
South Dakota Public Schools



Medicaid Administrative Training Guide

School Year 2005/06

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South Dakota Public Schools Medicaid Administrative Claiming Program

Your school district has entered into an agreement with the South Dakota Department of Social Services, Office of Medical Services, to participate in a Medicaid administrative claiming program. **This program will provide Medicaid funding to your school district for the costs it is incurring for health outreach and services coordination for Medicaid eligible children.**

The South Dakota Medicaid Administrative Claiming Program allows schools to become an “administrative arm” of the Medicaid agency through the assurance of health care coordination of students. With your assistance, your school will be eligible to receive federal Medicaid reimbursement for providing administrative outreach and services coordination to students who are eligible, or potentially eligible, for Medicaid services.

The program requires the random selection of school personnel for the completion of a time study to identify the Medicaid costs. You have been randomly selected to participate in this quarter’s five-day time study.

Please read your Training Guide carefully. It contains:

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You will also receive five (5) time study daily logs to be completed as instructed. Following completion, they should be returned in the prepaid, return envelope provided to you. Do not return the Training Guides, only the time study logs.

If you need assistance, send questions via e-mail to info@matrixpointe.com, or, call the toll-free number at 1-866-407-1070 from 8:00 a.m. to 5:00 p.m. (Central Time) Monday-Friday.

Thank you for your participation in the Medicaid Administrative Claiming Program.

Overview of the Medicaid Program

Medicaid is a means-tested benefit program that provides health care coverage and medical services to low-income children, pregnant women, families, persons with disabilities, and elderly citizens. Medicaid is financed jointly by state and federal governments, and is administered directly by each state. Under broad federal guidelines, South Dakota establishes its Medicaid plan that outlines eligibility standards, provider requirements, payment methods, and benefit packages tailored to the needs of its citizens.

Medicaid is a critical source of health care coverage for children. The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) provision is Medicaid's comprehensive and preventive child health program for individuals under the age of 21. EPSDT services include periodic health screening, vision, dental, and hearing services. The federal Medicaid statute also requires that South Dakota provide any medically necessary health care services, such as inpatient and outpatient hospital care, practitioner services, personal assistance services, PT, OT, and speech, hearing and language services, mental health services and transportation to receive these services. South Dakota is required to inform Medicaid eligibles under age 21 about the EPSDT benefit, set distinct periodicity schedules for screening, dental, vision and hearing services, and report EPSDT performance information annually to the Centers for Medicare and Medicaid Services (CMS), the federal oversight agency.

The EPSDT goal is to provide each eligible individual the opportunity for achieving and maintaining optimal health status. This can be facilitated by early detection of illness or defects through regular and periodic screening examinations, by providing follow-up care of the conditions detected during the screening, by providing continuity of care, and by promoting healthy lifestyles. It is intended to encourage and ensure that treatment is available and received by those eligible and in need of treatment by the application of medical knowledge and technology to cure, correct, or alleviate health problems.

Preventive health care provides the following benefits:

- Early detection and treatment of health problems to prevent serious impairment and to increase the chance of successful treatment;
- Protection from certain preventable diseases by immunization for children at an early age;
- Maintenance of good health and assurance of normal development through periodic check-ups and the establishment of a "medical home." In most cases, this will be a continuing relationship with a primary care physician; and
- Savings of future medical costs.

Schools can be of great assistance in providing these benefits.

Overview of the Medicaid Administrative Claiming Program

The school setting provides a unique opportunity to enroll eligible children in the Medicaid program, and to assist children who are already enrolled in Medicaid to access the benefits available to them. Medicaid offers reimbursement for both the provision of covered medical services and for the costs of administrative activities which support the Medicaid program.

Pursuant to requirements under the federal Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973, schools deliver a broad range of “related services” (e.g., educational, social, and medical services) to students with disabilities that address their diverse needs. These include medical services that are provided under the South Dakota Medicaid program, such as physical therapy, occupational therapy, speech and audiological services, nursing interventions, and certain mental health services.

The purpose of this Guide is to explain how South Dakota Public School Districts can be involved in the EPSDT program as administrative agents of the Department of Social Services, Office of Medical Services, and receive Medicaid reimbursement. Reimbursement is provided for: administrative outreach, facilitating Medicaid eligibility determination, arranging for transportation services, program planning, policy development, medical-related training, and the referral, coordination and monitoring of medical services. This program allows South Dakota schools to become an “administrative arm” of the Medicaid agency through the assurance of health care coordination of students.

Reimbursement to School Districts

School districts document the time school personnel spend on Medicaid activities through required time studies. The results of these time studies are applied to the costs of the school personnel to compute a Medicaid administrative claim. The costs incurred by the schools are pro-rated to Medicaid based on the ratio of the number of Medicaid-eligible children in each district to the total number of enrolled children.

The following categories of personnel participate in the time studies:

- a) Therapists, including: Audiologists, Occupational Therapists, Physical Therapists, and Speech Pathologists;
- b) Other medical and related personnel, including: Registered Nurses, Psychiatrists, Psychologists, Physicians, Psychiatrist and Psychologist Interns, Masters’ and Bachelors’ Level Social Workers, Counselors, Diagnosticians, Nurse Assistants and Health Aides, and LPNs;
- c) Program support, including: Bilingual Specialists, Interpreters, Paras/Aides, Program Specialists, and Student Services Personnel/Teachers; and
- d) Administration, including: Special Education Administrators and Assistants, Principals, and Other Administrators and Assistants.

Your district will participate in the time study for five (5) consecutive days, one time per year.

Coding and Documenting Instructions

Coding Instructions:

At the beginning of each day during the time study: Start recording your activity with the time you started work to the nearest 15-minute period. There is a blank box in the left column to record the Actual Hour you are working: 8:00 a.m., 9:00 a.m., etc. The second column of boxes represents the Actual 15-Minute Period you will be using per hour. **MARK ONLY ONE CATEGORY FOR EACH 15-MINUTE PERIOD.** Darken the bubble, using a pencil, for the appropriate Activity Code “1 through 9” for each 15-minute period of your workday. If you perform more than one activity during a 15-minute increment, record the activity code which accounts for the majority of the 15-minute period.

Example #1: If you began your day at 8:30 a.m. in the morning by teaching a class until 9:30 a.m., mark the bubbles 31-45 and 46-60 in the first hour (hour 8), and bubbles 0-15 and 16-30 in the second hour (hour 9) under Code 3, “school-related and educational activities.”

Example #2: If you are involved with a staff conference on the arrangement of therapy services for a child from 10:00 a.m. to 11:00 a.m., mark all bubbles 01-15, 16-30, 31-45 and 46-60 in the 10:00 hour of work under Code 8.b., “Referral, Coordination and Monitoring of Medical Services.”

Example #3: If you attend a training session regarding health care services or issues for children from 3:00 p.m. to 4:00 p.m., mark the bubbles 01-15, 16-30, 31-45, and 46-60 in the 3:00 p.m. hour under Code 7.b., “Medical Related Training.”

Travel time – travel time needs to be coded with the event you are traveling to or from. As an example, if you are traveling to a health training seminar, mark the travel time to Code 7.b.

Absent from district – If you are excused from the district for any reason, including illness, darken the bubble near the top center of the daily Time Study Log “Absent from School District.” If you are in your job function for only part of the day, simply complete the time log for the hours you are working.

In-Service days – If one or more of the days you are required to complete the time study is a scheduled District in-service day, record your time to the events scheduled for that day, i.e., training, program planning, etc.

Documentation Instructions:

On the back side of each daily Time Study Log are lines to record activities associated with the health care activity “b” codes. When an activity/function/task is being performed for a student, the student’s activity must be identified for audit purposes. **Be sure to provide a brief explanation of the health care code event.** Examples are given on the back side of the Time Study Logs.

Time Study Code Definitions and Examples

The following codes represent a set of activities intended to capture Medicaid and non-Medicaid functions performed by school personnel on a daily basis.

CODE 1.a. NON-MEDICAID OUTREACH

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; and 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 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 lifestyles 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 1.b. MEDICAID OUTREACH

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. **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.
- Distributing literature about the benefits, eligibility requirements, and availability of the Medicaid program, including EPSDT.
- Assisting DSS 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 2.a. FACILITATING APPLICATION FOR NON-MEDICAID PROGRAMS

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. **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 2.b. FACILITATING MEDICAID ELIGIBILITY DETERMINATION

School staff should use this code when assisting an individual in the Medicaid eligibility process. Include related paperwork, clerical activities, 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 an 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 3. SCHOOL-RELATED AND EDUCATIONAL ACTIVITIES

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 medical-related. These activities include the development, coordination, and monitoring of a student's education plan. Include related paperwork, clerical activities, or staff travel time required to perform these activities. **The following are examples of activities that are considered School-related and Educational:**

- 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. (If appropriate, this would also refer to the same activities performed in support of an Individualized Family Service Plan (IFSP).)
- 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.
- Performing clerical activities specific to instructional or curriculum areas.
- 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 4. DIRECT MEDICAL SERVICES

School staff should use this code when providing care, treatment, and/or counseling services to an individual. This code also includes administrative activities that are an integral part of or extension of a medical service (e.g., patient follow-up, patient assessment, patient counseling, patient education, parent consultations, billing activities). This code also includes all related paperwork, clerical activities, or staff travel required to perform these activities. **The following are examples of activities that are considered Direct Medical Services:**

- Providing health/mental health services contained in an IEP.
- Medical/health assessment and evaluation as part of the development of an IEP.
- Conducting medical/health assessments/evaluations and diagnostic testing and preparing related reports.
- Providing 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.
- Developing a treatment plan (medical plan of care) for a student if provided as a medical service.
- Performing routine or mandated child health screens including but not limited to vision, hearing, dental, scoliosis, and EPSDT screens.
- Providing immunizations.
- Transportation to a medical service covered under Medicaid.
- Activities that are services, or components of services, listed in South Dakota's Medicaid plan.

CODE 5.a. TRANSPORTATION FOR NON-MEDICAL SERVICES & NON-MEDICAL TRANSLATION

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, clerical activities or staff travel required to perform these activities. **An example would be:**

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

School employees who provide translation services for non-Medicaid activities should use this code. Include related paperwork, clerical activities or staff travel required to perform these activities.

Examples include:

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

CODE 5.b. TRANSPORTATION-RELATED ACTIVITIES IN SUPPORT OF MEDICAL SERVICES & TRANSLATION RELATED TO MEDICAL SERVICES

School district employees should use this code when assisting an individual to obtain transportation to medical services. 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 or staff travel required to perform these activities. **An example would be:**

- Scheduling or arranging transportation to a medical service.

School employees who provide Medical translation services should use this code. Include related paperwork, clerical activities or staff travel required to perform these activities.

Examples include:

- Arranging for or providing translation services (oral and signing) that assist the individual to access and understand necessary care or treatment of medical services.
- Developing translation materials that assist individuals to access and understand necessary care or treatment of medical services.

CODE 6.a. PROGRAM PLANNING, POLICY DEVELOPMENT, AND INTERAGENCY COORDINATION RELATED TO NON-MEDICAL SERVICES

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. Include related paperwork, clerical activities or staff travel required to perform these activities. **Examples include:**

- 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 6.b. PROGRAM PLANNING, POLICY DEVELOPMENT, AND INTERAGENCY COORDINATION RELATED TO MEDICAL SERVICES

This code should be used by school staff when performing activities associated with the development of strategies to improve the coordination and delivery of medical/dental/mental health services to school age children, and when performing collaborative activities with other agencies and/or providers. This code refers to activities such as planning and developing procedures to track requests for services; the actual tracking of requests for Medicaid services would be coded under Code 8.b., Referral, Coordination and Monitoring of Medical Services. Include related paperwork, clerical activities or staff travel required to perform these activities. **Examples 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 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, that 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 7.a. NON-MEDICAL/ NON-MEDICAID RELATED TRAINING

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, or staff travel required to perform these activities.

Examples 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.

CODE 7.b. MEDICAL/MEDICAID RELATED TRAINING

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, clerical activities, or staff travel required to perform these activities. **Examples 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). (This is distinguished from IDEA child find programs.)
- Participating in training on administrative requirements related to medical/Medicaid services.

CODE 8.a. REFERRAL, COORDINATION, & MONITORING OF NON-MEDICAL SERVICES

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

- 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.

School staff should use this code when making referrals for, coordinating, and/or monitoring the delivery of Non-Medical services.

CODE 8.b. REFERRAL, COORDINATION, AND MONITORING OF MEDICAL SERVICES

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 4, Direct Medical Services.** Activities related to the development of an IEP should be reported under Code 3, School Related and Educational Activities. Include related paperwork, clerical activities, or staff travel necessary to perform these activities.

- Identifying and referring adolescents whom may be in need of Medicaid family planning 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 medical service components of the IEP as appropriate.
- Coordinating medical/dental/mental health service provision with managed care plans as appropriate.

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

CODE 9. GENERAL ADMINISTRATION

This code should be used by time study participants when performing activities that are not directly assignable to program activities. Include related paperwork, 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.

Copying and Mailing Instructions

- Make a photocopy of your Daily Time Study Logs for your records and retain your copy for five years. You will need this for reference if you are selected to participate in the state's routine oversight process.

Return Procedure

- You may be directed to return your completed Time Study Logs to your business office, in the envelope provided.
- If you are not directed to return your Time Study Logs to your business office, simply return them in the envelope provided.
- If this envelope is lost or misplaced, please send your completed Time Study Logs to the address below:

MatrixPointe

P.O. Box 360

Gretna, NE 68028-0360

If you need assistance, send questions via e-mail to info@matrixpointe.com, or, call toll-free 1-866-407-1070 from 8:00 a.m. to 5:00 p.m. (Central Time) Monday–Friday.

Quick Reference Code Summary Sheet

CODE 1.a. Non-Medicaid Outreach

Informing individuals about their eligibility for social, vocational and education programs, other than Medicaid.

CODE 1.b. Medicaid Outreach

Informing eligible or potentially eligible individuals about Medicaid and how to access the program

CODE 2.a. Facilitating Application for Non-Medicaid Programs

Informing persons about assistance programs such as Temporary Assistance to Needy Families (TANF), Food Stamps, Women, Infants and Children (WIC), day care, legal aide and other social and educational programs, plus referral to the appropriate agency.

CODE 2.b. Facilitating Medicaid Eligibility Determination

Assisting persons in the Medicaid eligibility process

CODE 3. School Related and Educational Activities

All activities related to student educational plans. This code is used extensively by general education instructors.

CODE 4. Direct Medical Services

Time spent on direct care services such as OT, PT, speech and language services, counseling and other mental health services, including patient follow-up.

CODE 5.a. Transportation for Non-Medical Services and Non-Medical Translation

Assisting persons to obtain transportation or translation for any service other than Medicaid.

CODE 5.b. Transportation-Related Activities in Support of Medical Services & Translation Related to Medical Services

Assisting persons to obtain transportation to Medical services, and assisting persons with obtaining Medical services through oral and signing translation services.

CODE 6.a. Program Planning, Policy Development, and Interagency Coordination Related to Non-Medical Services

Performing activities associated with developing strategies to improve the coordination and delivery of non-medical services to children.

CODE 6.b. Program Planning, Policy Development, and Interagency Coordination Related to Medical Services

Performing activities associated with the development of strategies to improve the coordination and delivery of medical services to students.

CODE 7.a. Non-Medical Related Training

Performing activities associated with the development of strategies to improve the coordination and delivery of non-medical services to students.

CODE 7.b. Medical Related Training

Coordinating, conducting or participating in training events for outreach staff regarding the benefits of medical services.

CODE 8.a. Referral, Coordination, and Monitoring of Non-Medical Services

Making referrals for, coordinating, and /or monitoring the delivery of scholastic, vocational, and non-health related services.

CODE 8.b. Referral, Coordination, and Monitoring of Medical Services

Referring to or making arrangements for any medical health, mental health, or substance abuse service. Includes the coordination of the delivery of such services and all monitoring and evaluation related to them. Includes the gathering of information required in advance of health care services and any meeting or discussion time to coordinate or review a student's needs for health-related services, and monitoring and evaluating the medical service components of the IEP.

CODE 9. General Administration

Any general administrative or clerical activities not specifically related to any of the above codes. This code is also used for all lunch and other breaks, leave, or other paid time not at work.