5 - Participation in Administrative Claiming

~~At least one hour of training will be provided each year to each staff member included in the sample pool.~~

Training materials will be revised periodically ~~to reflect changes in the duties included in the categories of activity or~~ when MO HealthNet policy changes dictate modification.

~~When the materials are completed, the initial training for the entire sample pool *must* be scheduled. Training for this program should be treated as regular in-service time with a designated time set aside and all members of the sample pool being required to attend. Districts must use the training log in Attachment G to document who attended each training session for audit purposes. This can be accomplished by having participants sign in at each training session. Individual training and retraining will also be documented.~~

~~School districts will have primary responsibility to assure that all sample pool participants are trained prior to sampling regarding the RMS observation form including how to accurately complete the form and the definition and examples of all activities.~~

SDAC Coordinator Training

~~SDAC Coordinator Training will be offered quarterly. and it is required that aAll SDAC Coordinators are required to attend at least one training annually or when policy or program changes require a mandatory training. It is also required prior to a new school district's participation in the quarterly RMS. The training will include but is not limited to:~~

- ~~• Cost pool participant criteria~~
- ~~• RMS process and form completion~~
- ~~• Salary and fringe calculation~~
- ~~• Medicaid Eligibility Rate (MER) process~~
- ~~• Indirect cost rate~~
- ~~• Total expenditure certification~~
- ~~• Invoicing process~~
- ~~• Appropriate audit documentation requirements~~

Financial Training

~~Financial training will be offered quarterly and it is intended for school district staff who are responsible for completing the quarterly SDAC invoice. The following topics will be covered:~~

- ~~• Program overview~~

Section 5 - Participation in Administrative Claiming

- Salary and fringe calculation
- Medicaid Eligibility Rate (MER) process
- Indirect cost rate
- Total expenditure certification
- Invoicing process
- Appropriate audit documentation requirements

5.4. G Data Accumulation, Maintenance and Validation

The MHD and school districts will be responsible for the following oversight and support/maintenance functions.

- Quarterly updates to the sample universe to reflect all relevant personnel (school districts);
- Coordination of RMS process (MHD or designee);
- Implementation of quality control reviews of completed observation forms (MHD or designee);
- Analyzing and summarizing sample results to ensure appropriate application to various cost objectives (MHD or designee);
- ~~Provision of monthly standardized and uniform sources of MO HealthNet Medicaid~~ eligibility rate data to be used by school districts in computing the proration factors (MHD);
- ~~Provision of a standardized and uniform source for the provider participation rate data to be used in invoicing (MHD); and~~
- Provision of quarterly financial data to be used in preparation of the invoiceclaim, including federal and non-federal funding sources (school districts).

5.4. H Observation Form Validation

In order to establish the validity of the “Random Moment Sampling Observation Form” the following process will be implemented.

The validity of the ~~RMSrandom moment sample~~ data collected during the sampling process will be monitored.

The observation instrument, whether in paper or electronic form, contains a description that sampled staff use to identify the activity they are performing at the time of their observation moment. The written description is used to determine the appropriate activity code by the central coder. A sample of all forms is reviewed to assure accurate

completion by sampled staff and central coder. This validation process shall be completed by MHD through the quarterly compliance review.

5.5 STEP #5—PREPARE ~~SDACA CLAIM INVOICE~~ FOR PAYMENT

5.5. A Direct Cost Pool Expenses

Staff whose costs are captured in the school district's federally approved unrestricted indirect cost allocation plan will not be included in the sampling process. Salary and associated expenses paid to employees from federal sources cannot be included in computing the cost base for SDAC ~~billingsinvoices~~. However, persons whose salaries are comprised of both federal funds and general funds may be included in time studies although their associated cost *must* be adjusted accordingly. Persons whose salary is 100% federally funded must not be included in the cost pool.

~~The costs for fFull-time employees, part-time employees, and contracted employees included on the personnel roster who participate in SDAC activities will be included in the cost poolquarterly invoices. Contracted employees who only provide direct services should not be included.~~ Other costs to be reported include the non-sampled supervisory and clerical staff that provides direct support exclusively to those sampled participants. If the non-sampled supervisory and clerical staff support other personnel that are not in the sampled group, then a portion of their costs *must* be allocated to the people they support. The costs that are reported should consist of actual expenditures for the quarter being sampled. Specific object codes for salaries and benefits are to be included.

5.5. B Indirect Cost Pool Expenses

Indirect costs will be included for each quarterly ~~invoiceclaim~~ and will be determined using the indirect cost rates obtained from the most current Indirect Cost Allocation and Certification Summary on file at the ~~DESEDepartment of Elementary and Secondary Education~~.

5.5. C ~~Medicaid Eligibility MO HealthNet Percentage Rate (MER) for School Districts~~

Certain sampled activities *must* be factored by the MO HealthNet eligible student population in each school district. Calculation of MO HealthNet student population can be accomplished using the method described in this section.

Each year, a school district will electronically submit a student data file in a prescribed format (Attachment G) to the Information Technology Services Division (ISTD) by September 30th. The student data file will then be matched to the state ~~MedicaidMO HealthNet~~ eligibility file for the July-September quarter for that year. The ~~MO HealthNet eligibility rateMER~~ to be used in the invoice calculation will be the percentage ~~rate~~ derived from the above match. The ~~MERrate~~ derived from the file submitted each year by September 30th will be used in the invoice calculations for the October to December quarter of the same year and the January to March, April to June

Section 5 - Participation in Administrative Claiming

and July to September quarters of the following year. The ISTD requirements for submitting the student files can be found in Attachment C.

School districts will send a Microsoft Excel file containing (in this order) a special four digit identifying number for the [school](#) district (supplied to the [school](#) district by MHD), the student's date of birth, the student's Social Security number, the student's last name, the student's first name, and the calendar quarter dates (from and through) to be searched. The fields on the file for the date of birth and the calendar quarter dates will be in the Julian format (CCYYJJJ). For example, August 1, 2011 would be 2011213. If a new school district begins participation sometime throughout the year, the school district will upload the student roster by the last day of the quarter in which they begin participation. This file will be matched to the eligibility file for the first quarter of participation. Once eligibility is established, an e-mail will be sent by ITSD to the [school](#) district containing the number of students submitted, the number of students eligible for MO HealthNet, and the percentage of MO HealthNet eligible students in the [school](#) district. The eligible percentage will be carried out to two decimal places.

[School](#) Districts are allowed to submit the eligibility file at other times of the year for the following reasons only:

- the [school](#) district is entering the program for the first time;
- the [school](#) district population changes significantly; or
- the [school](#) district superintendent identifies an error in the current rate.

5.5. D Provider Participation Rate

~~Administrative activities performed in support of medical services that are not coverable or reimbursable under the MO HealthNet program would not be allowable as MO HealthNet administration. In order for a medical service to be reimbursable, the provider furnishing such services *must* be participating in the MO HealthNet program and bill MO HealthNet for the service. It is not always administratively efficient for the schools to verify for each referral whether a provider is participating in the MO HealthNet program. The state has developed a 'provider participation rate' in order to represent the percentage of referrals to participating providers. Participating school districts will prepare a list of providers the district refers students to for services. This list will be used by the school district to determine the number of providers actively enrolled in the MO HealthNet program. The provider participation rate is calculated by dividing the number of enrolled providers referred by the number of total providers referred to for each district. This percentage will then be applied to the invoice by multiplying it by the percentage of Medicaid eligible students for the district. The product will then be multiplied by the response percentage for code 9b (Referral, Coordination, and Monitoring of MO HealthNet Services). That product is then applied to the salary and fringe amounts on the invoice.~~

5.5. E Invoicing

Invoices will be submitted to the ~~MHDMO HealthNet Division~~ or ~~it'sits~~ designee on a quarterly basis, and within the timely filing requirements as stated in the ~~Interagency Cooperative~~ Agreement. Reimbursement will be made based upon the allowable costs for each school district. A sample invoice follows this section. The total cost from the school district expense report will be multiplied by the percentage of reimbursable activities determined by the ~~RMS random moment sampling~~ process. The ~~MERMO HealthNet eligibility rate and provider participation rates are~~ applied to the costs and the Federal Financial Participation (FFP) is calculated.

The SDAC quarterly invoice and instructions found in Attachment B must be utilized when invoicing for SDAC.

Initial invoices must be received by the state agency or its designee immediately following the quarter in which the expenditure was made but no later than 12 months after the expenditure. The counting of the 12 month time limit begins with the last day of the calendar quarter in which the expenditure was made.

Adjustments to invoices must be received by the state agency or its designee within 24 months of the school district expenditure. The expenditure is not considered filed until it is received by CMS on the CMS-64 Expenditure Report, due within 30 days after any quarter has ended. In order to meet the timely filing requirement for an invoice, the school district must submit the invoice in such a timely manner that it can be received by CMS within 24 months from the last day of the last month in the claimed quarter.

Timely Filing Adjustment Example

The school district incurs the expenditure May 25, 2017. The end of the calendar quarter is which the expenditure occurs would be June 30, 2017. In order to meet timely filing, the State Agency would have to receive the revised invoice within 24 months after the calendar quarter in which the expenditure occurred, or by June 30, 2019. Since the expenditure is not considered “filed” until received by CMS on the CMS-64 Expenditure Report, which is required to be filed 30 days after the end of the reporting quarter, the invoice would need to be submitted in March of 2019 to allow for the state to adhere to timely filing requirements.

5.5. F Federal Disallowances

Each school district is responsible for maintaining sufficient documentation to support all invoiceseclaims submitted to MHD. The school district *must* recognize the fact that the Centers for Medicare and Medicaid Services (CMS) may impose federal deferrals and disallowance for payments. These Federal actions may be taken when federal review reveals programmatic non-compliance. The school district is responsible for disallowances and shall incur the penalties of the disallowance resulting from SDAC invoicing that did not follow the processes contained within this manual. The school district shall return to the DSSDepartment of Social Services any federal funds that are deferred and ultimately disallowed arising from administrative claims submitted by the DSSDepartment of Social Services on behalf of the school district.

5.5. G Certification of Total Expenditures

The school district will include a quarterly certification with each invoice stating that the expenditures are supported in the school district’s accounting system and are total computable expenditures which comply with MO HealthNet federal matching requirements. A copy of this form can be found in Attachment D.

5.5. H Audit File

Each participating school district will maintain a separate audit file for each quarter billed. The audit files must be retained by each school district for a period of fivesix years after each quarterly elaim invoice is filed to MO HealthNet, unless an ongoing audit or resolution of an audit exception is in process.

The following documentation will be required:

- Copies of the original (paper or electronic) completed RMSrandom moment sampling observation forms
- Any computations or allocation used in reimbursement calculation

Section 5 - Participation in Administrative Claiming

- A detailed listing of all revenues offset from the claim, by source
- Copies of all training materials given to staff
- ~~Names of attendees and instructors for the training session given for that quarter and the date of training~~
- A completed quarterly invoice, including any revised invoices
- ~~MERMO HealthNet eligibility~~ information obtained and used for invoice calculation
- ~~Provider listing for all providers students were referred for that quarter~~
- Expense records used to determine school district expenditures for invoice calculation including indirect cost information
- Copies of all documentation related to desk reviews

5.5. I Desk Reviews

MHD or its designee conducts a variety of reviews related to invoicing. Upon receipt of each quarterly invoice from the school district, a review is completed to verify mathematical accuracy, variance in salary and fringe, accurate ~~MEReligibility rate~~, accurate indirect cost rate, etc. Any identified inaccuracy or variance will be communicated to the school district for response or correction. Failure to respond or correct an invoice may result in non-payment.

Quarterly, MHD or its designee conducts reviews related to: training, RMS form completion, RMS process, cost pool staff inclusion, and cost pool salary and benefits, ~~and provider participation rate~~. The results of these reviews are reported to CMS for quarterly compliance review requirements to demonstrate program oversight. Selected school districts each quarter will receive a letter or email requesting the necessary information for the review component the school district was selected for. The school district must respond timely to these requests utilizing ~~the training log template provided in Attachment G, and~~ the cost pool template provided in Attachment H. Documentation is utilized to support the invoice paid to the school district for the selected quarter. Failure for the school district to submit the requested information could result in recoupment of the dollars paid for the quarter being reviewed.

5.6 STEP #6—PROGRAM MONITORING

5.6. A OVERVIEW

Ongoing evaluation of the SDAC program is a federal requirement. The ~~Department of Social Services (DSS)~~ will have the lead in monitoring and quality control functions. DSS staff will provide direct supervision and assistance for these functions.

5.6. A (1) Activities

DSS or its designee will perform the following each quarter:

- ~~The MHD will select a sample of review a no more than 15% of school district staff participating in the sample of RMS during each quarter to ensure the staff was forms for the statewide cost pool to verify that the sampled individual was trained prior to the completion of the RMS form. The selected school districts or MHD's designee will provide a list of their training logs for that period showing what staff was trained and when.~~
- Review a sample~~ing~~ of completed ~~RMSrandom moment sampling~~ observation forms to verify that the reviewed ~~RMSrandom moment sampling~~ form turned in was accurately completed by the sampled individual (to the best of the employee's knowledge) and was coded ~~accurately~~ by the central coder; and
- ~~On a quarterly basis, MHD or its designee, will review For those 10% of the RMS results that indicate the sampled individual was providing a direct service on an IEP (Code 4b), review a sample of these 4b results and -validate that the school district has service documentation in support of the RMS response.~~

~~If a portion of a sampled employee's time is also billed as medical services, then the administrative time study results should be validated in part by comparing the time coded to direct medical services to the actual amount of hours billed directly. Any determination of double payment will be reimbursed to Centers for Medicare and Medicaid Services (CMS).~~

- On a quarterly basis, MHD or its designee will select a sample of no less than 20 school districts and the school district will produce verification of salary and benefit information for the cost pool.
- ~~review the participating cost pool staff data file, MHD will selected, on a quarterly basis, a 10% sample of -staff for RMS -forms. MHD's designee will provide the quarterly RMS detail information. MHD will review the final RMS information to determine if the appropriate percentage of RMS forms were returned and completed accurately, times for RMS, and total number of returned, invalid, and non returned RMS forms for the quarter. MHD will review this information to determine appropriate percentage of RMS forms sent to districts, returned completed accurately, and verify all staff and times were adequately represented.~~
- ~~On a quarterly basis, MHD will select Review cost pool staff, on a quarterly basis, for a sample of no less than 20 school districts in the statewide cost pool and the selected school districts or MHD designee will produce a listing of cost pool staff names and titles for the selected school districts. MHD will verify the accuracy of the inclusion of staff in the cost pool.verification of salary and benefit information for the sample. At least ten (10) districts per quarter will be selected for the review.~~
- ~~Twice a year, review the PPR data for a select 1% sample of school districts participating during the prior quarter.~~

Section 5 - Participation in Administrative Claiming

- If any of the reviews ~~indicate~~ ~~are shown~~ that a school district's invoices ~~were contained in~~ errors, MHD or its designee will request the school district to recalculate and resubmit the invoice. Any incorrect invoices which result in an overpayment to the school district will have the overpayment deducted from their next reimbursement.

END OF SECTION

[TOP OF SECTION](#)