

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, 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. SDAC reimbursement to school districts 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 an administrative claiming agreement. There are two agreements which can be accepted by AHCA. Both are included in this chapter as Appendix 1. School districts may elect to use either agreement. An agreement must be signed before AHCA can request federal reimbursement for administrative claiming activities. Either of the agreements in Appendix 1 may 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 21
Building Three
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. A list of Medicaid area offices and the counties they serve is contained in Appendix 2 of this chapter for reference.

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. The provider agreement may be obtained from the Medicaid fiscal agent or from the Medicaid area office (see Appendix 2 for names, addresses and telephone numbers). 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).

**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.

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 other than skilled professional medical personnel and 75 percent for skilled professional medical personnel, in compliance with the definitions for skilled professional medical personnel in the federal regulations at 42 CFR 432.50(d)(1) and if such rates are allowed by CMS.
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 this agreement will be the first day of the first quarter during which valid time studies were conducted in the County School District and is subject to CMS approval.
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. This agreement will continue in effect for the earlier of five years or until terminated by 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

Thomas W. Arnold, 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 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.

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.

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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 other than skilled professional medical personnel and 75 percent for skilled professional medical personnel, in compliance with the definitions for skilled professional medical personnel in the federal regulations at 42 CFR 432.50(d)(1) and if such rates are allowed by CMS.
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 on a timely basis, not to exceed 30 days.
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 (e.g., Medicaid eligibility quarter-ending reports).
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.
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4. This agreement will continue in effect for the earlier of five years or until terminated by AHCA or the County School District. Thereafter, this contract shall be renewed annually after the expiration of the five-year period. 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

Thomas W. Arnold, Deputy Secretary for Medicaid

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This activity occurs generally when staff are:

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- describing the range of benefits covered under these non-Medicaid programs and how to obtain them.

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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.

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- 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 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.

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. The guide will supersede the list, per the Medicaid provider agreement.

Area Medicaid School Contacts

Medicaid Area	Counties	
1 – Marshall Wallace 6425 Pensacola Blvd/Bldg. 2, Suite 1 Pensacola, FL 32505 (850) 494-5840 (SC: 690-5840) ext. 128 1-800-303-2422 Fax: (850) 494-5843 (SC: 690-5843) wallacem@ahca.myflorida.com	Escambia Okaloosa Santa Rosa Walton	
2 – Ann Weichelt 2002 Old St. Augustine Rd., Bldg. D, Rm. 194 Tallahassee, FL 32301-4883 (850) 921-8474 (SC: 291-8474) ext. 117 Fax: (850)921-0394 (SC 291-0394) weichela@ahca.myflorida.com	Bay Calhoun Franklin Gadsden Gulf Holmes Jackson Jefferson Leon Liberty Madison Taylor Wakulla Washington	
3 – John Bertholf 14101 NW Highway 441 Alachua, FL 32615 (386) 418-5350 (SC: None) ext. 112 Fax: (386) 418-5370 (SC: None) bertholj@ahca.myflorida.com	Alachua Bradford Citrus Columbia Dixie Gilchrist Hamilton Hernando Lafayette Lake Levy Marion Putnam Sumter Suwannee Union	
4 – Pat Kelly 921 North Davis Street Building A, Suite 160 Jacksonville, FL 32209-6806 (904) 353-2100 (SC: 826-2100) ext. 125 Fax: (904) 353-2198 (SC: 826-2198) kellyp@ahca.myflorida.com	Baker Clay Duval Flagler Florida School for the Deaf and Blind Nassau St. Johns Volusia	

Medicaid Area	Counties
5 - Mary Ann Hauckes 525 Mirror Lake Dr., Suite 510 St. Petersburg, FL 33701 (727) 552-1191 (SC: 513-1191) ext. 131 Fax: (727) 552-1216 (SC: 513-2124) hauckesm@ahca.myflorida.com	Pasco Pinellas
6 – Harold Daniels North Park Center 6800 North Dale Mabry Highway, Suite 220 Tampa, FL 33614-3979 (813) 871-7600 (SC: 512-8290), ext. 123 1-800-226-2316, ext. 123 Fax: (813) 673-4588 (SC: 512-8313) danielsh@ahca.myflorida.com	Hardee Highlands Hillsborough Manatee Polk
7 – Millie Chervoni Hurston South Tower 400 W. Robinson St., S-309 Orlando, FL 32801 (407) 317-7851 (SC: 344-7851) ext. 154 Fax: (407) 245-0847 (SC: 344-0847) chervonm@ahca.myflorida.com	Brevard Orange Osceola Seminole
8 – Betty Fine P.O. Box 60127 2295 Victoria Avenue, Room 309 Ft. Myers, FL 33901 (941) 338-2367 (SC:748-2367) Fax: (941) 338-2642 (SC: 748-2642) fineb@ahca.myflorida.com	Charlotte Collier DeSoto Glades Hendry Lee Sarasota
9 – William Albury 1720 East Tiffany Drive, S-200 West Palm Beach, FL 33407 (561) 881-5080 (SC 264-5080) ext. 136 Fax: (561) 881-5085 (SC: 264-5085) alburyw@ahca.myflorida.com	Indian River Martin Okeechobee Palm Beach St. Lucie
10 – Joseph Mieszkowski 1400 W. Commercial Blvd., S-110 Ft. Lauderdale, FL 33309 (954) 202-3200 (SC: 423-3200) ext. 107 Fax: (954) 202-3220 (SC: 423-3220) mieszkoj@ahca.myflorida.com	Broward
11 - Florence Paris The Koger Center 8355 NW 53 rd Street 2 nd Floor Miami, FL 33166 (305) 499-2059 (SC: 429-2059) Fax: (305) 499-2022 (SC: 429-2022) parisf@ahca.myflorida.com	Dade Monroe

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% 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 12 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 12 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. Note: It is permissible to include a code in time studies that captures time not scheduled for work. For example, if a school district employee works part time and his time study period is after the end of the employee's workday, an additional code may be used to record this fact. This type code has not been included in the list of SDAC activities in Appendix 1 or the list below because it is not mandatory.

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.

Definition of School District Job Activities

More detailed definitions of each of the categories of job activities used in the SDAC program are contained 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.

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.

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.

Appendix 1

ADMINISTRATIVE CLAIMING REIMBURSEMENT LEGEND

Activity	Reimbursable	Medicaid Discount	FFP Rate
1. Outreach to Medicaid Program	Yes	No	50% or 75% *
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% or 75% *
6. Client Assistance to Access Medicaid Services	Yes	Yes	50%
7. CHCUP (EPSDT) Training	Yes	Yes	50% or 75% *
8. Coordination with AHCA and Contracted Medicaid Providers	Yes	No	50% or 75% *
9. Program Planning, Development and Monitoring	Yes	Yes	50% or 75% *
10. Direct Medical and School Health-Related Services	No		
11. Non-Medicaid, Other Educational and Social Activities	No		
12. General Administration	<i>Activity reallocated across other activities.</i>		

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.

** The 75% rate is based on the judgment of staff sampled at the time they are sampled in order to avoid biased use of the enhanced codes (see Chapter 3).*

NOTE: The 75% FFP rate is not permitted by CMS for any activities performed on or after January 1, 2003.

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 two 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 (ex., 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 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.

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.”

Examples of Staff that Might be Included in the SDAC Sample Pool

Employed or contract school district staff with the following job titles could reasonably be expected to perform SDAC reimbursable activities:

- Speech-Language Pathologists and Speech-Language Pathology Assistants;
- Audiologists and Audiology Assistants;
- Occupational Therapists and Occupational Therapist Assistants;
- Physical Therapists and Physical Therapist Assistants;
- Social Workers;
- Psychologists and Interns;
- Counselors;
- Diagnosticians;
- Physicians;
- Registered Nurses, Licensed Practical Nurses and School Health Aides;
- Interpreters;
- Orientation and Mobility Specialists;
- Bilingual Specialists;
- Program and Staffing Specialists;
- Administrators for Exceptional Student Education (ESE);

- Augmentative Specialists;
- Dietitians;
- Respiratory Therapists; and
- Liaisons and Certain Teachers for ESE (See Appendix 2).

Staff with these job titles 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 title 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:

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

Staff in these positions 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 (see paragraph below). 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.

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 the Medicaid area office school services representative 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 area office 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.

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 exclusively to sample pool participants usually do not participate in time studies. If a school district determines that staff in these positions actually perform 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.

Skilled Professional Medical Staff

SDAC reimbursement is made from federal funds. Federal rules permit states to claim federal funds at an enhanced rate of 75% for certain administrative activities which are performed by school district staff who have the education and training to qualify as “skilled professional medical personnel” (SPMP). This means that the “state share” of the SDAC reimbursement would be 25% of the allowed amount of costs for SPMP staff time spent on SDAC covered activities. For purposes of the SDAC program, “state share” means that a school district has expended 25% of the costs for a reimbursable SDAC activity funded at 75%. The costs of staff providing direct clerical support to SPMPs may also be funded at the 75% rate, if the requirements in Chapter 6 are met. Staff not considered as SPMP staff are funded at a federal rate of 50%. Note that the 75% rate will not be reimbursed for activities occurring on or after January 1, 2003. However, time studies will continue to capture the 75% level until further notice.

Determining Which Staff Qualify for Enhanced SPMP Funding

The determination of whether an individual is performing an activity as an SPMP is based on two conditions:

- professional education; and
- job function.

SPMP Professional Education

Medicaid federal regulations define professional education as:

“...the completion of a 2 year or longer program leading to an academic degree or certification in a medically related profession. This is demonstrated by possession of a medical license, certificate or other document issued by a recognized national or state medical licensure or certifying organization or a degree in a medical field issued by a college or university certified by a professional medical organization. Experience in the administration, direction or implementation of the Medicaid program is not considered the equivalent of professional training in the field of medical care.”

While it is obvious that certain job positions (e.g., school psychologists, audiologists, dietitians, speech-language pathologists) clearly meet the federal requirements, other positions may not meet the requirements and must be carefully considered. For example, licensed registered nurses would meet the federal professional educational requirements, but licensed practical nurses would not due to the requirement for a 2-year or longer academic/certification program. Interns acquiring fieldwork necessary for obtaining academic degrees or certifications would not meet the federal requirements. School districts must retain documentation which indicates that job positions included in the 75% level meet the above requirements. See the “Audit File” section in Chapter 7.

Master’s Level Social Workers

The federal Centers for Medicare and Medicaid Services (CMS) has established detailed educational requirements for master’s level social workers. In order to qualify for the enhanced SPMP funding under the SDAC program, master’s level social workers must have a clinically oriented, patient care type of degree. In order to obtain this type of degree, the individual must have had advanced course concentration in direct patient clinical practice. If another type of social work degree was obtained but the individual completed the number of courses necessary to work as a clinical social worker, he would also qualify for SPMP funding. There are several types of master’s degrees for social workers. Degrees such as a master’s of social work in administration or a master’s of social work in community organization will not qualify an

individual as an SPMP unless additional courses in patient clinical practice were taken. School districts should discuss this federal policy with each master's level degree social worker to ensure that the appropriate clinical coursework was obtained prior to including him or her in time studies as an SPMP. Further, CMS auditors may request proof of coursework during an SDAC audit. Thus, it may be necessary to present college transcripts for these social workers to a CMS auditor, if requested.

Job Function

Even if an individual included in the SDAC time study were considered to have met the SPMP professional educational requirements, not all of his or her job functions would be funded at the enhanced rate of 75%. Job functions covered at the enhanced rate must be those that require the individual to use his or her professional medical knowledge and skills.

Examples of some of the SPMP job functions allowed at the enhanced rate of 75% (if not claimed under the MCSM fee for service programs) are:

- Furnishing professional medical opinions for the due process hearings;
- Reviewing medical histories;
- Determining whether a student needs a medical referral; and
- Physical, occupational therapy and speech-language pathology care planning and coordination (these are not reimbursed under the MCSM fee for service programs).

SDAC Reimbursement for SPMP Job Functions

It is important to note that not all SDAC activity codes (see Chapter 2) require the use of professional medical knowledge and skills. For example, a referral to the Department of Families and Children for the determination of Medicaid eligibility would not qualify for enhanced, 75% federal funding since the referral itself would not require medical expertise. This is specified in Appendix 1 of Chapter 2.

Non-SPMP Staff

SDAC reimbursement for school district staff not meeting the SPMP requirements is still available. As stated above, it is available at the federal rate of 50% of the allowed school district costs for time spent on reimbursable activities (see Chapter 6 for calculations of reimbursement). Job positions such as guidance counselors, bachelors' degree level teachers certified in speech correction and other levels of staff fall in this category.

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.

Appropriate Time Study Coding

It is vital that a school district determine which staff are SPMP eligible prior to beginning a time study. This normally has to be done on a case-by-case basis. The chart shown in Appendix 1 of this chapter contains the maximum federal funding available for the general job classifications listed in the first section of the chapter. If assistance is needed to determine whether a job position meets the federal professional educational requirements for SPMP, the school district may contact the Medicaid area office for assistance (Chapter 1 contains the list of area offices by county).

Appendix 1

SCHOOL DISTRICT ADMINISTRATIVE CLAIMING FEDERAL REIMBURSEMENT LEVELS ACCORDING TO JOB CLASSIFICATION

The chart below indicates the maximum levels of Medicaid federal financial participation (FFP) available for general job classifications within school districts. As stated in this chapter, application of the 50% participation rate or the 75% participation rate depends on:

- The individual's professional education; and
- Whether a particular job function requires the use of professional medical knowledge and skills.

Note that some SDAC activities can only be funded at the 50% participation rate, regardless of the level of staff performing the activities. The chart below is intended to serve as a general tool for identifying maximum funding levels available. Consequently, this chart must be used in conjunction with the SDAC activity chart shown in Appendix 1 of Chapter 2.

General Job Classification

FFP Level Available

Speech-language Pathologists (SLPs) and SLP Assistants	50% or 75%
Audiologists and Audiology Assistants	50% or 75%
Occupational Therapists (OTs) and OT Assistants	50% or 75%
Physical Therapists (PTs) and PT Assistants	50% or 75%
Social Workers	50% or 75%
Psychologists and Interns	50% or 75%
Counselors	50%
Diagnosticians	50%
Physicians	50% or 75%
Registered Nurses	50% or 75%
Licensed Practical Nurses and School Health Aides	50%*
Interpreters	50%
Orientation and Mobility Specialists	50%
Bilingual Specialists	50%
Program and Staffing Specialists	50%
Administrators for Exceptional Student Education	50%
Student Services Personnel	50%
Augmentative Specialists	50% or 75%
Dietitians	50% or 75%
Respiratory Therapists	50% or 75%
Liaisons for Exceptional Student Education	50%

*Unless the LPN or Aide holds a two year degree in a medical field.

Note that the 75% rate is not permitted by CMS for any activities performed on or after January 1, 2003.

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

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

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. 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 contained on the attached list (all personnel in a certified job title/job code may not perform SDAC reimbursable activities). A copy of this form must be sent to the Medicaid area office for review and approval. The Medicaid area office 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.

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 area office approval.

JOB TITLE CERTIFICATION

DISTRICT JOB TITLE _____

DISTRICT JOB CODE NUMBER _____

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

This is to certify for the job title 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.

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 allowability 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 insure 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 area office review and approval, are to be filed in the school district audit file.

Name (Print)

Signature

Title

Date

AHCA Medicaid Area Office School Services Representative

Signature/Approval

Date

CHAPTER 4

THE TIME STUDY PROCESS

Overview

Florida permits two sampling methodologies for collection of data or time studies for the School District Administrative Claiming (SDAC) program. These two time study methods are:

- Random moment sampling (RMS), or
- Daily time logs

Both of these 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 sampling processes; however, Medicaid only reimburses school districts for the percentage of time spent on reimbursable activities as defined in Chapter 2 of this guide.

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. A statistically appropriate computer generated random sample of staff in the sample pool will be selected from the sample pool listing for participation in either the daily time log study or 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 daily time log study or 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 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 sample of staff-moments has 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 RMS administrator 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 RMS administrator 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 RMS coordinators/sample takers. The sample taker 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 RMS administrator, 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.

Time Study Method - Daily Time Logs

Daily time logs require that individuals selected for the sample participate in no less than a consecutive five-day (week long) time study during which time they record all activities they perform during their workday in increments of 15 minutes. Time recorded includes both times for allowable administrative costs and non-allowable expenses. Instruments utilized for data collection must allow for appropriate documentation of the specific activity the staff person was performing, during each 15-minute period of the workday, for each of the days of the time study period.

The daily time log form is designed to effectively and efficiently record performance of school district personnel work activities. The daily time log form captures the full array of functions performed by the randomly selected time study participants during the course of the time study period as defined by the activities described in Chapter 2. It is necessary to have the randomly selected time study participants account for all of their time during the course of the study to eliminate the possibility of over or under estimating time spent on reimbursable and non-reimbursable activities. The daily time log form should be designed to be functional for the users (i.e., time study participants) while still capturing the necessary level of detail required to support statistically valid data analyses. To be considered a valid sample, daily time log forms must be given to selected sample staff prior to the selected sample week.

The daily time log study is school district administered and captures participant activities in 15-minute increments for each day of the five-day survey period. All activities are recorded into one of the categories described in Chapter 2. If more than one activity is done during a 15-minute segment, recording should be done based on where the majority of the 15 minutes was spent.

Daily Time Log Week Selection

At least one week each quarter will be randomly selected for the application of the school district administered daily time log study. A weeklong time study significantly reduces participant bias and depicts the activities of the time study participants.

The weeks of the quarter will be reviewed for full weeks when schools are not in session (e.g., holiday break, spring break, etc.). School weeks will also be examined to determine if unusual schedules i.e., testing will occur. These weeks will be noted and not included in the random selection process, as there would be no activities related to students occurring during these weeks.

The remaining weeks of the quarter will be summarized in a database and numbered. A system generated random number will be utilized to select the time study week.

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.

Summer Quarter

The months of July, August and September are considered to be the summer quarter. Claims for this period will be done according to the majority of school activities during these three months. The majority of school districts will have a summer session and the beginning school year in this quarter. For these districts, a summer sample will be required to accurately compare the administrative activities with the costs expended. Sampling periods must coincide with sampling activities.

If the school district does not engage in administrative claiming activities for these three months and expenditures for the quarter are solely for employees getting paid for the prior school year, then an average of the three prior quarters can be used for the allocation of these costs. This approach represents the work activities performed by school district personnel and the actual costs incurred by a school district during the summer quarter.

For example, if the results for activity code 1 indicated a time allocation of 3%, 5% and 4% respectively for each of the three quarters preceding the summer quarter, then the summer quarter's time allocation for activity code 1 would be 4%. Please note that with the exception of the averaging of the time study percentages, all of the remaining methodology associated with calculating a summer claim is the same as for the other three quarters.

Time Study Results

Collectively, the activities identified in Chapter 2 and contained in the time study will account for the diverse range of activities performed by a variety of school district personnel. Time study forms should allow for capturing skilled professional medical personnel (SPMP) activities reimbursed at the 75% federal financial participation (FFP) rate, if allowed, at the time of the sample.

Upon completion of the time study period, all time study forms are accounted for and 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. 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.

AHCA area personnel 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.

Only original sample forms may 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 should not be used for tabulation and will be considered invalid and districts will not be reimbursed for that quarter. In order to tabulate final results, certain normalization techniques are applied that include the redistribution of observations representing general and administrative activities and the elimination of activities that are deemed 'unallowable' for federal claiming purposes. The end result of this effort is the calculation of 'net' percentage statistics that associate all employee activities (effort) with specific funding sources. 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 appropriate methods of capturing the costs of specific activities reimbursed at different rates (50% versus 75%) that are performed by Skilled Professional Medical Personnel (SPMP).

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 services representatives. 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 such as transparencies, video, computer presentations, etc. Training materials are subject to review by area school services representatives 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;
- A 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. The SPMP personnel who perform the activities that qualify for the enhanced (75 percent) reimbursement, if allowed, will also be summarized. 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 the time study results from daily time logs from twenty randomly selected participants. 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 that do any of the reimbursable activities detailed in Chapter 2. All people listed in this pool will have the opportunity to be included in the district's time study.

Cost Pool

The cost pool is the total actual allowable direct and allocated costs of the participants in the sample pool including the allowable costs of their support staff. Individuals that are not specifically included in the sample pool or not available to be sampled for the entire sampled quarter cannot have their corresponding costs included for reimbursement for that quarter. These costs are from Fund 100 only, the General Fund. These total SDAC program costs are illustrated in Appendix 3. Indirect costs are calculated on the invoice and generally are not a part of the district's cost pool.

Allowable Costs – Cost Pool

Costs attributed to personnel who perform the reimbursable activities who are identified in the sample pool will be included in the cost pool, Appendix 3. Included in allowable costs will be staff training, Function 6400 costs, allocated to staff in the cost pool. Costs of individuals included from an invalid time study will not be included. Examples of an invalid time study is a non-trained participant, personnel selected and non-participating for three quarters.

Also included in the cost pool should 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 3.

Allowable DOE object codes to be included are:

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

Use allowances or depreciation for capital outlay are permitted when done in accordance with OMB Circular A-87. If use allowance or depreciation is claimed, please contact Jim Robinson for technical assistance for additional reporting requirements.

Cost Determinations

Appendix 3 in this chapter is a sample of the cost pool detail for the SDAC program. This is a summary of the cost pool used for claim reimbursement from Fund 100, General Fund. For auditing purposes, the allowable costs are summarized by district job title found in Chapter 3. There will need to be a subsidiary report that summarizes each employee or contract individual by district job title. This subsidiary summary will also include each person's salary, benefits and identifying number. See Appendix 4 in this chapter.

Direct Costs

Direct costs are those costs for the above object codes that relate solely to expenditures for the personnel listed in the sample pool with their support staff. Examples of direct costs would be salaries and benefits solely attributed to the specific personnel in the sample pool and their support staff. Also included, if properly sampled, in these direct costs would be contracted professional and technical services expensed in object code 310. These object code 310 contract personnel must also be specifically identified by name and unique number and included on the form found in Appendix 5.

Allocated Costs

Allocated costs for the SDAC program are defined as follows:

Costs for the support staff for the individuals included in the sample pool that provide support for other school district staff **not** included in the sample pool, and

Incurred costs that, due to the accounting system's degree of detail, cannot focus on the benefits derived to the individuals in the sample pool or their support staff.

For example, if office supplies expenses are recorded in function 6100 for pupil personnel services, then there will be a need to allocate a portion of cost of the supplies to all the people in function 6100 who are also identified in the sample pool.

An example of 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.

The allocation basis used to pro-rate allowable SDAC expenditures should be reasonable and equitable. All allocation bases will be subject to review by Headquarters' Medicaid staff.

Indirect Costs

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

The following school district functions will make up district and school indirect costs:

Function	Description
6200	Instructional Media Services
6300	Instruction and Curriculum Development Services
7100	School Board (less elected official's expenditures)
7200	Superintendent's Office (less elected official's expenditures)
7300	Principal's Office
7500	Fiscal Services
7700	Central Services

The allocation process for general administrative indirect costs can be accomplished in one of two ways:

1. The federally approved current indirect cost rate for federal programs administered by the Florida Department of Education. Specifically, this rate will be the current IDEA grant rate applied to the total program costs, or
2. A cost allocation method using the costs above indirect cost centers. The total cost of these centers must first be factored by the ratio of time study participants to total staff in the district. The allocation methodology must be approved by the Agency for Health Care Administration and CMS prior to payment.

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.

Skilled Professional Medical Personnel (SPMP)

Skilled Professional Medical Personnel (SPMP) will have to be identified by name, unique number and job classification. Each SPMP must have education, training or certification by written documentation and kept in the audit file. See Chapter 3 for a detailed discussion of correct claiming for SPMP personnel and activities. Appendix 1 of that chapter includes sampled activities by SPMP staff that may qualify for the 75% FFP. Note that the 75% rate will not be reimbursed for activities occurring on or after January 1, 2003.

Support staff for the SPMP may earn the enhanced reimbursement rate if their costs can be isolated and shown to be necessary for the professional function. Federal guidelines state that these staff must report directly to an SPMP or group of SPMPs and the SPMP(s) be directly responsible for the work the support staff performs. The SPMP and support staff supervision relationship must be documented (ex., organization charts or other documents such as job descriptions) in school district files. This cost component has not been included in the example.

Any indirect cost attributed to these SPMP personnel will be reimbursed at the 50% rate.

SAMPLED RESULTS

Sampled Participants

January 1, 2003

Participant Number -->	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	TOTAL	Per Cent
SPMP-->	No	No	No	No	Yes	No	No	No	Yes	Yes	Yes	No	No	No	No	Yes	Yes	No	No	No		
(1 a) Medicaid Outreach	2	2	3	10	2	5	2	4	6	2	6	9	3	7	8	1	3	3	4	4	86	2.8667%
(1 b) Enhanced Medicaid Outreach *	N/A	N/A	N/A	N/A	1	N/A	N/A	N/A	0	1	1	N/A	N/A	N/A	N/A	0	1	N/A	N/A	N/A	4	0.1333%
(2) Outreach Non-Medicaid	15	9	11	5	5	10	2	11	7	6	8	9	8	11	6	13	11	16	5	6	174	5.8000%
(3) Facilitate Medicaid Application	2	4	5	10	6	2	10	8	11	8	11	10	9	14	12	13	9	10	13	9	176	5.8667%
(4) Facilitate Non-Medicaid Application	15	15	10	12	11	11	13	14	16	19	16	14	18	12	13	16	16	17	15	17	290	9.6667%
(5 a) Care Planning/Coordinating Medicaid Services (1)	2	5	15	10	9	8	6	10	8	17	17	8	12	7	14	12	11	12	10	10	203	6.7667%
(5 b) Enhanced Care Planning/Coordinating Mcaid Srvcs.(1) **	N/A	N/A	N/A	N/A	1	N/A	N/A	N/A	2	2	0	N/A	N/A	N/A	N/A	3	2	N/A	N/A	N/A	10	0.3333%
(6) Client Assistance to Medicaid Services (1)	10	16	10	13	11	12	10	11	6	8	12	14	12	13	14	10	8	7	12	10	219	7.3000%
(7 a) Child Health Check-up Training (CHCU) (1)	15	12	18	16	10	16	16	14	15	13	10	10	12	8	11	12	12	13	16	17	266	8.8667%
(7 b) Enh. Child Health Check-up Training (CHCU) * (1)	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	0	3	2	N/A	N/A	N/A	N/A	1	2	N/A	N/A	N/A	8	0.2667%
(8 a) Coordination With AHCA/Contracted Provider	10	17	10	10	15	14	19	14	12	13	8	13	10	12	14	9	11	9	8	10	238	7.9333%
(8 b) Enhanced Coordinate AHCA/Contracted Provider **	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	1	0	3	N/A	N/A	N/A	N/A	2	0	N/A	N/A	N/A	6	0.2000%
(9 a) Program Planning, Development and Monitoring (1)	20	15	10	15	13	10	16	12	14	11	15	11	11	15	12	8	10	11	8	12	249	8.3000%
(9 b) Enhanced Program Planning and Development (1) **	N/A	N/A	N/A	N/A	2	N/A	N/A	N/A	0	0	0	N/A	N/A	N/A	N/A	1	0	N/A	N/A	N/A	3	0.1000%
(10) Direct Medical/School Health Services	17	30	25	19	23	27	21	24	21	21	17	22	16	18	17	17	24	20	21	19	419	13.9667%
(11) Non-Medicaid Other Services	17	10	13	14	20	15	15	12	11	11	10	12	18	17	15	17	18	19	21	18	303	10.1000%
Sub-Total	125	135	130	134	129	130	130	134	130	135	136	132	129	134	136	135	138	137	133	132	2,654	88.4668%
(12) General Administration	25	15	20	16	21	20	20	16	20	15	14	18	21	16	14	15	12	13	17	18	346	11.5333%
Total	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	3,000	100.000%

(1) Needs to be discounted by Medicaid Eligibility Per Cent

* Enhanced FFP not permitted by CMS at this time.

** 75 % activities funded at 50 % January 1, 2003

GENERAL ADMINISTRATION ALLOCATION

	Sub Total	%	Gen Admin.	Sub Total	Per Cent
(1 a) Medicaid Outreach	86	3.2404%	11.2118	97.2118	3.2404%
(1 b) Enhanced Medicaid Outreach *	4	0.1507%	0.5214	4.5214	0.1507%
(2) Outreach Non-Medicaid	174	6.5561%	22.6841	196.6841	6.5561%
(3) Facilitate Medicaid Application	176	6.6315%	22.9450	198.9450	6.6315%
(4) Facilitate Non-Medicaid Application	290	10.9269%	37.8071	327.8071	10.9269%
(5 a) Care Planning/Coordinating Medicaid Services (1)	203	7.6488%	26.4648	229.4648	7.6488%
(5 b) Enhanced Care Planning/Coordinating Mcaid Srvcs. (1) **	10	0.3768%	1.3037	11.3037	0.3768%
(6) Client Assistance to Medicaid Services (1)	219	8.2517%	28.5509	247.5509	8.2517%
(7 a) Child Health Check-up Training (CHCU) (1)	266	10.0226%	34.6782	300.6782	10.0226%
(7 b) Enh. Child Health Check-up Training (CHCU) * (1)	8	0.3014%	1.0428	9.0428	0.3014%
(8 a) Coordination With AHCA/Contracted Provider	238	8.9676%	31.0279	269.0279	8.9676%
(8 b) Enhanced Coordinate AHCA/Contracted Provider **	6	0.2261%	0.7823	6.7823	0.2261%
(9 a) Program Planning, Development and Monitoring (1)	249	9.3821%	32.4621	281.4621	9.3821%
(9 b) Enhanced Program Planning and Development (1) **	3	0.1130%	0.3910	3.3910	0.1130%
(10) Direct Medical/School Health Services	419	15.7875%	54.6248	473.6248	15.7875%
(11) Non-Medicaid Other Services	303	11.4167%	39.5018	342.5018	11.4167%
Sub-Total	2,654	100.000%	346	3,000	100.000%
(12) General Administration	346				
Total	3,000				

(1) Needs to be discounted by Medicaid Eligibility Per Cent

* Enhanced FFP not permitted by CMS at this time.

** 75 % activities funded at 50 % January 1, 2003

**TOTAL COSTS FOR ALL PERSONNEL BY JOB CLASSIFICATION
FUND 100 COSTS ONLY**

February 1, 2002	Job Name	Code	100	200	300	310	400	500	Training	Use (1)	Total
			Salary	Benefits	POS	Pro. Servs.	Energy	Supp.		Allowance	
	Physical Therapist	52016	\$22,448	\$5,612	\$2,000	\$4,000	\$2,800	\$900		\$1,800	\$39,560
	Phy. Ther. Ass't.	52030	\$9,600	\$2,400	\$1,800	\$0	\$700	\$400		\$600	\$15,500
	Speech Language	52018	\$18,795	\$4,699	\$2,500	\$4,000	\$625	\$410		\$800	\$31,829
	Social Worker	61131	\$19,737	\$4,934	\$1,500	\$1,430	\$400	\$350		\$580	\$28,931
	Physician	61322	\$23,500	\$5,875	\$3,000	\$0	\$1,300	\$565		\$1,800	\$36,040
	Occup. Therapist	52017	\$12,000	\$3,000	\$1,200	\$1,500	\$268	\$155		\$750	\$18,873
	Psychologists	61420	\$25,000	\$6,250	\$1,350	\$2,000	\$550	\$200		\$350	\$35,700
	Audiologists	61332	\$26,500	\$6,625	\$1,100	\$0	\$620	\$500		\$900	\$36,245
	Oreintation Spec.	52019	\$5,850	\$1,300	\$750	\$1,800	\$750	\$625		\$440	\$11,515
	Guidance Couns.	61231	\$17,000	\$4,250	\$1,500	\$0	\$800	\$300		\$750	\$24,600
	Nurse, RN	61320	\$18,000	\$4,500	\$1,650	\$15,000	\$456	\$450		\$1,100	\$41,156
	ESE Clerical	N/A	\$28,000	\$7,000	\$2,600	\$1,750	\$400	\$600		\$452	\$40,802
	Others (2)		\$250,000	\$62,500	\$7,458	\$0	\$800	\$626		\$3,000	\$324,384
	Training								\$ 15,400		
6-7		Total	\$476,430	\$118,945	\$28,408	\$31,480	\$10,469	\$6,081	\$ 15,400	\$13,322	\$700,535

Appendix 3

(1) Use allowance is optional cost calculation.

(2) For example only. Actual SDAC invoice will include total costs for each staff category.

DISTRICT PERSONNEL COST POOL BY JOB CLASSIFICATION

Name	Job Name	Code	ID Num	100 Salary	200 Benefits	310 POS	Total
Smith	Physical Therapist	52016	126-45-6789	\$ 7,500	\$ 1,950		\$ 9,450
Brown	Physical Therapist	52016	145-55-5201	\$ 7,400	\$ 2,100		\$ 9,500
Adams	Physical Therapist	52016	956-54-1288	\$ 7,548	\$ 1,562		\$ 9,110
Byron	Physical Therapist	52016				\$ 2,000	\$ 2,000
Caldwel	Physical Therapist	52016				\$ 2,000	\$ 2,000
Total				\$ 22,448	\$ 5,612	\$ 4,000	\$ 32,060
Brown	Physical Therapist Asst.	52030	891-87-9631	\$ 5,100	\$ 1,200		\$ 6,300
Dinks	Physical Therapist Asst.	52030	884-55-6981	\$ 4,500	\$ 1,200		\$ 5,700
Bindle	Physical Therapist Asst.	52030	658-64-2549				\$ -
Total				\$ 9,600	\$ 2,400		\$ 12,000
Estes	Speech Language Path.	52018	448-14-7890	\$ 6,500	\$ 1,565		\$ 8,065
Dull	Speech Language Path.	52018	448-25-6589	\$ 6,715	\$ 1,485		\$ 8,200
Roberts	Speech Language Path.	52018	658-12-5489	\$ 5,580	\$ 1,649		\$ 7,229
Drinkwa	Speech Language Path.	52018				\$ 4,000	\$ 4,000
Total				\$ 18,795	\$ 4,699	\$ 4,000	\$ 27,494
Kyle	Social Worker	61131	447-13-3258	\$ 5,700	\$ 1,400		\$ 7,100
Ryan	Social Worker	61131	985-12-5489	\$ 5,800	\$ 1,250		\$ 7,050
Swartz	Social Worker	61131	347-15-5597	\$ 5,690	\$ 1,372		\$ 7,062
Billings	Social Worker	61131	557-18-9657	\$ 2,547	\$ 912		\$ 3,459
Robby	Social Worker	61131				\$ 1,430	\$ 1,430
Total				\$ 19,737	\$ 4,934	\$ 1,430	\$ 26,101
Finch	Oreintation Spec.	52019	773-15-8409	\$ 5,850	\$ 1,300		\$ 7,150
Pasha	Oreintation Spec.	52019				\$ 1,800	\$ 1,800
Total				\$ 5,850	\$ 1,300	\$ 1,800	\$ 8,950
Kraft	Physician	61322	489-22-3657	\$ 23,500	\$ 5,875		\$ 29,375
Call	ESE Administration	Various	584-12-9854	\$ 7,400	\$ 2,250		\$ 9,650
Bakon	ESE Administration	Various	224-26-9876	\$ 7,100	\$ 2,100		\$ 9,200
Willy	ESE Administration	Various	357-15-9874	\$ 7,250	\$ 1,100		\$ 8,350
Zukor	ESE Administration					\$ 1,750	\$ 1,750
Total				\$ 21,750	\$ 5,450	\$ 1,750	\$ 28,950

PURCHASED SERVICES--PROFESSIONAL AND TECHNICAL SERVICES (OBJECT 310) DETAIL

SCHOOL DISTRICT: SAMPLE

QUARTER ENDING: SAMPLE

GROUP AND TOTAL EACH SERVICE (THERAPIES, PSYCHOLOGICAL, SOCIAL, NURSING,AUGMENTIVE DEVICES, ETC.)

CONTRACTOR NAME OR PAYEE	SERVICE TYPE	METHOD OF PAYMENT(1)	AMOUNT PAID (2)	CONTRACT PERIOD
ZALMON'S THERAPY SERVICE, INC	OCCUPATIONAL THERAPY	T	\$ 1,500	7/1/x0 - 6/30/x1
THERAPY ASSOCIATES	OREINTATION SERVICES	S	\$ 1,800	7/1/x0 - 6/30/x1
PSYCHOLOGISTS R US, INC.	PSYCHOLOGICAL	S	\$ 2,000	7/1/x0 - 6/30/x1
FRED'S THERAPY	PHYSICAL THERAPY	E	\$ 2,000	7/1/x0 - 6/30/x1
THERAPY ASSOCIATES	PHYSICAL THERAPY	T	\$ 2,000	7/1/x0 - 6/30/x1
NURSES TO GO	NURSING	T	\$ 15,000	7/1/x0 - 6/30/x1
TEMPS AMERICA	CLERICAL	T	\$ 1,750	N/A
SOCIAL SERVICES, INC	SOCIAL SERVICES	T	\$ 1,430	7/1/x0 - 6/30/x1
SPEECH ACADEMY	SPEECH LANGUAGE THERAPY	T	\$ 4,000	7/1/x0 - 6/30/x1
		TOTAL	\$ 31,480	

(1) METHOD OF PAYMENT: ENTER "T" FOR TIME(HOURLY), "E" PER EVALUATION, "S" PER STUDENT OR CASE.

(2) IF SEVERAL PAYMENTS WITH THE SAME METHOD OF PAYMENT ARE PAID TO THE SAME PAYEE DURING THE QUARTER, THEN ONLY ONE LINE WITH THE TOTAL AMOUNT PAID IS REQUIRED.

THE TOTAL FROM THE AMOUNT PAID COLUMN SHOULD EQUAL THE AMOUNT CLAIMED FOR THE QUARTER.

FILE WITH CLAIM

CHAPTER 7

PREPARING A CLAIM FOR MEDICAID PAYMENT

Overview

The sampling percentages for staff identified in Chapter 3 and modified as shown in Chapter 6 along with the total costs for activities detailed in Chapter 6 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.
- 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.
- There will be three cost groups making up the total SDAC program cost:
 1. Direct and allocated costs from the school district staff identified in the sample pool;
 2. Direct and allocated costs from support staff not sampled but who provide direct support to the sample pool participants; and
 3. General administrative indirect costs for district and school support staff.

Note: There must be revenue offsets for federal grants reimbursed to the school district on behalf of personnel in the cost pools.

SDAC Invoice

Appendix 1 is the sample invoice for reimbursement purposes. The net cost from the expense report (Appendix 3, Chapter 6) will be multiplied by the percentages from reimbursable activities listed in Chapter 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 can be calculated with the sampled percentages.

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:

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

1. 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.
2. Total the months and derive the county monthly average for the months in the quarter.
3. 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.

Or, a school district may calculate the Medicaid eligibility of its student population by determining eligibility for each enrolled student through the state's fiscal agent. Examples would 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.

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. Total claimable costs. (Chapter 6, Appendix 3)
4. Personnel costs by person and job category. (Chapter 6, Appendix 4)
5. Purchase of service, object 310 list of claimable contract costs. (Chapter 6, Appendix 5)
6. Administrative claiming invoice. (Chapter 7, Appendix 1)
7. A copy of all financial allocations with written explanations.
8. A signed and dated quarterly certification of state expenditures. (Chapter 7, Appendix 3.)
9. A signed and dated quarterly certification of direct services billing. (Chapter 7, Appendix 4)
10. A cover letter on district 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 Analysis
2727 Mahan Drive, Mail Stop 21
Tallahassee, Florida 32308-5403**

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. Refer to the “note” under activity code 5 in chapter 2 for definition of “participating provider”.

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
2. Signed original time study logs
3. A copy of the summary of time study logs
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
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. Records such as degrees, licenses, certificates or other proof of SPMP status as explained in Chapter 3.
12. Organization charts, job descriptions or other documents establishing a supervisory relationship between SPMPs and support staff (if the 75% enhanced rate is claimed for the support staff).
13. 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 on going audit or resolution of an audit exception is in process.

Technical Support

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

Jim Robinson
Medicaid Program Analysis
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 21
Tallahassee, Florida 32308
(850) 414-7563; robinsoj@ahca.myflorida.com

SCHOOL DISTRICT ADMINISTRATIVE CLAIMING INVOICE

Date _____

School District	SAMPLE
For the quarter ending	Mar-03

IDEA Indirect Rate

Medicaid Eligibility	24.00%
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October 1, 2003

	Salaries	Other Costs	Total
Total Costs--Less Indirect	\$ 476,430	\$ 224,105	\$ 700,535

Non-Discounted, Non-SPMP Reimbursed at 50 %

	Salaries Gross Claimable	Other Gross Claimable	Total
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	%
(1 a) Medicaid Outreach	3.2404%
(1 b) Enhanced Medicaid Outreach *	0.1507%
(3) Facilitate Medicaid Application	6.6315%
(8 a) Coordination AHCA/Cont.	8.9676%

Sub-Total	18.9902%	\$ 90,475	\$ 42,558	\$ 133,033
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Discounted, Non-SPMP Reimbursed at 50 %

	%
(5 a) Care Planning/Coordinating	7.6488%
(6) Client Assistance	8.2517%
(7 a) Child Health Check-up Training	10.0226%
(7 b) Enh. Child Health Check-up Training *	0.3014%
(9 a) Program, Planning and Develop.	9.3821%

Sub-Total	35.6066%		
Medicaid Elig. %	24.00%		
Claimable %	8.5456%		
	\$ 40,714	\$ 19,151	\$ 59,865

Total Non -SPMP	\$ 131,189	\$ 61,709	\$ 192,898
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SUMMARY

	50%	75%	TOTAL
GROSS CLAIMABLE	\$ 195,306	\$ -	\$ 195,306
INDIRECT	\$ 9,765		\$ 9,765
TOTAL	\$ 205,071	\$ -	\$ 205,071
NET CLAIMABLE	\$ 102,536	\$ -	\$ 102,536

TOTAL CLAIMED	\$ 102,536
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Signature of Fiscal Officer: _____

7-5

Non-Discounted, SPMP Reimbursed at 75 %**

	Salaries Gross Claimable	Other Gross Claimable	Total
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	%
(8 b) Enhanced AHCA Coord.	0.2261%

Sub-Total	0.2261%	\$ 1,077	\$ 507	\$ 1,584
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Discounted, SPMP, Reimbursed at 75 % **

	%
(5 b) Enh. Care Planning/Coor.	0.3768%
(9 b) Enh. Prog. Plan., & Deveop.	0.1130%

Sub-Total	0.4898%		
Medicaid Eligibility %	24.00%		
Claimable %	0.1176%		
	\$ 560	\$ 264	\$ 824

Total SPMP	\$ 1,637	\$ 771	\$ 2,408
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INDIRECT CALCULATION

GROSS CLAIM. COSTS	INDIRECT RATE	GROSS INDIRECT
\$ 195,306	5.00%	9,765

* Activities 1 b and 7 b not enhanced per CMS
 ** 75 % activities funded at 50 % January 1, 2003

Appendix 1

NUMBER OF MEDICAID ELIGIBLES AGES 3 TO 19 BY COUNTY FOR THE APRIL THROUGH JUNE 2004 QUARTER								
		APRIL	MAY	JUNE	TOTAL	AVG	2003 MEMBERSHIP	MEDICAID ELIGIBILITY
01	ALACHUA	14,417	14,392	14,145	42,954	14,318	29,422	48.66%
02	BAKER	1,765	1,771	1,768	5,304	1,768	4,606	38.38%
03	BAY	10,343	10,275	10,130	30,748	10,249	26,687	38.41%
04	BRADFORD	1,741	1,760	1,738	5,239	1,746	3,897	44.81%
05	BREVARD	22,649	22,469	22,105	67,223	22,408	73,849	30.34%
06	BROWARD	84,762	84,125	81,928	250,815	83,605	272,782	30.65%
07	CALHOUN	1,312	1,309	1,290	3,911	1,304	2,223	58.64%
08	CHARLOTTE	4,421	4,425	4,344	13,190	4,397	18,263	24.07%
09	CITRUS	5,285	5,236	5,131	15,652	5,217	15,509	33.64%
10	CLAY	4,503	4,493	4,427	13,423	4,474	31,368	14.26%
11	COLLIER	9,535	9,541	9,441	28,517	9,506	40,145	23.68%
12	COLUMBIA	5,401	5,381	5,356	16,138	5,379	9,780	55.00%
13	MIAMI-DADE	180,377	178,958	175,992	535,327	178,442	371,691	48.01%
14	DESOTO	2,310	2,330	2,288	6,928	2,309	4,966	46.50%
15	DIXIE	1,023	1,010	1,011	3,044	1,015	2,169	46.78%
16	DUVAL	47,986	47,509	46,421	141,916	47,305	129,553	36.51%
17	ESCAMBIA	21,970	21,891	21,540	65,401	21,800	43,984	49.56%
18	FLAGLER	1,871	1,873	1,859	5,603	1,868	8,562	21.81%
19	FRANKLIN	682	659	643	1,984	661	1,347	49.10%
20	GADSDEN	4,363	4,368	4,323	13,054	4,351	6,946	62.65%
21	GILCHRIST	957	967	949	2,873	958	2,832	33.82%
22	GLADES	50	50	50	150	50	1,012	4.94%
23	GULF	838	810	787	2,435	812	2,150	37.75%
24	HAMILTON	995	978	956	2,929	976	2,057	47.46%
25	HARDEE	3,169	3,111	3,058	9,338	3,113	4,970	62.63%
26	HENDRY	3,506	3,502	3,446	10,454	3,485	7,658	45.50%
27	HERNANDO	6,408	6,369	6,248	19,025	6,342	19,587	32.38%
28	HIGHLANDS	4,764	4,735	4,673	14,172	4,724	11,649	40.55%
29	HILLSBOROUGH	65,217	64,859	64,219	194,295	64,765	181,755	35.63%
30	HOLMES	1,738	1,719	1,699	5,156	1,719	3,383	50.80%
31	INDIAN RIVER	3,997	3,897	3,716	11,610	3,870	16,619	23.29%
32	JACKSON	2,985	2,986	2,929	8,900	2,967	7,182	41.31%
33	JEFFERSON	1,085	1,080	1,072	3,237	1,079	1,485	72.66%
34	LAFAYETTE	443	447	446	1,336	445	1,035	43.03%
35	LAKE	10,037	9,932	9,662	29,631	9,877	33,988	29.06%
36	LEE	24,642	24,368	23,497	72,507	24,169	66,428	36.38%
37	LEON	11,861	11,786	11,641	35,288	11,763	32,194	36.54%

**Quarterly Certification of State Expenditures
by School and School Districts**

**Agency for Health Care Administration
Medicaid Program Analysis
2727 Mahan Drive, Mail Stop 21
Tallahassee, Florida 32308-5403**

Attn.: School Based Programs

Dear Sirs:

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

with the duties of supervising the administration of the provision and billing for the School District Administration Claiming services provided 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 Administrative Claiming services provided to 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 (please print)

Signature

Title

Date

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 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.

Name (please print)

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 services representatives 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 staff will need to review the contents of the quarterly audit files that contain the approved job title certifications and original time study questionnaires or time study logs for each participating school district in their respective area.

Medicaid area office school services representatives will perform the following 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 time study logs to determine whether any discrepancies exist.
- Report monitoring findings to AHCA headquarters and each school district.
- Additional school district review deemed necessary by headquarters staff to maintain program compliance as required by this guide.
- Attend and monitor all training sessions to the extent possible.

Place and Time of Review

Medicaid area office school services representatives 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 Timeframes

Medicaid area office school services representatives must complete their review and return each district's RMS questionnaires or time study logs by the end of the third month following the quarter under review. For larger districts, this review may be done monthly.

Original Sample Forms

Medicaid area office school services representatives will review only the original RMS questionnaires or time study logs after the completed sample data has been provided by either the sampled individual or a 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 service representatives will have future invoices deferred until reviewed.

School District Notification

Medicaid area office school services representatives 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 has 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.

