Provider Finance Department Random Moment Time Study (RMTS) Activity Codes

The information being provided is in response to the questions received by the RMTS and School Health and Related Services (SHARS) provider community, specific to the Department of Health and Human Services Office of the Inspector General's 2011 audit which decreased the statewide RMTS calculation percentage.

The time study codes assist in the determination of time and associated costs that are related to and reimbursable under the Medicaid program. The time study codes have been designed to reflect all of the activities performed by time study participants per ISD.

These activity codes represent administrative and direct service activity categories that are used in the school setting. For all the activity codes and examples listed below, 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 time study activity codes are:

Code	Activity
1A	Non-Medicaid Outreach (All Staff)
1B	Medicaid Outreach (All Staff)
2A	Facilitating Non-Medicaid Eligibility (All Staff)
2B	Facilitating Medicaid Eligibility (All Staff)
3	School Related & Educational Activities
4A	Direct Medical Services - IEP
4B	Direct Medical Services – Non IEP
5A	Medicaid Transportation Non-Medicaid (All Staff)
5B	Medicaid Transportation (All Staff)
6A	Medicaid Translation Non-Medicaid
6B	Medicaid Translation
7A	Program Planning, Development and Interagency Coordination Non-Medical(All Staff)
7B	Program Planning, Development and Interagency Coordination Medical (All Staff)
8A	Non-Medical/Non-Medicaid related Training
8B	Medical/Medicaid related Training

Code	Activity
9A	Referral, Coordination, and Monitoring Non Medicaid Services (All Staff)
9B	Referral, Coordination, and Monitoring Medicaid Services (All Staff)
10	General Administration
11	Not Paid/Not Worked

CODE 1A. NON-MEDICAID OUTREACH

Staff should use this code when performing activities that inform individuals about their eligibility for non-Medicaid social, vocational and educational programs (including special education) and how to access them; describing the range of benefits covered under these programs and how to obtain them. Both written and oral methods may be used. Include related paperwork, clerical activities, translation, or staff travel required to perform these activities.

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

CODE 1B. MEDICAID OUTREACH

Staff should use this code when performing activities that inform eligible or potentially eligible individuals about Medicaid and how to access the program. Such activities include bringing potential eligible's into the Medicaid system for the purpose of the eligibility process. Include related paperwork, clerical activities, translation, or staff travel required to perform these activities.

General Examples:
• Informing Medicaid eligible and potential Medicaid eligible children and families about the benefits and availability of services provided by Medicaid (including preventive treatment, and screening) including services provided through the EPSDT program.
• Developing and/or compiling materials to inform individuals about the Medicaid program (including EPSDT) and how and where to obtain those benefits. 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.
• Distributing literature about the benefits, eligibility requirements, and availability of the Medicaid program, including EPSDT.
• 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.
• Providing information about Medicaid EPSDT screening (e.g., dental, vision) in schools that will help identify medical conditions that can be corrected or improved by services offered through the Medicaid program.
• Contacting pregnant and parenting teenagers about the availability of Medicaid prenatal, and well-baby care programs and services.
• Providing information regarding Medicaid managed care programs and health plans to individuals and families and how to access that system.
• Encouraging families to access medical/dental/mental health services provided by the Medicaid program.

CODE 2A. FACILITATING APPLICATION FOR NON-MEDICAID ELIGIBILITY

This code should be used by staff when informing an individual or family about programs such as Temporary Assistance for Needy Families (TANF), Food Stamps, Women, Infants, and Children (WIC), day care, legal aid, and other social or educational programs and referring them to the appropriate agency to make application. Include related paperwork, clerical activities, translation, or staff travel required to perform these activities.

General Examples:

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

CODE 2.b. FACILITATING MEDICAID ELIGIBILITY

Staff should use this code when assisting an individual in the Medicaid eligibility process. Include related paperwork, clerical activities, translation, or staff travel required to perform these activities. This activity does not include the actual determination of Medicaid eligibility.

General Examples:

• Verifying an individual's current Medicaid eligibility status for purposes of the Medicaid eligibility process.
• Explaining Medicaid eligibility rules and the Medicaid eligibility process to prospective applicants.
• Assisting individuals or families to complete a Medicaid eligibility application.
• Gathering information related to the application and eligibility determination for an individual, including resource information and third party liability (TPL) information, as a prelude to submitting a formal Medicaid application.
• Providing necessary forms and packaging all forms in preparation for the Medicaid eligibility determination.
• Referring an individual or family to the local Assistance Office to make application for Medicaid benefits.
• Assisting the individual or family in collecting/gathering required information and documents for the Medicaid application.
• Participating as a Medicaid eligibility outreach outstation, but does not include determining eligibility.

CODE 3. SCHOOL RELATED & EDUCATIONAL ACTIVITIES

Staff should use this code when performing activity related to social services, educational services, teaching services, employment services, job training, child care, housing and other services.

General examples:

• Providing classroom instruction (including working on lesson planning).
• Testing and/or correcting papers.
• Compiling attendance reports.
• Providing general supervision of students (e.g., playground, lunchroom).
• Carrying out discipline.
• Participating in or presenting training relating to job searches.
• Screening or making referrals for childcare, housing, or employment/job training services.
• Facilitating family support groups.

CODE 4A DIRECT MEDICAL SERVICES

This code will be assigned when school district staff (employees or contracted staff) provides direct client services as covered services delivered by school districts under the School Health and Related Services (SHARS) 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 of the actual direct client services (when the student may not be present), for example, paperwork, or staff travel directly related to the direct client services. Note, 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:
• Audiologist services, including evaluation and therapy services (only if included in the student's IEP);
• Physical Therapy services, including evaluation and therapy services (only if included in the student's IEP);
• Occupational Therapy services, including evaluation and therapy services (only if included in the student's IEP);
• Speech Language Pathology Therapy services, including evaluation and therapy services (only if included in the student's IEP);

• Psychological Services, including assessment and therapy services (only if included in the student's IEP); [The assessment services are not in the client's IEP because assessments are performed before the student's IEP is developed.]
• Counseling Services, including therapy services (only if included in the student's IEP);
• Nursing Services, including skilled nursing services on the IEP and time spent administering/monitoring medication only if it is included as part of an IEP and documented in the IEP. Medicaid administration would not include those that are provided to the entire student population, i.e. administration of aspirin, but are specifically those called for in the IEP;
• Physician Services, including diagnostic and evaluation services; [Physician services are not always included in the student's IEP because these are performed before the student's IEP is developed. These physician services form the bases of the referral for various medical services, e.g., OT and PT.]
• Personal Care Services, including services delivered at the school, home, or on the bus (only if included in the student's IEP); and
• Specialized Transportation Services (only if included in the student's IEP).
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:

• 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.
• 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.
• Updating the medical/health-related service goals and objectives of the IEP.
• Travel to the direct service/therapy.
• 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.
• 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 4B. DIRECT MEDICAL SERVICES (SHARS – Non-IEP)

This code will be assigned by a Central Coder when school district staff (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 Period 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:
• Medical Screenings (including scoliosis), Vision Screenings, Hearing Screenings, Dental Screenings, EPSDT Screenings, and nurse consults for non-SHARS services;
• Administering first aid;
• Administering medication other than those medications outlined in the IEP as direct client care nursing services under SHARS, e.g., providing immunizations;
• Making referrals for and/or coordinating medical or physical examinations and necessary medical evaluations not covered as direct client care services under SHARS, as a result of a direct medical service;
• Provision of counseling services by a school-certified counselor, since school-certified counselors are not approved providers of SHARS counseling services;
• Provision of assessment services by a school-certified educational diagnostician, since school-certified counselors are not approved providers of SHARS assessment services;
• Provision of or assistance with activities of daily living (ADLs) or instrumental ADLs (IADLs) for students for whom these tasks are age appropriate and, as such, do not meet the definition of SHARS personal care services; and
• Transporting a client that does not require specialized transportation services.

CODE 5A. MEDICAID TRANSPORTATION NON-MEDICAID
All staff should use this code when assisting an individual to obtain transportation to services not covered by Medicaid, or accompanying the individual to services not covered by Medicaid. Include related paperwork, translation, clerical activities or staff travel required to perform these activities.

General Examples:

• Scheduling or arranging transportation for social, vocational, and/or educational programs and activities.

• Scheduling, arranging and/or providing transportation assist the client in accessing non-Medicaid services, such as grocery shopping, WIC appointment, housing, school, etc.

CODE 5B. MEDICAID TRANSPORTATION

All staff should use this code when 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 costs of the transportation (bus fare, taxi fare, etc.), but rather the administrative activities involved in providing transportation. Include related paperwork, clerical activities, translation or staff travel required to perform these activities.

General Examples:

• Scheduling or arranging transportation to Medicaid covered services. (Arranging for a taxi to take a student to the doctor; scheduling Medicaid Transportation to take a student to the doctor.)

CODE 6A. MEDICAID TRANSLATION NON-MEDICAID

All staff should use this code when assisting an individual to obtain translation services for services not covered by Medicaid, or accompanying the individual to services not covered by Medicaid.

General Examples:

• Related paperwork, translation, clerical activities or staff travel required to assist the client in accessing non-Medicaid services, such as grocery shopping, WIC appointments, housing, school, etc.

CODE 6B. MEDICAID TRANSLATION

All staff should use this code when assisting a client/student/family to obtain translation services for the purpose of accessing Medicaid services. A list of Medicaid covered services is attached. Include related paperwork, clerical activities, or staff travel required to perform these activities. Arranging for or providing translation services that assist the individual to access and understand necessary care or treatment. Translation may be allowable as an administrative activity, but only if it not included and paid for as part of a medical assistance service.

General Examples:

• Accompanying a child/family to the physician's office to translate from Spanish to

English medically related information between the MD and the individual is Code 6B.
• Serving as a translator on how to access Medicaid services is Code 9. This includes alternative languages, Braille, sign languages, and translation due to illiteracy.

CODE 7A. PROGRAM PLANNING, DEVELOPMENT, AND INTERAGENCY COORDINATION RELATED TO NON-MEDICAL SERVICES

Staff should use this code when performing activities associated with developing strategies to improve the coordination and delivery of non-medical services. Non-medical services may include social services, educational services, vocational services, and state or state-education mandated child health screenings provided to the general school population. Employees whose position descriptions include program planning, policy development and interagency coordination may use this code. Include related paperwork, clerical activities, translation, or staff travel required to perform these activities.

General Examples:

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

• Coordinating with interagency committees to identify, promote and develop non-medical services in the school system.

CODE 7B. PROGRAM PLANNING, DEVELOPMENT, AND INTERAGENCY COORDINATION RELATED TO MEDICAL SERVICES

This code should be used by staff when performing activities associated with the development of strategies to improve the coordination and delivery of medical/dental/mental health services to clients/students, 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. 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 Medicaid Services. Include related paperwork, translation, clerical activities or staff travel required to perform these activities.

General Examples:

• Identifying gaps or duplication of medical/dental/mental services to school age children and developing strategies to improve the delivery and coordination of these services.
• Developing strategies to assess or increase the capacity of school medical/dental/mental health programs.
• Monitoring the medical/dental/mental health delivery systems in schools.
• Developing procedures for tracking families' requests for assistance with medical/dental/mental services and providers, including Medicaid. (This does not include the actual tracking of requests for Medicaid services.)
• Evaluating the need for medical/dental/mental services in relation to specific populations or geographic areas.
• Analyzing Medicaid data related to a specific program, population, or geographic area.
• Working with other agencies and/or providers that provide medical/dental/mental services to improve the coordination and delivery of services, to expand access to specific populations of Medicaid eligible's, and to increase provider participation and improve provider relations.
• Working with other agencies and/or providers to improve collaboration around the early identification of medical/dental/mental problems.
• Developing strategies to assess or increase the cost effectiveness of school medical/dental/mental health programs.
• Defining the relationship of each agency's Medicaid services to one another.

• Working with Medicaid resources, such as the Medicaid agency and Medicaid managed care plans, to make good faith efforts to locate and develop EPSDT health services referral relationships.
• Developing advisory or work groups of health professionals to provide consultation and advice regarding the delivery of health care services to the school populations.
• Working with the Medicaid agency to identify, recruit and promote the enrollment of potential Medicaid providers.
• Developing medical referral sources such as directories of Medicaid providers and managed care plans, who will provide services to targeted population groups, e.g., EPSDT children.
• Coordinating with interagency committees to identify, promote and develop EPSDT services in the school system.

CODE 8A. NON-MEDICAL/NON-MEDICAID RELATED TRAINING

Staff should use this code when coordinating, conducting, or participating in training events and seminars for outreach staff regarding the benefit of the programs other than the Medicaid program. For example, training may include how to assist families to access the services of education programs, WIC, housing, and how to more effectively refer clients/students for those services. Include related paperwork, clerical activities, translation, or staff travel required to perform these activities.

General Examples:

• Participating in or coordinating training that improves the delivery of services for programs other than Medicaid.
• Participating in or coordinating training that enhances IDEA child-find programs.
• In-service or staff meetings related to educational issues, such as curriculum, textbooks, standardized testing, or discipline.

CODE 8B. MEDICAL/MEDICAID RELATED TRAINING

Staff should use this code when coordinating, conducting, or participating in training events and seminars for outreach staff regarding the benefits of medical/Medicaid related services, how to assist families to access such services, and how to more effectively refer clients/students for services. Include related paperwork, translation, clerical activities, or staff travel required to perform these activities.

General Examples:

• Participating in or coordinating training that improves the delivery of medical/Medicaid related services.
• Participating in or coordinating training that enhances early identification, intervention, screening and referral of students with special health needs to such services (e.g., Medicaid EPSDT services). (This is distinguished from IDEA child-find programs.)
• Participating in training for outreach and eligibility assistance.
• Attending training specifically related to the provision of direct care client services.
• Training and/or supervising staff in the performance of delegated nursing tasks (for example, a Registered Nurse training staff to perform tube feeding, medication administration or other delegated nursing task).
• Training and/or supervising staff in the performance of personal care services.

CODE 9A. REFERRAL, COORDINATION, AND MONITORING OF NON-MEDICAID SERVICES

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

General Examples:

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

CODE 9B. REFERRAL, COORDINATION, AND MONITORING OF MEDICAID SERVICES

Staff should use this code when making referrals for, coordinating, and/or monitoring the delivery of medical (Medicaid covered) services. Referral, coordination and monitoring activities are reported in this code. Activities that are part of a direct service are not claimable as an administrative activity. Furthermore, activities that are an integral part of or an extension of a medical service (e.g., patient follow-up, patient assessment, patient counseling, patient education, patient consultation, billing activities) should be reported under Code 4, Direct Medical Services. Note that targeted case management, if provided or covered as a medical service under Medicaid, should be reported under Code 4.o., Targeted case Management, School Related and Educational Activities. Include related paperwork, clerical activities, translation, or staff travel necessary to perform these activities.

General Examples:

• Making referrals for and/or coordinating medical or physical examinations and necessary medical/dental/mental health evaluations.
• Making referrals for and/or scheduling EPSDT screens, interperiodic screens, and appropriate immunization, but NOT to include the state-mandated health services.
• Referring students for necessary medical health, mental health, or substance abuse services covered by Medicaid.
• Arranging for any Medicaid covered medical/dental/mental health diagnostic or treatment services that may be required as the result of a specifically identified medical/dental/mental health condition.
• Gathering any information that may be required in advance of medical/dental/mental health referrals.
• Participating in a meeting/discussion to coordinate or review a student's needs for health-related services covered by Medicaid.
• Providing follow-up contact to ensure that a child has received the prescribed medical/dental/mental health services covered by Medicaid.
• Coordinating the delivery of community based medical/dental/mental health services for a child with special/severe health care needs.
• Coordinating the completion of the prescribed services, termination of services, and the referral of the child to other Medicaid service providers as may be required to provide continuity of care.
• Providing information to other staff on the child's related medical/dental/mental health services and plans.
• Monitoring and evaluating the Medicaid service components of the IEP as appropriate.

• Coordinating medical/dental/mental health service provision with managed care plans as appropriate.

CODE 10. GENERAL ADMINISTRATION

This code should be used by time study participants when performing activities that are not directly assignable to program activities. Include related paperwork, translation, clerical activities, or staff travel required to perform these activities.

General Examples:
• Taking lunch, breaks, leave, or other paid time not at work.
• Establishing goals and objectives of programs as part of the agencies annual or multiyear plan.
• Reviewing school, district or agency procedures and rules.
• Attending or facilitating unit staff meetings, training, or board meetings.
• Performing administrative or clerical activities related to general building, agency or district functions or operations.
• Providing general supervision of staff, including supervision of student teachers or classroom volunteers, interns and evaluation of employee performance.
• Reviewing technical literature and research articles.
• Other general administrative activities of a similar nature as listed above that cannot be specifically identified under other activity codes.

CODE 11. NON-WORKED/NON-PAID

Non-worked/Non-paid time is time during the workday for which a participant in the time study is not working AND is not being compensated.

General Examples:

• Part-time/Contracted staff whose sampled moment occurs during non-scheduled work hours.
• Staff member takes an unpaid day off during the sampled moment
• Non-paid sick time
• Non-paid leaves of absence
• No longer employed by the program