RHODE ISLAND MEDICAID SCHOOL-BASED ADMINISTRATIVE CLAIMING GUIDE

RHODE ISLAND EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
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I. INTRODUCTION

Local Education Agencies (LEAs) offer a unique opportunity to help enroll children in Medicaid, to assist children already enrolled, and to provide Medicaid-covered services to eligible children. Medicaid offers reimbursement for both the provision of covered medical services and for their associated administrative costs, such as outreach, enrollment assistance, and coordination of activities. This Medicaid School-Based Claiming Guide (Guide) was developed by the Rhode Island Executive Office of Health and Human Services (EOHHS) to inform those involved with school-based Medicaid programs on the appropriate methods for claiming Federal reimbursement for the costs of Medicaid administrative activities performed in the LEAs. Medicaid administrative claiming is a reimbursement of funds already expended by the LEA related to administrative activities that are in support of the Rhode Island Medical Assistance Program. LEAs can be reimbursed on a quarterly basis for the costs incurred in providing allowable Medicaid administrative activities during that quarter. Systematic methods will be used to calculate the amount of the reimbursement that each participating LEA will receive. Expenditures for direct school-based health services that are covered by Medicaid and claimed as "Medical Assistance" are not addressed in this Guide. For more information about claiming direct services, please refer to *Medicaid Direct Services Guidebook for Local Education Agencies* (http://www.eohhs.ri.gov/ProvidersPartners/ProviderManualsGuidelines/MedicaidProviderManual/LocalEducationAgency.aspx)

Rhode Island Medicaid is a medical insurer that pays for medical, preventive, and /or evaluative services. School personnel perform a variety of administrative activities that serve to ensure the integrity and delivery of Medicaid services. The objective of Administrative Activity Claiming (ACC) is to identify the costs associated with allowable administrative activities that support the Rhode Island Medicaid Program and to assure that the administrative costs are appropriately claimed.

In developing this Guide, the following manuals/guides were reviewed and the appropriate requirements of those documents were incorporated into this Guide:

- *Medicaid School-Based Administrative Claiming Guide*, released by the Centers for Medicare and Medicaid Services (CMS), May 2003.
- *Medicaid Direct Services Guidebook For Local Education Agencies*, Rhode Island Executive Office of Health and Human Services, August 2010
- Rhode Island Executive Office of Health and Human Services *Medicaid School-Based Administrative Claiming Guidebook*, August 2012
- Rhode Island Executive Office of Health and Human Services *Medicaid School-Based Administrative Claiming Guidebook*, July 2008
- Indirect Cost Allocation Plan, Rhode Island Department of Education (RIDE), July 2012

This Guide replaces the Rhode Island Medicaid School-Based Administrative Claiming Guidebook, August 2012. If there are any questions about this Guide, please contact:

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II. FEDERAL AND STATE REQUIREMENTS

This chapter describes the Federal and State requirements for administrative claiming under school-based Medicaid services.

1. SCHOOL- BASED MEDICAID SERVICES

Federal financial participation (FFP) is available for the cost of administrative activities that directly support efforts to identify and enroll potential eligible individuals into Medicaid and that directly support the provision of medical services covered under the Medicaid State Plan. However, Medicaid third-party liability (TPL) rules and CMS' "free care" policy limit the ability of schools to bill Medicaid for some of the health services and associated administrative costs incurred by LEAs:

- Third-party liability (TPL) requirements preclude Medicaid from paying for services provided to Medicaid beneficiaries, if another third party (e.g., health insurer or other State or Federal program) is legally liable and responsible for providing and paying for the services.

- The "free care" principle precludes Medicaid from paying for the cost of Medicaid covered services and activities that are generally available to all students without charge and for which no other sources of reimbursement are pursued. However, while schools are legally responsible to provide related health services at no cost to eligible students under the Individuals with Disabilities Education Act (IDEA), Medicaid reimbursement is available for those services because Section 1903(c) of the Social Security Act requires Medicaid to be primary for payment of the health-related services provided under IDEA through an IEP or an IFSP.[1]

2. INTERAGENCY AGREEMENTS

Any local education agency (LEA) approved by the Rhode Island Department of Education (RIDE), that receives payments for Medicaid administrative activities being performed in the school setting is acting as an agent of the State Medicaid agency. Such activities may be reimbursed by Medicaid only if they are necessary for the proper and efficient administration of the Medicaid State Plan. An interagency agreement that describes and defines the relationships between the Rhode Island Executive Office of Health and Human Services (EOHHS), and the local education agencies (LEAs) conducting the activities, must be in place in order to claim Federal matching funds.

EOHHS is the only entity that may submit FFP claims to CMS for allowable Medicaid costs. This requirement necessitates that every participating LEA in Rhode Island be covered, either directly or indirectly, through an interagency agreement. Interagency agreements for Medicaid exist between governmental (i.e., public) entities and cannot extend to private contractors or consultants. Private contractors or consultants can be used to provide applicable administrative services that are not included in the scope of an interagency agreement.

[1] Medicaid and School Health; A Technical Assistance Guide, HCFA 1997

Each interagency agreement includes: (1) mutual objectives, (2) defined responsibilities of all parties, (3) the activities conducted and the services provided by each party including the circumstances for provision, (4) cooperative and collaborative relationships, (5) specific administrative claiming time study activity codes approved by CMS, by reference or by inclusion, (6) specific methodology approved by CMS for the computation of claims either by reference or by inclusion, and (7) methods for reimbursement, exchange of reports and documentation, and liaison between the parties including the designation of State and local staff.

The interagency agreement addresses the Medicaid administrative claiming process, identifies the services EOHHS will provide to the local education agencies, including related reimbursement and funding mechanisms, and defines oversight responsibilities and activities.

Prior approval of the interagency agreement(s) by CMS is not required, but any agreement is subject to CMS review.

3. TIME STUDY REQUIRED

Employees and contracted providers (e.g. nurses, therapists)of an LEA may perform administrative activities that directly support the Medicaid program. Some or all of the costs of these administrative activities may be reimbursable under Medicaid when an accountable claiming mechanism is used.

A time study is the primary mechanism for identifying and categorizing Medicaid administrative activities performed by employees and providers contracted by the LEA. The time study, including the activity codes used, must represent the actual duties and responsibilities of the employees and contracted providers (the time study participants). The time study methodology is described in Chapter III of this Guide.

4. OPERATIONAL PRINCIPLES

Adherence to the following principles is required for claiming Medicaid administrative reimbursement:

- **Proper And Efficient Administration** – For the cost of any activity to be allowable and reimbursable under Medicaid, the activities must be "found necessary" by the Secretary of the U.S. Department of Health and Human Services (HHS) for the proper and efficient administration of the Medicaid State Plan. OMB Circular A-87 indicates: "Governmental units are responsible for the efficient and effective administration of federal awards." The principle "being necessary" for the proper, efficient, and effective administration of the Medicaid State Plan must be applied in developing the time study codes. For example, outreach activities directed at explaining Medicaid eligibility and benefits are allowable, whereas outreach activities directed at explaining educational programs are not a Medicaid allowable administrative expense.

- **Capture 100 Percent of the Time** –The HHS' approved cost allocation methodology in Rhode Island includes a method for conducting a time study to determine what services and activities are provided by employees and contracted providers of an LEA. The time

study must include a five consecutive school day study (predetermined by the LEA), of staff activities conducted three times a year to identify the allowable administrative activities. The time study incorporates a comprehensive list of activities performed by employees and contracted providers whose costs are claimed under Medicaid. The time study reflects all of the time and activities (whether allowable or unallowable under Medicaid) performed by employees and contracted providers participating in the Medicaid administrative claiming program. The time study methodology includes documentation of the activities performed by the employees and contractors over five consecutive school days and is used to identify, measure, and allocate staff time devoted to Medicaid reimbursable administrative activities. To ensure that all time study participants are appropriately reflected in the time study, the staff classifications and associated documentation (e.g., position descriptions) should be reviewed.

- **Parallel Coding Structure –** A Medicaid and a non-Medicaid code must exist for each activity. For example, employees and contractors of the LEA who provide referrals for both Medicaid and non- Medicaid programs will need to allocate their time accurately between these programs.

- **Duplicate Payments –** States may not claim FFP for the costs of allowable administrative activities that have been or should have been reimbursed through alternative mechanisms or funding sources. Rhode Island has provided CMS with assurances that the methodology to allocate administrative costs for LEAs and the claims for FFP do not include duplicate payments. Activities that would be considered potential duplicative payments include: (1) integral parts or extensions of direct medical services such as student follow-up, student assessment, student education, or patient counseling, (2) direct medical services paid for or that should be paid for by other programs or sources, (3) administrative costs already covered by another activity paid for by Medicaid, and (4) activities that are reimbursed by a RIte Care-participating Health Plan) [2] or the Rhode Island Medicaid program. It is important to distinguish between duplicate payments for the same activity and the inefficient use of resources that may result in the unnecessary performance of an activity more than once.

- **Coordination of Activities –** It is important in the design of the school-based Medicaid program and in the subsequent claiming of administrative costs, that the LEA not perform activities that are already being offered or should be offered by other entities or through other programs. This requires close coordination between the schools, EOHHS, RIDE, providers, community organizations, and other related entities. CMS has provided the following examples of activities that should be coordinated: (1) activities performed by Health Plans such as case management or care coordination; (2) payment rate-setting mechanisms and payments to providers, and (3) activities provided/conducted by other government programs (e.g., schools do not need to develop educational materials for the Medicaid program if the State Medicaid agency has already developed materials as part of its Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program.

- **Performing Direct vs. Administrative Activities –** The time study and activity codes capture and clearly distinguish between direct services and administrative activities. The

activity codes are designed to reflect all administrative activities conducted by the employees and contracted providers, even if Medicaid does not provide reimbursement for that activity. Activities that are considered integral to or an extension of other covered services should not be claimed as an administrative expense. For example, the practitioner should not bill separately for a referral as an administrative expense when the school is providing the direct service.

- **Case Management as Administration** – Section 4302 of the State Medicaid Manual (SMM) identifies certain activities that may be properly claimed as administrative case management. An allowable administrative cost must be directly related to the Medicaid State Plan or waiver service and be necessary for the "proper and efficient administration of the state plan". Examples of administrative case management services include: (1) Medicaid eligibility determinations and re-determinations, (2) Medicaid intake processing, (3) Medicaid preadmission screening for inpatient care, (4) prior authorization for Medicaid services, (5) utilization review, and (6) Medicaid outreach.

- **Case Management as a Service –** Case management as a service is designed to assist an individual eligible under the Medicaid State Plan in gaining access to needed medical, social, educational, and other services. Case management services are referred to as Targeted Case Management (TCM) services, when the services are not furnished in accordance with "State-wideness" or "comparability" requirements. As an "optional service" (i.e., under the State Medicaid Plan), this has enabled Rhode Island and other States to provide TCM to specific classes of individuals (e.g., developmentally disabled individuals) or to individuals residing in specific areas. Particular attention must be paid to assure that case management, as a service, is not included as an administrative activity or cost. All TCM services must be reported under activity code four for direct medical service provisions.

- **Allocable Share of Costs –** Since many school-based medical activities are provided both to Medicaid and to non-Medicaid eligible students, the costs applicable to these activities must be allocated to both groups. OMB Circular A-87 states that "a cost is allocable to a particular cost object if the goods or services involved are chargeable or assignable to such cost objectives in accordance with the relative benefits received".

Through the use of time study allocation methodologies, school personnel costs are attributed to Medicaid. The allocation methods and activity codes used must capture the following categories of cost:

- **Unallowable** – The activity is unallowable as administration under the Medicaid program.

- **100% Medicaid Share –** The activity is solely attributable to the Medicaid program and is not subject to the application of the Proportional Medicaid Share.

- **Proportional Medicaid Share –** The activity is allowable as a Medicaid administrative cost, but the allocable share of the costs must be determined by applying the Proportional Medicaid Share.

- **Reallocated Activities –** Activities that must be reallocated across other codes based on the percentage of time spent on allowable/unallowable administrative activities.

- **Calculation of the Proportional Medicaid Share** -The proportional Medicaid share is sometimes referred to as the Medicaid eligibility rate (MER), Medicaid percentage, allocable share, or discount rate. The proportional Medicaid share is the number of Medicaid students divided by the total number of students in the LEA. The proportional Medicaid share is then applied to the total cost of a specific activity for which the LEA is submitting claims for FFP. This process is necessary to ensure that only costs related to Medicaid eligible children are claimed. (It should be noted that not all activities are subject to the proportional Medicaid share; activities such as outreach and facilitating eligibility determination are not subject to the proportional Medicaid share and are allowable as 100% Medicaid Share).

EOHHS will provide each participating LEA with the proportional Medicaid share on a biennial basis (every two years). This is based on the number of Medicaid-eligible school age children within the LEA and will be the numerator for proportional Medicaid share for the applicable years. Each participating LEA will use the number of students enrolled during the applicable years as the denominator. EOHHS will make every attempt to distribute the proportional Medicaid share to the LEA on a biennial basis but in the event that this does not happen, the LEA should utilize their most current proportional Medicaid share

The same time frame for the proportional Medicaid share must be used for Medicaid-eligible and total students in the calculations. Allowable Medicaid costs are the product of the proportional Medicaid share and the costs to be allocated.

- **Provider Participation** – An administrative activity performed in support of medical services not covered by Medicaid is not an allowable Medicaid administrative expense. For a medical service to be reimbursable, the provider must be a participating provider and bill Medicaid for the service. If a provider is not participating or chooses not to bill Medicaid for services, the service as well as the associated administrative expense is not allowable. For medical expenses to be reimbursable under Medicaid, the following conditions must be met: (1) the services are furnished to a Medicaid-eligible individual, (2) the services are in the Medicaid State Plan or available and required through EPSDT, (3) the service is not provided free of charge to non-Medicaid eligible individuals, and (4) the provider is a participating provider with the Medicaid program, with a provider agreement and a Medicaid provider identification number, or is a provider of a RIte Care participating Health Plan.

  It is not always administratively efficient for the LEAs to verify for each referral whether a provider is participating in the Medicaid program. EOHHS and the LEA may develop a methodology to address this. The State/LEA may apply a proportional provider

participation rate to represent the percentage of referrals made to Medicaid-participating providers. The provider participation rate can be used in lieu of having to determine on a case-by-case basis whether the referral is to a Medicaid-participating provider.

- **Individualized Education Program (IEP) –** The Catastrophic Coverage Act of 1988 permitted Medicaid payment for services provided to children under the Individuals with Disabilities Education Act (IDEA) through an Individualized Education Program (IEP). IDEA provisions require school staff to perform a number of education-related activities that can be characterized as child find activities to identify children with disabilities who need special education and related services, initial evaluation and reevaluation, and development of an IEP. These latter education activities are not reimbursable as a Medicaid administrative expense. Outreach activities to identify children who are eligible for Medicaid are a reimbursable administrative expense.

- **Free Care –** The free care principle precludes Medicaid from paying for the costs of Medicaid-covered services and activities that are generally available to all students without charge, and for which no other sources of reimbursement are pursued. Thus, Medicaid cannot reimburse for routine school-based vision and hearing screenings or other preventive services provided free of charge to all students. Medicaid payments may be available for services or activities, if schools: (1) establish a fee for each available service, (2) collect third-party information from all those served, and (3) bill responsible parties.

Medicaid is the payer of last resort except for the following:

1. Federal legislation requires Medicaid to be the primary payer for Medicaid services provided to eligible beneficiaries under IDEA,
2. the Women, Infants and Children (WIC) program, or
3. Title V programs, even if these programs do not bill non-Medicaid beneficiaries for services.

Medicaid will **not** pay for "EPSDT-type" primary and preventive care services not specified in a child's IEP, if the same service is provided free of charge to non-Medicaid children in the school.

5. CLAIMING ISSUES

The following are critical requirements for LEAs claiming FFP:

- **Documentation –** The time study methodology, instructions, and cost allocation requirements issued by EOHHS to the LEAs stipulate the documentation the LEAs must maintain to support the claims submitted. The documentation for administrative activities must clearly demonstrate that the activities/services directly support the administration of the Medicaid program. The State is required to maintain and retain adequate source documentation to support the Medicaid payments for administrative claiming. The documentation must be sufficiently detailed to permit CMS to determine whether the activities were necessary for the proper and efficient administration of the Medicaid State Plan. The burden of proof and validation of time study results remains the responsibility of the State. While costs must be documented at least monthly, the

time studies can occur on a quarterly basis. Position descriptions will be considered by the State as supporting documentation for employees and contracted providers participating in time studies.

- **Offset of Revenues –** Certain revenues must offset allocation costs, which reduce the total amount of Federal reimbursement. The following are some of the revenue offset categories that must be applied in developing net costs: (1) all Federal funds, (2) all State expenditures that have been previously matched by the Federal Government, (3) insurance and other fees collected from non-governmental sources, (4) all applicable credits (e.g., those receipts or reduction of expenditure type transactions that offset or reduce expense items allocable to Federal award as direct or indirect costs), and (5) a program may not be reimbursed in excess of its actual costs (i.e., a profit cannot be made).

- **Timely Filing Requirements –** A claim for FFP must be filed within a two-year period that begins on the first day of the calendar quarter immediately following the quarter in which the expenditure was made. Federal regulations (45 CFR 95.13(d) specify that the State Medicaid agency's expenditure for administration is made in the quarter the payment was actually made by the State Medicaid agency. In determining the two-year filing limit, the State agency must give consideration to the expenditure reporting cycle. The expenditure is not considered "filed" until it is received by CMS on the CMS-64 Expenditure Report, which is required to be filed 30 days after the end of the reporting quarter. This reduces the amount of time in which the claim can be considered timely filed (because it is 30 days less than the permitted two years).

- **State Law Requirements** – To be allowable for FFP, costs must be authorized or not prohibited under State or local laws or regulations.

- **Contingency Fees** – Medicaid claims for the costs of administrative activities and direct medical services may not include fees for consultant services that are based on, or include, contingency arrangements. Thus, if payments to consultants by school are contingent upon payment by Medicaid, the consultant fee may not be used in determining the payment rate of school-based services and/or administration. While not federally unlawful, paying consultants based on a percentage of billings is cautioned because it may lead to abusive billing practices such as "upcoding".

- **Third-Party Liability (TPL) and Payer of Last Resort** – TPL requirements preclude Medicaid from paying for Medicaid coverable services provided to Medicaid recipients if another payer is legally liable and responsible for providing and paying for the services. The Medicaid program is generally the payer of last resort. This principle is based in Medicaid statute under the TPL provisions and provisions relating to the consideration of an individual's income and resources in determining Medicaid eligibility. As previously indicated, IEP, Title V, and WIC are exceptions to this principle.

- **Transportation as Administration** – It is necessary to distinguish between the direct provision of transportation from those activities that support the provision of

transportation services, such as arranging for transportation. The former may be claimed as a direct service and the latter may be claimed as an administrative cost.

- **Use of Billing Companies –** LEAs, that contract with billing companies, or similar such entities, to facilitate the compilation of administrative claims on their behalf, should be aware that the LEA is liable for any work performed by billing companies in compiling those claims. LEAs must assure in writing (on LEA letterhead) that the any billing company, or similar entity, used to facilitate the compilation of administrative claims adhere to this Guide in any work performed on the LEA's behalf. (Please see appendix I for an example of Quarterly Claim Certification)

III. TIME STUDY

A time study completed by identified school personnel and contracted providers will be the primary method used by the LEAs to determine the appropriate administrative costs that are attributable to the Medicaid program.

1. TIME STUDY PARTICIPANTS

A basic step in the development of an approvable time study is the determination of the staff that will participate in the time study. The time study should be performed by LEA employees and contractors who also provide direct medical services (e.g., nurses, physical therapists, and case managers performing Targeted Case Management). If the costs of such staff are completely offset by federal sources (e.g. 100% federally funded positions), there is no purpose to include them in the time study. Only staff members for whom costs remain after applicable offsets should be included in the time study. Medical staff who provide a specific service (e.g., screening conducted by an audiologist), are paid on a fixed fee basis, or do not perform any administrative activities may also be excluded from the time study.

A review of job descriptions is beneficial in determining who should be included in the time study. A list of job titles and staff who perform Medicaid administrative activities and are included in the time study must be maintained. The time study must include all direct medical providing support staff whose costs are to be allocated.

It is likely that the following LEA direct medical providers (employees and contractors) will be included in the time study:

- Direct Medical Providers such as: Psychiatrists, Psychologists, Physicians, Speech Therapists, Occupational Therapists, Certified Occupational Therapy Assistants (COTAs), Physical Therapists, Physical Therapy Assistants (PTAs), Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Audiologists, Hearing Impaired/Vision Specialists, and Assistants

- Other Direct Medical Providers such as Social Adjusters, Social Workers, and Case Managers

Direct administrative support staff in special education, pupil support services (such as special education staff, pupil support services staff, or directors, administrators, team leaders, chairpersons, clerical, and technical support staff) should not be included in the time study. Their costs will be allocated based on the results of the staff and contractors participating in the time study.

2. TIME STUDY METHODOLOGY

All identified personnel and contracted providers in each LEA are required to participate in their district's time study for five consecutive school days for each quarter. These quarters include: October–December, January-March, April- June, and July-September. There are two options for calculating the July-September quarter because the methodology for addressing the summer period must reflect the practices of the LEA.

1. The results of the time studies performed during the regular school year may be applied to allocate the associated costs paid during the summer. In general, this is acceptable if the administrative activities are not actually performed during the summer break, but salaries are pro-rated over the year and paid during the summer break.

2 If administrative activities are actually performed during the summer period, the application of the time study from the regular school year would not accurately reflect the costs associated with the summer activities. In this case, a time study would have to be conducted during the summer quarter. However, LEAs should be aware that if the regular school year begins in the middle of a calendar quarter (that is, the end of August or sometime in September), the first time study for that school year should include all days from the beginning of the school year. For example if the school year begins August 31 then August 31st must be included among the potential days to be chosen for the time study.

3. STAFF TRAINING

All employees and contracted providers participating in the time study must be adequately trained in the time study process before participating in a time study. Training must cover all aspects of the process including how the time study is conducted and what the documentation requirements are for each participant. Training must include: how to complete the form; how to report activities under the applicable time study code; what the differences are between health-related and other activities; how and when to hand in the time study; and where to obtain technical assistance if questions arise during the time study period. All time study participants must understand the distinctions between the performance of administrative activities and the direct provision of medical services. There must be a mechanism in place to assess the training and to revise the training as required.

4. TIME STUDY TRACKING TOOL

A Time Study Coordinator will be appointed by each LEA to coordinate the time study. The LEA personnel and contracted providers selected for the time study will complete the Time Study Tracking Tool for the five consecutive school days identified by the LEA.

Time Study participants must complete all sections of the Time Study Tracking Tool including the:

- **Staff Name** – This will be printed or entered on the Time Study Tracking Tool prior to distribution

- **LEA** – The name of the LEA/School District

- **School District Employee Number or other unique employee identifier**

- **Job Position** – This will be posted on the Time Study Tracking Tool

- **Activities Performed During The Time Study Period** – Time Study participants will code their time in 15-minute increments. Predefined activity codes will be used to

indicate the activities that the personnel worked on during the day. These will be discussed in greater detail in the next chapter.

- **Signature/Certification** – Each Time Study Tracking Tool must be signed/certified by the time study participant.

- **Time Study Period:** each time study tracking tool should include the date of the time being captured.

- **Certification Date** – The date(s) the time study is completed (when it is signed, dated and **certified** by the participant). The certification date can differ from the date of the time study because it is the date that the participant verifies the data for submission.

If time study participants are absent on paid leave time during the time study day due to personal leave, illness, vacation, or school cancellation, their Time Study Tracking Tool must be filled out nonetheless and the entire day should be charged to the General Administration activity code. LEA personnel and contracted providers are not required to tabulate the responses or to calculate the total time spent on particular activity codes. If a participant is a part-time employee, time study tracking tools are not completed for days not worked. If a participant is absent and on unpaid leave, a time study is not completed for that day(s).

The time study participants should fill in only one bubble per 15-minute interval. The activity should represent the **predominant activity** that was performed during that 15-minute interval (i.e., the activity the participant spent the most amount of time on during that 15-minute interval.) One bubble must be filled in for each 15-minute increment during the workday. The activity codes are designed to account for all the activities performed during the day including lunch, breaks, etc. The original copy of the Time Study Tracking Sheet should be submitted to the Time Study Coordinator at the end of each time study day or week. At the end of each day or week identified, the Time Study Coordinator will photocopy their Time Study Tracking Tools are and retain it for their own records. The original copy of the Time Study Sheet should be given to the Time Study Coordinator at the end of each time study day or week.

5. MONITORING TIME STUDY TRACKING TOOLS

The Time Study Coordinator will be responsible for assuring that on a daily or weekly basis, they distribute of the Time Study Tracking Tool and once completed, collect and review the Time Study Tracking Tool for any inconsistencies, missing time increments or other inaccuracies that may lead to questions on time allocation. In some cases it may be advisable to include further explanation or documentation of the Medicaid related activities performed, particularly if the job descriptions do not reflect any aspect of the performance of such activities.

- All time study participants identified to participate in the Time Study must submit a Time Study Tracking Tool.

- All sections of the Time Study Tracking Tool are completed by each participant.

- All 15-minute increments/intervals are accounted for and marked

- A Time Study Tracking Tool is completed for all participants who were selected for the Time Study Tracking Tool, but were not in school that day and are on paid leave.

- The Time Study Tracking Tools are signed/certified and dated by the time study participants.

- The Time Study Coordinator must contact time study participants on a daily or weekly basis when problems are found with the Time Study Tracking Tool to correct them.

6. USE OF ELECTRONIC TIME STUDY TRACKING TOOLS

LEAs may conduct their time studies electronically (e.g., on-line), as opposed to using a hardcopy Time Study Tracking Tool. LEAs using electronic time study methods must specify procedures that ensure:

- Information is completed on a daily basis
- The time study is monitored on a daily or weekly basis by the Time Study Coordinator
- Information submitted is protected in a secure environment
- Information submitted is certified for accuracy by time study participants

7. TIME STUDY DOCUMENTATION

Documentation supporting the time study must be retained for ten years. This includes:

- List of time study participants,
- Time study forms and work sheets and any other supporting data

Note that 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 (Code 4) to the actual amount of hours billed directly.

The original Time Study Tracking Tool and the position descriptions of the time study participants need to be retained by the LEA for ten years from EOHHS' receipt of the claim for audit purposes, to ensure that the activities performed were for the proper and efficient administration of the Medicaid State Plan.

LEAs that perform time studies electronically must have a plan in place to back-up all information submitted electronically on a daily basis, and back-up files must also be maintained for ten years. If administrative claims are also compiled electronically, back-up files must be maintained for ten years from EOHHSs receipt of the claim.

IV. OVERSIGHT AND MONITORING/TECHNICAL ASSISTANCE

1. OVERSIGHT AND MONITORING / TECHNICAL ASSISTANCE

To ensure that LEAs participating in Medicaid administrative claiming program consistently apply all rules, regulations and guidelines set forth in this Guide, EOHHS will provide oversight and monitoring in the following forms:

- State level desk audits conducted on the quarterly administrative claims submitted for reimbursement will be reviewed for calculation methodology and supporting documentation to determine the appropriateness of the claim
- Reviews will be conducted by EOHHS to assess the implementation of the time study, time study training, indirect cost rate calculation methodology, trends in billing, the district's Medicaid billing process and procedures and provide technical assistance when needed
- EOHHS will be available to provide guidance and technical assistance for best practices on a regular basis to LEA's.

In instances of noncompliance, either through quarterly desk audit or on site technical assistance visits LEAs Medicaid administrative claims may be subject to the following:

- The LEA needs to submit a Medicaid Corrective Action Plan to address any findings
- Claims may need to be recalculated based on findings and resubmitted
- Claims may be denied
- Follow up visits by EOHHS to ensure that any deficiencies resulting from the review have been addressed

EOHHS will provide LEAs with a list or matrix of the documentation, based on time study methodology used, required for any review. This will be set each year, shared with the LEAs, and will be consistently applied across districts under review and used for the claims under review for that time period. All supporting documentation (as defined in Chapter VI Section 7) such as time study results, expense reports, calculation of indirect cost rates (where applicable), time study job descriptions, will be made available by the LEA for audit/review by the State of Rhode Island (including the Auditor of the State of Rhode Island, the Inspector General of Rhode Island or any duly authorized law enforcement officials) and by CMS for ten years.

V. ACTIVITY CODES

All LEAs will use a standard list of activities with uniform definitions in the Time Study. **Exhibit I** identifies and defines the activities codes that will be used in the time study to determine Medicaid administrative costs for claiming FFP.

EXHIBIT I

ACTIVITY CODES

CODE	ACTIVITY	ALLOCATION METHOD	ALLOW ABILITY OF COSTS
1.a.	Non-Medicaid Outreach	Time Study	Unallowable
1.b.	Medicaid Outreach	Time Study	Allowable
2.a.	Facilitating Application for Non-Medicaid Programs	Time Study	Unallowable
2.b.	Facilitating Medicaid Eligibility Determination	Time Study	Allowable
3.	School-Related and Educational Activities	Time Study	Unallowable
4.	Direct Medical Services	Time Study	Unallowable
5.a.	Transportation for Non-Medicaid Services	Time Study	Unallowable
5.b.	Transportation for Medicaid Services	Time Study and Proportional Medicaid Share	Allowable
6.a.	Non-Medicaid Translation	Time Study	Unallowable
6.b.	Translation Related to Medicaid Services	Time Study and Proportional Medicaid Share	Allowable
7.a.	Program Planning, Policy Development, And Interagency Coordination Related To Non-Medical Services	Time Study	Unallowable
7.b.	Program Planning, Policy Development, And Interagency Coordination Related To Medical Services	Time Study and Proportional Medicaid Share	Allowable
8.a.	Non-Medical/Non-Medicaid Related Training	Time Study	Unallowable
8.b.	Medical/Medicaid Related Training	Time Study and Proportional Medicaid Share	Allowable
9.a.	Referral, Coordination, And Monitoring of Non-Medicaid Services	Time Study	Unallowable
9.b.	Referral, Coordination, And Monitoring of Medicaid Services	Time Study and Proportional Medicaid Share	Allowable
10.	General Administration	Reallocated Based on Time Study	Allowable

ACTIVITY CODE DESCRIPTIONS

1. NON-MEDICAID OUTREACH (CODE 1.a.)

Non-Medicaid Outreach is an unallowable administrative cost, regardless of whether or not the population served includes Medicaid-eligible individual staff should use this code when performing activities that inform individuals about their eligibility for non-Medicaid social, vocational, and educational programs, the benefits of these programs, and how to access them.

Examples of Non-Medicaid Outreach activities include:

- Informing families about wellness programs and how to access these programs
- Scheduling and promoting activities that educate individuals about the benefits of healthy lifestyles and practices
- Conducting general health education programs or campaigns that address lifestyle changes in the general population (e.g., dental prevention, anti-smoking, alcohol reduction, etc.)
- Conducting outreach campaigns that encourage persons to access social, educational, legal, or other services not covered by Medicaid
- Assisting in early identification of children with special medical/dental/mental health needs through various child find activities
- Outreach activities that support programs that are 100 percent funded by State general revenue
- Distributing outreach materials such as brochures or handbooks for these program
- Distributing outreach materials regarding the benefits and availability of these programs

2. MEDICAID OUTREACH (CODE 1.b.)

Medicaid Outreach refers to an activity that is 100 percent allowable as an administrative Medicaid cost and is reimbursable at 50 percent FFP. LEA staff should use this code when performing activities that inform eligible or potentially eligible individuals about Medicaid and how to access the program.

Examples of Medicaid Outreach activities include:

- Informing Medicaid eligible and potential Medicaid eligible children and families about the benefits and availability of services provided by Medicaid (including preventive treatment and screening), including services provided through the EPSDT program

- Developing and/or compiling materials to inform individuals about the Medicaid program (including EPSDT) and how and where to obtain those benefits. LEA-developed outreach materials should have prior approval from EOHHS.[2]

- Distributing literature about the benefits, eligibility requirements, and availability of the Medicaid program, including EPSDT

- Assisting EOHHS to fulfill the outreach objectives of the Medicaid program by informing individuals, students and their families about resources available through the Medicaid program

- Providing information about EPSDT screening (e.g., dental and vision) in schools that will help identify medical conditions that can be corrected or improved by services offered through the Medicaid program

- Contacting pregnant and parenting teenagers about the availability of Medicaid prenatal and well-baby care programs and services

- Providing information regarding RIte Care and RIte Share, and RIte Care Health Plans to individuals and families and how to access them

- Encouraging families to access medical/dental/mental health services provided by the Medicaid program

3. FACILITATING APPLICATION FOR NON-MEDICAID PROGRAMS (CODE 2.a)

Facilitating Application for Non-Medicaid Programs is an unallowable Medicaid administrative cost, regardless of whether or not the population served includes Medicaid-eligible individuals. Staff should use this code when informing an individual or his/her family about and referring them to apply for such programs as Family Independence Program (FIP), Supplemental Security Income (SSI), Food Stamps, WIC, child care, legal aid, and other social and educational programs.

Examples of Facilitating Application for Non-Medicaid Programs include:

- Explaining the eligibility process for non-Medicaid programs, including IDEA

- Assisting the individual or family collect/gather information and documents for non-Medicaid program applications

- Assisting the individual or family in completing an application, including necessary translation activities

[2]This activity should not be used when Medicaid-related materials are already available to the schools (such as through EOHHS).

- Developing and verifying eligibility for the Free and Reduced Lunch Program

- Developing and verifying initial and continued eligibility for non-Medicaid programs

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

4. FACILITATING MEDICAID ELIGIBILITY DETERMINATION (CODE 2.b.)

Facilitating Medicaid Eligibility Determination refers to an activity that is 100 percent allowable as an administrative Medicaid cost and is reimbursable at 50 percent FFP. LEA staff should use this code when assisting individuals in the Medicaid eligibility process.

Examples of Facilitating Medicaid Eligibility Determination include:

- Verifying an individual's current Medicaid eligibility status for purposes of the Medicaid eligibility process

- Explaining Medicaid eligibility rules and the Medicaid eligibility process to prospective applicants

- Assisting individuals and families to complete a Medicaid eligibility application

- Gathering information required for the Medicaid application and eligibility determination for an individual, including resource information and third-party liability (TPL) information, as a prelude to submitting a formal Medicaid application

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

- Referring an individual or family to the local EOHHS office to make application for Medicaid benefits

- Assisting the individual or family in collecting/gathering required information and documents for the Medicaid application

- Participating as a Medicaid eligibility outreach station, but this does not include determining eligibility

5. SCHOOL-RELATED EDUCATIONAL ACTIVITES (CODE 3)

School-Related Educational Activities are an unallowable Medicaid administrative cost, regardless of whether or not the population served includes Medicaid-eligible individuals. This code should be used for school-related activities, including social services, education services, teaching services, employment and job training, and other non-Medicaid related activities. This code also should be used when conducting activities related to the development, coordination, and monitoring of a student's educational plan.

Examples of School-Related Educational Activities, including related paperwork, clerical activities, and staff travel time required to perform them, include:

- Providing classroom instruction (including lesson planning)
- Testing and correcting papers
- Developing, coordinating, and monitoring the 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 parents[3]
- Compiling attendance reports
- Performing activities that are specific to instructional, curriculum, and student-focused areas
- Reviewing the education record of students who are new to the school district
- Providing general supervision of students (e.g., playground, lunchroom, etc.)
- Monitoring student achievement
- Providing individualized instruction (e.g., math concepts) to a student
- Conducting external relations related to school educational issues/matters
- Compiling report cards
- Carrying out discipline
- Performing clerical activities related to instructional or curriculum areas
- Activities related to educational aspects of meeting immunization requirements for school attendance

[3] If applicable, this would also refer to the same activities performed in support of an Individualized Family Service Plan (IFSP).

- Compiling, preparing, and reviewing reports on textbooks or attendance
- Enrolling new students or obtaining registration information
- Conferring with students or parents about discipline, academic matters, or other school related issues
- Evaluating curriculum and instructional services, policies, and procedures
- Participating in or presenting training related to curriculum or instruction (e.g., language arts workshop, computer instruction, etc.)
- Translating an academic test for a student

6. DIRECT MEDICAL SERVICES (CODE 4)

This is an unallowable cost as a Medicaid administrative expense. The allowable costs associated with this code are reimbursed as a direct medical expense. Staff should use this code when providing care, treatment, and/or counseling services to individuals. Staff also should use this code when providing administrative activities that are an integral part of or an extension of a medical service (e.g., patient follow-up, assessment, counseling, education, parent consultation, and billing).

Examples of Direct Medical Services, including related paperwork, clerical activities, and staff travel time required to perform them, include:

- Providing health/ mental health services identified in the IEP
- Medical/health assessments and evaluations, as part of development of an IEP
- Conducting medical/health assessments/evaluations and diagnostic testing and preparing related reports
- Providing personal aide services
- Providing speech, occupational, physical, and other therapies
- Administering first aid or prescribed injections or medication to a student
- Providing direct clinical/treatment services
- Performing developmental assessments
- Providing counseling services to treat health, mental health, or substance abuse conditions
- Developing a treatment plan (medical plan of care) for a student, if provided as medical service

- Performing routine or mandated child health screens including, but not limited to vision, hearing, dental, scoliosis, and EPSDT screens

- Providing immunizations

- Providing Targeted Case Management

- Transportation

- Activities that are services, or components of services, listed in the Rhode Island Medicaid State Plan

7. TRANSPORTATION FOR NON-MEDICAID SERVICES (CODE 5.a.)

Transportation for Non-Medicaid Services is an unallowable cost, regardless of whether or not the population served includes Medicaid-eligible individuals. LEA staff should use this code when assisting an individual obtain or accompanying an individual on transportation trips for services not covered by Medicaid.

An example of Transportation for Non-Medicaid Services, including related paperwork, clerical activities, and staff travel time required to perform them, includes the scheduling and arranging for transportation to other services such as vocational, social, or educational activities.

8. TRANSPORTATION-RELATED ACTIVITIES IN SUPPORT OF MEDICAID COVERED SERVICES (CODE 5.b)

This is an allowable administrative expense, but the allocable portion of the proportional Medicaid share must be applied. The proportional Medicaid share is reimbursed at 50 percent of FFP. Staff should use this code when assisting an individual to obtain transportation to Medicaid-covered services. This activity should not include the provision of the transportation since that is a direct cost.

An example of Transportation-Related Activities in Support of Medicaid Covered Services, including paperwork, clerical activities, and staff travel time required to perform them, includes the scheduling or arranging for transportation to Medicaid-covered services.

9. NON-MEDICAID TRANSLATION (CODE 6.a.)

Non-Medicaid Translation is an unallowable Medicaid administrative cost, regardless of whether or not the population served includes Medicaid-eligible individuals. This code should be used for LEA staff who provide translation services for non-Medicaid activities.

Examples of Non-Medicaid Translation[4], including related paperwork, clerical activities, or staff travel time required to perform them, include:

[4] These activities may be reported under this code, or as an example within one of more other non-Medicaid activity codes e.g. Code 1.a

- Arranging for or providing translation services (oral or signing services) that assist the individual to access and understand social, educational, or 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, or scoliosis) and general health education outreach campaigns intended for the student population

- Developing translation material that assist individuals to access and understand social, educational, and vocational services

10. TRANSLATION RELATED TO MEDICAID SERVICES (CODE 6.b.)

Translation Related to Medicaid Services is an allowable administrative expense, but the allocable portion of the proportional Medicaid share must be applied. The proportional Medicaid share is reimbursed at 50 percent of FFP, if it is not included and paid for as part of a Medicaid-covered service. LEA staff who provide Medicaid translation services should use this code. However, translation must be provided either by separate units or separate staff performing solely translation function for the LEA and it must facilitate access Medicaid covered services.[5]

Examples of Translation Related to Medicaid Services[6], including related paperwork, clerical activities, or staff travel time required to perform them, include:

- Arranging for translation services (oral and signing services) that assist the individual to access and understand necessary care or treatment covered by Medicaid

- Developing translation materials that assist individuals to access and understand necessary care or treatment covered by Medicaid

11. PROGRAM PLANNING, POLICY DEVELOPMENT, AND INTERAGENCY COORDINATION RELATED TO NON-MEDICAL SERVICES (CODE 7.a)

Program Planning, Policy Development, and Interagency Coordination Related to Non-Medical Services are an unallowable administrative expense and are not reimbursable under the Medicaid program. LEA staff should use this code when performing activities associated with developing strategies to improve the coordination and delivery of non-medical services to school-age children. Non-medical services may include social services; educational services, vocational services, and State education mandated child health screenings provided to the general school population. Time study participants whose position descriptions include program planning, policy and interagency coordination should use this code when conducting non-medical related activities.

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[5] The LEA does not need to have a separate administrative claiming unit for translation.

[6] These activities may be reported under this code, or as an example within one or more other Medicaid activity codes (e.g., 1.b.).

Examples of Program Planning, Policy Development, and Interagency Coordination Related to Non-Medical Services, including related paperwork, clerical activities, and staff travel required to perform them, include:

- Identifying gaps or duplication of non-medical services (e.g. social, vocational, educational, and State-mandated general health programs) 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 the providers of such services
- Evaluating the need for non-medical services related 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 services 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 screenings to the school populations
- Developing non-medical referral sources
- Coordinating with interagency committees to identify, promote, and develop non-medical services for the LEA

12. PROGRAM PLANNING, POLICY DEVELOPEMNT, AND INTERAGENCY COORDINATION RELATED TO MEDICAL SERVICES (CODE 7.b)

Program Planning, Policy Development, and Interagency Coordination Related to Medical Services are an allowable administrative expense, but the allocable portion of the proportional Medicaid share must be applied. The proportional Medicaid share is reimbursed at 50 percent of FFP. Time study participants should use this code when performing activities associated with the development of strategies to improve the coordination and delivery of medical/dental/mental health services to school-age children and when performing collaborative activities with other agencies or providers. Time Study Participants whose position descriptions and responsibilities include program, policy development, and interagency coordination should use this code.

Examples of Program Planning, Policy Development, and Interagency Coordination, including related paperwork, clerical activities, and staff travel time required to perform them, include:

- Identifying gaps or duplication of medical/dental/mental 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 school medical/dental/mental programs

- Monitoring the medical/dental/mental health delivery systems in schools

- Developing procedures for tracking families' request for assistance with medical/dental/mental health services and providers, including Medicaid. (This does not include the actual tracking of requests for Medicaid services)

- Evaluating the need for medical/dental/mental health services in relation to a specific populations or geographic areas

- Analyzing Medicaid data related to a specific program, population, or geographic area

- Working with other agencies and/or providers that provide medical/dental/mental health services to improve the coordination and delivery of services, to expand access to specific populations of Medicaid eligible, and to increase provider participation and improve provider relations

- Working with other agencies and/or providers to improve the collaboration around the early identification of medical/dental/mental health problems

- Defining strategies to assess or increase the cost-effectiveness of school medical/dental/mental health programs

- Defining the relationship of each agency's Medicaid services to one another

- Working with Medicaid resources (e.g., EOHHS or RIte Care Health 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 population

- Working with EOHHS to identify, recruit, and promote the enrollment of potential Medicaid providers

- Developing medical referral sources such as directories of Medicaid providers and Health Plans that provide services to targeted population groups (e.g. EPSDT)

- Coordinating with interagency committees to identify, promote, and develop EPSDT services in the LEA

13. NON-MEDICAL/NON-MEDICAID RELATED TRAINING (CODE 8.a.)

Non-Medical/Non-Medicaid is an unallowable administrative expense and is not reimbursable under the Medicaid program. Time Study Participants should use this code when coordinating, conducting, or participating in training events and seminars for outreach staff regarding the benefit of the programs other than the Medicaid program. For example, training may include how to assist families to access the services of education programs and how to more effectively refer students for these services.

Examples of Non-Medical/Non-Medicaid Related training, including related paperwork, clerical activities, and staff travel required to perform them, include:

- Participating in or coordinating training that improves the delivery of services for programs other than Medicaid
- Participating in or coordinating training that enhances IDEA child find programs

14. MEDICAL/MEDICIAD RELATED TRAINING (CODE 8.b)

Medical/Medicaid Related Training is an allowable administrative expense; however the allocable portion of the proportional Medicaid share must be applied. The proportional Medicaid share is reimbursed at 50 percent of FFP. Time Study Participants should use this code when coordinating, conducting, or participating in training events and seminars for outreach staff regarding the benefits of medical/Medicaid related services, how to assist families to access such services, and how to more effectively refer students for services.

Examples of Medical/Medicaid Related Training, including related paperwork, clerical activities, and staff travel required to perform them, include:

- Participating in or coordinating training that improves the delivery of medical/Medicaid related services

- Participating in or coordinating training that enhances early identification, intervention, screening, and referral of students with special health needs to such services (e.g., Medicaid EPSDT services)[7]

- Participating in training on administrative requirements related to medical/Medicaid services

15. REFERRAL, COORDINATION, AND MONITORING OF NON-MEDICAID SERVICES (CODE 9.a)

Referral, Coordination, and Monitoring of Non-Medicaid Services[8] is an unallowable administrative expense and is not reimbursed under the Medicaid program. School staff should

[7] This is distinguished from IDEA child find services.

[8] It should be noted that case management as an administrative activity involves the facilitation of access and coordination of program services. Such activities may be provided under the term Case Management, or may also be

use this code when they are making referrals for, coordinating, and/or monitoring the delivery of non-medical services of students, such as educational services.

Examples of Referral, Coordination and Monitoring of Non-Medicaid Services, including related paperwork, clerical activities, and staff travel required to perform them, include:

- Making referrals for and coordinating access to social and educational services (e.g., child care, employment, job training, housing, etc.)

- Making referrals for, coordinating, and/or monitoring the delivery of child health screens (e.g. vision, hearing, scoliosis, etc.) required the jointly promulgated Rules and Regulations for School Health Programs (R16-21-SCHO)

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

- Gathering any information that may be required for these non-Medicaid related referrals.

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

- Monitoring and evaluating the non-medical components of the IEP, as appropriate

16. REFERRAL, COORDINATION, AND MONITORING OF MEDICAID SERVICES (CODE 9.b)

Referral, Coordination, and Monitoring of Medicaid Services is an allowable administrative expense, however the allocable portion of the proportional Medicaid share must be applied. The proportional Medicaid share is reimbursed at 50 percent of FFP. Time Study Participants should use this code when making referrals for, coordinating, and/or monitoring activities related to services in an IEP. Activities that are part of a direct service are not claimable as an administrative activity. Furthermore, activities that are an integral part of or an extension of a direct service (e.g., patient follow-up, patient assessment, patient counseling, patient education, and patient consultation activities) should be reported as Direct Medical Services (Code 4). Activities related to the development of an IEP should be reported as Code 3, School-Related Educational Activities.

Examples of Referral, Coordination, and Monitoring of Medicaid Services[9], including related paperwork, clerical activities, and staff travel necessary to perform them, include:

- Identifying and referring adolescents who may be in need of Medicaid family planning

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referred to as Referral, Coordination, and Monitoring of Non-Medical Services. Case management may also be provided as an integral part of the service and would be included in the service cost.

[9]Ibid.

- Making referrals for and/or coordinating medical or physical examinations and necessary medical, dental, and mental health evaluations

- Making referrals for and/or scheduling EPSDT screens, inter-periodic screens, and appropriate immunizations, but do not include State-mandated health services

- Referring students for necessary medical, mental health, or substance abuse services covered by Medicaid

- Arranging for any Medicaid-covered medical/dental/mental health diagnostic or treatment services that may be required as a result of a specifically identified medical/dental/mental health condition

- Gathering any information that may be required in advance of medical/dental/mental health referrals

- Participating in a meeting/discussion to coordinate or review a student's needs for health-related services covered by Medicaid

- Providing follow-up contact to ensure a child has received the prescribed medical/dental mental health service covered by Medicaid

- Coordinating the delivery of community based medical/dental/mental health services for a child with special health care needs

- Coordinating the completion of the prescribed services, termination of services, and the referral of the child to other Medicaid service providers as may be required to provide continuity of care

- Providing information to other staff on the child's related medical/dental/mental health services and plans

- Monitoring and evaluating the Medicaid service components of the IEP, as appropriate

- Coordinating the medical/dental/mental health service provision with managed care organizations (MCOs), as appropriate

17. GENERAL ADMINISTRATION (CODE 10)

General Administration is an allowable administrative cost determined by reallocating the costs across the other activities based on the results of the time study. Time study participants should use this code when performing activities that are not directly assignable to the other program activities noted above. Lunch, breaks, leave, and other paid time when not at work may be accounted for under this code. Certain functions such as payroll, developing budgets, and executive direction are only allowable through the application of an indirect cost rate and should not be accounted for under this code.

Examples of General Administration activities, including related paperwork, clerical activities, and staff travel required to perform them, include:

- Taking lunch, breaks, leave, or **other paid time** not worked
- Establishing goals and objectives of health-related programs for the school's annual or multi-year plan
- Reviewing school or district procedures and rules
- Attending school staff meetings, training, or board meetings
- Performing administrative or clerical activities related to general building or district functions or operations
- Providing general supervision of staff, including supervision of students teachers or classroom volunteers, and evaluation of employee performance
- Reviewing technical literature and research articles
- Other general administrative activities of a similar nature as listed above that cannot be specifically identified under other activity codes

VI. MEDICAID ADMINISTRATIVE COST CALCULATIONS

This chapter describes how to determine the allowable administrative costs that are attributable to the Medicaid program.

1. TIME STUDY RESULTS

Exhibit I is a Time Study Summarization Form, which may be used to calculate the percentage of time spent on each activity by time study participants. Time study results are the percentage of total time spent on each activity in relationship to the total time recorded. In calculating the percentages, LEA-specific work requirements should be taken into account (e.g., staff work 1,785 minutes per week, 29.75 hours per week, 357 minutes per day, and 5.95 hours per day).

EXHIBIT I

TIME STUDY SUMMARIZATION FORM

TIME PERIOD: __The Quarter Ending MM/YY_____

A	B	C	D
Activities Code	**Total Number of Minutes Per Activity Code**	**Total Number of Minutes Recorded on All Activity Codes During Time Study**	**Percentage of Time Spent Per Activity Code % (B/C)**
1A	0	69746	0.00%
1B	20	69745	0.03%
2A	0	69745	0.00%
2B	0	69745	0.00%
3	17895	69745	25.66%
4	12000	69745	17.21%
5A	0	69745	0.00%
5B	0	69745	0.00%
6A	0	69745	0.00%
6B	0	69745	0.00%
7A	18569	69745	26.62%
7B	10532	69745	15.10%
8A	5	69745	0.01%
8B	478	69745	0.69%
9A	563	69745	0.81%
9B	4315	69745	6.19%
10	5369	69745	7.70%
Total	69746	69745	100%

2. STAFF COSTS (Exhibit II)

The LEA should also determine the costs for that quarter for every staff member participating in the time study as well as for all the direct support staff who did not participate in the time study, whose costs will be allocated based on the results of the time study. The data on the actual costs of the staff participating in the time study should be gathered. These actual staff costs include:

- Salaries, compensation, contractor fees for professional services
    - Enter quarterly salary costs in Column D.
    - Federally-funded salary percentages should be deducted from the actual salary expenses in Column E.
    - Only local State funded expenses from Column F and G should be included in the claim calculation in Column H.
    - Any lump sum staff cost payment (e.g., retirement benefits) should be included in the quarter in which costs are incurred.

- Fringe Benefits (Actual or Allocated to non federal cost) And Related Payments should be entered in Column G
    - health insurance
    - life insurance,
    - pension, 401(k) contributions,
    - worker's compensation insurance, unemployment insurance,
    - Medicare,
    - FICA, if applicable

These costs are then added to the cost pool summary.

Exhibit II

Cost Reporting Example

A	B	C	D	E	F	G	H
Staff Name (Direct Administrative Staff and Direct Medical Staff)	**FTE**	**Job Descriptions**	**Quarterly Salary Expense**	**Federally Funded Portion of Quarterly Salary Expense**	**Non Federally Funded Portion of Quarterly Salary Expense**	**Fringe Benefits Allocable to Non Federally Funded Portion of Quarterly Salary Expense**	**Total Staff Costs (F+G))**
L. Atkins	1	Occupational therapist	$16,530		$16,530	$8,359.22	$24889.22
K. Black	.5	Direct Administrative Support Staff	$21,331		$21,331	$10,787.09	$32118.09
R. Blue	1	Case Manager	$13,987	10%	$12,588	$6,365.75	$18953.75
L. Book	1	Direct Administrative Support Staff	$12,667		$12,667	$6,405.70	$19,072.70
S. Jameson	1	Physical Therapist	$10,775		$10,775	$5,448.92	$16,223.92
S. Jefferson	1	Case Manager	$14,709		$14,709	$7,438.34	$22,147.34
K. Johnson	1	Case Manager	$12,900		$12,900	$6,523.53	$19,423.53
T. Maple	1	Occupational Therapist	$15,956		$15,956	$8,068.95	$24,024.95
F. Monroe	.5	Direct Administrative Support Staff	$16,432		$16,432	$8,309.66	$24,741.66
N. Morgan	1	Case Manager	$13,934		$13,934	$7,046.42	$20,980.42
K. Washington	1	Case Manager	$12,367		$12,367	$6,253.99	$18,620.99
E. Webber	1	Case Manager	$14,881		$14,881	$7,525.32	$22,406.32
O. Williams	1	Nurse	$23,999	50%	$11,999.50	$6,068.15	$18,067.65
F. Williams	1	Case Manager	$15,222		$15,222	$7,697.77	$22,919.77
U. White	1	Case Manager	$12,279		$12,279	$6,209.49	$18,488.49
Total	14		$176,121	$	$164,121.50	$108,508.30	$323,078.80

3. RESTRICTED FEDERAL FUNDS - Restricted Federal funding should be deducted from the actual expenses. Only local and state sources should be included in the claim calculations. Examples of restricted federal funds are Title I, Title II, IDEA...

4. CAPITAL COSTS - Annual acquisition calculation per fiscal year (Exhibit III provides a sample Capital Calculation)
The following describes how to treat the capital costs for claiming reimbursement for administrative expenses associated with Medicaid.

- **BUILDING AND FIXED ASSETS**
    - Identify the current acquisition cost of the LEA's building and fixed assets.
    - Identify the square footage in the LEA for the space occupied by staff included in the Medicaid claim.
    - Identify the LEA's total square footage.
        - In the event that space is used for multiple purposes, only include the allocated percentage of square footage directly related to the actual time usage by the staff participating in the time study. This will result in the calculation of the the Medicaid square footage percentage.
    - Multiply the total building and fixed valuation by the Medicaid square footage percentage.
    - Multiply this amount by 2 percent.
    - This will resultin the allowable annual expenditures for building and fixed assets
    - Divide this amount by 4 to get the quarterly expenditures for building and fixed assets

- **MAJOR MOVABLE EQUIPMENT**
    - Identify the current annual costs of major movable equipment.
    - Multiply this by the Medicaid square footage percentage
    - Multiply this by 6.67 percent.
    - This will result in the allowable annual expenditures for costs of major movable equipment.
    - Divide this amount by 4 to result in the quarterly expenditures for costs of major movable equipment.
    - This is allowable for a period of 15 years

Building, fixed, and major movable valuations shall be based on the acquisition cost of the assets involved. A reasonable estimate of the original acquisition cost may be used when actual cost records have not been maintained. The asset valuation shall exclude:

(1) The land cost,
(2) Any portion of the school building or equipment cost that is used to satisfy a Federal matching requirement, and
(3) The annual use allowance calculation for buildings and fixed equipment computed at an annual rate not exceeding 2 percent of the acquisition cost.
    a) The annual allowance calculation for major movable equipment will be computed at an annual rate not to exceed 6.67 percent of the acquisition cost.

Assets included in this calculation must be supported by adequate property records. Municipalities must manage equipment in accordance with State laws and procedures. Physical inventories must be taken at least once every two years (a statistical sampling approach is acceptable) to ensure that assets exist and are in use.

- **NET INTEREST EXPENSES –** Identify the LEA's actual net quarterly interest expenses associated with school building acquisition, construction, remodeling, and equipment for the quarter of the claim. Allowable interest must meet the following criteria:
    1. the financing is provided by a bona fide third party external to the municipality or LEA,
    2. the assets are used in support of the Medicaid Program, and
    3. earnings on debt service reserve funds are used to offset the current period's internal costs.

Multiply the actual Net Quarterly Interest Expenses by the percentage of staff in the Medicaid square footage which will result in the quarterly interest costs.

These costs are then added to the cost pool summary.

Exhibit III

CAPITAL CALCULATIONS EXAMPLE

BUILDING AND FIXED ASSETS

A	B	C
LEA's Total Square Footage	**Square Footage Used by the staff in the job position categories included in the Time Study**	**Medicaid Square Footage % (B/A)**
1,000,000	50,000	5.00%

A	B	C	D	E
Annual Acquisition Costs of Building and Fixed Assets	**Medicaid Square Footage %**	**Annual Allowance Rate**	**Allowable Annual Expenditures for Building and Fixed Assets (A*B*C)**	**Medicaid Quarterly Expenditures for Building and Fixed Assets (D/4)**
$30,000,000	5%	2.00%	$30,000,	$ $7,500

MAJOR MOVABLE EQUIPMENT

A	B	C	D	E
Annual Costs of Major Movable Equipment Expenditures	**Medicaid Square Footage %**	**Annual Allowance Rate**	**Allowable Annual Expenditures for Costs of Major Movable Equipment (A*B*C)**	**Medicaid Quarterly Expenditures for Costs of Major Movable Equipment (D/4)**
5,000000	5%	6.67%	$16,675	$4,169

NET INTEREST EXPENSE

A	B	C	D
Quarterly Interest Expenses	**Medicaid Square Footage**	**Allowable Annual Interest Costs (A*B)**	**Medicaid Quarterly Interest Costs**
$100000	5%	$5000	$1,250

QUARTERLY CLAIM AMOUNT FOR CAPITAL EXPENDITURES

Cost Component	Quarterly Amount
Buildings and Fixed Assets	$7,500
Major Movable Equipment	$4,169
Net Interest Expense	$1,250
Total	$12,919

5. MATERIALS AND SUPPLIES COSTS (Exhibit IV provides Materials and Supplies Calculation**)**

In accordance with OMB Circular A-87, the costs incurred for materials and supplies, which include office consumables such as copying, printing and postage are allowable at their actual prices net of applicable credits. Incoming transportation charges for such materials are a part of proper supply costs. It should be noted that if an LEA is utilizing a non-restricted indirect cost rate issued by RIDE which includes this cost in the materials and supply, then the LEA should not duplicate costs by include this calculation in the computation of the claim.

- Divide the number of FTE's district-wide (this will include cafeteria workers administrators and teachers) by the number of Medicaid staff (this should be the total number of FTE's used to determine Staff Costs).
- Multiply the Medicaid FTE percentage by the **quarterly** costs of materials and supplies.

This cost is then added to the cost pool summary.

Exhibit IV

MATERIALS AND SUPPLIES CALCULATIONS

A	B	C
District Wide FTE's	**(Medicaid FTE's)**	**Medicaid Staff % (B/A)**
60	14	23.33%

A	B	C
***Quarterly* Expenditures for Materials and Supplies**	**Medicaid Staff FTEs %**	**Medicaid Quarterly Expenditures for Materials and Supplies (A*B)**
$5,000	23.35%	$1,167.50

6. MAINTENANCE, OPERATIONS AND REPAIRS (Exhibit V provides Maintenance, Operations and Repairs Calculation) It should be noted that if an LEA is utilizing an non-restricted indirect cost rate issued by RIDE which includes the calculation of expenditures for maintenance, operation and repair costs, then the LEA should not duplicate costs by include this calculation in the computation of the claim.

In accordance with OMB Circular A-87, the cost of utilities, insurance, security, janitorial services, upkeep grounds, necessary maintenance, normal repair and alterations, and the like are allowable to the extent that they:

- keep property in an efficient operation condition
- do not add to the permanent value of property or appreciably prolong its intended life
- are not otherwise included in rental or other charges for space.

Costs that add to the permanent value of property or appreciably prolong its intended life shall be treated as capital expenditures.

- Divide the number of FTE's district-wide (this will include cafeteria workers administrators and teachers) by the number of Medicaid staff (this should be the total number of FTE's used to determine Staff Costs).
- Multiply the Medicaid FTE percentage by the **quarterly** costs of maintenance, operations and repairs.

This cost is then added to the cost pool summary.

Exhibit V

MAINTENANCE, OPERATIONS AND REPAIRS

A	B	C
District Wide FTE's	**(Medicaid FTE's)**	**Medicaid Staff % (B/A)**
60	14	23.33%

A	B	C
***Quarterly* Expenditures for Maintenance, Operations and Repairs**	**Medicaid Staff %**	**Medicaid Quarterly Maintenance, Operations and Repairs (A*B)**
$6,000	23.33%	$1,399.80

7. CALCULATING THE CLAIM

Exhibit VII provides a sample Claim Calculation Detail Form to determine the allowable administrative Medicaid costs. The following are the major steps.

1) Enter the percentage of time allocated for each activity code during the time study into the activity % category from Exhibit I Time Study Summarization Form, in Column B

2) Take the total cost pool amount from Exhibit VI. Enter this amount into the cost pool category in Column C

3) Enter the Proportional Medicaid Share for the applicable activity codes (5b, 6b, 7b, 8b, and 9b) into Column D.

4) Multiply the activity percentages in Column B by cost pool amounts in Column C by the Proportional Medicaid Share in Column D (to applicable codes), enter the result in Column E.

5) Multiply the activity percentages in Column B by cost pool amounts in Column C, enter the results in Column G

6) **Activity Code 10 –** The amount of time spent on General Administration (Activity Code 10) must be reallocated based on the amount of time spent on other activities. This percentage should be entered into the General Administrative rate, Column F Row T, and is calculated below:
    - Take the total amount from Column E allowable activities (1b, 2b, 5b, 6b, 7b, 8b, 9b ***excluding*** **activity code10 but applying the Proportional Medicaid Share for activity codes 5b, 6b, 7b, 8b,and 9b**), Column E Row V,
    - Divide this number by the total amount of all activity codes (***excluding*** **activity code 10 but *without* using the Proportional Medicaid Share for activity codes 5b, 6b, 7b, 8b and 9b)** Column G Row V**.** This will result in the General Administrative Rate, Column F Row T
    - Multiply the percentage of time allocated during the time study for activity code 10 by cost pool amounts, Column G Row T.
    - Take this amount and multiply it by the General Administrative Rate Column F Row T.
    - This will result in the allowable costs associated with activity code 10 Column E Row T

7) Add the allowable amount calculated for activity code 10, Column E Row T with all the allowable gross claim amounts for activities reimbursable at 50 percent FFP (i.e., Code 1.b.: Medicaid Outreach; Code 2.b.: Facilitating Medicaid Eligibility Determination; Code 5.b.: Transportation Related Activities in Support of Medicaid Covered Services; Code 6.b.: Translation Related to Medicaid Services; Code 7.b.: the Medicaid-proportioned Program Planning, Policy Development and Interagency Coordination Related to Medical Services; Code 8.b.: Medical/Medicaid Related Training; and Code 9.b.: Referral, Coordination and Monitoring of Medicaid Services).

8) This will result in the total reimbursable gross claim amount, Column G Row X

Exhibit VI

COST POOL SUMMARY

Cost Component	Amount
Staff	$323,078.80
Capital	$12,919
Materials and Supplies	$1,167.50
Maintenance, Operations, and Repairs	$1,399.80
Total	**$338,564.60**

CLAIM CALCULATION FORM
Exhibit VII

	A	B	C	D	E	F	G	
A	**School Name**					**Quarter Ending**		
B								
C	**ACTIVITY CODE**	**ACTIVITY %**	**COST POOL**	**MEDICAID PROPORTIONAL SHARE**	**W/ MPS**	**GENERAL ADMINISTRATIVE RATE**	**W/O MPS**	**FFP**
D	**1A**	0.00%	$338,564.60	N/A	$0.00		$0.00	
E	**1B**	0.03%	$338,564.60	N/A	$101.57		$101.57	
F	**2A**	0.00%	$338,564.60	N/A	$0.00		$0.00	
G	**2B**	0.00%	$338,564.60	N/A	$0.00		$0.00	
H	**3**	25.66%	$338,564.60	N/A	$86,875.16		$86,875.16	
I	**4**	17.21%	$338,564.60	N/A	$58,266.62		$58,266.62	
J	**5A**	0.00%	$338,564.60	N/A	$0.00		$0.00	
K	**5B**	0.00%	$338,564.60	53.07%	$0.00		$0.00	
L	**6A**	0.00%	$338,564.60	N/A	$0.00		$0.00	
M	**6B**	0.00%	$338,564.60	53.07%	$0.00		$0.00	
N	**7A**	26.62%	$338,564.60	N/A	$90,125.36		$90,125.36	
O	**7B**	15.10%	$338,564.60	53.07%	$27,130.95		$51,122.95	
P	**8A**	0.01%	$338,564.60	N/A	$33.86		$33.86	
Q	**8B**	0.69%	$338,564.60	53.07%	$1,239.76		$2,336.08	
R	**9A**	0.81%	$338,564.60	N/A	$2,742.36		$2,742.36	
S	**9B**	6.19%	$338,564.60	53.07%	$11,121.89		$20,957.02	
T	**10**	7.70%	$338,564.60	N/A	$3,302.37	12.67%	$26,069.32	
U								
V					$39,594.17		$312,560.99	
W								
X				**GROSS CLAIM AMOUNT**	$280,939.91	**REIMBURSABLE GROSS DIRECT CLAIM AMOUNT**	$42,896.55	

Exhibit VIII

A	B	C	D	E	F
Total Direct Cost	**Non-Restricted Indirect Cost Rate**	**Total Indirect Cost (A*B)**	**Gross Claim Amount (A+C)**	**FFP Rate**	**Allowable Medicaid Costs(D*E)**
$42,896.55	8.95%	$3,839.24	$46,735.79	50.00%	$23,367.89

- Multiply the total reimbursable gross direct claim amount by the non-restricted indirect cost rate (exhibit VIII). This will result in the total indirect costs. The LEA must identify the most recent non-restricted indirect cost rate for Federal grants by contacting RIDE

- (NON-RESTRICTED) INDIRECT COST RATE (issued by the Rhode Island Department of Education). It should also be noted that if RIDE has not published a non-restricted indirect cost rate for the LEA in which the fiscal year that the activities were actually performed, the claim should be submitted without a non-restricted indirect cost rate.

- Add the total direct cost amount and the total indirect cost amount. This will result in the gross claim amount

- Multiply the gross claim amount by the FFP rate. This will result in the allowable Medicaid cost for the quarter

8. SUBMITTING THE CLAIM

Quarterly claims should be submitted to the Executive Office of Health and Human Services within 15 days of the end of each quarter. The following items should be included when submitting the LEA's quarterly claim:

- Quarterly Claim Certification (Appendix I)
- Time Study Summarization Form (Exhibit I)
- Staff Cost - Salary and Fringe benefit calculation (Exhibit II)
- Capital calculation detail (Exhibit III)
- Materials and supplies calculation (Exhibit IV)
- Maintenance, operations and repairs calculation (Exhibit V)
- Cost Pool Calculation Report (Exhibit VI)
- Claim calculation form (Exhibit VII)
- Quarterly Claims Submission Summary (Exhibit VIII)
- Non-Restricted Indirect Cost Calculation Methodology submitted to RIDE
- Detailed expenditure report

Quarterly claims should be submitted to:

Name: Brenda DuHamel
Chief Family Health Systems

Address: Executive Office of Health and Human Services
74 West Road
Hazard Building #74
Cranston, RI 02920

Telephone: (401) 462-0318

IX. GLOSSARY OF TERMS

Acquisition Costs: Refer to appropriate section that defines this in OMB Circular A-87 definition

Allocable Expense: OMB Circular A-87 defines this as "a cost is allocable to a particular cost object if the goods or services involved are chargeable or assignable to such cost objectives in accordance with the relative benefits received".

Certification of Funds: each LEA participating in the LEA Medicaid program submits a quarterly certification of funds letter to the state Medicaid agency. LEAs would include in this letter a reference state and local funds used to support direct services claims and/or administrative claims as appropriate.

EPDST (Early Periodic Screening, Diagnosis and Treatment): All children, from birth to age 21, who have Medical Assistance coverage are eligible to receive preventive, routines health care as well as medically necessary specialized care or services.

Direct administrative support staff: non-medical staff or contractors who perform reimbursable Medicaid administrative activities should not be included in the time study. Their costs will be allocated based on the results of the staff and contractors participating in the time study. Examples include: special education staff, pupil support services staff, or nursing staff such as directors, administrators, team leaders, chairpersons, clerical, and technical support staff.

Individualized Education Program: Individualized Education Program as described in the Individuals with Disabilities Education Act (IDEA).

Indirect Costs: Costs that have been incurred for common or joint purposes. Indirect cost benefit, more than one cost objective and can not be readily identified with a particular final cost objective. (*Cost Allocation Guide for State and Local Governments, US Department of Education, 2009)*

Indirect Cost Rate (ICR): Device for determining, in a reasonable manner, the portion of indirect costs each program should bear. The indirect costs are included in the numerator (pool) and the direct costs are included in the base (denominator). The result is expressed as a percentage (rate) of the indirect costs to the direct costs. (*Cost Allocation Guide for State and Local Governments, US Department of Education, 2009)*

Medicaid FTE's: LEA staff and contractors in the administrative claim

Proportional Medicaid Share: The proportional Medicaid share is sometimes referred to as the Medicaid eligibility rate (MER), Medicaid percentage, allocable share, or discount rate. The proportional Medicaid share is the number of Medicaid students divided by the total number of students in the LEA.

Predominant activity: The activity on which the time study participant spends the majority of their time during 15-minute time study interval.

Participant/Time Study Participant: School employees and contracted personnel identified to participate in the time study.

Quarter: There are four quarters in each year:

1. January 1-March 31
2. April 1-June 30
3. July 1-September 30
4. October 1-December 31

Quarterly Claim Certification- The accuracy of the quarterly claim must be certified by an authorized district official from the participating LEA and documented on a Quarterly Claim Certification form (written on LEA Letterhead). The Quarterly Claim Certification form must be included with the claim at the time of submission.

Time Study: The method used to collect predominant staff activity during the Time Study period.

Time Study Certification Date: This is the date that time study participants use to certify their time study results for processing. This should be the same date that the time study has been filled out.

Time Study Period: The period each quarter identified by the Time Study Coordinator of the 5 consecutive school days during which all participating staff and contracted providers will complete the time study.

Appendix I (Quarterly Claim Certification)

School District Letterhead

Jason C. Lyon, LICSW
Assistant Administrator
Executive Office of Health and Human Services
Hazard Bldg #74
74 West Road
Cranston, RI 02920

Administrative Activity Claim

Mr. Lyon,

I certify, that to the best of my knowledge and belief, that the Medicaid administrative claim for the quarter ending _____ is true and correct in all respects and that records are available to support this claim, which has been compiled in accordance with the terms of the existing Interagency Agreement between the _____ and Executive Office of Health and Human Services.

Administrative Activity Claim Expenses _____ Gross Amount
_____ Net Amount

_____ _____
Signature of LEA Authorized Official timely Date