

APPENDIX C

Appendix C
Medicaid Administrative Claiming
Time Study Codes
Effective October 2003

Effective October 2003, the following time study codes are to be used for the School-Based Medicaid Administrative program:

- CODE 1. Non-Medicaid Outreach - U
- CODE 2. Medicaid Outreach - TM/50 Percent FFP
- CODE 3. Facilitating Application for Non-Medicaid Programs - U
- CODE 4. Facilitating Medicaid Eligibility Determination-TM/ 50 Percent FFP
- CODE 5. School Related and Educational Activities - U
- CODE 6. Direct Medical Services – U
 - a. Direct Time
 - b. Indirect Time
- CODE 7. Transportation for Non-Medicaid Services - U
- CODE 8. Transportation-Related Activities in Support of Medicaid Covered Services – PM/50 Percent FFP
- CODE 9. Program Planning, Policy Development, and Interagency Coordination Related to Non-Medical Services - U
- CODE 10. Program Planning, Policy Development, and Interagency Coordination Related to Medical Services -PM/50 Percent FFP
- CODE 11. Non-Medical/Non-Medicaid Related Training - U
- CODE 12. Medical/Medicaid Related Training - PM/50 Percent FFP
- CODE 13. Referral, Coordination, and Monitoring of Non-Medicaid Services - U
- CODE 14. Referral, Coordination, and Monitoring of Medicaid Services - PM/50 Percent FFP
- CODE 15. General Administration - R

These activity codes represent administrative and direct service activity categories that are used in the school setting. For all the activity codes and examples listed below, if an activity is provided as part of, or an extension of, a direct medical service, it may not be claimed as Medicaid administration. Any costs related to medical services should be claimed as Code 6., Direct Medical Services. As required under new federal guidelines, none of the activity codes listed below allow for the application of the 75 percent enhanced FFP rate.

CODE 1. NON-MEDICAID OUTREACH - U

All school staff should use this code when performing activities that inform individuals about their eligibility for non-Medicaid social, vocational and educational programs (including special education) and how to access them; describing the range of benefits covered under these programs and how to obtain them. Both written and oral methods may be used. Include related paperwork, clerical activities, translation, or staff travel required to perform these activities.

The following are examples of activities that are considered non-Medicaid outreach:

- Informing families about wellness programs and how to access these programs.
- Scheduling and promoting activities that educate individuals about the benefits of healthy life-styles and practices.
- Conducting general health education programs or campaigns that address life-style 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 in support of programs that are 100 percent funded by state general revenue.
- Developing outreach materials such as brochures or handbooks for these programs.
- Distributing outreach materials regarding the benefits and availability of these programs.

CODE 2. MEDICAID OUTREACH – TM/50 Percent FFP

School staff should use this code when performing activities that inform eligible or potentially eligible individuals about Medicaid and how to access the program. Such activities include bringing potential eligibles into the Medicaid system for the purpose of the eligibility process. Outreach may only be conducted for the populations served by the school districts, i.e., students and their parents or guardians. Include related paperwork, clerical activities, translation, or staff travel required to perform these activities.

The following are examples of activities that are considered Medicaid outreach:

- 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. Note: This activity should not be used when Medicaid-related materials are already available to the schools (such as through the Medicaid agency). As appropriate, school developed outreach materials should have prior approval of the Medicaid agency.
- Distributing literature about the benefits, eligibility requirements, and availability of the

Medicaid program, including EPSDT.

- Assisting the Medicaid agency to fulfill the outreach objectives of the Medicaid program by informing individuals, students and their families about health resources available through the Medicaid program.
- Providing information about Medicaid EPSDT screening (e.g., dental, 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 Medicaid managed care programs and health plans to individuals and families and how to access that system.
- Encouraging families to access medical/dental/mental health services provided by the Medicaid program.

CODE 3. FACILITATING APPLICATION FOR NON-MEDICAID PROGRAMS – U

This code should be used by school staff when informing an individual or family about programs such as Temporary Assistance for Needy Families (TANF), Food Stamps, Women, Infants, and Children (WIC), day care, legal aid, and other social or educational programs and referring them to the appropriate agency to make application. Include related paperwork, clerical activities, translation, or staff travel required to perform these activities.

The following are examples of activities that are considered facilitating application for non-Medicaid programs:

- Explaining the eligibility process for non-Medicaid programs, including IDEA.
- Assisting the individual or family collect/gather information and documents for the non-Medicaid program application.
- Assisting the individual or family in completing the application, including necessary translation activities.
- Developing and verifying initial and continuing eligibility for the Free and Reduced Lunch Program.
- Developing and verifying initial and continuing eligibility for non-Medicaid programs.
- Providing necessary forms and packaging all forms in preparation for the non-Medicaid eligibility determination.

CODE 4. FACILITATING MEDICAID ELIGIBILITY DETERMINATION – TM/50 Percent FFP

School staff should use this code when assisting an individual in the Medicaid eligibility process. Include related paperwork, clerical activities, translation, or staff travel required to perform these activities. This activity does not include the actual determination of Medicaid eligibility.

The following are examples of activities that are considered facilitating Medicaid eligibility determination:

- 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 or families to complete a Medicaid eligibility application.
- Gathering information related to the 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 necessary forms and packaging all forms in preparation for the Medicaid eligibility determination.
- Referring an individual or family to the local Assistance Office to make application for Medicaid benefits.
- Assisting the individual or family in collecting/gathering required information and documents for the Medicaid application.
- Participating as a Medicaid eligibility outreach outstation, but does not include determining eligibility.

CODE 5. SCHOOL RELATED AND EDUCATIONAL ACTIVITIES – U

This code should be used for school-related activities, including social services, educational services, teaching services, employment and job training, and other activities that are not Medicaid-related. These activities include the development, coordination, and monitoring of a student's education plan. Include related paperwork, translation, clerical activities, or staff travel required to perform these activities.

The following are examples of activities that are considered other educational activities:

- Providing classroom instruction (including lesson planning).

- Testing, correcting papers.
- Developing, coordinating, and monitoring the Individualized Education Program (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.
- Performing activities that are specific to instructional, curriculum, and student-focused areas.
- Reviewing the education record for students who are new to the school district.
- Providing general supervision of students (e.g., playground, lunchroom).
- Monitoring student academic achievement.
- Providing individualized instruction (e.g., math concepts) to a special education student.
- Conducting external relations related to school educational issues/matters.
- Compiling report cards.
- Carrying out discipline.
- Activities related to the educational aspects of meeting immunization requirements for school attendance.
- 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).
- Translating an academic test for a student.

CODE 6. DIRECT MEDICAL SERVICES – U

School staff should use this code when providing care, treatment, and/or counseling services to an individual. This code has (a) and (b) subcodes.

Code 6a. Direct Medical Services – Direct time (students present)

This subcode is to be used for reporting direct time, i.e., time spent in the presence of at least one student or face-to-face contact with at least one student when providing direct care, therapy, or counseling services. If the service were a reimbursable service under the School Health and Related Services (SHARS) program, this direct time would be equal to the billable time. If no student is present, then the time cannot be reported as Code 6a.

The following are examples of activities that are considered direct medical services – direct time:

- 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.
- Providing 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.
- Performing developmental assessments.
- 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, scoliosis, and EPSDT screens.
- Providing immunizations.
- Transporting a student to a medical service such as a doctor's office, clinic, or hospital.
- Monitoring a student after the delivery of a direct service, e.g., after medication administration or tube feeding.

Code 6b. – Direct Medical Services – Indirect Time (students not present)

This subcode is for reporting indirect time, i.e., time directly related to providing direct care,

therapy or counseling services but not in the presence of the student(s). Indirect time includes time to complete all related paperwork, such as preparation of progress notes, translation of session notes, or completion of billing activities, associated with providing direct care, treatment and/or counseling services, as long as the student is not present. If progress notes are completed while a student is present, than that time is not indirect time and should be reported as 6a, direct time. Code 6b would include travel time related to the delivery of direct services, including the time to go to the student's classroom to get the student for a session. Indirect time includes preparation time for the session and any following.

The following are examples of activities that are considered direct medical services – indirect time:

- Developing an Individual Health Plan (medical plan of care) for a student if provided as a medical service.
- Activities surrounding the administration of medication when the student is not present. (going to get the student, logging the administration)
- Referrals by the direct care service provider.
- Developing the related/medical service goals and objectives of the IEP.
- Participating in the medical/related service portion of the ARD meeting.
- Travel to the direct service/therapy.
- Attending training specifically related to the provision of direct services.
- Training staff to perform the direct medical procedure (for example, a nurse training staff to perform a tube feeding or medical administration or other delegated nursing task).
- Travel to the ARD meeting to discuss the medical/related service portion of the IEP.
- Paperwork associated with the delivery of the direct care service, as long as the student is not present. Such paperwork could include the preparation of progress notes, translation of session notes, or billing activities.
- Preparation of written assessments/evaluations or results of diagnostic testing, if student is not present.

CODE 7. TRANSPORTATION FOR NON-MEDICAID SERVICES – U

School district employees should use this code when assisting an individual to obtain transportation to services not covered by Medicaid, or accompanying the individual to services not covered by Medicaid. Include related paperwork, translation, clerical activities or staff travel required to

perform these activities.

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

CODE 8. TRANSPORTATION-RELATED ACTIVITIES IN SUPPORT OF MEDICAID COVERED SERVICES – PM/50 Percent FFP

School district employees should use this code when assisting an individual to obtain transportation to services covered by Medicaid. This does not include the provision of the actual transportation service or the direct costs of the transportation (bus fare, taxi fare, etc.), but rather the administrative activities involved in providing transportation. Include related paperwork, clerical activities, translation or staff travel required to perform these activities.

- Scheduling or arranging transportation to Medicaid covered services. (*Arranging for a taxi to take a student to the doctor; scheduling Medicaid Transportation to take a student to the doctor.*)

CODE 9. PROGRAM PLANNING, POLICY DEVELOPMENT, AND INTERAGENCY COORDINATION RELATED TO NON-MEDICAL SERVICES - U

School 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 or state-education mandated child health screenings provided to the general school population. Employees whose position descriptions include program planning, policy development, and interagency coordination may use this code. Include related paperwork, clerical activities, translation, or staff travel required to perform these activities.

The following are examples of activities that are considered program planning, policy development, and interagency coordination related to non-medical services:

- Identifying gaps or duplication of non-medical services (e.g., social, vocational educational and state mandated general health care 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 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 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 health screenings to the school populations.
- Developing non-medical referral sources.
- Coordinating with interagency committees to identify, promote and develop non-medical services in the school system.

CODE 10. PROGRAM PLANNING, POLICY DEVELOPMENT, AND INTERAGENCY COORDINATION RELATED TO MEDICAL SERVICES – PM/50 percent FFP

This code should be used by school staff 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 and/or providers. Employees whose position descriptions include program planning, policy development, and interagency coordination may use this code. This code refers to activities such as planning and developing procedures to track requests for services; the actual tracking of requests for Medicaid services would be coded under Code 14., Referral, Coordination and Monitoring of Medicaid Services. Include related paperwork, translation, clerical activities or staff travel required to perform these activities.

The following are examples of activities that are considered program planning, policy development, and interagency coordination related to medical services:

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

- Evaluating the need for medical/dental/mental services in relation to specific populations or geographic areas.
- Analyzing Medicaid data related to a specific program, population, or geographic area.
- Working with other agencies and/or providers that provide medical/dental/mental services to improve the coordination and delivery of services, to expand access to specific populations of Medicaid eligibles, and to increase provider participation and improve provider relations.
- 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.
- Defining the relationship of each agency's Medicaid services to one another.
- Working with Medicaid resources, such as the Medicaid agency and Medicaid managed care plans, to make good faith efforts to locate and develop EPSDT health services referral relationships.
- Developing advisory or work groups of health professionals to provide consultation and advice regarding the delivery of health care services to the school populations.
- Working with the Medicaid agency to identify, recruit and promote the enrollment of potential Medicaid providers.
- Developing medical referral sources such as directories of Medicaid providers and managed care plans, who will provide services to targeted population groups, e.g., EPSDT children.
- Coordinating with interagency committees to identify, promote and develop EPSDT services in the school system.

CODE 11. NON-MEDICAL/NON-MEDICAID RELATED TRAINING - U

School staff 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 those services. Include related paperwork, clerical activities, translation, or staff travel required to perform these activities.

The following are examples of activities that are considered non-medical/non-Medicaid related training:

- 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.
- In-service or staff meetings related to educational issues, such as curriculum, textbooks, standardized testing, or discipline.

CODE 12. MEDICAL/MEDICAID RELATED TRAINING – PM/50 Percent FFP

School staff 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. Include related paperwork, translation, clerical activities, or staff travel required to perform these activities.

The following are examples of activities that are considered medical/Medicaid related training:

- 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). (This is distinguished from IDEA child-find programs.)
- Participating in training on administrative requirements related to medical/Medicaid services.

CODE 13. REFERRAL, COORDINATION, AND MONITORING OF NON-MEDICAID SERVICES - U

School staff should use this code when making referrals for, coordinating, and/or monitoring the delivery of non-medical, such as educational services. Include related paperwork, clerical activities, translation, or staff travel required to perform these activities.

The following are examples of activities that are considered referral, coordination, and monitoring of non-Medicaid services:

- Making referrals for and coordinating access to social and educational services such as child care, employment, job training, and housing.
- Making referrals for, coordinating, and/or monitoring the delivery of state education agency mandated child health screens (e.g., vision, hearing, scoliosis).

- Making referrals for, coordinating, and monitoring the delivery of scholastic, vocational, and other non-health related examinations.
- Gathering any information that may be required in advance of these non-Medicaid related referrals.
- Participating in a meeting/discussion to coordinate or review a student's need for scholastic, vocational, and non-health related services not covered by Medicaid.
- Monitoring and evaluating the non-medical components of the individualized plan as appropriate.

Case Management. Note 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 referred to as Referral, Coordination, and Monitoring of non-Medicaid Services. Case management may also be provided as an integral part of the service and would be included in the service cost. School staff should use this code when making referrals for, coordinating, and/or monitoring the delivery of NON-Medicaid covered services.

CODE 14. REFERRAL, COORDINATION, AND MONITORING OF MEDICAID SERVICES – PM/50 Percent FFP

School staff should use this code when making referrals for, coordinating, and/or monitoring the delivery of medical (Medicaid covered) services. Referral, coordination and monitoring activities related to services in an IEP are reported in this code. Activities that are 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 medical service (e.g., patient follow-up, patient assessment, patient counseling, patient education, patient consultation, billing activities) should be reported under Code 6., Direct Medical Services.** Note that targeted case management, if provided or covered as a medical service under Medicaid, should be reported under Code 6a or 6b, Direct Medical Services, as appropriate. Activities related to the development of an IEP should be reported under Code 5, School Related and Educational Activities. Include related paperwork, clerical activities, translation, or staff travel necessary to perform these activities.

The following are examples of activities that are considered referral, coordination, and monitoring of Medicaid services:

- Making referrals for and/or coordinating medical or physical examinations and necessary medical/dental/mental health evaluations.
- Making referrals for and/or scheduling EPSDT screens, interperiodic screens, and appropriate immunization, but NOT to include the state-mandated health services.
- Referring students for necessary medical health, mental health, or substance abuse services covered by Medicaid.

- Arranging for any Medicaid covered medical/dental/mental health diagnostic or treatment services that may be required as the result of a specifically identified medical/dental/mental health condition.
- Gathering 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 that a child has received the prescribed medical/dental/mental health services covered by Medicaid.
- Coordinating the delivery of community based medical/dental/mental health services for a child with special/severe 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 medical/dental/mental health service provision with managed care plans as appropriate.

Case Management. Note that case management as an administrative activity involves the facilitation of access and coordination of services covered under the state's Medicaid program. Such activities may be provided under the term Administrative Case Management or may also be referred to as Referral, Coordination, and Monitoring of Medicaid Services. Case management may also be provided as an integral part of a medical service and would be included in the service cost. The state may also cover targeted case management as an optional service under Medicaid. School staff should use this code when making referrals for, coordinating, and/or monitoring the delivery of Medicaid covered services. Include related paperwork, clerical activities or staff travel required to perform these activities.

CODE 15. GENERAL ADMINISTRATION - R

This code should be used by time study participants when performing activities that are not directly assignable to program activities. Include related paperwork, translation, clerical activities, or staff travel required to perform these activities.

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

- Taking lunch, breaks, leave, or other paid time not at work.
- Establishing goals and objectives of health-related programs as part of the school's annual or multi-year plan.
- Reviewing school or district procedures and rules.
- Attending or facilitating school or unit 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 student 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.

