

**STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES**



**MEDICAID
SCHOOL BASED CHILD HEALTH
PROGRAM**

**RANDOM MOMENT TIME STUDY
USER GUIDE**

FOR:

**DIRECT SERVICE PROVIDERS
MEDICAID BILLING PERSONNEL
ADMINISTRATIVE STAFF**

October 2017

MEDICAID SBCH PROGRAM RANDOM MOMENT TIME STUDY USER GUIDE

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Section I – GENERAL INSTRUCTIONS

A. *Introduction*

Under the Medicaid School Based Child Health (SBCH) program administered by the State of Connecticut Department of Social Services (DSS), federal funds are available to participating school districts, through the federal financial participation (FFP), for the costs of providing Medicaid covered services to students pursuant to students' Individualized Education Program (IEP) or pursuant to a 504 plan. In order to separate the costs of providing Medicaid covered services from all other costs and expenses incurred by school districts a CMS (federal cognizant agency for Medicaid programs) acceptable allocation base has to be applied to the Medicaid reimbursable costs incurred by school districts enrolled in the SBCH program. The Random Moment Time Study (RMTS) is a CMS approved time study allocation methodology. The RMTS process identifies the portion of time that staff from each participating school district spend performing Medicaid reimbursable tasks under the SBCH Program. The results of the time study are incorporated into the CMS-approved Connecticut SBCH Program Cost Report. The Department of Social Services has overall responsibility for the administration of the RMTS, but has contracted with the University of Massachusetts Medical School (UMass) for the day-to-day administration of the RMTS.

The SBCH Program consists of two components – Direct Services Claiming (DSC) and Administrative Activities Claiming (AAC). Through DSC, School-Based Medicaid Providers may be reimbursed for furnishing medically necessary Medicaid services to eligible Medicaid/HUSKY enrolled children when those services are provided pursuant to an IEP or through a 504 plan. Through AAC, School-Based Medicaid Providers may be reimbursed for participating in activities that support the administration of the Medicaid SBCH Program.

1. RMTS will be conducted for each quarter of instructional school year.
 - Q#1, October - December
 - Q#2, January - March
 - Q3#, April - June
2. The RMTS moments are randomly selected before the start of each quarter.

The Department will rely on school year calendars to identify school days available for time study as well as staff work hours for applicable RMTS moments. Individual district school year calendars are entered into the UMass RMTS system prior to the start of a school year.
3. Direct Service Providers and Medicaid personnel time study participants will be chosen randomly from the universe of all direct service providers included in the districts' cost pool. Direct Services Providers will be separated into two pools: the Nursing, Psychological, and Medical Services Providers pool and the Therapy Services Providers pool. Administrative support staff will also be chosen randomly from the universe of all administrative staff included in districts' lists cost pool, and will be in their own cost pool.

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4. All direct service providers included in the cost pools are included in the approved State plan.
5. RMTS participants will answer the RMTS moment and denote what activity they were performing at their assigned moment.
6. All types of activities shall be recorded during time studies.

7. Sample universe.

The participants of the statewide time study universe are administrative support staff, Medicaid billing personnel, and qualified direct services providers, as included in the approved State plan and included in district's cost pool. Cost pools are divided into two direct services cost pools and an administrative claim cost pool. Direct services cost pools include qualified SBCH services providers and Medicaid billing personnel. The Nursing, Psychological, and Medical Services Providers cost pool will include qualified SBCH service providers and Medicaid Billing Personnel. The Therapy Services Providers cost pool will include qualified SBCH service providers. Administrative cost pool includes administrative support staff. For School Year 2015, the statewide total of direct service cost pool participants, including Medicaid billing personnel approximate to 2,500 and the administrative cost pool participants approximates to 350. The sample universe is developed quarterly based on listings of administrative support staff, direct service providers, and Medicaid billing personnel. UMass will determine the sampled participants for each of the three pools prior to the start of the quarter. UMass will send participating school districts reminders approximately one month before the next quarter which includes instructions for downloading the three pool participant lists and the deadline for the updated submission of time study participants included in the approved State plan and included in districts' cost pool.

8. Sample size.

In order to meet the 95% confidence level and 5% error criteria, the total moments compute to be 2,401. With a 15% oversample, the RMTS sample will total 2,761 moments in each pool. The following is the formula used in each of the three cost pools for the RMTS sample size determination:

$$ss = \frac{Z^2 * (p) * (1-p)}{c^2}$$

Where:

Z = Z value (e.g. 1.96 for 95% confidence level)
p = percentage picking a choice, expressed as decimal
(.5 used for sample size needed)
c = confidence interval, expressed as decimal
(e.g., .02 = ±2)

9. Selected time study participants

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Sampled participants will be selected approximately 10 days prior to the start of the quarter. Participants will be notified at the time of the moment. Each participant will log onto UMass' secure website, with their own user id and password, to complete their moment. They will have two school days to complete the moment; failure to complete the moment in the allotted timeframe will categorize the moment as "expired" and be considered as a non-response for reporting purposes.

10. Time study periods

RMTS will be conducted during October through June of each school year.

B. Department of Social Services Contact Information

Krista Pender
State of Connecticut
Department of Social Services, Reimbursement and CON
55 Farmington Avenue, Hartford, 06105
Tel. #: (860) 424 – 5390, Fax #: (860) 424 – 4812 E-mail: Krista.Pender@ct.gov

C. School Districts' Responsibilities

Each school district/Local Educational Agency (LEA) is responsible for completing the following tasks to ensure successful execution of the time study process:

- Step 1** Designate a time study coordinator/contact person for all communications between UMass, DSS, and school district; that person's name, e-mail address, title, phone number, and any updates, should be sent to UMass at schoolbasedclaiming@umassmed.edu and the Department of Social Services at DSS.SBCH@ct.gov.
- Step 2** Prior to the start of a school year (by August 1st) provide group names to UMass for the upcoming school year. By August 15th, enter the school calendars by group into the UMass RMTS system. Any updates to the school calendars (vacation dates or last day of school) may be completed prior to the selection of that quarter's moments. For example, changes to the last day of school, should be submitted to UMass by March 1st of the school year.
- Step 3** At the beginning of each school year (by September 1st) provide UMass with a listing of Administrative staff, Nursing, Psychological, and Medical Services Providers (including Medicaid billing personnel), and Therapy Service Providers included in the approved State plan and included in districts' cost pool expected to provide SBCH services during the period from July 1st through June 30th. UMass will request quarterly updates to these listings one month prior to the quarter. Changes during the quarter will be reported to UMass and DSS using the Change of Status Form.

D. SBCH, Time Study Process

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Effective October 1, 2010, school districts participating in the Medicaid SBCH Program were required to participate in quarterly time studies. Effective October 1, 2014, the worker log time study will transition to the RMTS system administered by UMass using their online RMTS system.

E. Technical Requirements for the SBCH RMTS System

UMass will provide the technical requirements for their online RMTS system on an annual basis to all enrolled participating SBCH school districts and DSS.

F. SBCH Quarterly Time Study –periods defined and filing deadlines

Prior to each quarter, UMass will remind schools to download the current time study participant pool listing and provide the submission date for the updates to the lists. The pools will include Administrative staff; Nursing, Psychological, and Medical Services providers (including Medicaid billing personnel); and Therapy Services providers.

All direct service providers included in listings of Direct Services Providers (cost pools) must be included in the approved State plan. Only names of direct service providers billing Medicaid should be included in the quarterly listings. Actual titles of participants is required to be submitted for review to ensure approved SBCH qualified providers are included on the RMTS.

1. RMTS will be conducted during each of the school year quarters.
2. All available days are used to conduct the RMTS.
3. RMTS Participants are randomly selected from the statewide universe of employees are included in the quarterly listings provided to UMass prior to the quarter. The RMTS sample is inclusive of names of direct service providers who bill Medicaid, Medicaid billing personnel and administrative staff.
4. Each quarter UMass will provide school districts with listings of randomly selected time study participants.
5. The time study quarters are defined as follows:

Q#1 = October - December
Q#2 = January - March
Q#3 = April - June
6. The Department will issue interim payments to school districts on monthly basis for claimed direct services. The Department will reconcile and settle annually for direct claim and administrative claim using statistical data collected during the year.

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- 7.** District's designated time study coordinator/contact person shall submit/upload participant lists quarterly to UMass at scheduled deadlines via e-mail.
- 8.** Time study participants should complete their random moments no later than the second school day after the selected random moment.
- 9.** Deadlines for moment completion is two school days after the moment.

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Section II – SBCH QUARTERLY TIME STUDY PARTICIPANTS

A. Who should participate in the SBCH RMTS

- Direct Service Providers, who are approved by CMS as the Qualified Medicaid SBCH program direct service providers, and who submit claims for direct services;
- Medicaid Billing Personnel – school district may use employee’s actual job title; and
- Administrative Staff essential to successful execution of the Medicaid SBCH program and who provide support to the direct services providers – school district will select from a pre-populated list.

B. Who should NOT participate in the SBCH RMTS

- Direct Service Providers who are 100% federally funded
- Contracted professionals
- Individuals whose salaries are included in the Indirect Cost Rate (see section IV.E for more details on indirect cost rate)

C. Direct Service Providers

Qualified SBCH Program Direct Service Providers

Qualified SBCH Service Providers include licensed physicians, licensed psychiatrists, licensed podiatrists, licensed osteopaths, licensed chiropractors, licensed naturopaths, licensed audiologists, audiologist’s assistant employed or supervised by licensed audiologist, licensed hearing instrument specialist, speech therapy assistants working under the direction of licensed speech pathologists, licensed speech pathologists, licensed advanced practice registered nurses (APRN), licensed registered nurses (RN), licensed physician assistants, licensed practical nurses (LPN), licensed psychologists, SDE certified school psychologists, SDE certified school social workers, DPH [certified] licensed independent social workers, DPH [certified] licensed substance abuse counselors, DPH [certified] licensed marital and family therapists, SDE certified school counselors, SDE certified guidance counselors, licensed occupational therapists, licensed occupational therapy assistants, licensed physical therapists, physical therapy assistants meeting requirements of Section 20-66 of the CGS, licensed respiratory care practitioners, licensed optometrists, personal care attendants, board certified behavioral analysts, board certified assistant behavioral analysts, and behavior technicians.

Direct SBCH Service and Qualified Direct Service Providers credentials and licensure requirements

Audiology

Audiology services are provided by providers who meet the qualifications in accordance with 42 CFR 440.110(c) (3) and acting within his or her scope of practice under Connecticut State Law.

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Behavioral Health Services (Psychological & Counseling Services)

Behavioral health services must be provided by a qualified provider who meets the requirements of 42 CFR Section 440.60 or 42 CFR Section 440.50(a).

Behavioral Modification Services (Applied Behavior Analysis)

Behavioral modification services must be provided by qualified providers who are licensed in clinical psychology or current certification by the Connecticut Department of Public Health and acting within his or her scope of practice under Connecticut State Law.

Clinical Diagnostic Laboratory Services

Clinical diagnostic laboratory services are provided by providers who meet the qualifications in accordance with 42 CFR 440.30 and 42 CFR 440.130 and acting within his or her scope of practice under Connecticut State Law.

Medical Services

Medical services are provided by licensed physicians, physician assistant, or nurse practitioners who meet the qualifications in accordance with 42 CFR 440.50, 440.60 or 440.166 and acting within his or her scope of practice under Connecticut State Law.

Nursing Services

Nursing services are services that are within the scope of practice and performed by a registered nurse or licensed practical nurse who meet the qualifications in accordance with 42 CFR 440.80 and 42 CFR 440.60 and acting within his or her scope of practice under Connecticut State Law.

Occupational Therapy

Occupational therapy services are provided by or under the direction of providers who meet the qualifications in accordance with 42 CFR 440.110(b) and acting within his or her scope of practice under Connecticut State Law.

Optometric Services

Optometric services are provided by or under the direction of providers who meet the qualifications in accordance with 42 CFR 440.50(a), 440.60(a) or 440.166(a) and acting within his or her scope of practice under Connecticut State Law.

Personal Care Assistant

Personal care assistant services are authorized by a physician or nurse practitioner, and consist of physical assistance with activities of daily living or instrumental activities of daily living in accordance with 42 CFR 440.167.

Physical Therapy

Physical therapy services are provided by or under the direction of providers who meet the qualifications in accordance with 42 CFR 440.110(a) and acting within his or her scope of practice under Connecticut State Law.

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Respiratory Care Services

Respiratory care services are provided by or under the direction of providers who meet the qualifications in accordance with 42 CFR 440.130 and acting within his or her scope of practice under Connecticut State Law.

Speech/Language

Speech/Language services are provided by or under the direction of providers who meet the qualifications in accordance with 42 CFR 440.110(c) and acting within his or her scope of practice under Connecticut State Law.

Medicaid Billing Personnel Position Type Codes

800 - LEA employees, use LEA Job titles

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D. Direct Service Providers with RMTS Pool Table

| <u>RMTS Pool</u> | <u>Qualified Provider Title</u> | <u>Qualified Provider Description</u> |
|-------------------------|---|--|
| Medical | Licensed Clinical Social Worker or LCSW | Means a person licensed pursuant to section 20-195n of the Connecticut General Statutes |
| Medical | School Social Worker | Means a person certified by the State Department of Education pursuant to section 10-145d-564 to 10-145d-566, inclusive of the Regulations of Connecticut State Agencies |
| Medical | Clinical Psychologist | Means a person licensed pursuant to section 20-188 of the Connecticut General Statute |
| Medical | School Psychologist | Means a person certified by the State Department of Education pursuant to sections 10-145d-560 to 10-145d-562, inclusive, of the Regulations of Connecticut State Agencies |
| Medical | Marital and Family Therapist | Means a person licensed pursuant to section 20-195c of the Connecticut General Statutes |
| Medical | School Marriage and Family Therapist | Means a person certified by the State Department of Education pursuant to sections 10-145d-566b to 10-145d-566f, inclusive, of the Regulations of Connecticut State Agencies |
| Medical | Advanced Practice Registered Nurse or APRN | Means a person licensed under section 20-94a of the Connecticut General Statutes |
| Medical | Registered Nurse or RN | Means a person licensed to practice nursing pursuant to subsection (a) of section 20-87a of the Connecticut General Statutes |
| Medical | Licensed Practical Nurse | Means a person licensed pursuant to section 20-96 of the Connecticut General Statutes |
| Medical | School Nurse | Means a person certified by the State Department of Education pursuant to sections 10-145d-548 to 10-145d-550, inclusive, of the Regulations of Connecticut State Agencies |
| Medical | Alcohol and Drug Counselor | Means a person licensed or certified pursuant to section 20-74s of the Connecticut General Statutes |
| Medical | Licensed Professional Counselor | Means a person licensed pursuant to section 20-195dd of the Connecticut General Statutes |
| Medical | School Counselor (Including previously Certified Guidance Counselors) | Means a person certified by the State Department of Education pursuant to 10-145d-556 to 10-145d-558, inclusive, of the Regulations of Connecticut State Agencies |
| Medical | Optometrist | Means a person licensed pursuant to Chapter 380 of the Connecticut General Statutes to practice optometry as delineated in subsections (a) (1) and (2) of section 20-127 of the Connecticut General Statutes |

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| <u>RMTS Pool</u> | <u>Qualified Provider Title</u> | <u>Qualified Provider Description</u> |
|-------------------------|--|--|
| Medical | Naturopathic Physician | Means a person licensed pursuant to section 20-37 of the Connecticut General Statutes |
| Medical | Physician | Means a person licensed pursuant to section 20-13 of the Connecticut General Statutes |
| Medical | Physician Assistant | Means a person licensed pursuant to section 20-12b of the Connecticut General Statutes |
| Medical | Behavior Technician | Means a person with a bachelor's degree in a behavioral health field, behavior analysis or related field, plus one year of full-time equivalent providing ASD treatment services, or have an associate's degree in a behavioral health field, behavior analysis or related field, plus two year of full-time equivalent providing ASD treatment services |
| Medical | Board Certified Behavior Analyst | Has the same meaning as provided in section 20-185i(2) of the Connecticut General Statutes |
| Medical | Board Certified Assistant Behavior Analyst | Has the same meaning as provided in section 20-185i(3) of the Connecticut General Statutes |
| Medical | Medicaid Billing | A person who as is reasonably expected as a regular part of their job to handle Medicaid billing. ("Regular" is typically a recurring task during the week and can be as little as one hour per week.) |
| Therapy | Audiologist | Means a person licensed to practice audiology pursuant to section 20-395c of the Connecticut General Statutes |
| Therapy | Audiology Assistant | Has the same meaning as provided in section 20-395a of the Connecticut General Statutes |
| Therapy | Licensed Hearing Instrument Specialist | Has the same meaning as provided in section 20-396 of the Connecticut General Statutes |
| Therapy | Respiratory Care Practitioner | Has the same meaning as provided in 20-162n of the Connecticut General Statutes |
| Therapy | Physical Therapist | Means a person licensed pursuant to 20-70 or 20-71 of the Connecticut General Statutes |
| Therapy | Physical Therapist Assistant | Has the same meaning as provided in section 20-66 of the Connecticut General Statutes |
| Therapy | Licensed Speech and Language Pathologist | Has the same meaning as provided in section 20-408 of the Connecticut General Statutes |

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| <u>RMTS Pool</u> | <u>Qualified Provider Title</u> | <u>Qualified Provider Description</u> |
|-------------------------|---|---|
| Therapy | Personal Care Assistant | Means a person performing activities of daily living or instrumental activities of daily living as defined in 42.CFR.440.167 |
| Therapy | Speech and Language Pathologist Assistant | Means a person providing assistance to a speech and language pathologist pursuant to subsection (5) of section 20-413 of the Connecticut General Statutes |
| Therapy | Occupational Therapist | Means an individual licensed pursuant to section 20-74b or section 20-74c of the Connecticut General Statutes |
| Therapy | Occupational Therapy Assistant | Has the same meaning as provided in section 20-74a of the Connecticut General Statutes |

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Section III. Collection of Time Study Moments

The Connecticut School-Based Child Health (SBCH) Program will use a Random Moment Time Study (RMTS) to collect the statewide time study data required for the Connecticut SBCH Program Cost Report. To administer the RMTS, the State will first identify individuals from all participating SBCH Program Providers who are eligible to participate in the time study and will indicate into which of three mutually exclusive statewide cost pools these individuals fall — (1) Administrative Only, (2) Nursing, Psychological and Medical Services, and (3) Therapy Services.

The State will then randomly select individuals to complete the time study. The number of individuals selected will be based on the number of moments needed to ensure a statistically valid statewide time study sample. The State will ensure an appropriate response rate both by encouraging individuals to complete a time study on their requested moment and by oversampling.

A. Identify individuals to be included in cost pools

Step 1: All school district personnel to be included in the SBCH Cost Report are eligible to participate in the RMTS time study and will be included in the universe for purposes of sampling.

The State will identify individuals to be included in each of the three mutually exclusive statewide cost pools -- Administrative Only, Nursing, Psychological and Medical Services, and Therapy Services -- using information supplied by School Based Child Health Program Providers. School Based Child Health Program Providers will identify the personnel who are eligible to participate in the time study, based on their credentials as stated in the Connecticut Medicaid State Plan. The State will categorize those personnel into the three cost pools. Staff are excluded from all cost pools if they are reimbursed 100% by Federal funds, other than Federal funds authorized by Federal law or regulation to be used to match other Federal funds.

Administrative Only Cost Pool

Individuals included in the Administrative Only Providers cost pool are individuals who do not meet the qualifications of Direct Service Providers required under the State Plan, or who do meet those definitions but do not provide or bill for direct services, and who are expected to perform Medicaid related administrative activities. Individuals who meet this definition may be included in the Administrative Cost Pool even if their titles are not contained in the list below. Individuals who do not meet this definition should not be included in this cost pool.

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Administrative Only Providers

- Special Education Director, Administrator or Assistant
- Special Education Department Support personnel
- Medicaid Coordinator/Clerk
- Therapy Department Director, Administrator or Assistant
- Therapy Department Support personnel
- Pupil Services Personnel, Director
- Pupil Services Support personnel
- Assistive Technology Consultant, Admin only; Audiometrist, Admin only
- Audiologist, Licensed, Admin only
- Audiologist Assistant, Admin only
- Alcohol and Drug Counselor, Admin only
- Licensed Professional Counselor, Admin only
- School Counselor, Admin only
- Licensed Hearing Instrument Specialist, Admin only
- Nurse (APRN), Licensed, Admin only
- Nurse (LPN), Licensed, Admin only
- Nurse (RN), Licensed, Admin only
- School Nurse, Admin only
- Occupational Therapist, Admin only
- Occupational Therapy Assistant, Admin only
- Optometrist, Admin only
- Physical Therapist, Admin only
- Physical Therapy Assistant, Admin only
- Physician, Admin only
- Physician Assistant, Admin only
- Psychiatrist, Licensed, Admin only
- Clinical Psychologist, Admin only
- School Psychologist, Admin only
- Naturopathic Physician, Admin only
- Respiratory Care Practitioner, Admin only
- Licensed Clinical Social Worker, LCSW, Admin only
- School Social Worker, Admin only
- Speech and Language Pathologist Assistant, Admin only
- Licensed Speech and Language Pathologist, Admin only
- Marital & Family Therapist, Admin only
- School Marriage and Family Therapist, Admin only
- Board Certified Behavior Analyst, Admin only
- Board Certified Assistant Behavior Analyst, Admin only
- Behavior Technician, Admin only
- Personal Care Assistant, Admin only

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Nursing, Psychological and Medical Services Providers

Individuals included in the Nursing, Psychological and Medical Services cost pool are individuals who provide direct services, as described in the Connecticut Medicaid State Plan (State Plan). Individuals included in this cost pool must meet the provider qualifications allowed under the State Plan and bill for direct services.

If an individual's job title is included in the Administrative Only Providers list but that individual meets the provider qualifications required to provide Nursing, Psychological and Medical direct services under the State Plan, he or she will be included in the Nursing, Psychological and Medical Services cost pool if he or she does, in fact, provide or bill these direct services.

The following list contains direct Nursing, Psychological and Medical Services providers. If individuals meet the qualifications allowed under the State Plan but are not included in the proposed list below, they may still be included in the direct Nursing, Psychological and Medical Services cost pool. The following list contains Nursing, Psychological and Medical Services direct service providers that meet provider qualifications and are specified in the State Plan.

Nursing, Psychological and Medical Services

- Alcohol and Drug Counselor, Claiming
- Licensed Professional Counselor, Claiming
- School Counselor, Claiming
- Nurse (APRN), Licensed, Claiming
- Nurse (LPN), Licensed, Claiming
- Nurse (RN), Licensed, Claiming
- School Nurse, Claiming
- Medicaid Billing, Claiming
- Optometrist, Claiming
- Physician, Claiming
- Physician Assistant, Claiming
- Psychiatrist, Licensed, Claiming
- Clinical Psychologist, Claiming
- School Psychologist, Claiming
- Naturopathic Physician, Claiming
- Licensed Clinical Social Worker, LCSW, Claiming
- School Social Worker, Claiming
- Marital & Family Therapist, Claiming
- School Marriage and Family Therapist, Claiming
- Board Certified Behavior Analyst, Claiming
- Board Certified Assistant Behavior Analyst, Claiming
- Behavior Technician, Claiming

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Therapy Services Providers Cost Pool

Individuals included in the Therapy Services cost pool are individuals who provide direct services, as described in the State Plan. Individuals included in this cost pool must meet the provider qualifications allowed under the State Plan and bill for direct services.

If an individual's job title is included in the Administrative Only Providers list but that individual meets the provider qualifications required to provide direct Therapy Services under the State Plan, he or she will be included in the direct Therapy Services cost pool if he or she does, in fact, provide and bill these direct services.

The following list contains direct Therapy Services providers. If individuals meet the qualifications allowed under the State Plan but are not included in the proposed list below, they may still be included in the direct Therapy Services cost pool. The following list contains Therapy Services direct service providers that meet provider qualifications and are specified in the State Plan.

Therapy Services

- Assistive Technology Consultant, Claiming; Audiometrist, Claiming
- Audiologist, Licensed, Claiming
- Licensed Hearing Instrument Specialist, Claiming
- Occupational Therapist, Claiming
- Occupational Therapy Assistant, Claiming
- Physical Therapist, Claiming
- Physical Therapy Assistant, Claiming
- Respiratory Care Practitioner, Claiming
- Licensed Speech and Language Pathologist, Claiming
- Personal Care Assistant, Claiming

Step 2: For initial program implementation, each SBCH Program Provider Time Study Coordinator will enter or upload the RMTS participants directly into the RMTS system. SBCH Providers who enroll as providers subsequent to the initial implementation of the RMTS will also enter or upload the RMTS participants directly into the RMTS system. On an ongoing basis, each school district Time Study Coordinator will download a list of participants for the current time study. Each Time Study Coordinator should update the list of current participants and upload the updated list no later than 30 days prior to the start of each quarter. The state may grant exceptions to this deadline at its discretion. By including a participant on the list, the SBCH Program Provider is certifying that the participant has qualifying credentials.

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| Employee ID # | Last Name | First Name | Email address | Job Description | Job Type | Fed Fund % |
|---------------|-----------|------------|-------------------|---------------------------|----------|------------|
| 200 | Smith | Mary | Msmith@yahoo.com | Registered Nurse | E | 0 |
| 201 | Doe | John | Johndoe@yahoo.com | Speech/language Therapist | C | 20 |
| 202 | Brow | Jane | JBrow@yahoo.com | Physical Therapist | E | 2 |
| 203 | Jones | Ann | AJones@yahoo.com | Occupational Therapist | C | 100 |

Sample Template Instructions

Populate the template by entering the Employee ID #, Last Name, First Name, and Email address. Select the job description from the dropdown. Enter ‘E’ in the Job Type column for an employee of the school district. Enter the percent of the salary that is federally funded in the Fed Fund % column.

B. Determine number of moments

The use of Random Moment Time Study Sampling is a federally accepted method for tracking employee time within an organization. The RMTS methodology is designed to comply with current federal reporting requirements and is flexible enough to be used in any organization where there is a need to accurately record employee time and effort. The RMTS process starts with creating randomly selected moments. Based on the available number of moments per quarter, the RMTS sample will consist of 2,401 moments (95% confidence level, +/-2% precision). In addition, to achieve statistical validity, the sample must be increased by 15% which will require 2,761 moments be generated per quarter, per RMTS pool. Each moment is defined as a specific one-minute unit of a specific day.

The total universe of moments from which the selection is made is defined by the total number of minutes available in a given calendar quarter. Each SBCH participating school district must upload their annual school calendar prior to August 15th. An updated calendar, including any changes to the original calendar and the updated last day of school must be entered by March 1st. The state may grant exceptions to these deadlines at its discretion.

All individual minutes within the school year are included in the potential minutes to be chosen as moments for the time study. The total pool of minutes for the quarter does not include weekends, holidays, and hours during which employees are not scheduled to work. It does include state testing days.

The total pool of statewide moments within the time study is created by applying each SBCH Program Provider’s individual school or group calendar and hours to potential participants eligible to participate in the RMTS for that specific school or group. A time study moment is therefore defined as a combination of (1) a specific one-minute unit of time within the quarter and (2) an individual time study participant. Time study moments are randomly selected from the total pool of moments using randomizer software that uses a statistically valid random sampling technique¹. This combination of the specific one minute unit and time study participant are not returned to the overall pool to be available for reselection. This step ensures that the same combination of one minute unit and time study participant are not selected

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again. This process is repeated until the desired number of moments has been selected for each mutually exclusive cost pool.

Participants complete the time study for randomly selected moment(s) during the three quarters that overlap with the school year. RMTS quarters are defined as:

- October – December
- January – March
- April – June

The average of the RMTS results for the three prior quarters is applied to the summer quarter, July-September

C. Random moment time study process

Names of the time study participants from each of the School-Based Medicaid Provider's lists of time study participants will be placed into one of the three pools, either the statewide Nursing, Psychological and Medical Services Providers pool, the statewide Administrative Services Only Provider pool, or the statewide Therapy Services Providers pool. From these pools, participant days and times will be randomly selected. Each participant selected will receive a notification email at the time of the moment for which they have been selected. Each participant will answer the following four (4) questions and certify their responses:

- What type of activity were you doing?
- What were you doing?
- Who were you working/interacting with?
- Why were you performing this activity?

In order to answer these questions, the participant must access a secure, web-based system through which UMass, on behalf of the state, administers the RMTS process. Additional details about the system are included in the attached User Guide for Statewide Random Moment Time Study (RMTS). Within the system, the participant can select answers to the questions from a list of predefined answers or, if none of the answers provided appropriately answer the questions, the participant has the opportunity to provide a written response.

If this is not done at the time of the selected moment, reminder emails will be sent twenty four (24) hours, and forty-eight (48) hours after the moment has occurred and, forty-eight (48) and twenty four (24) hours prior to moment expiration with a supervisor copied. After two (2) school days the participant will no longer be able to enter or edit data for the selected moment. Documentation of moments not received within the required time frame cannot be used in the calculation of the necessary number of moments needed to satisfy the level of precision of +/- 2% with a 95% confidence interval.

D. Non-responses and ensuring appropriate response rate

To ensure that the time study is completed properly, UMass, in its role as the RMTS Administrator, and each SBCH Program's Time Study Coordinator monitor response rates and provide follow up to

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participants who have not completed their moment(s). If a participant has changed positions and is no longer working in a position that is eligible to participate in the time study, the moment would be excluded from the State's non-response rate calculation. Similarly, if a participant is no longer employed or retired the moment also would be excluded.

Except as stipulated in the paragraph above, the non-response rate includes any selected moments not completed by selected time study participants within two (2) school days of the moment date or responses that were not accurately coded, as determined on a review by Central Coding staff employed by the state or its designee.

To ensure that enough moments are received to have a statistically valid sample, the State will over-sample by 15%.

Participation in the Time Study is crucial to the accuracy of the Time Study results. A statewide compliance rate of 85% per Time Study pool per quarter has been set by CMS. If the statewide return rate for valid responses is 85% or higher, non-responses can be discarded. If, however, the valid response rate is less than 85%, then all non-responses must be included in the results and coded as non-Medicaid. If the participation rate is not met, there will be a statewide penalty applied. The penalty is that all non-responses will be added to the time study results as non-Medicaid non-reimbursable time. This will negatively impact federal reimbursement for both Administrative Activity Claiming and Direct Service Claiming statewide. Additionally, independent verification of 5% of the statewide time study responses will be completed by DSS after the fiscal year quarter closes. However, the Time Study Coordinator for each provider is also required to monitor compliance for their time study participants.

Every school district whose response rate is lower than 85% and had greater than five participants for the quarter in any of the three pools in a given quarter will be sent a warning notification letter. For LEAs that are issued a warning letter, the Department will monitor the next consecutive quarter to ensure compliance is achieved. If not achieved and if the statewide response rate does not reach 85% in a given quarter, school districts that received a warning notification letter within the last two years and whose response rate was lower than 85% in that quarter will be notified that their reimbursement may be withheld until the time studies are submitted. The State reserves the right to grant exceptions to this rule on claiming prohibitions for individual providers in instances of extreme unforeseen circumstances, such as a natural disaster, on a case-by-case basis.

If the statewide response rate reaches or exceeds 85%, all non-responses will be discarded.

A series of management reports will be produced to monitor participation. All reports are real-time and are accessible by each School-Based Provider's Time Study Coordinator.

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Section IV. Coding of Time Study Moments

Individual time study responses will be coded according to the time study codes described below. Most codes will be assigned based on a web-based algorithm that has been approved by the State. Additionally, a Central Coder will be responsible for ensuring that results are appropriately coded. Staff from the Department of Social Services will review a sample of responses each quarter to ensure appropriate coding.

A. Coding the moments

The time study will be completed online using a web-based system. The system will automatically code all responses when predefined answers are selected for the RMTS questions from provided drop-down menus. However, time study participants also have the option to write their own free-text answers to the questions. If the time study participant chooses to write in an answer for any question, a Central Coder employed by the state or its designee will be responsible for coding the response. The Central Coder will follow up directly with any time study participant whose response(s) does not provide enough information to accurately code the moment. Once the additional information is obtained, a code will be assigned. If additional information is not submitted, the moment will not be counted.

The web-based system will be used for tabulating the results from the on-line time studies. All completed and coded responses are included in tabulating results.

B. List of activity codes

An activity code will correspond with time study responses submitted by time study participants. The activities are segregated to identify reimbursable (either medical or administrative) versus non-reimbursable costs. The RMTS activity codes will be used by the Central Coder to code the participant's responses. The following chart lists the activity codes used in the time study and indicates whether the activity code is Medicaid reimbursable or non-reimbursable. Detailed descriptions of activity codes, including examples, are furnished.

| Activity Codes | Reimbursable Category | Reimbursable Percent |
|--|-----------------------|-----------------------|
| A. Non-Medicaid Outreach (CMS Code 1.a) | No | |
| B. Medicaid Outreach (CMS Code 1.b) | Administrative | 100% |
| C. Facilitating Application for Non-Medicaid Programs (CMS Code 2.a) | No | |
| D. Facilitating Medicaid Eligibility Determination. (CMS Code 2.b) | Administrative | 100% |
| E. School Related and Educational Activities (CMS Code 3) | No | |
| F1. IEP-Prescribed SBCH Direct Medical Services or 504 Plan Prescribed SBCH Covered Direct | Medical | IEP/504 Eligibility % |

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| Activity Codes | Reimbursable Category | Reimbursable Percent |
|---|-----------------------|------------------------|
| Medical Services (CMS Code 4) | | |
| F2. Non-IEP, Non-504 Plan & Non-SBCH Direct Medical Service (CMS Code 4) | No | |
| F3. IEP Related & Non-IEP Related Services and 504 Plan and Non-504 Plan Related Services (CMS Code 4) | Medical | IEP/504 Eligibility % |
| G. Transportation for Non-SBCH Services (CMS Code 5.a) | No | |
| H. Transportation Related Activities in Support of IEP-Prescribed or 504 Plan prescribed SBCH Covered Medical Services (CMS Code 5.b) | Administrative | Medicaid Eligibility % |
| I. Non-SBCH Translation (CMS Code 6.a) | No | |
| J. Translation Related to IEP-Prescribed or 504 Plan Prescribed SBCH Covered Medical Services (CMS Code 6.b) | Administrative | Medicaid Eligibility % |
| K. Program Planning, Policy Development and Interagency Coordination Related To Non-SBCH Services (CMS Code 7.a) | No | |
| L Program Planning, Policy Development and Interagency Coordination Related To SBCH Medical Services (CMS Code 7.b) | Administrative | Medicaid Eligibility % |
| M. Training not related to SBCH Services (CMS Code 8.a) | No | |
| N. Training Related to SBCH Covered Services (CMS Code 8.b) | Administrative | Medicaid Eligibility % |
| O. Referral, Coordination, and Monitoring of Non-SBCH Services (CMS Code 9.a) | No | |
| P. Referral, Coordination, and Monitoring of IEP-Prescribed or 504 Plan Prescribed SBCH Covered Medical Services (CMS Code 9.b) | Administrative | Medicaid Eligibility % |
| Q. General Administration (CMS Code 10) | Both | Allocated |

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Activity Codes and Examples

Activity Code (A)-Non-Medicaid Outreach

This code is used when performing activities that inform eligible or potentially eligible individuals about non-Medicaid social, vocational and educational programs (including special education) 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. Included is related paperwork, clerical activities or staff travel required to perform these activities as well as the initiation and response to email and voicemail messages.

- Informing families about wellness programs and how to access these programs.
- Scheduling and promoting activities, which educate individuals about the benefits of healthy life-styles and practices.
- Conducting general health education programs or campaigns addressed to the general population.
- Conducting outreach campaigns directed toward encouraging persons to access social, vocational, educational, legal or other services not covered by Medicaid.
- Assisting in early identification of children with special medical/mental health needs through various child find activities under IDEA.
- Outreach activities in support of programs, which are 100 percent, funded by State general revenue.
- Developing outreach materials such as brochures or handbooks for social, vocational or educational programs.
- Explain to or hold discussions with parents, students or families about social, vocational or educational programs:
 - Daycare
 - SNAP or WIC
 - Educational services such as SAT preparation classes
 - Social services such as Boys or Girls Club

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Activity Code (B)-Medicaid Outreach

This code is used when performing activities that inform eligible or potentially eligible individuals about Medicaid/HUSKY and how to access it. Activities would include bringing potential eligibles into the Medicaid/HUSKY program for the purpose of determining eligibility and arranging for the provision of Medicaid services. LEAs may only conduct outreach for the populations served by their school districts, i.e., students and their parents or guardians. Both written and oral methods may be used. Included is related paperwork, clerical activities or staff travel required to perform these activities as well as the initiation and response to email and voicemail messages.

- Informing Medicaid eligible and potential Medicaid eligible children and families about the benefits and availability of services provided by Medicaid/HUSKY (including preventive, treatment and screening) and services through the EPSDT program.
- Informing children and their families on how to effectively access, use, and participate in all health resources under the Medicaid/HUSKY program.
- Compiling brochures designed to effectively inform eligible individuals about the EPSDT program and services this may include information about how and where to obtain those services. This activity must be coordinated with the state Medicaid agency.
- Informing children and their families about the benefits and availability of the EPSDT program and other Medicaid programs.
- Informing children and their families to effectively access, use and participate in all health resources under the Federal Medicaid program.
- Notifying families of EPSDT programs, such as screenings conducted at a school.
- Providing information regarding Community Health Network of CT and health plans to individuals and families and how to access that system.
- Contacting pregnant and parenting teenagers about the availability of Medicaid prenatal, and well-baby care programs and services.
- Encouraging families to access medical/dental/mental health services provided by the Medicaid/HUSKY program.

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Activity Code (C) Facilitating Application for Non-Medicaid Programs

This code is used when informing an individual or family about programs such as Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC), day care, legal aid, and other social or educational programs and referring them to the appropriate agency for application assistance. Both written and oral methods may be used. Included is related paperwork, clerical activities or staff travel required to perform these activities as well as the initiation and response to email and voicemail messages.

- Explaining the eligibility process for non-Medicaid programs, including IDEA.
- Assisting the individual or family collect/gather information and documents for the non-Medicaid program application.
- Assisting the individual or family in completing the application, including necessary translation activities for Non-Medicaid, social, vocational or educational programs.
- Developing and verifying initial and continuing eligibility for the Free and Reduced Lunch Program. When a school district employee is verifying a student's eligibility or continuing eligibility for Medicaid for the purpose of developing, ascertaining or continuing eligibility under the Free and Reduced Lunch program, report that activity under this code.
- Providing necessary forms and packaging all forms in preparation for the non-Medicaid, social, vocational, educational eligibility determination.
- Refer parents, students or families to the appropriate agency to complete applications to any program related to social, educational, or vocational services, such as:
 - Scholarships
 - Free and Reduced Lunch Program
 - TANF
 - SNAP
 - WIC
 - Day care
 - Legal aid

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Activity Code (D)-Facilitating Medicaid Eligibility Determination

This code is used when assisting an individual in the eligibility process for Medicaid/HUSKY. Both written and oral methods may be used. Included is related paperwork, clerical activities or staff travel required to perform these activities as well as the initiation and response to email and voicemail messages.

- Verifying an individual's current Medicaid/HUSKY eligibility status.
- Explaining Medicaid eligibility rules and the Medicaid/HUSKY eligibility process to prospective applicants.
- Assisting individuals or families to complete a Medicaid/HUSKY eligibility application.
- Gathering information related to the application and eligibility determination for an individual, including resource information and third party liability (TPL) information, as a prelude to submitting a formal Medicaid/HUSKY application.
- Providing necessary forms and packaging all forms in preparation for the Medicaid eligibility determination.
- Referring students and families to Community Health Network of CT for application access into the Medicaid/HUSKY program.
- Assisting the individual or family in collecting/gathering required information and documents for the Medicaid/HUSKY application.

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Activity Code (E)-School Related and Educational Activities

This code is used for any school-related activities that are non-health related, such as social services, educational services, and teaching services; employment and job training. These activities include the development, coordination, and monitoring of a student's individual education plan (IEP) or 504 Plan. Both written and oral methods may be used. Included is related paperwork, clerical activities or staff travel required to perform these activities as well as the initiation and response to email and voicemail messages.

- Providing classroom instruction (including lesson planning). Including health related instruction.
- Testing, correcting papers.
- Developing, coordinating, and monitoring the Individualized Education Plan (IEP) or 504 Plan for a student, which includes ensuring annual reviews of the IEP or 504 Plans are conducted and parental sign-offs are obtained.
- Attending IEP or 504 meetings with the parents.
- Compiling attendance reports.
- Performing activities that are specific to instructional, curriculum, student-focused areas.
- Reviewing the education record for students who are new to the school district.
- Providing general supervision of students (e.g., playground, lunchroom).
- Monitoring student academic achievement.
- Providing individualized instruction (e.g., math concepts) to a special education student.
- Compiling report cards.
- Discipline activities.
- Performing activities including clerical activities specific to instructional, curriculum or student focused areas.
- Activities related to the immunization requirements for school attendance.
- Compiling, preparing, and reviewing reports on textbooks or attendance.
- Enrolling new students or obtaining registration information.

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- Conferring with students or parents about discipline, academic matters or other school related issues.
- Evaluating curriculum and instructional services, policies, and procedures.
- Participating in or presenting training related to curriculum or instruction (e.g., language arts workshop, computer instruction).
- Translating an academic test for a student.
- Conducting a social history for access to social, vocational or educational services.

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Activity Code (F1) – IEP-Prescribed SBCH Covered Direct Medical Services or 504 Plan Prescribed SBCH Covered Direct Medical Services

This code is used by qualified direct service providers when providing care, treatment, and/or counseling services to a student in order to correct or ameliorate a specific condition. This code only includes the provision of SBCH covered medical services included in the IEP or 504 Plan and reimbursed through the cost report. Included is related paperwork, clerical activities such as completing student Medicaid claims and related claiming activities or staff travel required to perform these activities as well as the initiation and response to email and voicemail messages.

- Conducting IEP-prescribed or 504 Plan prescribed SBCH covered medical/health assessments/evaluations and diagnostic testing, including time spent reporting on, and preparing reports related to above medical/health assessments/evaluations and diagnostic testing.
- Providing speech, occupational and physical therapies included in an IEP or 504 Plan.
- Providing psychiatric or psychology services including individual or group sessions included in an IEP or 504 Plan.
- Providing audiology services included in an IEP or 504 Plan.
- Providing counseling services for the treatment of a mental, emotional, behavioral, or substance abuse condition to alleviate the condition and encourage growth and development.
- Providing skilled nursing services such as dressing changes, maintaining patient airways, urinary catheterization, included in an IEP or 504 Plan.
- Administering/monitoring of medication included as part of an IEP or 504 Plan and documented in the IEP or 504 Plan. Administration of Ritalin would be included in this activity code if included in an IEP or 504 Plan. Not all students with an IEP or 504 Plan have medication administration as part of the IEP or 504 Plan.
- Medication administration would not include those medicines that would be provided to the entire student population, for example, administration of aspirin. Please refer to Activity Code F2 for other examples of drugs whose administration would not be prescribed in an IEP or 504 Plan.
- Completing student Medicaid claims and related claiming activities.

This code also includes activities that are an integral part of, or an extension of these provided health services, such as pre and post time directly related to providing direct student care services when the student is not present. Examples of pre and post time activities when the student is not present include: time to complete all paperwork related to the direct student care services, such as preparation of progress notes, translation of session notes, review of evaluation testing/observation, planning activities for the

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therapy session, parent consultations, travel to the therapy session, or completion of student billing activities.

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Activity Code (F2) - Non-IEP, Non 504 Plan & Non-SBCH Direct Medical Services

This code is used when providing care, treatment, and/or counseling services to student in order to correct or ameliorate a specific condition. The code includes non-IEP, non-504 Plan, and non-SBCH medical services. This code also includes delivering IEP-prescribed or 504 Plan prescribed SBCH covered medical services when those services are provided by someone other than a qualified direct service provider. Included is related paperwork, clerical activities or staff travel required to perform these activities as well as the initiation and response to email and voicemail messages.

- Administering first aid.
- Administering prescribed injections or medications to a student not included in an IEP, 504 Plan, and/or not covered by SBCH. For example, medication for a short-term illness or recent injury would not normally be included in an IEP. or 504 Plan Some examples of drugs whose administration would not be related to an IEP or 504 Plan are pain medication, cold medication and antibiotics.
- Any direct clinical treatment services not prescribed in an IEP, or 504 Plan, and/or not covered by SBCH.
- Performing developmental assessments that are not related to an IEP or 504 Plan.
- Medical/health assessments and evaluations not pursuant to an IEP or 504 Plan.
- Providing counseling services not prescribed in an IEP or 504 Plan to treat health, mental health, or substance abuse conditions.
- Performing routine or mandated child health screens including but not limited to vision, hearing, dental, scoliosis, and EPSDT screens.
- Providing immunizations.
- Providing personal care services with or without the IEP or 504 Plan.
- Providing medical services in the IEP or 504 Plan that are not covered by the SBCH program.

This code also includes activities that are an integral part of, or an extension of these provided health services, such as pre and post time directly related to providing direct student care services when the student is not present. Examples of pre and post time activities when the student is not present include: time to complete all paperwork related to the direct student care services, such as preparation of progress notes, translation of session notes, review of evaluation testing/observation, planning activities for the therapy session, and travel to the therapy session.

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Activity Code (F3) – IEP Related & Non-IEP Related Services and 504 Plan and Non-504 Plan Related Services

This code is used when conducting evaluations of students for the specific purpose of determining the need for an IEP or 504 Plan calling for a Medicaid covered school based service. Such an evaluation could result either in a finding of no Medicaid covered services being necessary resulting in an activity code of F2 for that moment, or in a finding that a Medicaid covered service was appropriate resulting in an activity code of F1 for the moment. Because the practitioners are not able to determine at the time of the random moment whether such an evaluation would result in a finding for an IEP or 504 Plan including billable services that are necessary, all of these moments occurring during this type of evaluation are placed in this temporary category and are re-allocated to F1 and F2 based on a proportion of evaluations which lead to IEPs or 504 Plans with billable services. The factor used to allocate between the billable and non-billable moments is the ratio of IEP or 504 Plan evaluations determined to result in an IEP or 504 Plan compared to all IEP or 504 Plan evaluations during the year as gathered from all school districts billing services. This category would not include any moments attending an IEP or 504 Plan meeting since that function is not billable and is coded E. Both written and oral methods may be used. This code includes the provision of all Medicaid covered medical services included in the IEP or 504 Plan and reimbursed through the cost report. Include related paperwork, clerical activities or staff travel required to perform these activities as well as the initiation and response to email and voicemail messages.

- Conducting evaluations, assessments, re-evaluations and triennial evaluations to determine the need for an IEP or 504 Plan for a student in preparation for an IEP or 504 Plan meeting to determination whether services are necessary.

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Activity Code (G) - Transportation for Non-SBCH Services

This code is used when assisting a student to obtain transportation to services not covered by Medicaid, or accompanying the individual to non-SBCH program services. Both written and oral methods may be used. Included is related paperwork, clerical activities or staff travel required to perform these activities as well as the initiation and response to email and voicemail messages.

- Scheduling or arranging transportation to social, vocational, and/or educational programs and activities.
- Assist parents, students or families to obtain transportation to social, vocational or educational programs such as:
 - Field trips
 - Athletic events
 - After school job training or tutoring
- Arrange and coordinate transportation to non-SBCH medical services.

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Activity Code (H) – Transportation Related Activities in Support of IEP-Prescribed or 504 Plan prescribed SBCH Covered Medical Services

This code is used when assisting a student to obtain transportation to IEP prescribed or 504 Plan prescribed health-related services covered by the SBCH program. This does not include the provision of the actual transportation service or the direct costs of the transportation (bus fare, taxi fare, etc.) but rather the administrative activities involved in providing transportation. Both written and oral methods may be used. Included is related paperwork, clerical activities or staff travel required to perform these activities as well as the initiation and response to email and voicemail messages.

- Scheduling, coordinating or arranging transportation to IEP-prescribed or 504 Plan prescribed SBCH covered health services.

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Activity Code (I) - Non-SBCH Translation

This code is used for finding, arranging, scheduling, providing, or coordinating translation services related to social, vocational, or educational programs separate from the SBCH activities referenced in other codes. Both written and oral methods may be used. Included is related paperwork, clerical activities or staff travel required to perform these activities as well as the initiation and response to email and voicemail messages.

- Arranging for or providing translation services (oral or signing services) that assist the individual to access and understand social, educational and vocational program services.
- Arranging for or providing translation services that assist the individual to access and understand non-SBCH medical services and programs.
- Developing translation materials that assist the individual to access and understand social, educational and vocational services.

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Activity Code (J) - Translation Related to IEP-Prescribed or 504 Plan Prescribed SBCH Covered Medical Services

This code is used for finding, arranging, scheduling, providing, or coordinating translation services related to IEP prescribed or 504 Plan prescribed SBCH covered health services. Both written and oral methods may be used. Included is related paperwork, clerical activities or staff travel required to perform these activities as well as the initiation and response to email and voicemail messages.

- Arranging for or providing translation services that assist the individual to access and understand necessary IEP prescribed or 504 Plan prescribed medical care or treatment that is covered by the SBCH program.
- Arranging, scheduling, or providing signing services that assist the individual or family access and understand necessary IEP prescribed or 504 Plan prescribed medical care or treatment that is covered by the SBCH program.

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Activity Code (K) - Program Planning, Policy Development, and Interagency Coordination Related to Non-SBCH Services

This code is used when school staff perform activities associated with the development of strategies to improve the coordination and delivery of social, vocational or educational and non-SBCH services to school age children, and when performing collaborative activities with other agencies. Both written and oral methods may be used. Included is related paperwork, clerical activities or staff travel required to perform these activities as well as the initiation and response to email and voicemail messages.

- Identifying gaps or duplication of other social, vocational, educational or non-SBCH 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 social, vocational, educational or non-SBCH school programs.
- Monitoring the social, vocational, educational or non-SBCH delivery systems in schools.
- Developing procedures for tracking families' requests for assistance with social, vocational, educational or non-SBCH services and the providers of such services.
- Evaluating the need for social, vocational, educational or non-SBCH services in relation to specific populations or geographic areas.
- Analyzing social, vocational, educational or non-SBCH data related to a specific program, population, or geographic area.
- Working with other agencies providing social, vocational, educational or non-SBCH services to improve the coordination and delivery of services and to improve collaboration around the early identification of social, vocational, educational or non-SBCH problems.
- Defining the scope of each agency's social, vocational, educational or non-SBCH service in relation to the other.
- Developing advisory or work groups of professionals to provide consultation and advice regarding the delivery of social, vocational, educational or non SBCH services to the school populations.
- Developing social, vocational, educational or non-SBCH referral sources.
- Coordinating with interagency committees to identify, promote and develop social, vocational, educational or non-SBCH services in the school system.

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Activity Code (L) - Program Planning, Policy Development, and Interagency Coordination Related to SBCH Medical Services

This code is used when school staff perform activities associated with the development of strategies to improve the coordination and delivery of IEP or 504 Plan health related SBCH covered medical services to school age children, and when performing collaborative activities with other agencies. Both written and oral methods may be used. Included is related paperwork, clerical activities or staff travel required to perform these activities as well as the initiation and response to email and voicemail messages.

- Identifying gaps or duplication of SBCH 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 SBCH medical/mental health programs.
- Monitoring the SBCH medical/mental health delivery systems in schools.
- Developing procedures to track families' requests for assistance with SBCH covered services and providers. (This does not include the actual monitoring/tracking of SBCH covered services, which instead would be coded under Activity Code P.)
- Coordinating with interagency committees to identify, promote and develop EPSDT services in the school system.
- Evaluating the need for SBCH covered medical services in relation to specific populations or geographic areas.
- Working with other agencies providing SBCH covered services to improve the coordination and delivery of services, to expand access to specific Medicaid eligible populations, and to increase provider participation and improve provider relations.
- Defining the relationship of each agency's SBCH covered services to one another.
- Working with Medicaid resources, such as Community Health Network of CT (CHNCT), to make good faith efforts to locate and develop EPSDT health services referral relationships.
- Developing advisory or work groups of health professionals to provide consultation and advice regarding the delivery of IEP prescribed or 504 Plan prescribed SBCH covered health care services to the school populations.
- Developing medical referral sources such as directories of Medicaid providers and CHNCT which will provide services to targeted population groups, e.g., EPSDT children. This activity must be coordinated with the state Medicaid agency.

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- Analyzing Medicaid data related to a specific program, population, or geographic area.
- Working with other agencies and/or providers to improve collaboration around the early identification of IEP prescribed or 504 Plan prescribed SBCH covered health-related problems.
- Developing strategies to assess or increase the cost effectiveness of school IEP prescribed or 504 Plan prescribed SBCH covered health-related programs.
- Working with the Medicaid agency to identify, recruit, and promote the enrollment of potential Medicaid providers.

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Activity Code (M) - Training Not Related to SBCH Covered Services

This code is used when coordinating, conducting, or participating in training events regarding the benefit of social vocational, educational or non-SBCH programs for example, how to assist families to access the services of the relevant programs, and how to more effectively refer students for those services. Both written and oral methods may be used. Included is related paperwork, clerical activities or staff travel required to perform these activities as well as the initiation and response to email and voicemail messages.

- Participating in or coordinating training, which improves the delivery of social, educational or vocational services or programs.
- Participating in or coordinating training, which enhances IDEA child find programs.
- First Aid or CPR training.
- Professional development for curriculum or other educational processes

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Activity Code (N) - Training Related to SBCH Covered Services

This code is used when coordinating, conducting, or participating in training events and seminars regarding the benefit of the SBCH program, how to assist families to access Medicaid services, and how to more effectively refer students for services. Both written and oral methods may be used. Included is related paperwork, clerical activities or staff travel required to perform these activities as well as the initiation and response to email and voicemail messages.

- Conducting, participating in or coordinating training, which improves the delivery of SBCH covered health services.
- Conducting, participating in or coordinating training, which includes the administrative requirements related to the delivery of SBCH covered health services.
- Conducting, participating in or coordinating training, which enhances early identification, intervention, screening and referral of students with special health needs to EPSDT services. This is distinguished from training on the IDEA child find program.

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Activity Code (O) - Referral, Coordination, and Monitoring of Non-SBCH Covered Services

This code is used when making referrals for, coordinating, and/or monitoring the delivery of social, vocational, educational or non-SBCH covered medical services. Both written and oral methods may be used. Included is related paperwork, clerical activities or staff travel required to perform these activities as well as the initiation and response to email and voicemail messages.

- Making referrals for and coordinating access to vocational, social and educational services such as childcare, employment, job training, and housing.
- Making referrals for, coordinating, and/or monitoring the delivery of State education agency mandated child health screens (vision, hearing, scoliosis).
- Making referrals for, coordinating, and monitoring the delivery of scholastic, vocational, and other non-health related examinations.
- Gathering any information that may be required in advance of social, vocational, educational or non-SBCH related referrals.
- Participating in a meeting/discussion to coordinate or review a student's need for social, scholastic, vocational, and non-SBCH health related services.
- Monitoring and evaluating the social, vocational, educational or non-SBCH components of the individualized plan as appropriate.

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Activity Code (P) - Referral, Coordination, and Monitoring of IEP-Prescribed or 504 Plan Prescribed SBCH-Covered Medical Services

This code is used when making referrals for, coordinating, and/or monitoring the delivery of SBCH covered medical services. Both written and oral methods may be used. Included is related paperwork, clerical activities or staff travel required to perform these activities as well as the initiation and response to email and voicemail messages.

Activities that are an integral part of or an extension of a medical service (e.g., patient follow-up, patient assessment, patient counseling, patient education, patient consultation, billing activities) should be reported under Code F1, IEP- prescribed or 504 Plan prescribed SBCH covered medical services, F2, Non-IEP, Non-504 Plan, & Non-SBCH medical services, or F3, IEP related & Non-IEP related services and 504 Plan related & Non-504 Plan related services. Activities related to the development of an IEP or a 504 Plan should be reported under Code E, School Related and Educational Activities.

- Identifying and referring adolescents who may be in need of Medicaid/HUSKY family planning services
- Making referrals for and/or coordinating IEP-prescribed or 504 Plan prescribed SBCH covered medical or physical examinations and necessary medical/mental health evaluations.
- Making referrals for and/or scheduling EPSDT screens and interperiodic screens but NOT to include the State-mandated health services.
- Referring students for necessary medical health, mental health, or substance abuse services covered by SBCH.
- Arranging for any SBCH covered medical/mental health diagnostic or treatment services, which may be required as the result of a specifically identified medical/mental health condition based on the findings other than when provided as a direct service.
- Gathering any information that may be required in advance of IEP prescribed or 504 Plan prescribed SBCH covered health-related referrals.
- Providing follow-up contact to ensure that a child has received the IEP-prescribed or 504 Plan prescribed SBCH medical/mental health services.
- Providing information to other staff on the child's IEP-prescribed or 504 Plan prescribed SBCH covered SBCH medical/mental health services and plans.
- Participating in a meeting/discussion (other than an IEP meeting or 504 Plan meeting) to coordinate or review a student's needs for IEP-prescribed or 504 Plan prescribed SBCH covered health-related services.

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- Coordinating the delivery of community based IEP-prescribed or 504 Plan prescribed SBCH covered health services for a child with special/severe health care needs.
- Coordinating the completion of the IEP-prescribed or 504 Plan prescribed SBCH covered services, termination of services, and the referral of the child to other SBCH covered service providers as may be required to provide continuity of care.
- Monitoring and evaluating the IEP-prescribed or 504 Plan prescribed SBCH covered health service components as appropriate.

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Activity Code (Q) - General Administration

This code should be used when performing activities that are not directly assignable to program activities. Both written and oral methods may be used. Included is related paperwork, clerical activities or staff travel required to perform these activities as well as the initiation and response to email and voicemail messages.

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

- Taking lunch, breaks, leave, or paid time not at work.
- Establishing goals and objectives of health-related programs as part of the school's annual or multi-year plan.
- Reviewing school or district procedures and rules.
- Attending or facilitating school or unit staff meetings, training, or board meetings.
- Performing administrative or clerical activities related to general building or district functions or operations.
- General supervision of staff, including supervision of student teachers or classroom volunteers, and evaluation of employee performance.
- Personnel management activities.
- Reviewing technical literature and research articles.
- Participating in or coordinating training on the Random Moment Time Study (RMTS) and the completion of the time study.
- Functions related to Time Study coordination and cost reporting.
- Gathering data and generating quarterly participant lists for RMTS.
- Other general administrative activities of a similar nature as listed above, which cannot be specifically identified under other activity codes.
- Fire drills

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TIME STUDY POOLS BY JOB POSITION

| Position | Administrative Services Pool | Nursing, Psychological, and Medical Services Pool* | Therapy Services Pool* |
|---|------------------------------|--|------------------------|
| Special Education Director, Administrator or Assistant | X | | |
| Special Education Department Support personnel | X | | |
| Medicaid Coordinator/Clerk | X | | |
| Therapy Department Director, Administrator or Assistant | X | | |
| Therapy Department Support personnel | X | | |
| Pupil Services Personnel, Director | X | | |
| Pupil Services Support personnel | X | | |
| Assistive Technology Consultant, Admin only; | X | | |
| Audiometrist, Admin only | X | | |
| Audiologist, Licensed, Admin only | X | | |
| Audiologist's Assistant, Admin only | X | | |
| Alcohol and Drug Counselor, Admin only | X | | |
| Licensed Professional Counselor, Admin only | X | | |
| School Counselor, Admin only | X | | |
| Licensed Hearing Instrument Specialist, Admin only | X | | |
| Nurse (APRN), Licensed, Admin only | X | | |
| Nurse (LPN), Licensed, Admin only | X | | |
| Nurse (RN), Licensed, Admin only | X | | |
| School Nurse, Admin only | X | | |
| Occupational Therapist, Admin only | X | | |
| Occupational Therapy Assistant, Admin only | X | | |
| Optometrist, Admin only | X | | |
| Physical Therapist, Admin only | X | | |
| Physical Therapy Assistant, Admin only | X | | |
| Physician, Admin only | X | | |
| Physician Assistant, Admin only | X | | |
| Psychiatrist, Licensed, Admin only | X | | |
| Clinical Psychologist, Admin only | X | | |
| School Psychologist, Admin only | X | | |

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| Position | Administrative Services Pool | Nursing, Psychological, and Medical Services Pool* | Therapy Services Pool* |
|--|------------------------------|--|------------------------|
| Naturopathic Physician, Admin only | X | | |
| Respiratory Care Practitioner, Admin only | X | | |
| Licensed Clinical Social Worker, LCSW, Admin only | X | | |
| School Social Worker, Admin only | X | | |
| Speech and Language Pathologist Assistant, Admin only | X | | |
| Licensed Speech and Language Pathologist, Admin only | X | | |
| Marital & Family Therapist, Admin only | X | | |
| School Marriage and Family Therapist, Admin only | X | | |
| Board Certified Behavior Analyst, Admin only | X | | |
| Board Certified assistant Behavior Analyst, Admin only | X | | |
| Behavior Technician, Admin only | X | | |
| Personal Care Assistant, Admin only | X | | |
| Alcohol and Drug Counselor, Claiming | | X | |
| Licensed Professional Counselor, Claiming | | X | |
| School Counselor, Claiming | | X | |
| Nurse (APRN), Licensed, Claiming | | X | |
| Nurse (LPN), Licensed, Claiming | | X | |
| Nurse (RN), Licensed, Claiming | | X | |
| School Nurse, Claiming | | X | |
| Medicaid Billing, Claiming | | X | |
| Optometrist, Claiming | | X | |

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| Position | Administrative Services Pool | Nursing, Psychological, and Medical Services Pool* | Therapy Services Pool* |
|--|------------------------------|--|------------------------|
| Physician, Claiming | | X | |
| Physician Assistant, Claiming | | X | |
| Psychiatrist, Licensed, Claiming | | X | |
| Clinical Psychologist, Claiming | | X | |
| School Psychologist, Claiming | | X | |
| Naturopathic Physician, Claiming | | X | |
| Licensed Clinical Social Worker, LCSW, Claiming | | X | |
| School Social Worker, Claiming | | X | |
| Assistive Technology Consultant, Claiming; | | | X |
| Audiometrist, Claiming | | | X |
| Audiologist, Licensed, Claiming | | | X |
| Licensed Hearing Instrument Specialist, Claiming | | | X |
| Occupational Therapist, Claiming | | | X |
| Occupational Therapy Assistant, Claiming | | | X |
| Physical Therapist, Claiming | | | X |
| Physical Therapy Assistant, Claiming | | | X |
| Respiratory Care Practitioner, Claiming | | | X |
| Licensed Speech and Language Pathologist, Claiming | | | X |
| Marital & Family Therapist, Claiming | | X | |
| School Marriage and Family Therapist, Claiming | | X | |
| Board Certified Behavior Analyst, Claiming | | X | |

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| Position | Administrative Services Pool | Nursing, Psychological, and Medical Services Pool* | Therapy Services Pool* |
|--|------------------------------|--|------------------------|
| Board Certified assistant Behavior Analyst, Claiming | | X | |
| Behavior Technician, Claiming | | X | |
| Personal Care Assistant, Claiming | | | X |

*Direct service personnel (Nursing, Psychological, Medical Services pool and Therapy Services pool) must meet all SBCH qualifications and requirements and bill for the SBCH services. If they do not, they are included in the admin only cost pool.

Notes:

- Contracted staff, including Billing Vendors, may not be included.
- A person who performs more than one job position may be included in one of the medical services time study pools if at least one of the job positions would qualify for that pool.
- Staff whose salaries/fringes are included in the indirect cost rate issued by the State Department of Education may not be included.
- Staff whose combined salary and fringe are 100% fully paid out of federal funds, other than Medicaid, instead of being paid out of local/Board of Education funds may not be included.

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C. Moment validation

Each quarter, the state or its designated contractor will randomly select a 5% sample of responses for validation. The validation will consist of reviewing the participant responses and the corresponding code assigned by the contractor to determine if the coding was accurate. The state will review the results, independently code the activity and compare it to the activity recorded by the original coder.

D. Calculation of annual statewide time study results

Annually, the number of moments from the three quarters will be combined and the annual percentage for each activity code will be calculated by dividing the number of responses assigned to a specific activity code by the total number of responses assigned to all activity codes.

E. IEP/504 Ratio, Medicaid Eligibility Percentage, and the Indirect Cost Rate

The IEP/504 Ratio is defined as the ratio of all eligible Medicaid students with at least one SBCH covered direct service prescribed in their IEP or 504 Plan for whom the district is financially responsible, to all students with at least one SBCH covered direct service prescribed in their IEP or 504 Plan for whom the district is financially responsible. It is calculated quarterly using the first school day of the quarter. . Districts must exclude from the IEP/504 Ratio numerator any Medicaid students for whom the district does not seek Medicaid reimbursement, or for whom the district does not have Parental Consent to seek Medicaid reimbursement. The IEP/504 ratio will be used to calculate the Direct Cost Claim.

The Medicaid Eligibility Percentage is defined as the ratio of all eligible Medicaid students for whom the district is financially responsible, to all students for whom the district is financially responsible. It is calculated quarterly using the first school day of the quarter. The MEP will be used to calculate the Administrative Cost Claim.

All indirect costs associated with the activity codes are calculated using the unrestricted indirect cost rate set by the Connecticut Department of Education, as the cognizant agency, or the de minimis rate pursuant to 2 C.F.R. 200.414.

Please note, in gathering lists of employees that are to be included in the SBCH RMTS participant selection process, schools should not include in the Time Study Employee Lists those employees whose salaries are already accounted for in the Indirect Cost % applied in the SBCH Cost Report.

Indirect Cost information for LEAs can be found in “**Local Education Agencies Requests for Authorized Indirect Cost Rate (July 2009)**” on the CT SDE website found at <http://www.sde.ct.gov/sde/lib/sde/pdf/fiscal/lea.pdf> . The following is guidance from SDE’s website.

Indirect Costs = Those costs of a general nature which are not readily identifiable with the activities of a grant (such as Medicaid) but are, nevertheless, incurred for the joint benefit of those activities and other activities or programs of the organization. Administrative indirect costs consist of the salaries and expenses for people who are engaged in administrative activities from which the entire LEA benefits.

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Those activities that are limited to one school, subject, or phase of operation, are not indirect costs. Central Service Agency costs as allocated in a cost allocation plan are considered indirect costs. Furthermore, expenditures for the Office of the Superintendent are classified as an Indirect Cost when calculating an unrestricted Indirect Cost rate

Here is some more information from that site. The following paragraph gives some examples of what are considered Indirect Costs, and what are not (page 4 of the SDE link noted above).

“Generally, salaries and expenses for auditing, budgeting, payroll, personnel, purchasing, and employee relations are examples of services which typically benefit several activities and programs for which costs may be attributed by means of an indirect cost proposal. In theory, all such costs can be charged directly. However, practical limitation and consideration of efficiency in accounting preclude such an approach. Salaries and expenses related to the direction and supervision of such functions as instruction, guidance, attendance, transportation, community services, and student services are not indirect costs. The costs of these functions are considered as direct costs. For example: the business manager, accounting manager, and accounting section are included as administrative indirect costs but the director of transportation would be classified as a direct cost.”

And here is some additional guidance from the **Centers for Medicare and Medicaid Services (CMS)**:

Page 22 - “Note that certain functions, such as payroll, maintaining inventories, developing budgets, executive direction, etc., are considered overhead and, therefore, are only allowable through the application of an approved indirect cost rate.” <https://www.medicare.gov/medicaid/financing-and-reimbursement/downloads/2003-sbs-admin-claiming-guide.pdf>

Some examples that other states have listed as being covered by Indirect Costs (and thus are not included on in their Time Study Employee Lists) include Board of Education Staff, Legal Staff, Office of the Superintendent Staff, Executive Administration Staff, Chief Business Office Staff, Budgeting/Finance Accounting Staff, Physical Plant Staff, Security Staff, Communications Staff, Information Technology Staff, Programming Staff, and Telecommunications Staff.

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Section V. Training

To implement the time study, the Department of Social Services or its designee, will conduct the following three types of trainings: (1) Time Study Coordinator Training, (2) Central Coding Staff Training, and (3) Participant Training. Below is an overview of each training type.

Time Study Coordinator Training

Staff from the Department of Social Services or its designee will provide initial training for Time Study Coordinators designated by each School-Based Child Health Program Provider that will include an overview of the RMTS web-based system and information about how to access, extract, upload and input information into the system. The training will also cover the purpose of the RMTS, how to determine the qualified providers, how to appropriately complete the RMTS moments, and the timeframes and deadlines for participation.

Central Coding Staff Training

Staff from the Department of Social Services or its designee will educate Central Coders to review the documentation of participant activities performed during the selected moments and determine the appropriate activity code. The moments and the assigned codes will be reviewed for consistency and adherence to the state-approved activity codes. The Department of Social Services will provide training to the Central Coders on an as-needed basis.

Participant Training

Participants will complete the on-line training instructions. School-Based Child Health Program Provider staff will be prompted to review on-line training instructions to learn about the RMTS web-based system when they are randomly selected for their initial moment. The first random moment of each school year will require the participants to complete the on-line training instructions. These instructions will include information about how to select answers from the list of predefined responses, how to draft a written response if one of the predefined responses is not appropriate, how to certify and save responses, and the response deadline for their randomly selected moment.

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Section VI. Oversight and Monitoring

The Department of Social Services has responsibility for oversight and monitoring of the RMTS. While the Department of Social Services may delegate certain tasks related to the time study to a contractor or other entity, it will not delegate oversight responsibility. Oversight responsibilities include:

1. *Approving the process for identifying the sample population to be included in the time study.* The Department of Social Services will review and approve the process for identifying the sample population and the sampling methodology. Additionally, if the Department of Social Services delegates responsibility for performing the operational functions necessary to identify the population and sampling methodology, the delegate will be required to submit a population report before the start of each quarter containing the proposed total population number by school district and the proposed sample size. After the end of each quarter, the delegate will be required to submit a report that includes the name, school district and job title of the sampled respondent, the moment selected and, for the post quarter report, the response.
2. *Approving all training materials.* The Department of Social Services must review and approve all training materials used related to the RMTS.
3. *Monitoring time study response rates.* The Department of Social Services must review the RMTS response rate for each quarter. The Department of Social Services will determine if a correction action plan is necessary.

Approving the system coding of predefined answers to activity codes. The Department of Social Services will approve the logic used to assign RMTS responses available on predefined answers to activity codes. Additionally, the Department of Social Services will review a 10% sample of responses, as described in Section IV C.