

NEW YORK STATE
DEPARTMENT OF HEALTH

**SCHOOL SUPPORTIVE HEALTH
SERVICES PROGRAM
TIME STUDY IMPLEMENTATION PLAN
FOR DIRECT SERVICES CLAIMING**

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STATE OF NEW YORK SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAM TIME STUDY IMPLEMENTATION PLAN FOR DIRECT SERVICES CLAIMING

Vision

The State of New York Department of Health (DOH) is committed to providing an efficient and effective School Supportive Health Services (SSHS) Program. The program is comprised of Medicaid Administrative and Direct Service components designed to ensure the optimum delivery of services to our clients. In keeping with this vision, DOH will implement a random moment time study (RMTS) methodology to support Medicaid reimbursement.

Introduction

The State of New York established the SSHS Program to be administered by DOH. New York law allows for reimbursement for the provision of Medicaid-covered health services for Medicaid-eligible children in public Local Education Agencies (LEAs).

DOH is implementing a new reimbursement program for Direct Service in the State, according to the specifications and approval of the Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS). The purpose of this agreement is to assist both public education entities in providing effective and timely access to care for Medicaid recipients; to assure more appropriate utilization of Medicaid covered services; and to promote activities that reduce the risk of poor health outcomes for the State's most vulnerable populations. DOH requires that participating school districts (collectively referred to as "the Local Education Agencies" (LEAs)) participate in the random moment time study. In New York, school districts and counties are enrolled Medicaid providers in the School Supportive Health Services Program (SSHSP).

NOTE: Clinicians employed by counties in New York State will not participate in the RMTS process defined in this plan. County employed clinicians will participate in a parallel process for 100% time tracking. The coding structure for this process will follow the coding structure defined in this plan in order to ensure the consistent identification of activities. Additional details regarding the 100% time tracking process for county employed clinicians will be provided in separate documentation.

SSHS Program Enrollment Criteria

As of October 1, 2011, LEAs must begin operating under the federal guidelines as outlined in the State's Time Study Implementation Guide. DOH will implement policy changes that will outline time study guidelines for participating providers.

DOH must be assured that the SSHS Program providers are capable of participating in the project and that each Local Education Agency (LEA) must assign an SSHS Program RMTS Coordinator to act as a liaison between DOH and the LEA.

Required Personnel

Each provider must designate an SSHS Program RMTS Coordinator. This individual is designated within LEAs to provide oversight for the implementation of the time study and to ensure that policy decisions are implemented appropriately. They must also designate an SSHS Program Assistant RMTS Coordinator to provide back-up support for time study responsibilities.

DOH requires that SSHS Program RMTS Coordinators attend an initial RMTS training. The SSHS Program Assistant RMTS Coordinators may attend the initial RMTS training or be trained by the SSHS Program RMTS Coordinators. The State's RMTS vendor will not serve as the RMTS Coordinator for any providers. For the remainder of the document any reference to providers means the Medicaid enrolled LEA that holds the Medicaid provider number and submits claims to the State for SSHSP services.

Random Moment Time Study (RMTS)

The RMTS method polls participants on an individual basis at random time intervals over a given time period and totals the results to determine work effort for the entire population of eligible staff over that same time period. The RMTS method provides a statistically valid means of determining what portion of the selected group of participant's workload is spent performing activities that are reimbursable by Medicaid.

Time Study Start and End Dates

Each calendar quarter, the dates that LEAs will be in session and for which their staff members are compensated will be determined. LEA staff members are paid to work during those dates that LEAs are in session: as an example, LEAs may end the school year sometime in May each year. All days including and through the end of the school year would be included in the potential days to be chosen for the time study. Each quarter, LEA calendars will be reviewed to determine those dates that the schools pay for their staff to work, and those dates will be included in the sample. Since school calendars change on an annual basis, the school calendars will be evaluated on an annual basis and the sample dates will be determined and documented.

Sampling Requirements (RMTS)

In order to achieve statistical validity, maintain program efficiencies and reduce unnecessary LEA administrative burden a consistent sampling methodology for all activity codes and groups will be used. The RMTS sampling methodology is constructed to achieve a level of precision of +/- 2% (two percent) with a 95% (ninety-five percent) confidence level for activities. This is in accordance with the Medicaid School-Based Administrative Claiming Guide of May 2003.

Statistical calculations show that a minimum sample of 2,401 completed moments each quarter, per cost pool, is adequate to obtain this precision when the total pool of moments is greater than 3,839,197. Additional moments are selected each quarter to account for any invalid moments. Invalid moments are moments that are either not returned or inaccurately coded.

The following formula is used to calculate the number of moments sampled for each time study cost pool:

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

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)

CORRECTION FOR FINITE POPULATION

N = population

The following table shows the sample sizes necessary to assure statistical validity at a 95% confidence level and tolerable error level of 2%. Additional moments will be selected to account for unusable moments, as previously defined. An over sample of moments up to 2,860 moments will be used for each cost pool and for each quarter.

N=	Sample Size Required
100,000	2345
200,000	2373
300,000	2382
400,000	2387
500,000	2390
750,000	2393
1,000,000	2395
3,000,000	2399
>3,839,197	2401

RMETS Process & Notification

The RMETS process is described here as four steps:

1. Identify total pool of time study participants
2. Identify total pool of time study moments

3. Randomly select moments; randomly match each moment to a participant
4. Notify selected participants about their selection

Identify Total Pool of Time Study Participants

At the beginning of each quarter, participating LEAs submit a staff roster (Participant List) providing a comprehensive list of staff eligible to participate in the RMTS time study. This list of names is subsequently grouped into job categories (that describe their job function) and from that list all job categories are assigned into one of three “cost pools” for each LEA participating in the time study. There will be two mutually exclusive cost pools.

Identify Total Pool of Time Study Moments

The total pool of “moments” within the time study is represented by calculating the number of working days in the sample period, times the number of work hours of each day, times the number of minutes per hour, and times the number of participants within the time study. The total pool of moments for the quarter is reduced by the exclusion of weekends, holidays and hours during which employees are not scheduled to work.

Randomly Select Moments and Randomly Match Each Moment to a Participant

Once compiled, each cost pool is sampled to identify participants in the RMTS time study. The sample is selected from each cost pool, along with the total number of eligible time study moments for the quarter. Using a statistically valid random sampling technique, the desired number of random moments is selected from the total pool of moments. Next, each randomly selected moment is matched up, using a statistically valid random sampling technique, with an individual from the total pool of participants.

Each time the selection of a minute and the selection of a name occurs, both the minute and the name are returned to the overall sample pool to be available for selection again. In other words, the random selection process is done with replacement so that each minute and each person are available to be selected each time a selection occurs. This step guarantees the randomness of the selection process.

Each selected moment is defined as a specific one-minute unit of a specific day from the total pool of time study moments and is assigned to a specific time study participant. Each moment selected from the pool is included in the time study and coded according to the documentation submitted by the employee.

The sampling period is defined as the three-month period comprising each quarter of the Calendar Year calendar. The following are the quarters followed for the SSHS program:

- Quarter 1 = October 1 – December 31

- Quarter 2 = January 1 – March 31
- Quarter 3 = April 1 – June 30
- Quarter 4 = July 1 – September 30

The sampling periods are designed to be in accordance with the May 2003 Medicaid School-Based Administrative Claiming Guide, on page 42, Example 4, specifically:

“If the school year ends in the middle of a calendar quarter (for example, sometime in June), the last time study for the school year should include all days through the end of the school year. Therefore, if the school year ends June 25th, then all days through and including June 25th must be included among the potential days to be chosen for the time study.”

Each quarter, dates that LEAs will be in session and for which their staff members are compensated will be identified. LEA staff members are paid to work during those dates that LEAs are in session; as an example, LEAs may end the school year sometime in May each year. All days including and through the end of the school year would be included in the potential days to be chosen for the time study. It is important to understand that although LEAs may end the school year prior to the close of the quarter, staff members may receive pay for services provided during the school year through the end of the federal fiscal quarter. LEAs typically spread staff compensation over the entire calendar year versus compensating staff members only during the months when school is in session.

The majority of LEA staff work during a traditional school year. Since the time study results captured during a traditional time study are reflective of any other activities that would be performed during the summer quarter, a summer quarter time study will not be conducted. New York will use an average of the three (3) previous quarters’ time study results to calculate a claim for the July-September period. The three previous quarters utilized for the average for the July – September quarter would be the previous October – December, January – March and April – June quarters. This is in accordance with the May 2003 Medicaid School-Based Administrative Claiming Guide, page 42. Specifically:

“...the results of the time studies performed during the regular school year would be applied to allocate the associated salary costs paid during the summer. In general, this is acceptable if administrative activities are not actually performed during the summer break, but salaries (reflecting activities performed during the regular school year) are prorated over the year and paid during the summer break.”

Notify Participants about their Selected Moments

Time study participants are notified via e-mail of their requirement to participate in the time study and of their sampled moment. Sampled participants will be notified of their sampled moment at the exact time of their moment. Sampled participants will not receive any advance notification of their moment. After the prescribed moment has passed, each sampled participant is asked to record and submit his/her activity for that particular moment within two (2) school days of the moment. Reminder emails will be sent out twenty-four (24) hours after the moment has occurred if a participant has not yet responded to their moment. RMTS coordinators will be

copied on all reminder emails that are sent after the moment occurs. Additional post-reminder emails may be utilized if necessary.

For the purpose of establishing the moment response window, school days are defined as non-weekend, non-holiday days when an employee is scheduled and paid to work. Additionally, school closures due to natural events, such as snow days, will not count against the two school day response window.

NOTE: The two (2) school day response window for sampled participants will be effective for RMTS periods starting on or after April 1, 2015. For the RMTS period covering January 1, 2015 through March 31, 2015, sampled participants will have three (3) school days to respond to their moments. For all periods prior to January 1, 2015, the RMTS has been conducted consistent with the initially submitted Implementation Plan.

The RMTS administrator will run compliance reports on a weekly basis and send the results to the LEAs. A validity check of the time study results is completed each quarter prior to the calculation of the claim. The validity check ensures that the minimum number of responses is received each quarter to meet the required confidence level. The number of completed and returned time study moments is analyzed to confirm that the confidence level requirements have been met. Once the validity of the sample has been confirmed, the time study results are calculated and prepared for the calculation of the quarterly claim.

New York has chosen to utilize a centralized coding methodology to be implemented by the contractor assisting New York with the SSHS program. Under that methodology, the sampled staff member is not required or expected to code his or her moment. The sampled staff member is asked to document their activity by providing specific examples. At the end of the documentation, the sampled staff member is asked to certify their documentation.

The contractor will code all moments submitted and will randomly select a 5% sample of the coded responses which will be submitted to the State each quarter for validation. The validation will consist of reviewing the participant responses and the corresponding code assigned by the contractor to determine if the code was accurate. DOH has a representative who will separately review the subsample of responses and coding and identify any disagreements with the coding staff. After the quarterly discussion on coding, coding instructions would be modified to document those coding decisions so that they can be consistently applied in future quarters.

At the end of each quarter, once all random moment data has been received and time study results have been calculated, statistical compliance reports will be generated to serve as documentation that the sample results have met the necessary statistical requirements.

Valid Moments

All sampled moments must be returned within two (2) school days after the conclusion of the moment. 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% (two percent) with a ninety-five percent (95%) confidence interval.

For the purpose of establishing the moment response window, school days are defined as non-weekend, non-holiday days when an employee is scheduled and paid to work. Additionally, school closures due to natural events, such as snow days, will not count against the two school day response window.

NOTE: The two (2) school day response window for sampled participants will be effective for RMTS periods starting on or after April 1, 2015. For the RMTS period covering January 1, 2015 through March 31, 2015, sampled participants will have three (3) school days to respond to their moments. For all periods prior to January 1, 2015, the RMTS has been conducted consistent with the initially submitted Implementation Plan.

Valid moments are completed moments that have been received by DOH and have been determined by both entities to be complete and accurate. These valid moments will be used in the cost allocation methodology.

Invalid moments are moments not returned by the school district. If the staff for whom the moment was intended is no longer employed by the school district but the position that staff person was in has been refilled, the moment will be completed by the replacement staff person, if available. If the position remains vacant, a notation of such is made on the moment and the State's RMTS contractor marks the moment "invalid."

Validation Method

DOH is committed to collecting complete and accurate information through its statewide RMTS. As such, DOH will require that five percent (5%) of all moments be validated by an independent observer. In the State of New York, the independent observers will be the DOH.

After the initial generation, response, and coding of moments, the RMTS Contractor will generate a sub-sample of five percent (5%) of the moments. These moments will be flagged for validation of coding. Validation of coding will be completed by the DOH.

The validation cannot be conducted by the same person or entity that codes the responses.

New York State will review RMTS activities conducted by their contractor. Annually, DOH will review the methodology used in coding the moments received by the contractor from the LEA. In addition, the State will review the actual coding of a five percent sample biannually (the October to December quarter and the April to June quarter). The purpose of this review is to ensure the methodology used in coding RMTS activities is compliant with efficiency and economy as required under the Social Security Act section 1902(a)(30)(A) and that the

contractor is adhering to the stated methodology. The process for reviewing the RMTS methodology includes, but is not limited to, the following steps:

- Generating a list of RMTS moments to be reviewed;
- Matching each moment from the generated list to code assigned;
- Verifying that assigned code is accurate; and
- Verify that all calculations used in the RMTS are accurate.

Should any discrepancies be found during the review process, New York State will take necessary action to correct the vendor's process.

Time Study Participants

The purpose of the New York State time study is to identify the proportion of direct service time allowable and reimbursable under Medicaid. This information will be used to enable the State to conduct a cost settlement at the end of the fiscal year. Staff performing Medicaid-related activities for a provider seeking reimbursement will participate in the statewide time study using the approved random moment time study methodology.

All providers that participate in the time study will identify allowable Medicaid direct service costs within a given school. The staff members who perform Direct Service activities will participate in a quarterly time study. These providers must certify that any staff providing services or participating in the time study meet the educational, experience, and regulatory requirements. The staff rosters will be updated on a quarterly basis to reflect staff changes at the provider level.

- The first cost pool is comprised of direct service therapy staff and the respective costs for the staff for the Rest of New York State ("ROS").
- The second cost pool is comprised of all other direct service staff and the respective costs for the staff for the Rest of New York State ("ROS")
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The cost pools identified for the Rest of New York State (ROS) are inclusive of every school district in New York State participating in SSHSP with the exception of New York City Department of Education (NYC DOE). Direct service staff for NYC DOE are included in a separate and distinct RMTS that includes only employees of NYC DOE.

The following categories of staff have been identified as appropriate participants for the State of New York providers' time studies. Additions to the list may be made dependent upon job duties. The decision and approval to include additional staff will be made on a case-by-case basis by DOH, and participants subsequently approved by CMS in any additional Medicaid State Plan Amendment (SPA) will be included in the list at a future time.

Direct Service Therapy Cost Pool

Direct Service Therapy staff will be reported into a “Direct Service Therapy Provider” cost pool. Cost pools will be mutually exclusive. The following provides an overview of the eligible categories in the Direct Service Therapy cost pool.

- Physical Therapy - Services provided to Medicaid eligible beneficiaries under 21 years of age, who are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for whom services are medically required. These services must be provided by a qualified physical therapist or by a physical therapy assistant under the supervision of a qualified physical therapist. Provider qualifications shall meet the requirements of 42 C.F.R. § 440.110(a) and any amendments thereto. The services must be included in the Individualized Education Program/Individualized Family Service Plan (IEP/IFSP) and approved in the State Plan #09-61 at Attachment 3.1-A.
- Occupational Therapy - Services include special education related services intended to improve and prevent initial or further loss of function and are provided by qualified occupational therapists or occupational therapy assistants under the supervision of qualified occupational therapists. Provider qualifications shall meet the requirements of 42 C.F.R. § 440.110(b) and any amendments thereto. The services must be included in the IEP/IFSP and approved in the State Plan #09-61 at Attachment 3.1-A.
- Speech Therapy - Services provided to eligible children by a qualified speech-language pathologist or by a teacher certified to provide speech-language services under the direction of a qualified speech-language pathologist. Providers shall meet the qualification requirements of 42 C.F.R. § 440.110(c); and any amendments thereto. The services must be included in the IEP/IFSP and approved in the State Plan #09-61 at Attachment 3.1-A.

Direct Service All Other Cost Pool

All other Direct Service staff will be reported into a “Direct Service All Other Provider” cost pool. Cost pools will be mutually exclusive. The following provides an overview of the eligible categories in the Direct Service All Other cost pool.

- Psychological Counseling - Services provided by qualified psychiatrists, psychologists, licensed clinical social workers, and licensed master social workers under the supervision of a qualified psychiatrist, psychologist, or licensed clinical social worker, in accordance with 42 C.F.R. § 440.50(a); or 42 C.F.R. § 440.60(a) and any amendments thereto. These services include assisting the child in ameliorating behavioral and emotional problems that require treatment. The services must be included in the IEP/IFSP and approved in the State Plan #09-61 at Attachment 3.1-A.
- Skilled Nursing - Services rendered by practitioners as defined in 42 C.F.R. § 440.60(a) and any amendments thereto. These services include the administration of physician ordered medications or treatments to qualified children who require such action during the school day in accordance with the IEP/IFSP and approved in the State Plan #09-61 at Attachment 3.1-A.

- Psychological Evaluations - Services provided by qualified psychiatrists or psychologists in accordance with 42 C.F.R. § 440.50(a); or 42 C.F.R. § 440.60(a) and any amendments thereto. The services must be included in the IEP/IFSP and approved in the State Plan #09-61 at Attachment 3.1-A.
- Medical Evaluations - Services provided by qualified physicians, physician assistants, or nurse practitioners in accordance with 42 C.F.R. § 440.50(a); 42 C.F.R. § 440.60(a); 42 C.F.R. § 440.166(a); and any amendments thereto. The services must be included in the IEP/IFSP and approved in the State Plan #09-61 at Attachment 3.1-A.
- Medical Specialist Evaluations - Services provided by qualified physicians, physician assistants, or nurse practitioners in accordance with 42 C.F.R. § 440.50(a); 42 C.F.R. § 440.60(a); 42 C.F.R. § 440.166(a); and any amendments thereto. The services must be included in the IEP/IFSP and approved in the State Plan #09-61 at Attachment 3.1-A.
- Audiological Evaluations - Services necessary for identifying a child with hearing loss. Providers shall meet the qualification requirements of 42 C.F.R. § 440.110(c)(3); and any amendments thereto. The services must be included in the IEP/IFSP and approved in the State Plan #09-61 at Attachment 3.1-A.

Participant Roster

The providers must certify that the list of staff they submit to be included in the eligible staff pool is appropriate for inclusion in the time study and eventual claim. Staff deemed inappropriate during review of time study quarters will be removed from the time study and excluded from the claim. All allowable staff will be listed on an approved Participant List. If a participant leaves the school, the moments sent to the individual will be reassigned to other participants. Providers will need to notify their time study coordinators no more than ten (10) school days after the employee leaves the district. The staff rosters will be updated on a quarterly basis to reflect staff changes at the provider level.

School provider personnel who participate in the time study must be assigned to job categories that describe their job function rather than a generic title that encompasses numerous types of personnel (i.e., pupil support personnel). A miscellaneous group is not acceptable. If a category includes a limited mix of job functions and titles, the functional (or working) job title must be listed beside each person's name.

Time Study Compliance

DOH will require a response rate for the time study survey of at least eighty-five percent (85%). If the eighty-five percent (85%) compliance rate is reached without having to code to non-Medicaid time, then non-returned moments will be ignored since they are covered by the fifteen percent (15%) over sample.

To assist in reaching the goal of eighty-five percent (85%) compliance, both entities (DOH and their contractor) will monitor the LEAs to ensure they are properly returning sample moments. If the statewide compliance rate for a quarter does not reach at least 90%, DOH will send out a non-compliance warning letter to each LEA that did not achieve an 85% compliance rate and had greater than five (5) moments for the quarter. For LEAs that are issued a warning letter, DOH will monitor the next consecutive quarter to ensure compliance is achieved. If an LEA has non-returns greater than fifteen percent (15%) and greater than five (5) moments for a quarter, all non-returns must be coded non-Medicaid. If the same LEA is in default the next quarter after being warned, they may not be able to participate for a one year period of time. As a hypothetical example, if an LEA has non-returns greater than fifteen percent (15%) and greater than five (5) moments for the quarters ending December 31 and March 31 of the same calendar year, the LEA may not be allowed to claim for the Fiscal Year Ending June 30 of the following calendar year. If such a penalty is imposed, the LEA will need to return any payments received for that fiscal year under the School Supportive Health Services Program.

DOH will gather as much information as possible from the SSHS Program RMTS Coordinators or participants to explain the reasons the non-returned moments were unanswered. Both entities will then analyze this data to ensure that the non-returns are reflective of the time study results. This data will not be included in the claiming process but will be used only to ensure that providers are not purposely withholding non-Medicaid related moments.

Oversight and Monitoring

Federal guidelines require oversight and monitoring of the Medicaid claiming programs. This oversight and monitoring must be done at both the provider and the State level, and includes coding quality assurance, training, documentation, and a desk review.

Coding Quality Assurance

DOH will ensure that all codes are accurate through an intensive quality assurance process. All coding will be conducted centrally by the RMTS contractor. Every valid response will be coded initially by one Central Coder and verified by a second Central Coder. This will provide a check on the accuracy of each code before it is finalized.

If a discrepancy arises, the coders will discuss the code before coming to a final decision. DOH will quarterly audit coding decisions to ensure completeness and accuracy and will verify that the selected codes are correct. Responses that are found to be inaccurately coded will be returned to the contractor for correction.

The coders may not be the same people or entities that validate the sub-sample of time study responses.

Training Types & Overview

The RMTS contractor will provide initial training for the providers' SSHS Program RMTS Coordinators and participants. Each LEA's RMTS Coordinator staff must attend time study training. It is essential for the LEAs' RMTS Coordinators to understand the purpose of the time studies, the appropriate completion of the RMTS, the timeframes and deadlines for participation, and that their role is crucial to the success of the program. Participants are to be provided detailed information and instructions for completing and submitting the time study documentation of the sampled moment by the Coordinators. In addition, annual training will be provided to the SSHS Program RMTS Coordinators to cover topics such as SSHS program updates, validation techniques, process modifications, and compliance issues. All training curricula and materials will be reviewed and approved by DOH.

The SSHS Program RMTS Coordinator for each provider must ensure that sampled staff receive training prior to their completion of the RMTS for their sampled moment. Providers are encouraged to use and distribute any materials provided by the RMTS Coordinator regarding the time study. Since all RMTS responses will be reviewed by Central Coders, and these Coders will subsequently select the appropriate activity code, the staff training will focus on program requirements and the completion of the RMTS survey; the staff training will not include an overview of activity codes since all coding will be completed by Central Coders.

Trainings will be provided live and via WebEx by the Contractor. DOH and the New York State Education Department (SED) will also post training materials on their websites for School Supportive Health Services Program to ensure 24/7 access for all providers, RMTS coordinators and participants. Examples of training materials can be found in Appendix 1 of this Implementation Plan.

Central Coders will be employed by the Contractor to review the documentation of participant activities performed during the selected moments and to determine the appropriate activity code. In a situation when insufficient information is provided to determine the appropriate activity code, the Central Coder may contact the SSHS Program RMTS Coordinator at the individual LEA and request submission of additional information about the moment. Once the information is received, the moment will be coded and included in the final time study percentage calculation. All moments will be coded separately by at least two coders as part of a quality assurance process. The moments and the assigned codes will be reviewed for consistency and adherence to the providers' approved activity codes.

The Contractor will provide training to the Central Coders on an as-needed basis, but at a minimum annually, to discuss issues surrounding the coding of moments. Training will include an overview of activity codes, samples of activities, and appropriate processes for making coding determinations. DOH, in coordination with SED, will periodically audit coding decisions to ensure completeness and accuracy and will verify that the selected codes are correct.

Documentation and Recordkeeping Requirements

The SSHSP participating LEAs must certify that all RMTS participants hold the necessary provider qualifications to bill Medicaid for their services.

It is required that all SSHSP participating LEAs maintain documentation supporting the SSHSP Random moment time study results, which are used in the Medicaid claim. LEAs are required to maintain the following documents:

- A Direct Service Therapy Cost Pool roster of eligible individuals, including job categories
- A Direct Service All Other Cost Pool roster of eligible individuals, including job categories
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The LEAs must maintain, and have available upon request by State or federal entities, any contracts with independent providers for the provision of SSHSP services (i.e., Provider Agreement and Statement of Reassignment). The agreements require contracted providers to comply with all State and federal regulations and official SSHSP policies.

In accordance with State and federal regulations, the State is required to maintain/retain adequate source documentation to support Medicaid claims. See section 1902(a)(4) of the Act and 42 CFR 431.17. See also 45 CFR 92.20(b) and 42 CFR 433.32(a) for the requirements for source documentation to support accounting records and 45 CFR 92.42 and 42 CFR 433.32(b and c) for the retention period for records. See also 18 NYCRR section 517.3(b), which provides the record retention requirements for Medicaid fee-for-service providers in New York.

SSHS Program Time Study Desk Review

The SSHS Program Time Study Desk Review is utilized to ensure the integrity and accuracy of all of the time study data and results. Desk reviews will be completed periodically for all entities. The Contractor and LEAs will contact the RMTS participants by e-mail requesting explanation, clarification, and/or correction of discrepancies. Items included in the desk review include:

- LEAs participation in the SSHS Program RMTS Coordinator training in order to participate in RMTS;
- Submission and certification of quarterly Participant List;
- Review of RMTS compliance rate to ensure each LEA meets the eighty-five percent (85%) compliance level requirement; and
- Verification that each RMTS participant has a current and valid NYS license as required to provide the services covered under SPA 09-61.

Desk reviews will take place quarterly and results will include a standard dashboard report of time study outcomes for each provider by Medicaid provider number. This will be generated out of the RMTS system and provided to DOH, SED, LEAs, and CMS.

The State may pursue remedial action for LEAs that fail to meet SSHS program requirements or fail to correct problems identified during review. Sanctions the State imposes may include placing LEAs on “payment hold,” conducting more frequent monitoring reviews, recoupment of funds, or ultimately, suspension of the LEA’s enrollment in the Medicaid program.

Time Study Activities/Codes

The time study codes are assigned indicators that determine their allowability, federal financial participation (FFP) rate, and Medicaid share. A code may have one or more indicators associated with it. These indicators will not be provided to time study participants.

The time study code indicators are:

Application of FFP rate	50 percent	Refers to an activity that is allowable as administration under the Medicaid program and claimable at the 50 percent non-enhanced FFP rate.
Allowability & Application of Medicaid Share	U	Unallowable – refers to an activity that is unallowable as administration under the Medicaid program. This is regardless of whether or not the population served includes Medicaid eligible individuals.
	TM	Total Medicaid – refers to an activity that is 100 percent allowable as administration under the Medicaid program.
	PM	Proportional Medicaid – refers to an activity, which is allowable as Medicaid administration under the Medicaid program, but for which the allocable share of costs must be determined by the application of the proportional Medicaid share (the Medicaid eligibility rate). The Medicaid share is determined as the ratio of Medicaid eligible students to total students.
	R	Reallocated – refers to those general administrative activities which must be reallocated across the other activity codes on a pro rata basis. These reallocated activities are reported under Code 10, General Administration.

THE FOLLOWING TIME STUDY CODES ARE TO BE USED FOR THE RANDOM MOMENT TIME STUDY:

Code	Activity	SSHSP Indicator(s)
1.a	Non-Medicaid Outreach	U
1.b	Medicaid Outreach	U
2.a	Facilitating Non-Medicaid Eligibility	U
2.b	Facilitating Medicaid Eligibility Determination	U
3	School Related & Educational Activities	U
4.a	Direct Medical Services – Not Covered as IDEA/IEP Service	U
4.b	Direct Medical Services – Covered as IDEA/IEP Service	TM
5.a	Transportation Non-Medicaid	U
5.b	Medicaid Transportation	U
6.a	Non-Medicaid Translation	U
6.b	Medicaid Translation	U
7.a	Program Planning, Development and Interagency Coordination Non-Medical	U
7.b	Program Planning, Development and Interagency Coordination Medical	U
8.a	Non-Medical/Non-Medicaid related Training	U
8.b	Medical/Medicaid related Training	U
9.a	Referral, Coordination, and Monitoring Non-Medicaid Services	U
9.b	Referral, Coordination, and Monitoring of Medicaid Services	U
10	General Administration	R
11	Not Paid/Not Worked	U

These activity codes represent administrative and direct service activity categories that are used to code all categories of claims. DOH will only be using the necessary codes for the purposes of determining the direct medical services percentages for use in the annual cost settlement process, defined in SPA 11-39A. The remaining codes will be used only to provide a better understanding of the full scope of activities performed by SSHSP clinicians across the state. For all activity codes and examples, if an activity is provided as part of, or an extension of, a direct medical service, it may not be claimed as Medicaid Administration.

The following activity codes, as approved by CMS, have been adopted for usage in the SSHS program.

Code 1.a. - Non-Medicaid Outreach –U

This code should be used to identify activities that inform 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. Include related paperwork, clerical activities or staff travel required to perform these activities.

1. Informing families about wellness programs and how to access these programs.
2. Scheduling and promoting activities that educate individuals about the benefits of healthy life-styles and practices.
3. Conducting general health education programs or campaigns that address life-style changes in the general population (e.g., dental prevention, anti-smoking, alcohol reduction, etc.).
4. Conducting outreach campaigns that encourage persons to access social, educational, legal or other services not covered by Medicaid.
5. Assisting in early identification of children with special medical/dental/mental health needs through various child find activities.
6. Outreach activities in support of programs that are 100 percent funded by state general revenue.
7. Developing outreach materials such as brochures or handbooks for these programs.
8. Distributing outreach materials regarding the benefits and availability of these programs.

Code 1.b. - Medicaid Outreach– U

This code should be used to identify activities that inform eligible or potentially eligible individuals about Medicaid and how to access it. Activities include bringing potential eligible individuals into the Medicaid system 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 affiliated schools, i.e., students and their parents or guardians. Examples include:

1. Informing Medicaid eligible and potential Medicaid eligible children and families about the benefits and availability of services provided by Medicaid (including preventive treatment, and screening) including services provided through the EPSDT program.
2. Developing and/or compiling materials to inform individuals about the Medicaid program (including EPSDT) and how and where to obtain those benefits. Note: This activity should not be used when Medicaid-related materials are already available to the schools (such as through the Medicaid agency). As appropriate, school developed outreach materials should have prior approval of the Medicaid agency.
3. Distributing literature about the benefits, eligibility requirements, and availability of the Medicaid program, including EPSDT.
4. Assisting the Medicaid agency to fulfill the outreach objectives of the Medicaid program by informing individuals, students and their families about health resources available through the Medicaid program.
5. Providing information about Medicaid EPSDT screening (e.g., dental, vision) in schools that will help identify medical conditions that can be corrected or improved by services offered through the Medicaid program.

6. Contacting pregnant and parenting teenagers about the availability of Medicaid prenatal, and well baby care programs and services.
7. Providing information regarding Medicaid managed care programs and health plans to individuals and families and how to access that system.
8. Encouraging families to access medical/dental/mental health services provided by the Medicaid program.

Activities which are not considered Medicaid outreach under any circumstances are: (1) general preventive health education programs or campaigns addressing lifestyle changes, and (2) outreach campaigns directed toward encouraging persons to access social, educational, legal or other services not covered by Medicaid.

Code 2.a. - Facilitating Application for Non-Medicaid Programs – U

This code should be used to identify activities related to informing an individual or family about programs such as Temporary Assistance for Needy Families (TANF), Food Stamps, Women, Infants, and Children (WIC), day care, legal aid and other social or educational programs and referring them to the appropriate agency to make application. The following are examples:

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

Code 2.b. - Facilitating Medicaid Eligibility Determination-U

This code should be used to identify activities related to assisting an individual in becoming eligible for Medicaid. Include related paperwork, clerical activities or staff travel required to perform these activities. This activity does not include the actual determination of Medicaid eligibility. Examples include:

1. Verifying an individual's current Medicaid eligibility status for purposes of the Medicaid eligibility process.
2. Explaining Medicaid eligibility rules and the Medicaid eligibility process to prospective applicants.
3. Assisting individuals or families to complete a Medicaid eligibility application.
4. Gathering information related to the application and eligibility determination for an individual, including resource information and third party liability (TPL) information, as a prelude to submitting a formal Medicaid application.

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

Code 3. - School Related and Educational Activities – U

This code should be used for any other school related activities that are not 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 education plan. Include related paperwork, clerical activities or staff travel required to perform these activities. Examples include:

1. Providing classroom instruction (including lesson planning).
2. Testing, correcting papers.
3. Developing, coordinating, and monitoring the academic portion of the Individualized Education Program (IEP) for a student, which includes ensuring annual reviews of the IEP are conducted, parental sign-offs are obtained, and the academic portion of the actual IEP meetings with the parents. (If appropriate, this would also refer to the same activities performed in support of an Individualized Family Service Plan (IFSP).)
4. Compiling attendance reports.
5. Performing activities that are specific to instructional, curriculum, and student-focused areas.
6. Reviewing the education record for students who are new to the school district.
7. Providing general supervision of students (e.g., playground, lunchroom).
8. Monitoring student academic achievement.
9. Providing individualized instruction (e.g., math concepts) to a special education student.
10. Conducting external relations related to school educational issues/matters.
11. Compiling report cards.
12. Carrying out discipline.
13. Performing clerical activities specific to instructional or curriculum areas.
14. Activities related to the educational aspects of meeting immunization requirements for school attendance.
15. Compiling, preparing, and reviewing reports on textbooks or attendance.
16. Enrolling new students or obtaining registration information.
17. Conferring with students or parents about discipline, academic matters or other school related issues.
18. Evaluating curriculum and instructional services, policies, and procedures.
19. Participating in or presenting training related to curriculum or instruction (e.g., language arts workshop, computer instruction).
20. Translating an academic test for a student.

Code 4.a. - Direct Medical Services – Not Covered as IDEA/IEP Service (FFS – Non IEP) - U

This code should be selected when LEA staff members (employees or contract staff) are providing direct client care services that are not IDEA and/or not IEP services. This code includes the provision of all non IDEA/IEP medical services reimbursed through Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services. This code includes pre and post activities associated with the actual delivery of the direct client care services, e.g., paperwork or staff travel required to perform these services.

Examples of activities reported under this code:

All non IDEA and/or non-IEP direct client care services as follows:

1. Providing health/mental health services.
2. Conducting medical/health assessments/evaluations and diagnostic testing and preparing related reports.
3. Providing personal aide services.
4. Performing developmental assessments.
5. Developing a treatment plan (medical plan of care) for a student if provided as a medical service.
6. Performing routine or mandated child health screens including but not limited to vision, hearing, dental, scoliosis, and EPSDT screens.
7. Administering first aid or prescribed injection or medication to a student.
8. Providing counseling services to treat health, mental health, or substance abuse conditions.
9. Making referrals for and/or coordinating medical or physical examinations and necessary medical evaluations as a result of a direct medical service.
10. Immunizations and performance of routine or education agency mandated child health screens to the student enrollment, such as vision, hearing and scoliosis screens.
11. Nursing services and evaluations including skilled nursing services and time spent administering/monitoring medication when the service is not included on the student's IEP. For example, medication for a short-term illness or recent injury would not normally be included in an IEP. Time spent administering/monitoring medication that is not included as part of the IEP and not documented in the IEP such as administration/monitoring of maintenance drugs (example 1: insulin for a diabetic if the insulin administration/monitoring is not in the IEP; example 2: anti-seizure medication for a child if the anti-seizure medication is not in the IEP) and administration/monitoring of non-routine medications for acute conditions when the administering/monitoring of the medication is not included as part of the IEP and not documented in the IEP

Code 4.b. - Direct Medical Services – Covered as IDEA/IEP Service (FFS – IEP) – IEP Ratio

This code should be selected when LEA staff members (employees or contracted staff) provide direct client services as covered services delivered by LEAs under the FFS Program. These direct client services may be delivered to an individual and/or group in order to ameliorate a specific condition and are performed in the presence of the student(s). This code includes the provision of all IDEA/IEP medical (i.e. health-related) services. It also includes functions performed pre and post actual direct client services (when the student may not be present), for example, paperwork, or staff travel directly related to the direct client services. Please note that some of the following activities may be subject to the free care principle.

Examples of activities reported under this code:

All IDEA/IEP direct client services with the Student/Client present including:

1. Providing health/mental health services as covered in the student's IEP.
2. Conducting medical/health assessments/evaluations and diagnostic testing and preparing related reports as covered in the student's IEP.

This includes:

1. Physical Therapy Services
2. Occupational Therapy Services
3. Speech Therapy Services
4. Psychological Counseling Services
5. Skilled Nursing Services
6. Psychological Evaluations
7. Medical Evaluations
8. Medical Specialist Evaluations
9. Audiological Evaluations

This code also includes pre and post time directly related to providing direct client care services when the student/client is not present. Examples of pre and post time activities when the student/client is not present include: time to complete all paperwork related to the specific direct client care service, such as preparation of progress notes, translation of session notes, review of evaluation testing/observation, planning activities for the therapy session, travel to/from the therapy session, or completion of billing activities.

General Examples that are considered pre and post time:

1. Pre and post activities associated with physical therapy services, for example, time to build a customized standing frame for a student or time to modify a student's wheelchair desk for improved freedom of movement for the client.
2. Pre and post activities associated with speech language pathology services, for example, preparing lessons for a client to use with an augmentative communicative device or preparing worksheets for use in group therapy sessions.

3. Updating the medical/health-related service goals and objectives of the IEP.
4. Travel to the direct service/therapy.
5. Paperwork associated with the delivery of the direct care service, as long as the student/client is not present. Such paperwork could include the preparation of progress notes, translation of session notes, or completion of billing activities.
6. Interpretation of the evaluation results and/or preparation of written evaluations, when student/client is not present. (Assessment services are billed for testing time when the student is present, for interpretation time when the student is not present, and for report writing when the student is not present.)

Code 5.a. - Transportation for Non-Medicaid Services – U

This code should be used to identify activities related to assisting an individual to obtain transportation to services not covered by Medicaid, or accompanying the individual to services not covered by Medicaid. Include related paperwork, clerical activities or staff travel required to perform these activity.

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

Code 5.b. - Transportation related to Medicaid Services – U

This code should be used to identify related to assisting an individual to obtain transportation to services covered by Medicaid. This does not include the provision of the actual transportation service or the direct cost of the transportation, but rather the administrative activities involved in providing transportation. Include related paperwork, clerical activities or staff travel required to perform these activities. An example is:

1. Scheduling or arranging transportation to Medicaid covered services.

Code 6.a. - Non-Medicaid Translation – U

This code should be used to identify related to providing translation services related to social, vocational or education programs and activities as an activity separate from the activities referenced in other codes. Include related paperwork, clerical activities or staff travel required to perform these activities. Examples include:

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

Code 6.b. - Translation Related to Medicaid Services-U

Translation may be allowable as an administrative activity if it is not included and paid for as part of a medical assistance service. However, it must be provided by separate units or separate employees performing solely translation functions for the LEA and it must facilitate access to Medicaid covered services.

This code should be used to identify activities related to providing translation services related to Medicaid covered services as an activity separate from the activities referenced in other codes. Include related paperwork, clerical activities or staff travel required to perform these activities. Examples include:

1. Arranging for or providing translation services (oral and signing) that assist the individual to access and understand necessary care or treatment covered by Medicaid.
2. Developing translation materials that assist individuals to access and understand necessary care or treatment covered by Medicaid.

Code 7.a. - Program Planning, Policy Development and Interagency Coordination Related to Non-Medical Services – U

This code should be used to identify activities related to performing activities associated with the development of strategies to improve the coordination and delivery of non-medical/non-mental health services to school age children and when performing collaborative activities with other agencies. Non-medical services may include social, education and vocational services. Only employees whose position descriptions include program planning, policy development and interagency coordination should use this code. Include related paperwork, clerical activities or staff travel required to perform these activities. Examples include:

1. Identifying gaps or duplication of non-medical services (e.g., social, vocational educational and state mandated general health care programs) to school age children and developing strategies to improve the delivery and coordination of these services.
2. Developing strategies to assess or increase the capacity of non-medical school programs.
3. Monitoring the non-medical delivery systems in schools.
4. Developing procedures for tracking families' requests for assistance with non-medical services and the providers of such services.
5. Evaluating the need for non-medical services in relation to specific populations or geographic areas.
6. Analyzing non-medical data related to a specific program, population, or geographic area.
7. Working with other agencies providing non-medical services to improve the coordination and delivery of services and to improve collaboration around the early identification of non-medical problems.
8. Defining the relationship of each agency's non-medical services to one another.

9. Developing advisory or work groups of professionals to provide consultation and advice regarding the delivery of non-medical services and state-mandated health screenings to the school populations.
10. Developing non-medical referral sources.
11. Coordinating with interagency committees to identify, promote and develop non-medical services in the school system.

Code 7.b. - Program Planning, Policy Development and Interagency Coordination Related to Medical Services-U

This code should be used to identify activities related to performing activities associated with the development of strategies to improve the coordination and delivery of medical/dental/mental health services to school age children, and when performing collaborative activities with other agencies and/or providers. Employees whose position descriptions include program planning, policy development and interagency coordination may use this code. However, it is a state option whether or not the position descriptions need to be explicit with respect to these specific functions. This code refers to activities such as planning and developing procedures to track requests for services; the actual tracking of requests for Medicaid services would be coded under Code 9.b., Referral, Coordination and Monitoring of Medical Services. Include related paperwork, clerical activities or staff travel required to perform these activities. Examples include:

1. Identifying gaps or duplication of medical/dental/mental services to school age children and developing strategies to improve the delivery and coordination of these services.
2. Developing strategies to assess or increase the capacity of school medical/dental/mental health programs.
3. Monitoring the medical/dental/mental health delivery systems in schools.
4. Developing procedures for tracking families' requests for assistance with medical/dental/mental services and providers, including Medicaid. (This does not include the actual tracking of requests for Medicaid services.)
5. Evaluating the need for medical/dental/mental services in relation to specific populations or geographic areas.
6. Analyzing Medicaid data related to a specific program, population, or geographic area.
7. Working with other agencies and/or providers that provide medical/dental/mental services to improve the coordination and delivery of services, to expand access to specific populations of Medicaid eligible, and to increase provider participation and improve provider relations.
8. Working with other agencies and/or providers to improve collaboration around the early identification of medical/dental/mental problems.
9. Developing strategies to assess or increase the cost effectiveness of school medical/dental/mental health programs.
10. Defining the relationship of each agency's Medicaid services to one another.
11. Working with Medicaid resources, such as the Medicaid agency and Medicaid managed care plans, to make good faith efforts to locate and develop EPSDT health services referral relationships.

12. Developing advisory or work groups of health professionals to provide consultation and advice regarding the delivery of health care services to the school populations.
13. Working with the Medicaid agency to identify, recruit and promote the enrollment of potential Medicaid providers.
14. Developing medical referral sources such as directories of Medicaid providers and managed care plans, which will provide services to targeted population groups, e.g., EPSDT children.
15. Coordinating with interagency committees to identify, promote and develop EPSDT services in the school system.

Code 8. a. - Non-Medical/Medicaid Training – U

This code should be used to identify activities related to coordinating, conducting or participating in training events and seminars for school-based services staff regarding the benefit of the programs other than the Medicaid program such as educational 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. Include related paperwork, clerical activities or staff travel required to perform these activities. Examples include:

1. Participating in or coordinating training that improves the delivery of services for programs other than Medicaid.
2. Participating in or coordinating training that enhances IDEA child find programs.

Code 8.b. - Medical/Medicaid Specific Training – U

This code should be used to identify activities related to coordinating, conducting or participating in training events and seminars for New York DOH and SSHSP staff regarding the benefits of the Medicaid program, how to assist families in accessing Medicaid services, and how to more effectively refer students for services. Include related paperwork, clerical activities or staff travel required to perform these activities. Examples include:

1. Participating in or coordinating training that improves the delivery of medical/Medicaid related services.
2. Participating in or coordinating training that enhances early identification, intervention, screening and referral of students with special health needs to such services (e.g., Medicaid EPSDT services). (This is distinguished from IDEA child find programs.)
3. Participating in training on administrative requirements related to medical/Medicaid services.

Code 9.a. - Referral, Coordination and Monitoring of Non-Medicaid Services –U

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

1. Making referrals for and coordinating access to social and educational services such as child care, employment, job training, and housing.

2. Making referrals for, coordinating, and/or monitoring the delivery of state education agency mandated child health screens (e.g., vision, hearing, and scoliosis).
3. Making referrals for, coordinating, and monitoring the delivery of scholastic, vocational, and other non-health related examinations.
4. Gathering any information that may be required in advance of these non-Medicaid related referrals.
5. Participating in a meeting/discussion to coordinate or review a student's need for scholastic, vocational, and non-health related services not covered by Medicaid.
6. Monitoring and evaluating the non-medical components of the individualized plan as appropriate.

Code 9.b. - Referral, Coordination and Monitoring of Medicaid Services–U

This code should be used to identify activities related to making referrals for, coordinating, and/or monitoring the delivery of medical (Medicaid covered) services. Referral, coordination and monitoring activities related to services in an IEP are reported in this code. Activities that are part of a direct service are not claimable as an administrative activity. Furthermore, activities that are an integral part of or an extension of a medical service (e.g., patient follow-up, patient assessment, patient counseling, patient education, patient consultation, billing activities) should be reported under Code 4A - Direct Medical Services - Not Covered as IDEA/IEP Services or 4B- Direct Medical Services - Covered as IDEA/IEP Services. Examples include:

1. Identifying and referring adolescents who may be in need of Medicaid family planning services.
2. Making referrals for and/or coordinating medical or physical examinations and necessary medical/dental/mental health evaluations.
3. Making referrals for and/or scheduling EPSDT screens, interperiodic screens, and appropriate immunization, but NOT to include the state-mandated health services.
4. Referring students for necessary medical health, mental health, or substance abuse services covered by Medicaid.
5. Arranging for any Medicaid covered medical/dental/mental health diagnostic or treatment services that may be required as the result of a specifically identified medical/dental/mental health condition.
6. Gathering any information that may be required in advance of medical/dental/mental health referrals.
7. Participating in a meeting/discussion to coordinate or review a student's needs for health-related services covered by Medicaid.
8. Providing follow-up contact to ensure that a child has received the prescribed medical/dental/mental health services covered by Medicaid.
9. Coordinating the delivery of community based medical/dental/mental health services for a child with special/severe health care needs.
10. Coordinating the completion of the prescribed services, termination of services, and the referral of the child to other Medicaid service providers as may be required to provide continuity of care.

11. Providing information to other staff on the child's related medical/dental/mental health services and plans.
- 12.
13. Coordinating medical/dental/mental health service provision with managed care plans as appropriate.

Note: A "referral" is considered appropriate when made to a provider who can provide the required service, will accept the student as a patient, and will accept the student's source of payment for services.

Code 10. - General Administration – R

This code should be used to identify activities related to performing activities that are not directly assignable to program activities. Include related paperwork, clerical activities or staff travel required to perform these activities. 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.

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

1. Taking lunch, breaks, leave, or other paid time not at work.
2. Establishing goals and objectives of health-related programs as part of the school's annual or multi-year plan.
3. Reviewing school or district procedures and rules.
4. Attending or facilitating school or unit staff meetings, training, or board meetings.
5. Performing administrative or clerical activities related to general building or district functions or operations.
6. Providing general supervision of staff, including supervision of student teachers or classroom volunteers, and evaluation of employee performance.
7. Reviewing technical literature and research articles.
8. Other general administrative activities of a similar nature as listed above that cannot be specifically identified under other activity codes.

Code 11. - Not Scheduled to Work – U

This code should be used if the random moment occurs at a time when a part-time or temporary employee is not scheduled to be at work. Please note that full time school staff should not use this code.

Computation of Direct Medical Services RMTS Percentage

Following the conclusion of each quarter's RMTS the direct medical service percentage will be calculated based on the coding of the RMTS responses for that period. The direct medical service percentage will be based on the number of responses coded to activity 4b out of the total number of valid responses plus a proportional reallocation of general administrative responses (code 10).

The formula below details the Direct Medical Percentage (code 4.b) with the applicable portion of General Administration (code 10) reallocated to it. The same calculation is completed for the Direct Medical Service Therapy and Direct Medical Service All Other cost pools.

A = All Codes

D = IEP Direct Medical Services (Code 4.b)

R = Redistributed Activities (Code 10)

U = Unallowable (Code 11)

Direct Medical Service Percentage =

The following table provides an illustration of the calculation of the direct medical service percentage for a quarter.

Activity	# Hits	% of Total	GA Spread	Adj Total	Final %
1a	0	-	-	-	-
1b	0	-	-	-	-
2a	0	-	-	-	-
2b	0	-	-	-	-
3	107	4.31%	31.53	138.53	5.58%
4a	408	16.43%	120.23	528.23	21.27%
4b	1250	50.34%	368.35	1618.35	65.18%
5a	0	-	-	-	-
5b	0	-	-	-	-
6a	0	-	-	-	-
6b	0	-	-	-	-
7a	0	-	-	-	-
7b	0	-	-	-	-
8a	1	0.04%	0.3	1.3	0.05%
8b	2	0.08%	0.59	2.59	0.10%
9a	0	-	-	-	-
9b	0	-	-	-	-
10	521	20.98%	-	-	-
11	194	7.82%	-	194	7.82%
Totals	2,483	100%	521	2,483	100%

For the annual cost report, the direct medical service percentage will be calculated based on the average of the direct medical service percentage for the three quarterly time studies.