

MEDICAID SCHOOL DISTRICT ADMINISTRATIVE CLAIMING GUIDE

Overview

The Agency for Health Care Administration (AHCA), the Florida Department of Education (DOE) and individual school districts share in the responsibility for promoting access to health care for students in the public school system by preventing costly or long term health care problems for at risk students, and coordinating students' health care needs with other providers. Many of the activities performed by school district staff meet the criteria for Medicaid administrative claiming. The primary purpose of the Medicaid School District Administrative Claiming (SDAC) program is to reimburse school districts for these activities, where allowed in this guide.

Definition

The SDAC program is a federally funded program administered by AHCA in coordination with DOE. The program allows school districts to be reimbursed for some of their costs associated with school based health and outreach activities which are not claimable under the Medicaid Certified School Match "fee for service" program or under other Medicaid "fee for service" programs. In general, the types of school based health and outreach activities funded under SDAC are the referral of students/families for Medicaid eligibility determinations, the provision of health care information and referral, coordination and monitoring of health services and interagency coordination.

Unlike the "fee for service" program, individual claims for each service rendered to or on behalf of a student are not specifically required under the SDAC program. However, it is necessary to determine the amount of time school district staff spends performing Medicaid administrative activities. Time spent by school district staff on Medicaid administrative activities is captured through the use of time studies. The results of time studies are then used in a series of calculations to determine the percentage of school district costs that can be claimed under SDAC. Reimbursement to school districts for SDAC is made from Medicaid federal funds.

School District Administrative Claiming Program Guide

This guide contains the policies and procedures which school districts must follow in order to submit an administrative claim to Medicaid for reimbursement, as well as audit requirements. In the event that it is revised, the date of the revision will be indicated at the bottom of each updated page.

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CHAPTER 1

IMPLEMENTING SCHOOL DISTRICT ADMINISTRATIVE CLAIMING

Overview

School districts wishing to participate in the School District Administrative Claiming (SDAC) program must meet a specific set of requirements. These requirements are as follows:

- The school district must sign an SDAC agreement with the Agency for Health Care Administration (AHCA) and a Medicaid non-institutional provider agreement;
- Staff training must be conducted;
- Time studies using samples or time logs must be kept at prescribed time intervals;
- Statistically valid time sample results must be determined;
- Cost determinations and allocations must be performed; and
- A quarterly Medicaid administrative claim must be prepared and submitted to AHCA.

Further, monitoring of administrative claiming records is required by AHCA and the federal Centers for Medicare and Medicaid Services (CMS). SDAC payments are from federal funds and school districts must make such SDAC records available for periodic AHCA and CMS audits.

Participation Agreement

Each school district that decides to participate in SDAC must sign the administrative claiming agreement included in this chapter as Appendix 1. The agreement must be signed before AHCA can request federal reimbursement for administrative claiming activities. Appendix 1 must be copied and used for signature. The address for submission of a signed agreement is:

Medicaid Program Analysis
Attn: Jim Robinson
2727 Mahan Drive, Mail Stop 23
Building Three, Room 3211
Tallahassee, Florida 32308-5407

After the AHCA signature is affixed, a signed copy will be returned to the school district through the Medicaid area office.

Provider Agreement

The school district must also sign a Medicaid provider agreement. A notation stating “Administrative Claiming” must be made by the school district on the first or last page of the agreement. It must be signed by a school district wishing to participate in the SDAC program before AHCA can reimburse a school district for administrative claiming activities. The address for submission of the signed agreement is the same address shown in the above paragraph. This agreement is needed as a separate document even if the school district already participates in Medicaid through the Medicaid Certified School Match program.

SDAC Reimbursement

AHCA reimbursement under the SDAC program may be made retroactive to school districts implementing a program that meets the requirements in this guide.

Contracting for Administrative Claiming

There are companies in the state offering support to school districts for obtaining administrative claiming funds. Funds paid to these companies by school districts for administrative claiming services are not considered as allowable costs in Medicaid cost determinations for administrative claiming reimbursement (see Chapter 6).

Appendix 1

AGREEMENT BETWEEN THE AGENCY FOR HEALTH CARE ADMINISTRATION AND THE _____ County School District FOR THE PROVISION AND REIMBURSEMENT OF ADMINISTRATIVE CLAIMING ACTIVITIES

The Agency for Health Care Administration (AHCA) and the _____ County School District hereby agree to the principles, terms and effective dates carried in this agreement. This agreement is set forth to define each party's responsibilities in order to effectively administer the provision of and reimbursement for Medicaid administrative claiming activities and is necessary to implement parts of the Medicaid state plan under Title XIX of the Social Security Act. Legal authority for this program is found in sections 1011.70, 409.9071, and 409.908, Florida Statutes, and Title XIX of the Social Security Act. AHCA is the single state agency in Florida under Title XIX of the Social Security Act. Additional, specific federal governing policies and procedures are found in the Office of Management and Budget's (OMB) Circular A-87 and the Code of Federal Regulations (CFR), Title 45, Parts 74 and 95.

I. General Principles

This agreement is to be based on the following general principles:

1. The aforementioned parties have a common and concurrent interest in providing and reimbursing Medicaid administrative claiming activities, within parameters set by the federal Centers for Medicare and Medicaid Services (CMS) and only as approved by CMS. Any changes in the program required by CMS are to be implemented by both of the aforementioned parties.
2. This agreement is in no way intended to modify the responsibilities or authority delegated to the parties.
3. This agreement is not intended to override or obsolete any other agreements or memorandums of understanding which may already exist between these parties.
4. Any County School District contractors involved with administrative claiming activities are bound by this agreement with regard to administrative policies and procedures.
5. A lead County School District representing one or more other county school districts within the state for the purposes of billing Medicaid for school district administrative claiming activities, shall also comply with the provisions of Attachment I of this agreement. Attachment I will be made part of and included in this Agreement.

6. This agreement provides a mechanism for payment of federal funds from CMS and the parties agree that it in no way creates a requirement for AHCA to reimburse any County School District from AHCA state funds.

II. Terms

AHCA agrees to the following terms:

1. AHCA will develop a list and description of Medicaid reimbursable school district administrative claiming activities performed by County School District contract or salaried staff, in coordination with the Department of Education. Administrative claiming activities are found in Attachment II of this agreement.
2. AHCA will review school district administrative claims for Medicaid reimbursement on a quarterly basis and reimburse the County School District for administrative claiming where allowed under CMS policies and procedures for the program.
3. AHCA will reimburse the County School District based on federally established rates of 50 percent of allowable administrative activities performed by personnel.
4. AHCA will reimburse the County School District 100 percent of the federal share of actual and reasonable costs for Medicaid administrative activities provided by county school districts, as determined by CMS approved cost allocation methodologies and time study formulas.
5. AHCA will forward claims for funding to CMS for Title XIX participation.
6. AHCA will periodically monitor the County School District for compliance with record keeping requirements for reporting reimbursable activities and capturing time, as well as the sampling process and results.
7. AHCA will produce any Medicaid specific reports deemed necessary for the County School District.
8. AHCA will develop procedures for recoupment from the County School District, if warranted by AHCA or CMS monitoring.
9. AHCA will notify the County School District in the event of any changes made by CMS to federal matching percentages or costs eligible for match.
10. AHCA will designate an employee to act as a liaison for the County School District for the administrative claiming program.

The County School District agrees to the following terms:

1. The time accounting system used by the County School District or its contractor must comply with the requirements contained in OMB Circular A-87 and 45 CFR.
2. The County School District must follow the policies and procedures contained in the AHCA "School District Administrative Claiming Guide."
3. Any recoupment of funds due to an audit exception, deferral or denial deemed appropriate by CMS or AHCA will be the responsibility of the County School District, even after withdrawal from the program.
4. The County School District will maintain (or coordinate a contractor's assistance in maintaining) an AHCA/CMS approved administrative claiming program to include training, the use of standardized sample forms, sampling, the development and maintenance of clearly identifiable cost accounting pools and the application of sample percentages to accounting pools in a manner which will document the process for audits.
5. The County School District will submit claims to AHCA for administrative activities on a quarterly basis. Each claim shall be accompanied by an AHCA certification of funds form indicating that sufficient funds were available to support the non-federal share of the cost of each claim.
6. The County School District shall maintain and be able to produce within specified time frames requested records and material for CMS or AHCA audits.
7. The County School District will designate an employee to act as liaison with AHCA for issues concerning this agreement.

III. Confidentiality

The County School District agrees to safeguard the use and disclosure of information pertaining to current or former Medicaid recipients and comply with all state and federal laws pertaining to confidentiality of patient information.

IV. Effective Date, Changes, Life of this Agreement

1. The effective date of the initial agreement will be the first day of the first quarter during which valid time studies were conducted in the County School District. The effective date of a renewal agreement will be the first day after the expiration date of the previous executed agreement. If an agreement is terminated by either AHCA or the County School District, a new contract will be considered the initial contract with the effective date of the first day of the first quarter during which valid time studies were conducted in the County School District.
2. Changes may be made to the agreement in the form of amendments and must be signed by all parties.

3. Changes in the CMS matching percentage or costs eligible for match will not be made via this agreement but will be applied pursuant to changes in applicable Medicaid federal regulations and effective the date specified by CMS.
4. The initial agreement will continue in effect for the earlier of five years or until terminated by either AHCA or the County School District. Thereafter, each renewal agreement shall be in effect for a period of ten years or until terminated by either AHCA or the County School District. AHCA or the County School District may terminate this agreement by providing a thirty (30) day written notification to the other party.

SIGNATORIES:

Authorized School District Representative

Date

County School District

Deputy Secretary for Medicaid

Date

**SCHOOL DISTRICT ADMINISTRATIVE CLAIMING PROGRAM
LEAD COUNTY SCHOOL DISTRICT CONSORTIUM REQUIREMENTS**

County school districts may join or establish a consortium with other county school districts for the school district administrative claiming program. If a consortium is formed with a Lead County School District to serve as the single recipient of Medicaid administrative claiming funds for the members of the consortium, the Lead County School District shall comply with the following requirements:

- The Lead County School District may contract with any county school district in the state of Florida; however, a copy of each contract must be provided to AHCA prior to any reimbursements under the administrative claiming program. The Lead County School District shall provide AHCA with a current listing of county school districts that participate in the Lead County School District consortium.
- The Lead County School District shall not pool the Medicaid eligibility percentage and school district expenditures for all the member county school districts and reimburse based on an average consortium rate.
- The Lead County School District for the consortium has the following responsibilities:
 1. Submission of the member contracts and a list of the participating county school districts.
 2. Notification to AHCA of any change in membership within the consortium.
 3. Repayment of any overpayment due to exceptions, deferrals or denials due to activities on the part of participating county school districts within the consortium.
 4. Training or arranging for training of every participating county school district.
 5. Ensuring that participating county school districts maintain and are able to produce within specified time frames requested records and material for CMS or AHCA audits.
- If a County School District withdraws from the Lead County School District consortium or if the consortium dissolves, the Lead County School District retains the responsibility for recoupment of overpaid funds for any periods during which the participant county school district claimed Medicaid administrative claiming reimbursement through the Lead County School District consortium.
-

SDAC ACTIVITIES LIST

The major categories of SDAC activities are:

1. Outreach to the Medicaid Program

This activity occurs generally when staff are:

- informing eligible or potentially eligible students about Medicaid and how to access it, and
- describing to an individual(s) the range of services covered under Medicaid and how to obtain Medicaid preventive services.

2. Outreach to Non-Medicaid Programs

This activity occurs generally when staff are:

- informing eligible or potentially eligible students about non-Medicaid, social, vocational and educational programs and how to access them, and
- describing the range of benefits covered under these non-Medicaid programs and how to obtain them.

3. Facilitating an Application for Medicaid

This activity is applicable when staff are assisting a student or family to apply for Medicaid.

4. Facilitating an Application for Non-Medicaid Programs

This activity is applicable when staff are assisting a student or family to apply for non-Medicaid programs.

5. Care Planning and Coordination for Medical/Mental Health Services

This activity occurs generally when staff are:

- coordinating and/or monitoring the delivery of medical/mental health services, and
- linking the student and family with Medicaid service providers to plan, carry out and maintain a health service plan.

6. Client Assistance to Access Medicaid Services

This activity is used to record staff time spent arranging for transportation or translation assistance, which is necessary for a student or family to access Medicaid services.

7. Child Health Check-Up (CHCUP) Training

CHCUP is a Medicaid service available to children under age 21, which allows for physical examinations to detect health care problems and referrals for treatment. The program is federally termed Early and Periodic Screening, Diagnosis and Treatment. This activity occurs generally when staff are:

- coordinating, conducting or participating in training events and seminars for school district staff performing outreach activities regarding the benefits of CHCUP services, on methods of assisting families to access CHCUP services, and ways to more effectively refer students for CHCUP services; and
- informing outreach staff about how to find (early identification and intervention), screen and refer students with special/severe health needs for CHCUP services.

8. Coordination with the Agency for Health Care Administration (AHCA) and Contracted Medicaid Providers

This activity is used when staff are performing collaborative activities with AHCA and its contracted Medicaid providers to:

- improve the cost effectiveness of providing health care services;
- improve the availability of services;
- reduce service overlaps, duplications or gaps;
- focus services on specific population groups or geographic areas in need of special attention to ensure effective child health programs; and
- define the scope of each agency's or resource's programs.

9. Program Planning, Development and Monitoring

These are activities associated with the development of strategies to improve the coordination and delivery of medical/mental health services to school age children. The activities include developing, monitoring and maintaining tracking systems to assess the effectiveness of these services and programs.

10. Direct Medical and School Health-Related Services

This activity is applicable when staff are providing direct medical care, counseling and therapeutic services or treatment. The activity includes screening, evaluations and treatment.

11. Non-Medicaid, Other Educational and Social Activities

This activity is used when job duties are performed which are not health or Medicaid related, such as education and teaching, employment, job training and social services related activities.

12. General Administration

This activity occurs when staff are performing general administrative activities of the school or school district as well as lunch or other breaks and paid leave.

13. Not Scheduled to Work

This activity should be selected to account for time during the workday for which an employee is not working and is not being compensated.

Note that the above activities are reiterated and more fully explained in the Medicaid School District Administrative Claiming Guide, which is provided to each school district participating in the administrative claiming program. Minor changes in terminology in the guide may not be reflected on this list.

CHAPTER 2

SCHOOL DISTRICT STAFF ACTIVITIES INCLUDED UNDER SCHOOL DISTRICT ADMINISTRATIVE CLAIMING**Overview**

As stated in previous material in this guide, some of the activities routinely performed by school districts are activities that could be eligible for Medicaid reimbursement under the School District Administrative Claiming (SDAC) program. The purpose of this chapter is to define school district activities that are included in SDAC time studies and specify which are Medicaid reimbursable. Also, the chapter defines the type of staff eligible to have their activities claimed by school districts as SDAC funded activities. It is important to note that 100 percent of school district staff time is considered during SDAC time studies but only certain staff activities are actually eligible for Medicaid reimbursement, as defined in this chapter.

School District Job Activities

There are 13 major categories of SDAC activities. These activities are not intended to address detailed, educational classroom type activities. They are designed to capture reimbursable and non-reimbursable SDAC activities. Consequently, educational activities are grouped into one generic category. Each SDAC activity is assigned a numeric code in this guide for convenience. Codes used in time studies may be alpha, numeric or any form that clearly identifies work activities in this guide. These codes are used on time study forms for the purpose of determining the percentage of school district staff time spent on each activity. The 13 categories of SDAC activities are listed in the next section of this guide. Some activities, which are ineligible for SDAC reimbursement, such as direct health care services billed under the Medicaid Certified School Match Program, are included in the list because all job activities must be considered when time sampling is conducted. Activities reimbursable under the SDAC program are detailed in Appendix 1 of this chapter. .

SDAC Activities List

The major categories of SDAC activities are:

1. Outreach to the Medicaid Program

This activity occurs generally when staff are:

- informing eligible or potentially eligible students about Medicaid and how to access it; and
- describing to an individual(s) the range of services covered under Medicaid and how to obtain Medicaid preventive services.
-

A description of the eligibility categories and services available under Florida's Medicaid program is found in the "Florida Medicaid Summary of Services," which is the last attachment to this guide (after Chapter 8).

2. Outreach to Non-Medicaid Programs

This activity occurs generally when staff are:

- informing eligible or potentially eligible students about non-Medicaid, social, vocational and educational programs and how to access them; and
- describing the range of benefits covered under these non-Medicaid programs and how to obtain them.

3. Facilitating an Application for Medicaid

This activity is applicable when staff are assisting a student or family to apply for Medicaid.

4. Facilitating an Application for Non-Medicaid Programs

This activity is applicable when staff are assisting a student or family to apply for non-Medicaid programs.

5. Care Planning and Coordination for Medical/Mental Health Services

This activity occurs generally when staff are:

- coordinating and/or monitoring the delivery of medical/mental health services; and
- linking the student and family with Medicaid service providers to plan, carry out and maintain a health service plan.

6. Client Assistance to Access Medicaid Services

This activity is used to record staff time spent arranging for transportation or translation assistance, which is necessary for a student or family to access Medicaid services.

7. Child Health Check-Up (CHCUP) Training

CHCUP is a Medicaid service available to children under age 21, which allows for physical examinations to detect health care problems and referrals for treatment. A detailed description of this service is contained in the "Florida Medicaid Summary of Services," which is the last attachment to this guide (after Chapter 8). Medicaid federal law refers to this program as Early and Periodic Screening, Diagnosis and Treatment (EPSDT). Thus, time study forms may contain the federal title of EPSDT or the state program title of CHCUP. This activity occurs generally when staff are:

- coordinating, conducting or participating in training events and seminars for school district staff performing outreach activities regarding the benefits of CHCUP services, on methods of assisting families to access CHCUP services, and ways to more effectively refer students for CHCUP services; and
- informing outreach staff about how to screen and refer students with special/severe health needs for CHCUP services.

8. Coordination with the Agency for Health Care Administration (AHCA) and Contracted Medicaid Providers

This activity is used when staff are performing collaborative activities with AHCA and its contracted Medicaid providers to:

- improve the cost effectiveness of providing health care services;
- improve the availability of services;
- reduce service overlaps, duplications or gaps;
- focus services on specific population groups or geographic areas in need of special attention to ensure effective child health programs; and
- define the scope of each agency's or resource's programs.

9. Program Planning, Development and Monitoring

These are activities associated with the development of strategies to improve the coordination and delivery of medical/mental health services to school age children. The activities include developing, monitoring and maintaining tracking systems to assess the effectiveness of these services and programs.

10. Direct Medical and School Health-Related Services

This activity is applicable when staff are providing direct medical care, counseling and therapeutic services or treatment. The activity includes screening, evaluations and treatment.

11. Non-Medicaid, Other Educational and Social Activities

This activity is used when job duties are performed which are not health or Medicaid related, such as education and teaching, employment, job training and social service related activities.

12. General Administration

This activity occurs when staff are performing general administration activities of the school or school district as well as lunch or other breaks and paid leave.

13. Not Scheduled to Work

This activity should be selected to account for time during the workday for which an employee is not working and is not being compensated.

Definition of School District Job Activities

More detailed definitions of each of the categories of job activities used in the SDAC program are located in Appendix 2 of this chapter. This appendix should be made available to staff involved with the time study process. It is critical that job activities be correctly identified during the time study process. If job activities are not identified in an accurate manner, Medicaid administrative reimbursements may be inappropriately claimed. SDAC reimbursements are subject to federal and state audits. Each school district should have an ongoing pre- and in-service training program to ensure that staff understand the meaning of each of the SDAC activity codes. This is explained further in Chapters 4 and 5 of this guide.

Charter Schools

Administrative claiming is allowed for charter schools on the same basis as individual public schools, if the school district contract with the charter school(s) includes this function.

Activities During Summer Months

The completion of time studies during summer months is addressed in Chapter 4 of this guide.

School District Staff Performing Direct Service Activities

As stated in various chapters in this guide, the intent of the SDAC program is to reimburse school districts for Medicaid administrative functions. Direct, face-to-face health care services are included in the SDAC activities list in order to obtain a statistically valid accounting of staff time; however, SDAC reimbursement for these activities is prohibited by the federal Medicaid office. An example of a direct service activity would be counseling of a student by a social worker or school psychologist or conducting a home assessment. An SDAC administrative function would be case planning and coordination of care for a student, unless billed under the Medicaid Certified School Match program.

SDAC Interface with the Medicaid Certified School Match (MCSM) Program

School districts may enroll as Medicaid providers for the following MCSM services:

- Physical Therapy,
- Occupational Therapy,
- Speech-language Pathology,
- Transportation,
- Behavioral Services, and
- Nursing Services.

One basic rule for the MCSM program is that reimbursement under the program is only available for Medicaid eligible students with MCSM services referenced in their Individualized Educational Plans (IEPs). SDAC activities and reimbursement are not limited to IEP students or services since student Medicaid eligibility status is not captured during the time study process. However, there is similarity between the MCSM and

SDAC programs in the area of services to students, particularly when planning, coordinating and referring services for the student. School districts are **prohibited** from requesting Medicaid reimbursement for the same service under both programs. Note that SDAC reimbursement is for activities performed during an entire quarter. Thus, the MCSM program cannot be billed for SDAC reimbursed, identical services during the same quarter. It is recommended that staff not participate in both programs. If this cannot be done the potential for duplication must be controlled by procedure code. The school district is responsible for maintaining documentation to identify that functions performed by school district staff does not overlap among programs.

Behavioral and nursing services covered under the MCSM program can include services other than direct, face-to-face health care services, such as referrals, documentation time and consultations. If a school district is enrolled as an MCSM provider of these services and is billing Medicaid for the services, the same services will not be reimbursed under the SDAC program for the same quarter. Some of the activities described in this chapter would be reimbursed under the SDAC program regardless of whether the district is reimbursed under the MCSM program, such as outreach for Medicaid eligibility, if done by school behavioral services staff or nurses. In addition, travel time by behavioral and nursing employed or contract staff is not allowed for MCSM reimbursement but is allowed for SDAC reimbursement.

If a school district determines that Medicaid will not be billed under the MCSM program for behavioral or nursing services, SDAC activities other than direct student care services would be reimbursable as referenced on page 2-10. Direct student care services include behavioral evaluations, therapy, counseling, behavioral interventions and nursing treatments/medication administration.

If a school district wishes to seek Medicaid reimbursement for school bus or contract vehicle trips, the school district must enroll as a Medicaid provider under the MCSM program and bill under that program. If a school district is enrolled as a Medicaid transportation provider, the arrangement for school transportation services for students in need of health care services at school would be reimbursable under the SDAC program. Another example would be a school district social worker arranging Medicaid private van transportation for a student to receive services from a private health provider.

Direct Billing Requirement

School districts participating in the SDAC program must meet the federal guidelines to be eligible to receive funding for referrals and care coordination activities as described in activity code 5. The school district must refer students to a Medicaid participating provider. Each school district must be an enrolled provider to participate in the SDAC program. At a minimum quarterly, one claim must be submitted for the following services:

- Therapies (PT, OT, SLP),
- Behavioral Health, and
- Nursing Services.

It is permissible to refer students to providers in the community to meet this requirement if they are a Medicaid eligible provider.

If claims are not submitted for the services referenced above or if documentation of referrals to the community providers are not maintained, activity code 5 cannot be reimbursed for the quarter

determined to be out of compliance. Claims for this requirement must be submitted in accordance with the CMS 1500 Provider Reimbursement Handbook. Claims cannot be submitted after twelve months from the date of service to satisfy this requirement. There are no exceptions to this rule. Claims submitted for this rule must have a reasonable expectation to pay. The school district cannot submit these claims for this requirement if the student is ineligible or the service did not take place.

SDAC Interface with “Fee for Service,” Medicaid Services Other than MCSM Services

School districts may enroll as Medicaid group providers for the following, non-MCSM services:

- Community Mental Health Services,
- Mental Health Targeted Case Management,
- Child Health Check-Up,
- Physician Services,
- Advanced Registered Nurse Practitioner Services,
- Early Intervention Services, and
- Dental, Vision, and Hearing Services.

School districts enrolled as group providers and billing Medicaid for any of the above services will not be reimbursed for any directly associated administrative functions under the SDAC program because the fees include administrative expenses. Most associated administrative functions fall under the SDAC activity code titled “Care planning and Coordination for Medical/Mental Health Services.” The primary example of an associated administrative function would be a referral by a physician to a medical specialist such as a cardiologist or orthopedic specialist. Medicaid’s payment to the physician would include the referral activity.

ADMINISTRATIVE CLAIMING REIMBURSEMENT LEGEND

Activity	Reimbursable	Medicaid Discount	FFP Rate
1. Outreach to Medicaid Program	Yes	No	50%*
2. Outreach to Non-Medicaid Programs	No		
3. Facilitating Application for Medicaid	Yes	No	50%*
4. Facilitating Application for Non-Medicaid Programs	No		
5. Care Planning and Coordination for Medical/Mental Health Services	Yes	Yes	50%*
6. Client Assistance to Access Medicaid Services	Yes	Yes	50%*
7. CHCUP (EPSDT) Training	Yes	Yes	50%*
8. Coordination with AHCA and Contracted Medicaid Providers	Yes	No	50%*
9. Program Planning, Development and Monitoring	Yes	Yes	50%*
10. Direct Medical and School Health-Related Services	No		
11. Non-Medicaid, Other Educational and Social Activities	No		
12. General Administration	Activity reallocated across other activities.		
13. Not Scheduled to Work	No		

KEY:

Reimbursable - means that Medicaid will reimburse school districts for time spent on this activity, subject to the calculations explained in Chapter 6.

Medicaid Discount - means that time spent on certain activities is reduced to reflect the percentage of Medicaid eligible students in the total student population for the school district(s), as explained in Chapter 6.

FFP Rate - is the percentage available from Medicaid federal funds to pay SDAC claims, as explained in this chapter and Chapter 6.

* This is an approximation. The FFP Rate changes annually.

Appendix 2

SCHOOL DISTRICT ADMINISTRATIVE CLAIMING PROGRAM TIME STUDY ACTIVITIES

1. OUTREACH TO MEDICAID PROGRAM

Informing eligible or potentially eligible individuals about Medicaid and how to access it, describing the range of services covered under Medicaid, and how to obtain Medicaid preventive services. Both written and oral methods may be used. Includes related paperwork, clerical activities or staff travel required to perform these activities.

Examples:

- Compiling brochures designed to effectively inform eligible individuals about the Child Health Check-Up (CHCUP) program and services, and about how and where to obtain services;
- Informing families and distributing literature about the benefits and availability of the CHCUP program and other Medicaid programs;
- Informing Medicaid eligible and potential Medicaid eligible children and families of the benefits of the preventive medical/mental health services of the Medicaid program;
- Providing information about CHCUP screening in the schools that will help identify medical conditions that can be corrected or ameliorated by services covered through Medicaid;
- Informing children and their families on how to effectively use and maintain participation in all health resources under the federal Medicaid program;
- Informing children and their families about the early diagnosis and treatment services for medical/mental health conditions that are available through the CHCUP program;
- Conducting Medicaid outreach activities such as:
 - Assisting in identification of children with special medical/mental health needs (this does not include district-wide Child Find screenings mandated under IDEA... activity code 2 would be used to record these screenings);
 - Encouraging families to access medical/mental health services provided by health plans; and
 - Notifying families of CHCUP program initiatives, such as screenings conducted at a school site, and Medicaid eligibility outstation activities;
- Providing information to individuals and families regarding the Florida Medicaid program and its managed care system;

- Designing and implementing strategies to identify individuals who may be at high risk of poor health outcomes; and
- Designing and implementing strategies to respond to emergency health problems affecting individuals who may be at high risk of poor health outcomes.

2. OUTREACH TO NON-MEDICAID PROGRAMS

Performing activities that inform eligible or potentially eligible individuals about non-Medicaid, social, vocational, and educational programs and how to access them; describing the range of benefits covered under these non-Medicaid, social, vocational, and educational programs and how to obtain them. Both written and oral methods may be used. Includes related paperwork, clerical activities or staff travel required to perform these activities.

Examples:

- Scheduling and promoting activities which educate individuals about the benefits of healthy life-styles and practices;
- Conducting district-wide Child Find screenings mandated under IDEA;
- Conducting general health education programs or campaigns addressed to the general population; and
- Conducting outreach campaigns that encourage persons to access social, educational, legal or other services not covered by Medicaid.

3. FACILITATING AN APPLICATION FOR MEDICAID

Assisting an individual or family in becoming eligible for Medicaid. Includes related paperwork, clerical activities or staff travel required to perform these activities.

Examples:

- Referring an individual or family to the local assistance office to make application for Medicaid benefits;
- Explaining the Medicaid eligibility process to prospective applicants;
- Providing assistance to the individual or family in collecting required information and documents for the Medicaid application;
- Assisting the individual or family in completing the application, including necessary translation activities; and
- Verifying a student's Medicaid eligibility status.

4. FACILITATING AN APPLICATION FOR NON-MEDICAID PROGRAMS

Assisting an individual or family in becoming eligible for non-Medicaid programs. Includes related paperwork, clerical activities or staff travel required to perform these activities.

Examples:

- Informing an individual or family about programs such as food stamps, day care, legal aid, and other social or educational programs and referring them to the appropriate agency to make application;
- Explaining the eligibility process for non-Medicaid programs; and
- Assisting an individual or family in completing an application, including necessary translation activities.

5. CARE PLANNING AND COORDINATION FOR MEDICAL/MENTAL HEALTH SERVICES

Coordinating and/or monitoring the delivery of medical/mental health services. Linking the individual and family with Medicaid service providers to plan, carry out and maintain a health service plan. Includes related paperwork, clerical activities or staff travel required to perform these activities.

NOTE: *This activity code does not include writing initial or follow-up IEPs, FSPs or Individual Transition Plans or meetings related to writing these plans. Activity code 11 should be used to record these activities. Also, linking the student and family with health care staff in the school district is not a reimbursable activity unless the school district is participating in Medicaid for the service provided by the health care staff, or the service is performed by a Medicaid participating provider such as county health department nurse or community mental health provider.*

Examples:

- Scheduling and/or coordinating CHCUP screens, health evaluations or other medical and mental health diagnostic services;
- Gathering any information that may be required in advance of these referrals or evaluations;
- Coordinating necessary medical, mental health or substance abuse services covered by Medicaid which were identified as a result of a screen or evaluation;
- 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;
- Assisting in coordinating and/or scheduling health care appointments for the individual or family;
- Monitoring and evaluating the medical components of the individualized plan as appropriate;
- Participating in meetings/discussions to coordinate or review an individual's need for health related services covered by Medicaid;
- Providing information to other staff about the individual's related medical/mental health services and plans;

- Coordinating medical/mental health service provision with managed care plans as appropriate;
- Coordinating the delivery of medical/mental health services for a child with special/severe health needs in the least restrictive community setting; and
- Coordinating the completion of the prescribed services, termination of services, and the referral of the individual to other Medicaid service providers as may be required to provide continuity of care.

6. CLIENT ASSISTANCE TO ACCESS MEDICAID SERVICES

Arranging for transportation or translation assistance, which is necessary for an individual or family to access Medicaid services. Includes related paperwork, clerical activities or staff travel required to perform these activities.

Examples:

- Arranging for or providing translation or signing services that assist an individual or family accessing and understanding necessary care or treatment; and
- Arranging for transportation for an individual or family to access Medicaid services.

7. CHCUP (EPSDT) TRAINING

Coordinating, conducting or participating in training events and seminars for outreach staff regarding the benefits of the CHCUP program, how to assist families in accessing CHCUP services, and how to more effectively refer students for CHCUP services. Informing outreach staff about how to screen and refer students with special/severe health needs for CHCUP services. Includes related paperwork, clerical activities or staff travel required to perform these activities.

Examples:

- Participating in or presenting training that improves the medical knowledge and skills of skilled medical personnel necessary to effectively and efficiently perform outreach activities;
- Participating in or presenting training that is designed to address the specific health or mental health standards and criteria associated with the CHCUP program;
- Participating in or presenting training regarding the clinical importance of maintaining the scheduled CHCUP screenings;
- Participating in or presenting training that describes the medical protocols associated with referrals for treatment services that may be identified during an evaluation, assessment or CHCUP screen;
- Participating in or presenting training that improves the quality of identification, referral and coordination of care for children with special/severe health or mental health needs;

- Participating in, presenting or coordinating training designed to address the specific administrative and reporting requirements associated with the CHCUP program; and
- Participating in or presenting training regarding history, structure and function of the Medicaid CHCUP program in Florida.

8. COORDINATION WITH AHCA AND CONTRACTED MEDICAID PROVIDERS

Performing collaborative activities with AHCA and its contracted providers to: improve the cost effectiveness of providing health care services; improve the availability of services; reduce service overlaps, duplications or gaps; focus services on specific population groups or geographic areas in need of special attention to ensure effective child health programs; define the scope of each agency's or resource's programs. Includes related paperwork, clerical activities or staff travel required to perform these activities.

Examples:

- Working with other agencies and resources providing Medicaid services to improve the coordination and delivery of services, to expand their access to specific populations of Medicaid eligibles, and to improve collaboration around the early identification of medical/mental health problems;
- Working with Medicaid resources, to make good faith efforts to locate and develop CHCUP health service referral relationships;
- Developing advisory or work groups of health professionals to provide consultation and advice regarding the delivery of health care services to certain Medicaid populations;
- Developing CHCUP referral resources (e.g., determining which providers take Medicaid, including managed care providers, who will provide CHCUP services to certain population groups);
- Coordinating with interagency committees to identify, promote and develop CHCUP services in the school system;
- Coordinating with advisory committees for CHCUP programs or other Medicaid health initiatives; and
- Coordinating the medical/mental health service programs provided in schools with other community medical/mental health programs and agencies.

NOTE: For coordination with other agencies and resources not enrolled as Medicaid providers, time should be allocated to activity code 11, "Non-Medicaid, Other Educational and Social Activities."

9. PROGRAM PLANNING, DEVELOPMENT AND MONITORING

Activities associated with the development of strategies to improve the coordination and delivery of medical/mental health services to school age children. Developing, monitoring, and tracking systems to assess the effectiveness of these services and programs. Includes related paperwork, clerical activities or staff travel required to perform these activities.

Examples:

- Identifying gaps or duplication of medical/mental health 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/mental health programs;
- Monitoring the delivery of medical/mental health services in schools; and
- Developing procedures for tracking the requests of families for assistance with Medicaid services and providers.

10. DIRECT MEDICAL AND SCHOOL HEALTH-RELATED SERVICES

Providing direct medical care, counseling and therapeutic services or treatment. These activities include screening, evaluations, and treatment. Includes related paperwork, clerical activities or staff travel required to perform these activities.

Examples:

- Direct clinical treatment and therapeutic services;
- Developmental assessments;
- Diagnostic testing and assessments/evaluations;
- Counseling about a health, mental health, or substance abuse issue;
- Performing vision, hearing, scoliosis and speech-language screens and other CHCUP screens;
- Providing immunizations, family planning, or pre-natal care services, including all counseling, education and referral activities; and
- Administering first aid, emergency care, or prescribed medications or injections.

11. NON-MEDICAID, OTHER EDUCATIONAL AND SOCIAL ACTIVITIES

Performing activities that are not health or Medicaid related, such as education and teaching, employment, job training, and social activities. Includes related paperwork, clerical activities or staff travel required to perform these activities.

Examples:

- Providing classroom instruction, including lesson planning, testing, and correcting papers;

- Developing, coordinating and monitoring the educational component of the IEP and the associated meetings/conferences;
- Writing an IEP, FSP or Individual Transition Plan, even if writing the medical part of these plans during the time sampled;
- Participating in meetings about how to write a student's IEP, FSP or Individual Transition Plan;
- Participating in a Section 504 plan meeting;
- Training or referrals related solely to state mandated screenings for vision, hearing, scoliosis and speech-language;
- Conducting a parent-teacher conference about a student's educational progress;
- Compiling attendance reports;
- Performing activities that are specific to instructional, curriculum, and student focused areas;
- Providing general supervision of students (e.g., lunchroom, playground, bus);
- Monitoring student academic achievement;
- Evaluating curriculum and instructional services, policies and procedures; and
- Providing individualized instruction (e.g., math concepts) to a special education student.

12. GENERAL ADMINISTRATION

Performing general administration activities of the school or local education agency, as well as time associated with breaks, lunch or paid leave. Includes related paperwork, clerical activities or staff travel required to perform these activities.

Examples:

- Taking lunch, breaks, or paid leave;
- Attending staff meetings/training, including CPR training;
- Reviewing school or district procedures and rules;
- Reviewing technical literature and research articles;
- Attending or facilitating general school or unit staff meetings or board meetings;
- Providing general supervision of staff;
- Developing budgets and maintaining records;
- Processing payroll or other personnel related documents;
- Maintaining inventories and ordering supplies; and
- Performing other administrative or clerical activities related to general building or district functions or operations.

13. NOT SCHEDULED TO WORK

This activity should be used to account for time during the work day for which an employee or contracted individual is not working and is not being compensated.

Examples:

- Unpaid leave,
- Vacant position,
- Terminated position, and
- No longer employed by the district

CHAPTER 3

TIME STUDY PARTICIPANTS

Overview

Only certain school district staff may be included in the School District Administrative Claiming (SDAC) sample universe. The sample universe will be termed “sample pool” for the purpose of this guide. Once it is determined by a school district that certain school district staff or categories of staff are to be included in its sample pool, a random sample of school district staff in the pool is done to determine which staff must participate in time studies. For those school district staff sampled, all of their time must be considered during time studies in order to obtain a statistically valid accounting of their SDAC compensable time.

Who Should be Included in the SDAC Sample Pool

As a general rule, school district staff spending time on any of the Medicaid reimbursable SDAC activities described in Chapter 2 may be included in the SDAC sample pool (see information below for staff excluded from sample pools). This includes direct employees of the school district, contract employees, part time employees, temporary employees and any other category of individuals receiving pay from the school district. This does not include individuals such as parents or other volunteers who receive no compensation for their work or in-kind contributions. For purposes of this guide, individuals receiving compensation from school districts for their services are termed “school district staff.” Direct replacement staff must be of the same title, FIRN code and job duties of those they replace. They must have the same position/budget number and may be included in the sample and reimbursement. Position numbers that have been re-classified to another chapter 3 category may also be included.

Examples of Job Categories that Might be Included in the SDAC Sample Pool

The sample pool may include those eligible to bill under the Medicaid School Certified Match Program. Employed or contract school district staff within the following job categories could reasonably be expected to perform SDAC reimbursable activities:

1. Speech-Language Pathologists and Speech-Language Pathology Assistants;
2. Audiologists and Audiology Assistants;
3. Occupational Therapists and Occupational Therapist Assistants;
4. Physical Therapists and Physical Therapist Assistants;
5. Behavior Analysts;
6. Social Workers;
7. Psychologists and Interns;
8. Counselors;
 - Guidance
 - Marriage and Family Therapist
 - Mental Health
9. Diagnosticians;
10. Physicians;

11. Nurses;
 - Advanced Registered Nurse Practitioner
 - Registered Nurse
 - Licensed Practical Nurse
 - School Health Aides
 - Health Specialists
12. Interpreters;
13. Orientation and Mobility Specialists;
14. Bilingual Specialists;
15. Program and Staffing Specialists;
16. Substance Abuse Specialist
17. Administrators for Exceptional Student Education (ESE);
18. Augmentative Specialists;
19. Dietitians;
20. Respiratory Therapists; and
21. Liaisons and Related ESE Teachers (See Appendix 2).

Staff in these job categories cannot automatically be included in sample pools. A district must also determine whether they, in fact, render SDAC reimbursable activities. Both factors should be met in order to avoid audit exceptions. Note that there is no job category for “early identification/intervention (EI) personnel” on the above list. Individuals classified as “EI” personnel must be cleared with the Medicaid area office, per the instructions below.

Who Should Not be Included in the SDAC Sample Pool

The following employed or contract staff should not normally be included in time studies, per federal requirements:

1. Contract staff that are not paid for referrals or outreach or any other function beyond direct services;
2. Staff 100 percent funded by other federal grants;
3. Non-ESE teachers or ESE teachers not included in Appendix 2;
4. Transportation staff;
5. Cafeteria staff;
6. Maintenance staff;
7. Coaches;
 - P.E. Teachers
 - Adaptive P.E. Teachers
8. Job/occupational specialists; and
9. Principals (except that elementary school principals and principals for some schools containing only disabled students may perform certain outreach functions).

Staff in these job categories may be included in time studies only if they routinely perform multiple functions or are dually certified by the Department of Education. For example, a non-ESE teacher also routinely serving as a sign language interpreter might be included in a time study. However, these situations must be documented by a school district and cleared through the Medicaid area office (please see the paragraph titled Avoidance of Audit Penalties). Note that the list above (begins on page 3-1) is not intended to serve as a method to classify staff for

purposes of obtaining SDAC reimbursement. For example, a non-ESE elementary school teacher should not automatically be classified as a “Program and Staffing Specialist”. Individuals sampled and claimed must be identified by an actual official school district title. In addition, staff with position numbers that are re-classified with a different FIRN code and job title which is no longer acceptable job titles as described in Chapter 3 Chapter 3 title are not permitted to complete the form. Please mark the replaced person as a 13 and remove that person’s name from the sample list as soon as possible. This position may be qualified to be certified as described in Chapter 3.

Avoidance of Audit Penalties

If a school district has staff performing SDAC reimbursable activities whose job titles do not fit those above (begins on page 3-1), a position description for these must be sent through Medicaid Headquarters office for review and approval prior to inclusion in the sample pool. The same procedure should be followed if new positions are added which do not fit the above job titles. The use of this approval system should assist school districts in avoiding fiscal penalties stemming from audits. The job title certification form contained in Appendix 3 of this chapter or the equivalent of the form may be used to obtain Medicaid approval. Submission of the documents for approval should be sent to the Medicaid area office for routing to Medicaid Headquarters staff for approval. Medicaid may require a grouping or clustering sample of these other requested job titles to ensure that the people in these positions actually perform some of the reimbursable activities described in Chapter 2. Clustering is further explained in Chapter 4. School district titles to be certified will be the districts assigned FIRN (Florida Information Resource Network) title and FIRN code as verified in the employees personnel file.

Clerical and Supervisory School District Staff

Clerical staff (aides, other than school health aides, secretaries and clerks), supervisory staff and administrators who provide direct support or supervision exclusively to sample pool participants usually do not participate in time studies. If a school district determines that staff in these positions actually performs SDAC reimbursable activities, the district may request approval from the Medicaid area office school services representative to have them included in the sample pool. Clerical and supervisory staff included in the reimbursement claim must also be certified. Clerical aides such as secretaries, non-professional administrative aides and non-accounting type clerks do not need certification.

Audit Lists of School District Staff Included in an SDAC Sample Pool

Each school district participating in SDAC must compile a quarterly master list of all school district staff to be included in their SDAC sample pool. A copy of each list must be maintained for three years after each time study is completed for audit purposes. If assistance is needed in determining whether certain staff positions are to be included in the time study process, the school district should contact the Medicaid area office school services representative for review and approval.

Aide Level Staff

For purposes of the SDAC program, aides are considered to be support staff and are usually not included in time studies unless they are “school health aides.” School health aides are aides, which are rendering medical and administrative services under the supervision of a licensed registered nurse.

Maintaining the Sample Pool

The sample pool must be maintained and updated quarterly

Appendix 1

INCLUSION OF EXCEPTIONAL STUDENT EDUCATION (ESE) TEACHERS IN TIME STUDIES

ESE teachers certified by the Department of Education to teach students with the following exceptionalities may be included in time studies without the permission of the Medicaid area offices:

1. Prekindergarten Handicapped
2. Educable Mentally Handicapped;
3. Trainable Mentally Handicapped;
4. Orthopedically Impaired;
5. Speech Impaired;
6. Language Impaired;
7. Deaf or Hard of Hearing;
8. Visually Impaired;
9. Emotionally/ Behaviorally Disabled Handicapped;
10. Profoundly Mentally Handicapped;
11. Autistic;
12. Severely Emotionally Disturbed;
13. Traumatic Brain Injured;
14. Developmentally Delayed;
15. Varying Exceptionalities;
16. Physically Impaired;
17. Other Health Impaired;
18. Specific Learning Disabled; and
19. Dual Sensory Impaired; and
20. Intellectually Disabled.

As a reminder, district staff included in time studies must actually perform reimbursable SDAC activities.

Appendix 2

SAMPLE POOL PERSONNEL/JOB TITLE CERTIFICATION

The Department of Health and Human Services, Office of the Inspector General, reviewed four participating school districts and found certain job titles of individuals included in the sample and cost pools that did not appear to relate to accessing Medicaid health care services. Use of this job title certification form will allow the school districts to review sample pool and support personnel for compliance with program guidelines to minimize future audit exceptions.

Chapter 3 of this guide lists examples of school district staff that may be included in the sample pool. Because this list is not considered all-inclusive and due to the fact that job titles can vary from district to district, there is a provision for including other school district personnel titles in the sample pool. The actual job function(s) of school district personnel is the primary basis for sample pool inclusion if the assigned FIRN code is compatible with Chapter 3 requirements. It should be noted that the FIRN code assigned by the district and included in that person's personnel file will not be approved if the FIRN code is from functions 5100, 5300, 5400, 5500, 5600, 5700, 5800, 5900, 7100, 7200, 7400, 7400, 7500, 7600, 7700, 7800, 7900, 8100, or 9200.. It should be noted that reimbursable activities are aimed at helping students become/stay Medicaid eligible and obtaining/monitoring access to medical care needed by the student. This job title certification document will serve as the school district's justification for the inclusion of job titles not specifically listed in Chapter 3.

This form must be completed by the school district for each specific job title/job code different from the categories specified in Chapter 3 for personnel included in the sample pool. One certification will be completed for each job title/job code; however, multiple staff may be located on the attached list (all personnel in a certified job title/job code may not perform SDAC reimbursable activities). This form must be sent to the Medicaid area office for submission to Headquarters staff for review and approval. Headquarters staff will return the completed form to the Medicaid area office who will then return the original, signed copy of the form to the school district. This signed form must be retained by the school district and produced if requested to by state or federal officials. The Medicaid area office will also retain a copy of the form. It is not necessary for a school district to send another form to the Medicaid area office if new staff are hired under a previously approved job title/job code. A record of staff changes should be maintained with the original approved job title/job code form in school district files.

If the costs for support staff are claimed, there must be a direct correlation between a clerical support staff or supervisor to the sampled worker. The burden of proof for this correlation rests with the school district. Correlation could be support staff that work in the same physical location as the sampled worker and perform administrative functions, i.e., filing or typing for that sampled worker. Examples of clerical support staff could be non-health related aides, secretaries, administrative aides and non-financial clerks. Titles similar to those generally do not need certification. Financial functions are considered reimbursed through the school districts' indirect rates. One level up supervisors must be officially responsible for the sample pool workers they supervise. It should be noted that if either support or supervisory staff support or supervise other than people in the claim, their costs must be pro-rated before claiming.

Generally, principals and non-ESE teachers are not to be included in the sample pool per CMS Region IV Program Issuance, Transmittal Notice MCD-06-09. Their main function is the total administration of the school and educating students. However, some of their duties and responsibilities might be described in the reimbursable activities in Chapter 2 and thus they may be includable in the sample pool after school district certification and Medicaid approval.

JOB TITLE CERTIFICATION

FIRN JOB TITLE _____

FIRN CODE _____ (From this individuals personnel file.)

Please select one

SAMPLED STAFF (YES) _____ SUPPORT STAFF (YES) _____

This is to certify for the job title and FIRN code identified above, that the personnel on the attached list perform the Medicaid administrative claiming reimbursable duties or provide clerical support to those that perform Medicaid administrative activities in accordance with Chapter 3 of the federally approved School District Administrative Claiming Guide. FIRN district job title refers to the title the district has given or assigned to the title in question and is used by the district to report expenditures to the Florida Department of Education. The FIRN equivalent is not acceptable for this certification. It must be the assigned FIRN code. The district is asked to identify the source of the FIRN title and code.

I am aware that further review of the title and listed participants in either the sample pool or support staff by appropriate federal or state officials may disallow the inclusion of these personnel with their associated costs and adjust reimbursement claims for the disallowance as claimed. Said judgment as to non-inclusion of this job title class or specific personnel within this class for reimbursement purposes from federal and state officials will be in compliance with specific existing federal policies or the guide. Tests for allow ability may be evaluation of this title’s sampling results for reimbursable utilization, direct interview of the listed personnel by Medicaid area office staff, or other tests deemed necessary by appropriate federal or state officials to ensure compliance with the guide.

Attached are the official job duties and responsibilities as they relate to reimbursable activities identified in Chapter 2 of this guide for this job title and a list of personnel with this job title currently being claimed under the School District Administrative Claiming Program. Also attached is additional school district documentation substantiating the job titles inclusion in the sample pool or as support staff included in the claim’s cost pool. These documents, after AHCA approval, are to be filed in the school district audit file.

Name (Print)

Signature

Title

Date

AHCA Headquarters School-Based Medicaid Staff

Signature/Approval

Date

CHAPTER 4

THE TIME STUDY PROCESS

Overview

Florida permits the random moment sampling (RMS) methodology for collection of data or time studies for the School District Administrative Claiming (SDAC) program. Two RMS methodologies are accepted by the Agency for Health Care Administration to participate in the program. The first is a standard paper generated sample process and the other is an electronic version which uses approved programming logic in a web based process to disseminate and record outreach activities performed by approved staff.

Both sampling methodologies involve the use of a statistically appropriate random selection of school district staff (as defined in Chapter 3) and times to collect data that is statistically representative of the time all district staff of specific disciplines or classifications spend performing approved Medicaid SDAC activities during a specified quarter. One hundred percent (100%) of school district staff time during the time study is captured through the various activities detailed in Chapter 2. Medicaid only reimburses school districts for the percentage of time spent on reimbursable activities as defined in Chapter 2 of this guide.

For the purposes of illustration, this guide defines the following roles established to define the management of the selection/oversight process and the staff who perform activities to support the Medicaid program:

- 1) Data Manager,
- 2) District Contact,
- 3) Sample Participant, and
- 4) Monitor.

The role of the Data Manager is to perform managerial functions which directs and monitors the entire program for districts who decide to enroll with an approved provider to ensure the validity of the sampling requirements and the RMS process. Their functions may include importing quarterly sampled participants, generating the sample and authenticating sampled activities for coding. The District Contact is a position which shares an association with the Data Manager and the Sample Participant to make certain that the RMS time studies are accurately distributed, notifications are acted upon in a timely manner before and after the moment is selected and coded before the sample expires. The Sample Participant is the individual (defined in Chapter 3 of this guide) who performs administrative functions including facilitating Medicaid access, promoting public awareness of child find activities, outreach and coordination, interagency referral for students who are in need of health and behavioral services in the school district. These individuals will be the ones to complete the RMS form that will be sent to the District Contact for activity coding. Finally, the Monitor is the Medicaid Area Office School Specialist who will assure the legitimacy of the RMS process and authenticate the activity coding of each sample form.

Methodology for Establishing the Sample Pool

School districts participating in the SDAC program must prepare a master listing of sample (per Chapter 3) and cost pool (see Chapter 6) participants by the school district's function, job code and title. The Data Manager will collect all employees roster to create a statistically appropriate computer generated random sample of staff in the sample pool. The sample participant will be selected from the sample pool listing for participation in the random moment sampling process.

Training

An important element in the successful implementation of new sampling systems is the development of standardized time study or observation forms with clear definitions and clear instructions. These materials must be developed in a manner to ensure consistent and uniform use by the sample takers and staff. All staff selected to participate in the random moment sample must participate in training that ensures an adequate understanding of SDAC activities, in accordance with Chapter 5 of this guide. Chapter 5 contains more detail relative to SDAC training.

Time Study Method - Random Moment Sampling

The random moment sample (RMS) method measures the work effort of the entire group of approved staff involved in the school district medical and health-related services program, by sampling and analyzing the work efforts of only a cross-section of the group. RMS methods employ a technique of polling employees at random moments (one minute) over a given time period and tallying the results of the polling over that period. The method provides a statistically valid means of determining the work effort being accomplished in each program of services. The following defines the process of participant notification prior to and after the moment of sampling.

The District Contact will either disseminate the RMS forms either manually or via a web based system. If an approved web is utilized the Sample Participant will be notified electronically via email that he or she has been selected to complete an RMS. This initial contact will originate from the District Contact's email server and function as a notification letting the Sample Participant know to check their email often over the next seven days because during that timeframe, another email will be sent containing the valid date and time of the RMS that needs their attention. During the time between the initial email and the definite RMS moment, the participant will not be able to view their form. On the actual day of the RMS, the District Contact will send an invitation email to the participant containing the date/time of the moment. The email will contain a hyperlink to a secured website where the participant can access the form using a temporary password. The participant will be asked to supply a personalized password so there will be no way for other users of the system to view or have access to the new password. With the private/personalized password the Sample Participant will logout of the hyperlinked system and log back into the RMS system to complete an online training demonstrating how to complete the form and to provide information about the purpose of Medicaid outreach and the purpose of being selected as a Sample Participant for the program. The Sample Participant will have seven working days to complete the form. After the moment is completed (or after 7 working days expire) the moment will be locked from further access or editing by anyone in the process.

The sampling period is defined as the same three-month period comprising each quarter of the federal calendar. The RMS software produces a random selection of observation moments concurrent with the entire reporting period, which are paired with randomly selected members of the designated staff population. The sampling frame is constructed to provide each staff person in the pool with an equal opportunity, or chance, to be included in each sample observation. Sampling occurs with replacement, so that after a staff person and a moment are selected, the staff person is returned to the potential sampling universe. Therefore, each staff person has the same chance as any other person to be selected for each observation, which ensures true independence of sample moments.

Once the random moment samples of staff-have been generated, the sample is printed in the form of master and location control lists for sample administration purposes, and as observation forms for collecting the observation data. The school District Contact distributes the appropriate control lists and observation forms to designated RMS coordinators/sample takers at some time prior to the beginning of the reporting period. Each sampled moment is identified on its respective control list in chronological order by the name of the staff person to be sampled and the date and time at which the observation should take place.

The master list is used by the District Contact to monitor the status of each observation form so that appropriate follow-up contacts can be made for delinquent observation forms or missing data on submitted forms. The location control listing is distributed to the local District Contacts. The District Contact at each location is responsible for ensuring that a copy of the form and instructions are distributed to sampled staff just prior to the time at which observation data will be collected. The completed sample observation forms are returned to the District Contact, generally on a weekly basis, for filing in the audit file in preparation for monitoring. The form may be so designed that for the moment selected, the school district staff may indicate their actual activity by, using an activity code or give sufficient written information on the form about their activity so the trained district coder can indicate the appropriate activity code as defined in Chapter 2. RMS forms that use the actual school district staff's written description of the activity performed for the moment must be approved by the Medicaid office prior to use.

Districts using an approved electronic RMS time study will initially run one quarter of electronic and one quarter of the paper RMS questionnaires simultaneously. This will give the Monitors and Headquarters staff a chance to review and evaluate the new method and insure that all requirements in this Guide are followed. If there are significant differences between the two sample methods as determined by Headquarters staff or issues with electronic documentation for review, the districts must be ready to do another parallel sample the subsequent quarter. This parallel sample of paper and electronic time studies will continue until Medicaid is satisfied with the results of the electronic time study.

Time Study Requirements

A time study system that meets federal reporting and documentation requirements is designed to permit a level of precision of +/- 5% (five percent) with a 95% (ninety-five percent) confidence level.

The statistical formula is as follows:

$$n = \frac{Np(1-p) * [Z]^2}{p(1-p) * [Z]^2 + [N-1]e^2}$$

N = Total moments available for sampling.

p = proportion. For our purposes, .5 or fifty percent will be used.

Z = Z-score. For the 95 percent confidence level, a Z-score equals 1.96.

e = error. For our purposes, a plus or minus 5 percent error is used.

n = the required sampled size.

Time Study Participation

School district staff included in the sample pool and randomly selected to participate in the time study must make every attempt to complete and return any time study form. Failure of selected school district staff to return a time study form without sufficient cause for any three reimbursement periods will result in the permanent removal of that school district staff from the sample and cost pools. All districts must return at least 75% of all RMS forms, when selected, to be tabulated to be considered participating. If selected to participate in the time study and forms are not completed and returned at the 75% level, districts will be considered non-participating and will not be reimbursed for that quarter.

School districts should cooperate with the monitoring activities as required. School districts, consulting agents or group managers must be able to provide upon request, the sample pool participants, those initially selected for the time study and those who return a useable completed time study.

Multiple District Sampling

A number of school districts may contract with a lead school district to implement a SDAC Program. School districts may also elect to be represented by a single consulting contractor or other group to combine sample pools from each of the participating districts. In these situations, each lead district, consulting contractor or group must develop a master roster of personnel by school district who perform some level of Medicaid administrative activity as required in Chapter 3. It is from these master rosters that individuals will be randomly selected to participate in the quarterly time study. The documentation and identification of sample pool participants for multi-district sampling are the same as single district sampling.

Time Study Results

Upon completion of the time study forms (paper or electronic), they will be sent to their respective Medicaid Area Office School Specialist to be reviewed in accordance with Chapter 8, Monitoring and Quality Control. The forms or auditable screen shots should be maintained for a period of three years, per the requirements in Chapter 7 of this guide. Activity data recorded in the time study is the basis used in the cost allocation process for calculation of each quarter's claim.

Time Study Documentation

Each selected reimbursable activity, as described in Chapter 2, must have a written supporting description to justify the activity selected. This activity should be verifiable by school district records. Insufficient written records to substantiate the activity will result in an invalid response. Justification of the reimbursable activity must be sufficient enough for state or federal personnel to arrive at the same conclusion of activity that the sampled individual or district coder selected. This supporting documentation must be included on the sample form and may be a brief phrase or one line sentence. Reimbursable activities selected with incomplete or missing documentation will not be used for reimbursement purposes. Erroneous selections, as determined by state or federal personnel, based on the written documentation will also not be used for reimbursement. Changes of a selection or documentation sentence made by someone other than the original author will not be used for reimbursement. All changes, to be counted, must be initialed and dated by the individual who originally wrote the changed item. To insure the integrity of the sample, changes greater than 30 days past the quarter sampled cannot be changed.

Monitoring and Quality Control

The Agency for Health Care Administration (AHCA), Department of Education, administrative claiming contractors, group data managers and school district staff will be responsible for the following monitoring oversight and support/maintenance functions:

- Ongoing quarterly updates to the sample universe to reflect all current relevant personnel actions (school districts);
- Coordination of sample generation (school districts, contractors and group data managers);
- Ensure the 95 percent sampling validity of each quarterly sample (contractors and group data managers);
- Implementation of quality control reviews of completed observation forms (AHCA, school districts, group data managers and contractors);
- Analyzing and summarizing sample results to ensure appropriate application to various cost objectives (AHCA); and
- Provision of quarterly standardized and uniform sources of Medicaid eligibility rate data to be used by contractors and school districts in computing the discount factors (AHCA and school districts).

The analysis used to review the reliability of the sampling results includes the following: evaluating the distribution of staff selected from areas to be representative of the staff in the

sample universe, examining the results of the activity precision table for each sample, reviewing the results to check for data anomalies, and comparing the sampling results to prior reporting or case count systems.

Medicaid Area Office School Specialist will have the responsibility of monitoring the original sampled observations. The purpose of this review or monitoring is to provide means of validating the results of the sample.

Original sample forms should be used for tabulation after the monitoring process described in Chapter 8 is completed. Copies of the original non-monitored RMS and time study forms may be used for tabulation if properly identified as such as explained in Chapter 8. Having produced suitable documentation of how sampled employees spent their time during the sampling period, the next steps for capturing costs associated with those employees and allocating appropriate costs to the Medicaid program using the percentages that result from the sampling effort are facilitated.

CHAPTER 5

TRAINING FOR SCHOOL DISTRICT ADMINISTRATIVE CLAIMING (SDAC)

Overview

School district staff, as specified in Chapter 3, who are included in a sample pool are required to be knowledgeable of all of the activities listed in Chapter 2. In addition, staff must be familiar with the sampling methodology and understand how to complete the approved time study form used to collect claiming data. This will include detailed training on completing the time study form as well as the purpose of this program.

Agency for Health Care Administration (AHCA) Involvement

Notification of training sessions must be made by the school district or consultant(s) to the Medicaid Area Office School Specialist. This notification must be made in advance of the training so that the school services representatives are provided the opportunity to attend. Training, particularly in the area of correct use of activity codes, is critical to the success of the SDAC program. The attendance of the school services representatives can help ensure that consistent, accurate information is being generated to school district staff throughout the state. Training must be rescheduled in order to accommodate the schedule of the area office school services representatives, if requested.

Training Approach

Training must be provided either by consultants under contract with school districts that have experience in administrative claiming policy or by school district staff. All staff must be trained prior to their initial participation in a time study. Some districts use written descriptions of activities and have central coders assign codes from the written descriptions. In these districts, the central coders must be trained (training of time study participants in these districts is recommended but not mandated). In addition to initial training, staff must be provided an opportunity for regular training updates. In addition, all new or reassigned staff must be trained prior to their participation in the time study. Training must include a detailed review of all reimbursable and non-reimbursable categories of activities and instructions on completing the time study form. Examples of activities for each category must be presented and discussed. Trainees must present actual experiences and situations routinely encountered during the workday and discuss how their participation in these activities would be recorded on time study forms. Sign-in sheets for training sessions or other forms of proof that a time study participant or central coder was trained may be requested by an auditor. Thus, it is recommended that school districts maintain documentation of training attendance. Costs and time study results relating to untrained staff will be disallowed if the untrained staff participated in a time study.

Training Materials

Training materials consist of handouts that include: detailed definitions and examples of all categories of activities, the time study form, and any supporting documents that help explain the Medicaid program, such as eligibility for Medicaid, benefits of participation in the CHCUP program, Medicaid access and referral information, and direct service information. It is suggested that training techniques include use of different media formats. All trainings regardless of format must be approved by the Agency. Training materials are subject to review by Medicaid Area Office School Specialist and AHCA headquarters staff. Internet training programs may negate the use of handouts. However, all Internet training programs must be approved by AHCA headquarters. Federal review of Internet training programs is also strongly recommended for audit protection. AHCA will automatically forward any Internet training programs to the federal Medicaid office for approval unless instructed to do otherwise by a school district or consultant.

Training Content

The training program should include the following content areas:

- the purpose of the sampling system and activity codes;
- electronic or paper review of the time study form and instructions; and
- procedures for problem resolution.

The administrator, coordinators/sample takers and alternates training program should include these additional areas:

- instruction regarding initiation of the control listing and sample generation;
- sample execution, roles, and functions of the sample administrator and coordinator/sample taker and alternates;
- time study form completion and coding for staff participating in the time study;
- data management and data reporting with respect to appropriate staff; and
- problem resolution.

Follow-up and Retraining

All school district staff to be included in the sample must be provided the opportunity for retraining on a routine basis. Staff who have incorrectly completed time study forms should participate in retraining prior to participation in another time study or, at a minimum, be contacted for an explanation of why the error occurred. Training must be routinely provided on any changes and updates to administrative claiming categories and activities. All new and reassigned staff must participate in training prior to participating in a time study.

CHAPTER 6

TIME STUDY RESULTS AND THE COST ALLOCATION PROCESS

Overview

The sampled participants listed in Chapter 3 must have their activities summarized into the different categories for the sampled period. This will be the basis for the School District Administrative Claiming (SDAC) reimbursement process. These accumulations of activities must be converted to percentages and applied to the total costs of the identified participants listed in Chapter 3.

Sampled Results

The SDAC sampling results referred to in Chapter 4 could be similar to those found in Appendix 1 of this chapter. For purpose of illustration, Appendix 1 shows results from a quarterly RMS with one thousand forms being distributed and one hundred percent of the forms are accounted for. Invalid and missing forms will be added to activity 11 and do not count toward the 75% participation requirement. General administration time should be re-allocated back to the other eleven activities on the basis of the sample. An illustration of this re-allocation is shown on Appendix 2.

Sample Pool

The sample pool described in Chapter 3 is the list of all school district personnel and contracted personnel that do any of the reimbursable activities detailed in Chapter 2. All people listed in this pool will be included in the district's time study. Individuals who are not included for the entire quarter on the sample pool list given to the data manager before the quarter begins will not be reimbursed. Only those titles in chapter 3 and subsequent titles certified should be included on this list. Forms filled out by non-sample pool participants or non-certified personnel are invalid and will not count toward the 75 percent requirement.

District Quarterly Expenditures

Appendix 3 indicates the school district's total matchable funds for this program. Only funds expended from Fund 100 or the General Fund will be reimbursed. A portion of these costs will be claimed. Appendix 3 salaries and benefits will give the denominator of the 300-400-500 cost allocation fraction, the 300-400-500 amount and the total training cost to be allocated.

Allowable Costs

Allowable costs are those costs that relate solely to expenditures that benefit the personnel listed in the sample pool with their support staff. Prime examples of allowable costs would be salaries and benefits solely attributed to the specific personnel on the sample pool list and their support staff. Also included, if properly sampled, in these allowable costs would be contracted professional and technical services expensed in object code 310 or 390. Other allowable costs

would be allocated costs and the indirect cost component by percentage. Determination and inclusion of any costs ultimately rests with OMB Circular A-87.

Allowable DOE expenditure object codes to be included are:

Object	Description
100	Salaries
200	Employee Benefits
300	Purchased Services
400	Energy Services
500	Materials and Supplies

Allowable costs that can be claimed can be grouped into three general categories:

1. Direct Costs,
2. Indirect costs, and
3. Allocated Costs.

DIRECT COSTS

Personnel Costs

Appendix 4 lists all the district employees, excluding outside contracted personnel, with fund paid, job code, job title, name, sampled or non-sampled and their associated costs. This list will contain both the sampled and support or non-sampled support staff. Reimbursement cannot be obtained for anyone not included in this quarterly list. This list is not required to be filed with the claim, but must be made available if requested by state or federal officials. Total district staff costs for the quarter will be summarized by title in the Cost Pool Summary, Appendix 7.

. **Note:** the 75 percent rate will **not** be reimbursed for SPMP activities occurring on or after January 1, 2003.

Outside Contractors

Outside contractors are allowed for reimbursement only if they are specifically identified by name on the quarterly sample pool list given to the data managers. This requirement insures that outside contractors be subject to the same sampling requirements as district school staff.

Appendix 5 is an example of outside contracted staff with associated expenses. Total contracted costs for the quarter will be summarized in the Cost Pool Summary, Appendix 7.

Support Staff

Also included as allowable personnel costs would be the costs attributed to the non-sampled supervisory (one level up) and clerical staff (one level down) that provides direct support exclusively to those who perform SDAC activities as identified in the sample pool. If this staff supports other personnel that do not perform the reimbursable activities, then their costs must be

allocated to all the people they support. Therefore, only the costs related to the sample pool personnel with the appropriate support staff costs should be shown on Appendix 7.

An example of allocated support staff would be ESE Directors who also oversee gifted students. Their costs should be allocated to the SDAC program in proportion to their time spent with personnel identified in the sample pool and issues concerning the SDAC program.

INDIRECT COSTS

Indirect Costs

Indirect costs for the purpose of this claim are the school district's general administrative costs that benefit and support the personnel identified in the cost pool.

The school district functions and cost centers that make up the school districts indirect costs are part of the annual Florida DOE Cost Allocation Plan (CAP). This CAP is submitted to the cognizant Florida and Federal (Federal Department of Education) agencies for annual approval. The resulting percentage will then be applied to allowable costs. Medicaid will allow this approved indirect rate percentage for claiming purposes. Indirect costs will be claimed on the administrative claim form on Appendix 1, Chapter 7.

ALLOCATED COSTS

Allocated Costs

Allocated costs for the SDAC program are defined as follows:

Object codes 300, (less contracted personnel) 400 and 500 costs will be allocated to the personnel contained in the claim by function. These costs that are accumulated from the District Quarterly Expenditures work sheet, Appendix 3, will be allocated to the personnel in the claim based on their salaries and benefits in comparison to the total salaries and benefits, Appendix 3 and 6.

Staff training, Function 6400 will be allocated on the bottom of the 300-400-500 work sheet, Appendix 6.

Other allocated costs would be the removal of supervisory and clerical support staff expenses for time spent supporting other people who are not listed in the claim. The allocation factor should be a percentage of time spent between the two groups. These reduced amounts should be accounted for on the School District Personnel, Appendix 4.

Federal Revenue Offsets

The following rules govern which revenues received by a program must be offset (i.e., subtracted from costs) before federal funds may be claimed under the SDAC program:

- All federal funds;

- All state revenues which have been previously matched by the federal government must be offset including state general revenues for the Medicaid services program;
- State general funds specifically earmarked solely for the delivery of services without an administrative component may not be used to draw down a federal match for administrative activities and must be offset; and
- Insurance and other fees collected from non-governmental sources must be offset.

Reimbursable Cost Pool

The reimbursable cost pool is the total allowable amount of direct and allocated costs of the participants in the sample pool. This will also include the allowable costs of their support staff to be claimed. The total reimbursable costs, excluding the indirect portion, will be found in the Cost Pool Summary, Appendix 7.

Billing Provider Costs (Optional)

Appendix 8, Billing Provider Costs, separates the billing personnel costs from the non-billing personnel costs. This work sheet with the three other quarterly amounts will give the district an indicator of how much fee-for-service they should be billing for the fiscal year.

QUARTERLY SAMPLE RESULTS

District: Any
For the Quarter Ending: 6/30/20XX

Activity		Total	Percent
1A	Outreach to Medicaid Program	2	0.2132%
1B	Outreach to Medicaid Program - Enhanced	0	0.0000%
2	Outreach to Non-Medicaid Program	1	0.1066%
3	Facilitate Medicaid Application	0	0.0000%
4	Facilitate Non-Medicaid Application	6	0.6397%
5A	Care Planning/Coordinating Medical Services	106	11.3006%
5B	Care Planning/Coordinating Medical Services - Enhanced	1	0.1066%
6	Client Assistance to Medicaid Services	0	0.0000%
7A	Child Health Checkup Training (CHCU)	7	0.7463%
7B	Child Health Checkup Training (CHCU) - Enhanced	0	0.0000%
8A	Coordination with ACHA/Contracted Provider	1	0.1066%
8B	Coordination with ACHA/Contracted Provider - Enhanced	0	0.0000%
9A	Program Planning, Development, and Monitoring	9	0.9595%
9B	Program Planning, Development, and Monitoring - Enhanced	0	0.0000%
10	Direct Medical/School Health Services	135	14.3923%
11	Non-Medicaid Other Services	573	61.0874%
	Subtotal	841	89.6588%
12	General Administration	97	10.3412%
	Subtotal	938	100.0000%
13	Not Scheduled to Work	62	
	Total	1000	

FILE WITH CLAIM

Release 12

MACS DATA MANAGEMENT GROUP

District:
For the Quarter Ending:

General Administration Allocation

Activity Count Sub Totals... Where the "General Administration Activity Count" (Activity 12) Has Not Been Allocated to	Activity Percentages For Activities 1 Through 11... Based on the Activity Count Total for Activities 1	Allocation of "General Administrati on Activity Count" (Activity 12)... to Activites 1 Through 11.	Activity Count Sub Totals Where the "General Administration Activity Count" (Activity 12) Has Been Allocated to Activites 1 Through 11.	Activity Percentages For Activities 1 Through 11... Based on the Activity Count Total for Activities 1 Through 11, After the "General Administration Activity Count" (Activity 12) Has Been Allocated to Activites 1 Through 11.
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Act.						
1A	Outreach to Medicaid Program	2	0.2378%	0.2307	2.2307	0.2378%
1B	Outreach to Medicaid Program - Enhanced	-	0.0000%	0.0000	0.0000	0.0000%
2	Outreach to Non-Medicaid Program	1	0.1189%	0.1153	1.1153	0.1189%
3	Facilitate Medicaid Application	-	0.0000%	0.0000	0.0000	0.0000%
4	Facilitate Non-Medicaid Application	6	0.7134%	0.6920	6.6920	0.7134%
5A	Care Planning/Coordinating Medical Services	106	12.6040%	12.2259	118.2259	12.6040%
5B	Care Planning/Coordinating Medical Services -	1	0.1189%	0.1153	1.1153	0.1189%
6	Client Assistance to Medicaid Services	-	0.0000%	0.0000	0.0000	0.0000%
7A	Child Health Checkup Training (CHCU)	7	0.8323%	0.8073	7.8073	0.8323%
7B	Child Health Checkup Training (CHCU) -	-	0.0000%	0.0000	0.0000	0.0000%
8A	Coordination with ACHA/Contracted Provider	1	0.1189%	0.1153	1.1153	0.1189%
8B	Coordination with ACHA/Contracted Provider -	-	0.0000%	0.0000	0.0000	0.0000%
9A	Program Planning, Development, and Monitoring	9	1.0702%	1.0381	10.0381	1.0702%
9B	Program Planning, Development, and Monitoring -	-	0.0000%	0.0000	0.0000	0.0000%
10	Direct Medical/School Health Services	135	16.0523%	15.5707	150.5707	16.0523%
11	Non-Medicaid Other Services	573	68.1332%	66.0892	639.0892	68.1332%
	Subtotal	841	99.9999%	97	938	99.9999%

12	General Administration	97
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	Sub-Total	938
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13	Not Scheduled to Work	62
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	Total	1,000
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	62
Total	1000

Appendix 2

FILE WITH CLAIM

Release 012.

November 2013

School District Quarterly Expenditures - General Fund 100 Only

District:									
For the Quarter Ending:									
		Reimbursable Expenditures							
Function	Title	Salaries 100	Benefits 200	Pro. & Tech. POS (1)	POS Other Allow. Costs	Energy 400	Mat. & Sup. 500	Allocated 300-400-500 (2)	Total
5000	Instruction	\$ 530,087	\$ 142,249	\$ 1,284,922	\$ 318,355	\$ 441	\$ 855,817	\$ 1,174,613	\$ 3,131,871
5100	K-12	\$ 39,151,231	\$ 12,220,177	\$ 37,862	\$ 126,416		\$ 140,643	\$ 267,059	\$ 51,676,329
5200	ESE	\$ 8,875,300	\$ 2,939,558	\$ 51,225	\$ 18,225		\$ 4,700	\$ 22,925	\$ 11,889,008
5300	Vo-Tec	\$ 1,496,569	\$ 446,195		\$ 1,687		\$ 8,496	\$ 10,183	\$ 1,952,947
5400	Adult General							\$ -	\$ -
5500	Prekindergarten							\$ -	\$ -
5900	Other Non FEFP							\$ -	\$ -
6000	Instruction Supp.							\$ -	\$ -
6100	PPS	\$ 52,338	\$ 16,383	\$ 140,646	\$ 1,495		\$ 8,044	\$ 9,539	\$ 218,906
6110	Atten/SW	\$ 19,1526	\$ 56,752	\$ 194,034	\$ 3,065			\$ 3,065	\$ 445,377
6120	Guidance	\$ 1,760,258	\$ 532,582		\$ 1,084		\$ 173	\$ 1,257	\$ 2,294,097
6130	Health	\$ 382,877	\$ 146,701	\$ 61,798	\$ 4,891		\$ 1,099	\$ 5,990	\$ 597,366
6140	Psych.	\$ 260,962	\$ 72,812	\$ 10,035	\$ 1,477		\$ 48	\$ 1,525	\$ 345,334
6150	PPS Other							\$ -	\$ -
6190	Other PPS							\$ -	\$ -
6200	Media	\$ 947,840	\$ 301,214		\$ 1,372		\$ 11,630	\$ 13,002	\$ 1,262,056
6300	Curr. Develop.	\$ 639,285	\$ 183,265	\$ 7,425	\$ 25,592		\$ (16,998)	\$ 8,594	\$ 838,569
6400	Training	\$ 375,908	\$ 114,560	\$ 64,466	\$ 19,598		\$ 6,833	\$ 26,431	\$ 581,365
6500	Inst. Rel Tech	\$ 553,536	\$ 167,337		\$ 15,465		\$ 1,321	\$ 16,786	\$ 737,659
7000	General Support							\$ -	\$ -
7100	Board	\$ 116,418	\$ 38,571	\$ 142,309	\$ 6,295		\$ 2,475	\$ 8,770	\$ 306,068
7200	General Admin.	\$ 338,844	\$ 96,844		\$ 2,812		\$ 649	\$ 3,461	\$ 439,149
7300	School Admin.	\$ 5,438,851	\$ 1,811,818		\$ 36,700		\$ 17,991	\$ 54,691	\$ 7,305,360
7400	Fac. Acquisition			\$ 765	\$ 5,979		\$ 613	\$ 6,592	\$ 7,357
7500	Fiscal Services	\$ 353,772	\$ 117,002	\$ 2,550	\$ 7,077	\$ 561	\$ 2,664	\$ 10,302	\$ 483,626
7600	Food Serv.	\$ (72)	\$ (13)					\$ -	\$ (85)
7700	Central Serv.	\$ 7,353	\$ 802					\$ -	\$ 8,155
7710	Planning/Research	\$ 8,693	\$ 3,184		\$ 492		\$ 190	\$ 682	\$ 12,559
7720	Information Serv							\$ -	\$ -
7730	Staff Services	\$ 406,178	\$ 332,118	\$ 32,778	\$ 43,621		\$ 4,036	\$ 47,657	\$ 818,731
7740	Statistical Serv.							\$ -	\$ -
7750	Data Processing							\$ -	\$ -
7760	Internal	\$ 17,1775	\$ 61,419		\$ 14,106	\$ 4,114	\$ 8,124	\$ 26,344	\$ 259,538
7790	Other							\$ -	\$ -
7800	Transportation	\$ 2,617,162	\$ 1,447,016	\$ 6,885	\$ 76,567	\$ 640,883	\$ 346,980	\$ 1,064,430	\$ 5,135,493
7900	Plant Oper.	\$ 2,460,985	\$ 1,165,595	\$ 6,445	\$ 1,496,389	\$ 4,224,649	\$ 246,740	\$ 5,967,778	\$ 9,600,803
8100	Plant Maint.	\$ 1,333,949	\$ 455,590	\$ 16,116	\$ 354,847	\$ 1,225	\$ 323,904	\$ 679,976	\$ 2,485,631
8200	Admin Tech Serv	\$ 385,727	\$ 118,798	\$ 217,617	\$ 130,488		\$ 3,834	\$ 134,322	\$ 856,464
9100	Comm. Serv.	\$ 135,480	\$ 43,575		\$ 23,299		\$ 6,736	\$ 30,035	\$ 209,090
9200	Debt Service							\$ -	\$ -
9700	Transfers							\$ -	\$ -
Total		\$ 68,992,832	\$ 23,032,104	\$ 2,277,878	\$ 2,737,394	\$ 4,871,873	\$ 1,986,742	\$ 9,596,009	\$ 103,898,823
FILE WITH CLAIM								Total Check	CORRECT

SCHOOL DISTRICT PERSONNEL ALPHA

FUNC	JOB CD	TITLE	NAME	Employee Id	N/S	GROSS	TAXES	INSURANCE	RETIREMENT	MISC	BENEFITS	TOTAL
5200	52000	Teacher Exceptiona		00951		\$ 13,843	\$ 888	\$ 1,364	\$ 1,687	\$ 43	\$ 3,982	\$ 17,825
7300	91	Secretary		00952	N/S	\$ 5,020	\$ 358	\$ 494	\$ 1,687	\$ 11	\$ 2,551	\$ 7,571
6120	61233	Counselor High		00953		\$ 16,246	\$ 1,217	\$ 1,773	\$ 1,687	\$ 69	\$ 4,745	\$ 20,992
6120	61233	Counselor High		00954		\$ 19,873	\$ 1,506	\$ 1,958	\$ 1,687	\$ 69	\$ 5,219	\$ 25,092
5200	52000	Teacher Exceptiona		00955		\$ 10,874	\$ 823	\$ 1,071	\$ 1,687	\$ 18	\$ 3,599	\$ 14,474
5200	52000	Teacher Exceptiona		00956		\$ 5,154	\$ 371	\$ 508	\$ 844	\$ 6	\$ 1,728	\$ 6,882
5200	52000	Teacher Exceptiona		00957		\$ 1,803	\$ 137	\$ 178	\$ -	\$ -	\$ 315	\$ 2,188
5200	52000	Teacher Exceptiona		00958		\$ 9,988	\$ 759	\$ 984	\$ 1,687	\$ 15	\$ 3,446	\$ 13,433
6120	61233	Counselor High		00959		\$ 13,295	\$ 1,018	\$ 1,310	\$ -	\$ 105	\$ 2,432	\$ 15,728
5200	52000	Teacher Exceptiona		00960		\$ 10,467	\$ 791	\$ 1,031	\$ 1,687	\$ 15	\$ 3,524	\$ 13,991
6130	61320	School Board Nurse		00961		\$ 13,443	\$ 1,030	\$ 1,324	\$ -	\$ 118	\$ 2,472	\$ 15,915
6120	61233	Counselor High		00962		\$ 18,005	\$ 1,379	\$ 1,774	\$ 1,687	\$ 44	\$ 4,883	\$ 22,888
7300	73008	Assistant Principa		00963		\$ 12,817	\$ 975	\$ 1,263	\$ 1,687	\$ 20	\$ 3,945	\$ 16,762
7300	73001	Principal Elementa		00964		\$ 22,178	\$ 1,707	\$ 2,410	\$ 1,687	\$ 238	\$ 6,042	\$ 28,219
6130	61320	School Board Nurse		00965		\$ 6,684	\$ 511	\$ 658	\$ -	\$ 40	\$ 1,210	\$ 7,894
6140	63102	Specialist Staffin		00966		\$ 3,445	\$ 263	\$ 336	\$ 422	\$ (7)	\$ 1,014	\$ 4,459
6120	61232	Counselor Middle		00967		\$ 13,131	\$ 996	\$ 1,293	\$ 1,687	\$ 22	\$ 3,998	\$ 17,129
5200	52000	Teacher Exceptiona		00968		\$ 8,308	\$ 615	\$ 818	\$ 1,687	\$ 14	\$ 3,134	\$ 11,442
6120	61232	Counselor Middle		00969		\$ 13,131	\$ 999	\$ 1,293	\$ 1,687	\$ 28	\$ 4,007	\$ 17,137
7300	91	Secretary		00970	N/S	\$ 3,440	\$ 218	\$ 339	\$ 1,687	\$ 11	\$ 2,255	\$ 5,695
7730	91	Secretary		00971	N/S	\$ 500	\$ 34	\$ -	\$ -	\$ -	\$ 34	\$ 534
5200	52000	Teacher Exceptiona		00972		\$ 11,957	\$ 912	\$ 1,178	\$ 1,406	\$ 12	\$ 3,508	\$ 15,464
5200	52000	Teacher Exceptiona		00973		\$ 10,165	\$ 778	\$ 1,001	\$ -	\$ -	\$ 1,779	\$ 11,943
7300	73001	Principal Elementa		00974		\$ 20,670	\$ 1,589	\$ 2,245	\$ 1,687	\$ 121	\$ 5,642	\$ 26,312
6120	61231	Counselor Elementa		00975		\$ 7,830	\$ 595	\$ 782	\$ 1,294	\$ 12	\$ 2,682	\$ 10,511
6120	61231	Counselor Elementa		00976		\$ 10,885	\$ 830	\$ 1,065	\$ 1,265	\$ 12	\$ 3,172	\$ 14,057
5200	52018	Speech Language Pa		00977		\$ 8,923	\$ 683	\$ 879	\$ 1,687	\$ -	\$ 3,249	\$ 12,172
5200	52000	Teacher Exceptiona		00978		\$ 12,188	\$ 933	\$ 1,201	\$ 1,687	\$ 31	\$ 3,852	\$ 16,039
5200	52000	Teacher Exceptiona		00979		\$ 13,186	\$ 1,009	\$ 1,299	\$ 1,687	\$ 21	\$ 4,016	\$ 17,202
5200	52000	Teacher Exceptiona		00980		\$ 5,626	\$ 415	\$ 554	\$ 1,687	\$ 11	\$ 2,667	\$ 8,294
6140	63102	Specialist Staffin		00981		\$ 3,238	\$ 246	\$ 317	\$ 422	\$ 5	\$ 989	\$ 4,227
6110	61131	School Social Work		00982		\$ 7,743	\$ 529	\$ 763	\$ 1,265	\$ 10	\$ 2,567	\$ 10,310
7300	73001	Principal Elementa		00983		\$ 16,974	\$ 1,299	\$ 2,215	\$ 1,687	\$ 30	\$ 5,232	\$ 22,206
5200	52000	Teacher Exceptiona		00984		\$ 17,603	\$ 1,338	\$ 1,734	\$ 1,687	\$ 53	\$ 4,813	\$ 22,415
5200	52000	Teacher Exceptiona		00985		\$ 14,642	\$ 1,122	\$ 1,442	\$ 1,687	\$ 44	\$ 4,295	\$ 18,937
6400	52000	Teacher Exceptiona		00986		\$ 374	\$ 29	\$ 37	\$ -	\$ -	\$ 66	\$ 440
5200	52000	Teacher Exceptiona		00987		\$ 6,611	\$ 491	\$ 651	\$ 1,406	\$ 12	\$ 2,561	\$ 9,172
FUND 100 TOTAL						\$ 9,578,207	\$ 713,059	\$ 980,680	\$ 1,239,708	\$ 24,722	\$ 2,958,173	\$ 12,536,374

District Cost Allocation, Object 300 Less 310, 400, and 500 Costs									
District:									
For the Quarter Ending:									
Personnel Claimed by Function	Salaries Claimed	Benefits Claimed	Total Claimed	Total Function Salaries	Total Function Benefits	Function Total	Percent Claim to Function	Object 300-400-500	Allocated 300-400-500
5000			\$ -	\$ 530,087	\$ 142,249	\$ 672,336	0.00%	\$ 1,174,613	\$ -
5100			\$ -	\$ 39,151,231	\$ 12,220,177	\$ 51,371,408	0.00%	\$ 267,059	\$ -
5200	\$ 5,562,811	\$ 1,732,803	\$ 7,295,614	\$ 8,875,300	\$ 2,939,558	\$ 11,814,858	61.75%	\$ 22,925	\$ 14,156
5300			\$ -	\$ 1,496,569	\$ 446,195	\$ 1,942,764	0.00%	\$ 10,183	\$ -
5400			\$ -				0.00%	\$ -	\$ -
5500			\$ -				0.00%	\$ -	\$ -
5900			\$ -				0.00%	\$ -	\$ -
6000			\$ -				0.00%	\$ -	\$ -
6100			\$ -	\$ 52,338	\$ 16,383	\$ 68,721	0.00%	\$ 9,539	\$ -
6110	\$ 171,636	\$ 50,705	\$ 222,341	\$ 19,1526	\$ 56,752	\$ 248,278	89.55%	\$ 3,065	\$ 2,745
6120	\$ 1,576,067	\$ 466,495	\$ 2,042,562	\$ 1,760,258	\$ 532,582	\$ 2,292,840	89.08%	\$ 1,257	\$ 1,120
6130	\$ 367,970	\$ 137,037	\$ 505,007	\$ 382,877	\$ 146,701	\$ 529,578	95.36%	\$ 5,990	\$ 5,712
6140	\$ 250,872	\$ 75,857	\$ 326,729	\$ 260,962	\$ 72,812	\$ 333,774	97.89%	\$ 1,525	\$ 1,493
6150			\$ -				0.00%	\$ -	\$ -
6190			\$ -				0.00%	\$ -	\$ -
6200			\$ -	\$ 947,840	\$ 301,214	\$ 1,249,054	0.00%	\$ 13,002	\$ -
6300	\$ 197,789	\$ 60,058	\$ 257,847	\$ 639,285	\$ 183,265	\$ 822,550	31.35%	\$ 8,594	\$ 2,694
6400 (1)	\$ 3,821	\$ 658	\$ 4,479	\$ 375,908	\$ 114,560	\$ 490,468	0.91%	\$ 26,431	N/A
6500			\$ -	\$ 553,536	\$ 167,337	\$ 720,873	0.00%	\$ 16,786	\$ -
7000			\$ -				0.00%	\$ -	\$ -
7100			\$ -	\$ 116,418	\$ 38,571	\$ 154,989	0.00%	\$ 8,770	\$ -
7200			\$ -	\$ 338,844	\$ 96,844	\$ 435,688	0.00%	\$ 3,461	\$ -
7300	\$ 1,442,556	\$ 434,245	\$ 1,876,801	\$ 5,438,851	\$ 1,811,818	\$ 7,250,669	25.88%	\$ 54,691	\$ 14,154
7400			\$ -				0.00%	\$ 6,592	\$ -
7500			\$ -	\$ 353,772	\$ 117,002	\$ 470,774	0.00%	\$ 10,302	\$ -
7600			\$ -	\$ (72)	\$ (13)	\$ (85)	0.00%	\$ -	\$ -
7700			\$ -	\$ 7,353	\$ 802	\$ 8,155	0.00%	\$ -	\$ -
7710			\$ -	\$ 8,693	\$ 3,184	\$ 11,877	0.00%	\$ 682	\$ -
7720			\$ -				0.00%	\$ -	\$ -
7730	\$ 4,750	\$ 341	\$ 5,091	\$ 406,178	\$ 332,118	\$ 738,296	0.69%	\$ 47,657	\$ 329
7740			\$ -				0.00%	\$ -	\$ -
7750			\$ -				0.00%	\$ -	\$ -
7760			\$ -	\$ 171,775	\$ 61,419	\$ 233,194	0.00%	\$ 26,344	\$ -
7790			\$ -				0.00%	\$ -	\$ -
7800			\$ -	\$ 2,617,162	\$ 1,447,016	\$ 4,064,178	0.00%	\$ 1,064,430	\$ -
7900			\$ -	\$ 2,460,985	\$ 1,165,595	\$ 3,626,580	0.00%	\$ 5,967,778	\$ -
8100			\$ -	\$ 1,333,949	\$ 455,590	\$ 1,789,539	0.00%	\$ 679,976	\$ -
8200			\$ -	\$ 385,727	\$ 118,798	\$ 504,525	0.00%	\$ 134,322	\$ -
9100			\$ -	\$ 135,480	\$ 43,575	\$ 179,055	0.00%	\$ 30,035	\$ -
9200			\$ -				0.00%	\$ -	\$ -
9700			\$ -				0.00%	\$ -	\$ -
Total	\$ 9,578,272	\$ 2,958,199	\$ 12,536,471	\$ 68,992,832	\$ 23,032,104	\$ 92,024,936		\$ 9,596,009	\$ 42,403
	CORRECT	CORRECT		CORRECT	CORRECT			CORRECT	

(1) IF Reimbursement is claimed here, then put the POSITIVE amount of salaries and benefits claimed in cells D54 and E54. The formulas in D55 and E55 will subtract these previously claimed amounts above from Total 6400 salaries and benefits that are to be allocated. This is necessary to avoid both claiming the costs above and being included in J55. **FILE WITH CLAIM**

Function 6400 Staff Training Allocation							
	Salaries	Benefits	Prof & Tech	Other Allowable 300	400	500	Total
Total 6400 Costs	\$ 62,149	\$ 9,958	\$ 12,634	\$ 10,066		\$ 398	\$ 95,205
CLAIMED 6400	\$ 3,821	\$ 658					\$ 4,479
Net Costs	\$ 58,328	\$ 9,300	\$ 12,634	\$ 10,066	\$ -	\$ 398	\$ 90,726
							CORRECT
Salaries / Benefits Claimed		\$ 12,536,471			13.62%	Claimed	\$ 12,357
District Salaries and Benefits-Fund 100		\$ 92,024,936					

Release 012

Cost Pool Summary

District:						
For the Quarter Ending:						
	Expenditures					
Job Classification	Salaries 100	Benefits 200	Pro. & Tech. 310	300-400- 500	Training	Total
Adm ESSS Area	\$ 91,510	\$ 24,016				\$ 115,526
Assistant Clinic 1	\$ 141,187	\$ 70,060				\$ 211,247
Assistant Principa	\$ 491,948	\$ 144,422				\$ 636,370
Counselor Elementa	\$ 482,737	\$ 142,123				\$ 624,860
Counselor High	\$ 653,941	\$ 190,961				\$ 844,902
Counselor Middle	\$ 408,066	\$ 118,654				\$ 526,720
Educ Interpreter	\$ 45,275	\$ 19,602				\$ 64,877
Principal Elementa	\$ 747,608	\$ 211,525				\$ 959,133
Principal ESE Cent	\$ 42,669	\$ 12,412				\$ 55,081
School Board Nurse	\$ 211,526	\$ 59,056				\$ 270,582
School Psychologis	\$ 189,316	\$ 57,866	\$ 13,305			\$ 260,487
School Social Work	\$ 171,636	\$ 50,705				\$ 222,341
Specialist Augment	\$ 26,922	\$ 8,132				\$ 35,054
Specialist Staffin	\$ 61,556	\$ 17,991				\$ 79,547
Speech Language Pa	\$ 868,107	\$ 269,410	\$ 3,663			\$ 1,141,180
Teacher Exceptiona	\$ 4,461,520	\$ 1,393,495				\$ 5,855,015
Teacher Homebound	\$ 29,857	\$ 6,912				\$ 36,769
Therapist Occupati	\$ 121,748	\$ 34,300	\$ 4,576			\$ 160,624
Therapist Physical	\$ 39,105	\$ 9,401				\$ 48,506
Vision Assistant	\$ 16,757	\$ 8,027				\$ 24,784
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Supervisory and Clerical Support	\$ 275,281	\$ 109,129				\$ 384,410
Allocated 300-400-500 Costs				\$ 42,403		\$ 42,403
						\$ -
6400 Costs					\$ 12,357	\$ 12,357
Total Program Costs	\$ 9,578,272	\$ 2,958,199	\$ 21,544	\$ 42,403	\$ 12,357	\$ 12,612,775
			CORRECT	CORRECT	CORRECT	OKAY, ROW AND
FILE WITH CLAIM						COLUMN TOTALS
Release 012						MATCH
Note: List and group sampled school district personnel by actual primary school district title.						

Billing Provider Costs
OPTIONAL

District:
For the Quarter Ending:

Billing Providers	Salaries	Benefits	Purchased Services	Total Salaries, Benefits and Contract	Indirect % 3.55%	Act 10 Elig.	16.05% 24.20%	FMAP 67.64%	State Matching Share
Augmentative Specialist	\$ 26,922	\$ 8,132		\$ 35,054	\$ 36,298		\$ 1,410	\$ 954	\$ 456
Counselor	\$ 1,544,744	\$ 451,738		\$ 1,996,482	\$ 2,067,357		\$ 80,298	\$ 54,314	\$ 25,984
Health Aides	\$ 141,187	\$ 70,060		\$ 211,247	\$ 218,746		\$ 8,496	\$ 5,747	\$ 2,749
Occupational Therapist / COTA	\$ 121,748	\$ 34,300	\$ 4,576	\$ 160,624	\$ 166,326		\$ 6,460	\$ 4,370	\$ 2,090
Physical Therapist / PTA	\$ 39,105	\$ 9,401		\$ 48,506	\$ 50,228		\$ 1,951	\$ 1,320	\$ 631
Psychologist	\$ 189,316	\$ 57,866	\$ 13,305	\$ 260,487	\$ 269,734		\$ 10,477	\$ 7,087	\$ 3,390
RN / LPN / Nurse Assistant	\$ 211,526	\$ 59,056		\$ 270,582	\$ 280,188		\$ 10,883	\$ 7,361	\$ 3,522
Social Worker	\$ 171,636	\$ 50,705		\$ 222,341	\$ 230,234		\$ 8,943	\$ 6,049	\$ 2,894
Speech-Language Pathologist	\$ 868,107	\$ 269,410	\$ 3,663	\$ 1,141,180	\$ 1,181,692		\$ 45,898	\$ 31,045	\$ 14,853
				\$ -	\$ -		\$ -	\$ -	\$ -
				\$ -	\$ -		\$ -	\$ -	\$ -
				\$ -	\$ -		\$ -	\$ -	\$ -
				\$ -	\$ -		\$ -	\$ -	\$ -
Total Billing Providers	\$ 3,314,291	\$ 1,010,668	\$ 21,544	\$ 4,346,503	\$ 4,500,803		\$ 174,816	\$ 118,247	\$ 56,569
Non-billing Providers									
Assistant Principal, Elementary	\$ 491,948	\$ 144,422		\$ 636,370					
ESE Administrators	\$ 91,510	\$ 24,016		\$ 115,526					
ESE Center Principals	\$ 42,669	\$ 12,412		\$ 55,081					
ESE Teachers	\$ 4,461,520	\$ 1,393,495		\$ 5,855,015					
ESE Teacher Homebound	\$ 29,857	\$ 6,912		\$ 36,769					
Interpreter	\$ 45,275	\$ 19,602		\$ 64,877					
Principal, Elementary	\$ 747,608	\$ 211,525		\$ 959,133					
Program/Staffing Specialist	\$ 61,556	\$ 17,991		\$ 79,547					
Vision Assistant	\$ 16,757	\$ 8,027		\$ 24,784					
				\$ -					
				\$ -					
				\$ -					
Total Non-billing Personnell	\$ 5,988,700	\$ 1,838,402	\$ -	\$ 7,827,102					
Supervisory and Clerical Support	\$ 275,281	\$ 109,129		\$ 384,410					
Salaries, Benefits and Pro & Tech 310	\$ 9,578,272	\$ 2,958,199	\$ 21,544	\$ 12,558,015			\$ 174,816	\$ 118,247	\$ 56,569
	CORRECT	CORRECT	CORRECT	\$ 12,558,015	CHECK				

Quarterly Summary

	Federal	State	Total
July September	\$ 37,106	\$ 17,753	\$ 54,859
October December	\$ 175,845	\$ 84,127	\$ 259,972
January March	\$ 148,452	\$ 71,020	\$ 219,472
April June	\$ 95,260	\$ 45,573	\$ 140,833
State Fiscal Year Total	\$ 456,663	\$ 218,473	\$ 675,136

Medicaid Administrative Claiming System (MACS) Claim Component, Release 012.

CHAPTER 7

PREPARING A CLAIM FOR MEDICAID PAYMENT

Overview

The sampling percentages for staff identified in Chapter 3 and compiled as shown in Chapter 6 along with the total costs for activities detailed in Chapter 6 Cost Pool Summary will be the basis for a school district to receive reimbursement under the School District Administrative Claiming (SDAC) program.

The following is a general outline of costing factors and considerations necessary for completion of quarterly invoices.

- Enhanced reimbursement, if allowed, for medical professionals and their direct support staff will be available only when these qualified individuals are specifically identified by the sampling techniques described in Chapter 4. It should be noted that the 75 percent enhanced FFP is not allowed by CMS effective January 1, 2003 forward.
- Total SDAC program costs or cost pool will have four categories determined by the resultant time study activity codes and type of personnel who performed them:
 1. Non-discounted activities that qualify for 50 percent reimbursement;
 2. Discounted activities that qualify for enhanced or 75 percent reimbursement;
 3. Non-discounted activities that qualify for enhanced or 75 percent reimbursement; and
 4. Discounted activities that qualify for 50 percent reimbursement.

Note: While the SPMP (Skilled Professional Medical Personnel) funding-75% categories are still shown on the claim, the school districts are not reimbursed at the 75% level.

SDAC Invoice

Appendix 1 is the sample invoice for reimbursement purposes. The net cost from the cost Pool Summary (Appendix 7, Chapter 6) will be multiplied by the percentages from reimbursable activities listed in Chapter 6, Appendix 2. The categories listed above will be created by those reimbursable activities that either need discounting by Medicaid eligibility or don't need this factoring. Once those two categories are created, then those activities that qualify for the enhanced FFP, if allowed, can be calculated with the sampled percentages. It should be noted that the 75 percent enhanced funding is not available for claiming periods after January 1, 2003.

Medicaid Eligibility

Certain sampled activities must be factored by the percentage of Medicaid eligible students in the total student population in each school district or special school. Calculation of the Medicaid student population can be accomplished by one of the following two procedures:

1. The following method of eligibility (Appendix 2) is prepared quarterly by AHCA and made available to each participating school district:

- a. For all Florida counties, perform a query with the Agency's DSS (Decision Support System) database to count the number of Medicaid eligible individuals between the ages of 3 and 19 for each month in a quarter,
 - b. Total the months and derive the county monthly average for the months in the quarter, and
 - c. Calculate Medicaid eligibility by dividing the monthly averaged Medicaid eligibles by the total county PK through 12 student population from the most recent Florida Department of Education publication.
2. A school district may calculate the Medicaid eligibility of its exceptional student population by determining eligibility for each ESE enrolled student through the state's fiscal agent. Examples could be charter and specialty schools enrolled in the program or other districts with these capabilities. Any district or special school using this method must have prior Headquarters approval.

Certification Forms

All invoices submitted must include the local share certification form. A copy of this form is included as Appendix 3 in this chapter.

Appendix 4 is a direct services billing certification that is required for each district to retain the reimbursement from the sampling percentage derived from Activity 5, Care Planning and Coordination for Medical/Mental Health Services. A school district or special school needs to certify that referrals for direct services on campus by district or special school staff is done to a participating Medicaid provider. School districts, must present documentation that the billing requirements are met through a community participating Medicaid provider. Refer to the "note" under activity code 5 in Chapter 2 for definition of "participating provider."

Invoice Back-up

Each invoice will need the following data attached when submitted for reimbursement:

1. A summary of the time studies. (Chapter 6, Appendix 1)
2. General administration allocation. (Chapter 6, Appendix 2)
3. District quarterly expenditures. (Chapter 6, Appendix 3)
4. Personnel costs by person and job category. (Chapter 6, Appendix 4) Does not need to be submitted with claim, but available upon request.
5. Purchase of service, object 310 list of claimable contract costs. (Chapter 6, Appendix 5)
6. 300-400-500 Allocation. (Chapter 6, Appendix 6)
7. Cost Pool Summary. (Chapter 6, Appendix 7)
8. Administrative claiming invoice. (Chapter 7, Appendix 1)
9. A copy of all financial allocations with written explanations available upon request.
10. A signed and dated quarterly certification of state expenditures. (Chapter 7, Appendix 3)
11. A signed and dated quarterly certification of direct services billing. (Chapter 7, Appendix 4)
12. A cover letter on the school districts letterhead.

Mailing Instructions

The completed invoice with the above mentioned back-up should be signed and mailed to the following address:

**Agency for Health Care Administration
Medicaid Program Analysis
School Based Services
Medicaid Program Finance
2727 Mahan Drive, Mail Stop 23
Tallahassee, Florida 32308-5403**

Timely Filing Requirements

Implementing Federal regulations for timely filing of quarterly claims are specifically provided for by 45 CFR 95.1-34, Subpart A. Per the regulation, Federal reimbursement is available if the state (AHCA) files a claim for expenditures within two years after the calendar quarter in which the district made the expenditure. The expenditure is not considered filed until it is received by CMS on the CMS-64 Expenditure Report, due within thirty days after any quarter has ended. Therefore, in order to meet the two-year timely filing limit for a claim, a district or special school must submit the claim to the Agency in such a timely manner so that it can be received by CMS within two years from the last day of the last month in the claimed quarter. Adjustments or revisions to a previously paid claim have the same two-year timely filing requirement as an original paid claim.

Audit File

Each participating school district will maintain a separate audit file for each quarter billed. The following documentation will be required:

1. Sample pool participants by function, job code, title, name, unique number, location or phone number or equivalent electronic record
2. Signed original time study forms
3. A copy of the summary of time study
4. Any computations or allocations used in reimbursement calculation
5. A detailed listing of all revenues offset from the claim, by source
6. A copy of the eligibility percentage computation if a district chooses to use the calculated Medicaid eligible ESE population divided by ESE population
7. Copies of all training materials given to staff
8. Names of attendees and instructors for the training session given for that quarter
9. A completed quarterly claim
10. A copy of the warrant and remittance
11. Approved Chapter 3, Appendix 3 Job Title/Job Code form.

Records Retention

The above audit files should be retained by each school district for a period of three years after each quarterly claim is filed to Medicaid, unless an ongoing audit or resolution of an audit exception is in process.

Technical Support

Questions concerning costing methodology, allowance of costs, eligibility calculation, and other claim preparation concerns should be directed to:

Jim Robinson
School Based Services
Medicaid Program Finance
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 23
Tallahassee, Florida 32308
(850) 412-4109, Fax 850 922-5172
Jim.Robinson@AHCA.MyFlorida.com

SCHOOL DISTRICT ADMINISTRATIVE CLAIMING INVOICE

School District	
For the quarter ending	

IDEA Indirect Rate in Effect 3.55%

Medicaid Eligibility	24.20%
----------------------	--

	CORRECT Salaries	CORRECT Other Costs	Total	Reimb. To Costs %
Total Costs	\$ 9,578,272	\$ 3,034,503	\$ 12,612,775	2.01%
	75.94%	24.06%	100.00%	

Non-Discounted, NON-SPMP, Reimbursed at 50 %

	%	Salaries Gross Claimable	Other Gross Claimable	Total
(1 A) Medicaid Outreach	0.2378%			
(1 B) Enhanced Medicaid Outreach at 50 % *	0.0000%			
(3) Facilitate Medicaid Application	0.0000%			
(8 A) Coordination AHCA/Contractors	0.189%			
Sub-Total	0.3567%	\$ 34,166	\$ 10,824	\$ 44,990

Non-Discounted, SPMP, Reimbursed at 75 % ***

	%	Salaries Gross Claimable	Other Gross Claimable	Total
(8 B) Enhanced Coordination AHCA/Contract	0.0000%			
Sub-Total	0.0000%	\$ -	\$ -	\$ -

Discounted, NON-SPMP, Reimbursed at 50 %

	%	Medicaid Eligibility %	Claimable %	
(5 A) Care Planning/Coordinating	12.6040%			
(6) Client Assistance	0.0000%			
(7 A) CHCU Training **	0.8323%			
(7 B) Enhanced CHCU Training ***	0.0000%			
(9 A) Program, Planning and Development	1.0702%			
Sub-Total	14.5065%			
Medicaid Eligibility %	24.20%			
Claimable %	3.5106%			
Total Non -SPMP				\$ 370,421 \$ 117,353 \$ 487,774

Discounted, SPMP Reimbursed at 75 % ***

	%	Sub-Total	Medicaid Eligibility %	Claimable %	
(5 B) Enhanced Care Planning/Coordinating	0.189%				
(9 B) Enhanced Program Planning and Devel	0.0000%				
Sub-Total	0.189%				
Medicaid Eligibility %	24.20%				
Claimable %	0.0288%				
Total SPMP		\$ 2,759			\$ 874 \$ 3,633

SUMMARY

	50%	75%	TOTAL
GROSS CLAIMABLE	\$ 491,407		\$ 491,407
INDIRECT	\$ 17,445		\$ 17,445
TOTAL	\$ 508,852		\$ 508,852
NET CLAIMABLE	\$ 254,426		\$ 254,426

TOTAL CLAIMED	\$ 254,426
---------------	------------

Signature of Fiscal Officer: _____ Release 012

INDIRECT CALCULATION

GROSS CLAIM . COSTS	INDIRECT RATE	GROSS INDIRECT
\$ 491,407	3.55%	\$ 17,445

* Activities 1b and 7 b not enhanced per CMS
 ** Activities 7 a and 7 b discounted per CMS
 *** Per CMS, 75% cannot be claimed effective Jan 1, 2003.

**NUMBER OF MEDICAID ELIGIBLES AGES 3 TO 19 BY COUNTY
FOR THE JANUARY THROUGH MARCH 2011 QUARTER**

		JANUARY	FEBRUARY	MARCH	TOTAL	AVG	2010 MEMBERSHIP	MEDICAID PER CENT
01	ALACHUA	14,372	14,426	14,445	43,243	14,414	27,495	52.42%
02	BAKER	2,422	2,398	2,425	7,245	2,415	5,004	48.26%
03	BAY	13,208	13,279	13,244	39,731	13,244	25,943	51.05%
04	BRADFORD	2,338	2,332	2,332	7,001	2,334	3,278	71.20%
05	BREVARD	29,889	30,067	30,265	90,221	30,074	71,866	41.85%
06	BROWARD	111,184	111,827	112,516	335,527	111,842	256,474	43.61%
07	CALHOUN	1,114	1,095	1,105	3,313	1,104	2,249	49.09%
08	CHARLOTTE	7,920	7,934	7,936	23,790	7,930	16,640	47.66%
09	CITRUS	8,756	8,768	8,772	26,296	8,765	15,676	55.91%
10	CLAY	10,947	10,935	10,955	32,836	10,945	35,812	30.56%
11	COLLIER	20,109	20,271	20,305	60,684	20,228	42,919	47.13%
12	COLUMBIA	6,381	6,398	6,408	19,186	6,395	9,810	65.19%
13	MIAMI-DADE	218,039	218,871	219,221	656,131	218,710	347,406	62.96%
14	DESOTO	3,610	3,605	3,640	10,855	3,618	4,938	73.27%
15	DIXIE	1,372	1,379	1,387	4,138	1,379	2,044	67.47%
16	DUVAL	72,279	72,446	72,715	217,440	72,480	123,995	58.45%
17	ESCAMBIA	25,599	25,498	25,456	76,553	25,518	40,227	63.44%
18	FLAGLER	6,446	6,492	6,508	19,446	6,482	12,931	50.13%
19	FRANKLIN	797	789	794	2,379	793	1,350	58.74%
20	GADSDEN	5,400	5,384	5,410	16,194	5,398	6,300	85.68%
21	GILCHRIST	1,333	1,338	1,336	4,007	1,336	2,636	50.68%
22	GLADES	483	478	477	1,437	479	1,439	33.29%
23	GULF	1,020	1,023	1,035	3,078	1,026	2,014	50.94%
24	HAMILTON	1,511	1,533	1,542	4,586	1,529	1,799	84.99%
25	HARDEE	3,757	3,774	3,770	11,301	3,767	5,036	74.80%
26	HENDRY	5,399	5,427	5,425	16,250	5,417	6,821	79.42%
27	HERNANDO	13,272	13,305	13,243	39,820	13,273	22,711	58.44%
28	HIGHLANDS	7,776	7,854	7,870	23,499	7,833	12,128	64.59%
29	HILLSBOROUGH	103,816	104,047	104,777	312,640	104,213	194,353	53.62%
30	HOLMES	2,188	2,195	2,202	6,585	2,195	3,374	65.06%
31	INDIAN RIVER	8,145	8,152	8,225	24,521	8,174	17,740	46.08%
32	JACKSON	3,920	3,961	3,950	11,831	3,944	7,161	55.08%
33	JEFFERSON	995	990	990	2,974	991	1,104	89.76%
34	LA FAYETTE	520	541	539	1,599	533	1,157	46.07%
35	LAKE	21,040	21,103	21,075	63,218	21,073	41,110	51.26%
36	LEE	42,999	43,239	43,742	129,980	43,327	81,965	52.86%
37	LEON	15,355	15,310	15,375	46,039	15,346	33,326	46.05%
38	LEVY	3,450	3,451	3,444	10,345	3,448	5,737	60.10%
39	LIBERTY	681	689	692	2,062	687	1,462	46.99%
40	MADISON	2,007	2,017	1,995	6,018	2,006	2,720	73.75%
41	MANATEE	21,286	21,328	21,444	64,058	21,353	44,249	48.26%
42	MARION	26,794	26,856	26,860	80,509	26,836	41,961	63.95%
43	MARTIN	6,699	6,702	6,769	20,169	6,723	18,170	37.00%
44	MONROE	2,766	2,743	2,765	8,273	2,758	8,356	33.01%
45	NASSAU	4,269	4,266	4,291	12,826	4,275	11,100	38.51%
46	OKALOOSA	10,050	10,071	10,118	30,239	10,080	28,695	35.13%
47	OKEECHOBEE	4,374	4,379	4,391	13,144	4,381	6,789	64.53%
48	ORANGE	90,310	91,041	91,314	272,664	90,888	175,986	51.65%
49	OSCEOLA	29,605	29,824	29,936	89,365	29,788	53,466	55.71%
50	PALM BEACH	77,975	78,337	78,681	234,992	78,331	174,659	44.85%
51	PASCO	30,434	30,398	30,419	91,250	30,417	66,994	45.40%
52	PINELLAS	51,338	51,528	51,599	154,464	51,488	104,001	49.51%
53	POLK	53,671	53,895	53,978	161,544	53,848	95,178	56.58%
54	PUTNAM	8,744	8,704	8,718	26,166	8,722	11,244	77.57%
55	SAINT JOHNS	6,529	6,500	6,601	19,629	6,543	30,708	21.31%
56	SAINT LUCIE	22,015	22,095	22,208	66,317	22,106	39,259	56.31%
57	SANTA ROSA	8,395	8,388	8,428	25,210	8,403	25,633	32.91%
58	SARASOTA	17,533	17,563	17,616	52,711	17,570	40,899	42.96%
59	SEMINOLE	20,360	20,439	20,568	61,367	20,456	64,228	31.85%
60	SUMTER	3,795	3,832	3,861	11,488	3,829	7,626	50.21%
61	SUWANNEE	4,234	4,269	4,246	12,748	4,249	6,172	68.84%
62	TAYLOR	2,028	2,024	1,987	6,039	2,013	3,153	63.84%
63	UNION	1,179	1,185	1,198	3,562	1,187	2,281	52.04%
64	VOLUSIA	34,112	34,184	34,276	102,572	34,191	61,559	55.54%
65	WAKULLA	1,934	1,943	1,944	5,820	1,940	5,151	37.66%
66	WALTON	2,995	3,021	3,045	9,060	3,020	7,343	41.13%
67	WASHINGTON	2,185	2,174	2,135	6,494	2,165	3,491	62.02%
	TOTAL	1,347,442	1,352,295	1,356,925	4,056,679	1,352,225	2,636,401	51.29%

**Quarterly Certification of State Expenditures
By Schools and School Districts**

Agency for Health Care Administration
Medicaid Program Finance
School Based Services
2727 Mahan Drive, Bldg. 3, Mail Stop 23
Tallahassee, FL 32308

To whom it may concern,

As financial officer of the _____, I am
(Name of School or School District)

charged with the duties of supervising the administration of the school district's accounting system for the school district claiming activities and services provider under Title XIX (Medicaid) of the Social Security Act, as amended. I hereby certify that the school or school district has expended the state share of public, non-federal funds needed to match the federal share of Medical claims billed to the state Medicaid agency for School District services provided to and on behalf of eligible Medicaid students during the _____ quarter.
(Month/Year Certified)

I also certify that the school or school district's certified expenditures were incurred in accordance with provisions of Florida's policies for the services. These certified expenditures are separately identified and supported in our accounting system.

Name

Signature

Title

Date

Direct Services Billing Certification

Federal guidelines effective October 1, 2003, require that for reimbursement for administrative activities relating to referral and coordinating activities, the district or special school must ensure that the service is referred to a participating Medicaid provider. This applies to referrals for services rendered on campus by district staff. Service referrals for physician or other care not rendered on campus are automatically covered under federal rules since all Medicaid recipients are either HMO or MediPass enrolled or in some other form of Medicaid covered health care. October 1, 2003, revisions to the Florida School District Administrative Program Claiming Guide (Guide) require that each school district or special school participating in the administrative claiming program must be enrolled as a Medicaid fee for service provider in the fee for service program for referrals to district or special school staff to be reimbursed for . Claims referred to a participating Medicaid provider for therapies, behavioral, and nursing services must be for dates of service in the administrative claiming quarter being claimed. A district or special school that is not a participating fee for service provider for district or special school referrals or does not refer eligible students to a community participating Medicaid provider will not be reimbursed for any Activity Code 5 involvement.

I certify that _____
 (School District or Special School Name)

is a participating Medicaid provider and will submit fee for service therapy, behavioral and nursing claims for dates of service during the _____ quarter
 (Quarter Claimed)

in compliance with the CMS-1500 claiming handbook or refer eligible Medicaid students to a participating Medicaid provider.

This signature also ensures that there is no duplication between the SDAC program and the Medicaid Certified School Match program.

 Name (please print)

 Signature

 Title

 Date

CHAPTER 8

AHCA MONITORING AND QUALITY CONTROL

Overview

Ongoing evaluation of the School District Administrative Claiming (SDAC) program is a federal requirement. Medicaid Area Office School Specialist will have certain responsibilities for monitoring and quality control functions as defined earlier in Chapter 4. AHCA headquarters staff will provide direct supervision, necessary monitoring tools and other needed assistance for these functions.

Monitoring Activities

Medicaid Area Office School Specialist will need to review the contents of the quarterly audit files that contain the approved job title certifications and original time study questionnaires for each participating school district in their respective area. Districts that use an electronic time study will be required to provide the functional equivalent documentation as required by the paper RMS time study. The method of acquiring time study information (either paper or electronic RMS) will not change the requirements in this guide.

Medicaid Area Office School Specialist will perform the following duties each quarter:

- Review the district's quarterly master list of sample pool personnel and support personnel to verify district job title certification forms are completed and approved when requested by headquarters staff,
- Review FMMIS files to ensure that fee for service participation for therapies, nursing, and behavioral services are occurring during the administrative quarter being claimed,
- Review the original RMS questionnaires or electronic RMS records to determine whether any discrepancies exist,
- Report monitoring findings to AHCA headquarters and each school district,
- Tabulate activities by district and submit to Headquarters staff,
- Additional school district review deemed necessary by headquarters staff to maintain program compliance as required by this guide, and
- Attend and monitor all training sessions..

Place and Time of Review

Medicaid Area Office School Specialist will have the option of either reviewing the RMS questionnaires or time study logs at the school district or at the representative's area office. The original samples must be made available by the school districts for review by the end of the second month following the quarter under review.

Monitoring Time Frames

Medicaid Area Office School Specialist must complete their review and return each district's RMS questionnaires or other electronic data requested by the end of the third month of the quarter under review (e.g. Quarter: January to March; review should be completed by March). For larger districts, this review may be done monthly.

Original Sample Forms

Medicaid Area Office School Specialist will review only the original RMS questionnaires or appropriate electronic information after the completed sample data has been provided by either the Data Manager or a District Contact district coder. Sample forms cannot be tabulated for reimbursement until this review has been completed. RMS questionnaires that are lost may be duplicated from a master copy, if it exists, and re-sent to the individual. This copy must be suitably marked, as "Lost Original-Copy is Original." School districts that do not produce the original sample forms for monitoring purposes to the area office school services representatives will have future invoices deferred until reviewed. Copies of the completed forms are not acceptable for review. Only copies of the blank form with the proper labeling as discussed above will be accepted for reimbursement.

School District Notification

Medicaid Area Office School Specialist must notify each school district contact person with the results of each monitoring no later than 30 days after the review of time study logs or RMS forms have been reviewed. Deficiencies disclosed and discussed should show significant improvement on subsequent monitoring. Repetitive deficiencies may result in withholding of or a reduction in Medicaid payments.