



TIME STUDY TRAINING

Prepared For:

INDIANA MENTAL HEALTH PROVIDERS

Introduction

- This training is to give you the instructions necessary to complete the time study during the week of **February 10-16, 2020**. There are three parts to the training and a quiz after each section. The training should take 30 – 45 minutes to complete. You may quit and return to the training at any point, the system will save your place. However, you must complete the training prior to the time study week and pass all three quizzes to meet the mandatory training requirement.
- **The training is complete and your score will be recorded once you arrive at the last slide that contains our program's toll free number in red.**
- If at any time you have a question regarding the time study or this training, please do not hesitate to call InteCare at 1-888-591-6128.



Learning Objectives

- ***Part One: Understand the MHFRP Program***
- Part Two: Learn How to Complete the Time Study
- Part Three: Identify What Activity Codes to Use

What Is The Mental Health Funds Recovery Program?

- A Medicaid Reimbursement Program That Enables Managed Care Providers (MCP) to Recover Federal Funds for Medicaid Administrative Activities Performed by Agency Staff
- Medicaid Administrative Activities Are Activities That Support the Efficient and Cost Effective Operation of the Medicaid Program
- The MHFRP Is in Addition to Medicaid Fee-for-service Reimbursement Programs, Including MRO
- The MHFRP Brings in a Sizeable Source of Medicaid Revenue for Your Agency

Why Are We Doing a Time Study?

- A Time Study Is an Administratively Efficient Mechanism to Quantify the Time and Effort Agency Staff Spend Performing Medicaid Administrative Activities

- The Intent of the Time Study Is:
 - To Identify Allowable Medicaid Administrative Activity
 - To Identify Non-allowable Medicaid Administrative Activity for Exclusion From the Claim
 - Provide Support Documentation That Administrative Activities Were Performed and Do Not Duplicate Other Federal Payments Made to the Agency

Completed Time Studies Are Aggregated into A State-wide Time Study
“Result” That is Applied to Each Agency’s MHFRP Claim



Why is Training Important?

- The Time Study Results Are a Significant Driving Force for Your Agency to Receive Reimbursement
- Training Assures the Accuracy and Integrity of the Program
- Training Keeps You Updated With Any Programmatic Changes

What is an Administrative Activity?

**Administrative
Activity**



Direct Service



**Administrative
Activity**



**Refer a
Patient for
Counseling**



**Provide
Counseling**



**Participate in
Program
Planning
Meeting**

Types of Activities performed by agency staff

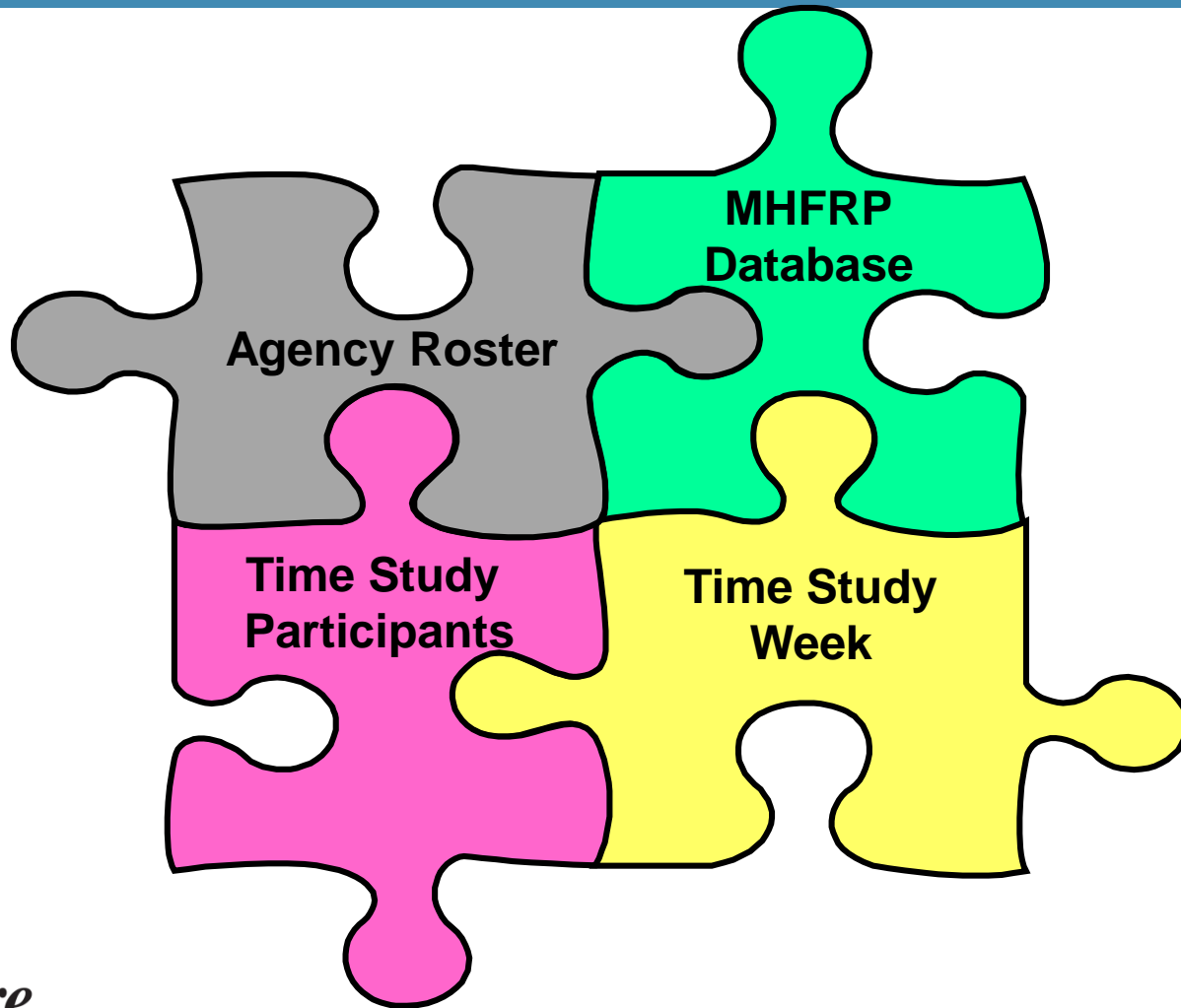
There are many types of Medicaid Administrative Activities:

- ▣ **Client Specific** – activities that facilitate client and family access to care including care planning and coordination
- ▣ **Non-Client Specific** – activities that assist clients in accessing health care services such as outreach and public awareness
- ▣ **Agency Specific** - activities that support the efficient operation of the agency such as program planning, quality assurance, provider recruitment and staff training

Examples Of Medicaid Administrative Activities

- Participating in Community Outreach and Public Awareness
- Seeking Out Clients That Are Medically at Risk
- Linking Clients With Health Services
- Facilitating Clients Application to Medicaid
- Assisting Clients in Accessing Medicaid Services
- Participating in Client Care Planning
- Performing Quality Assurance and Monitoring
- Program Planning

Time Study Selection Process



Time Study Selection Process

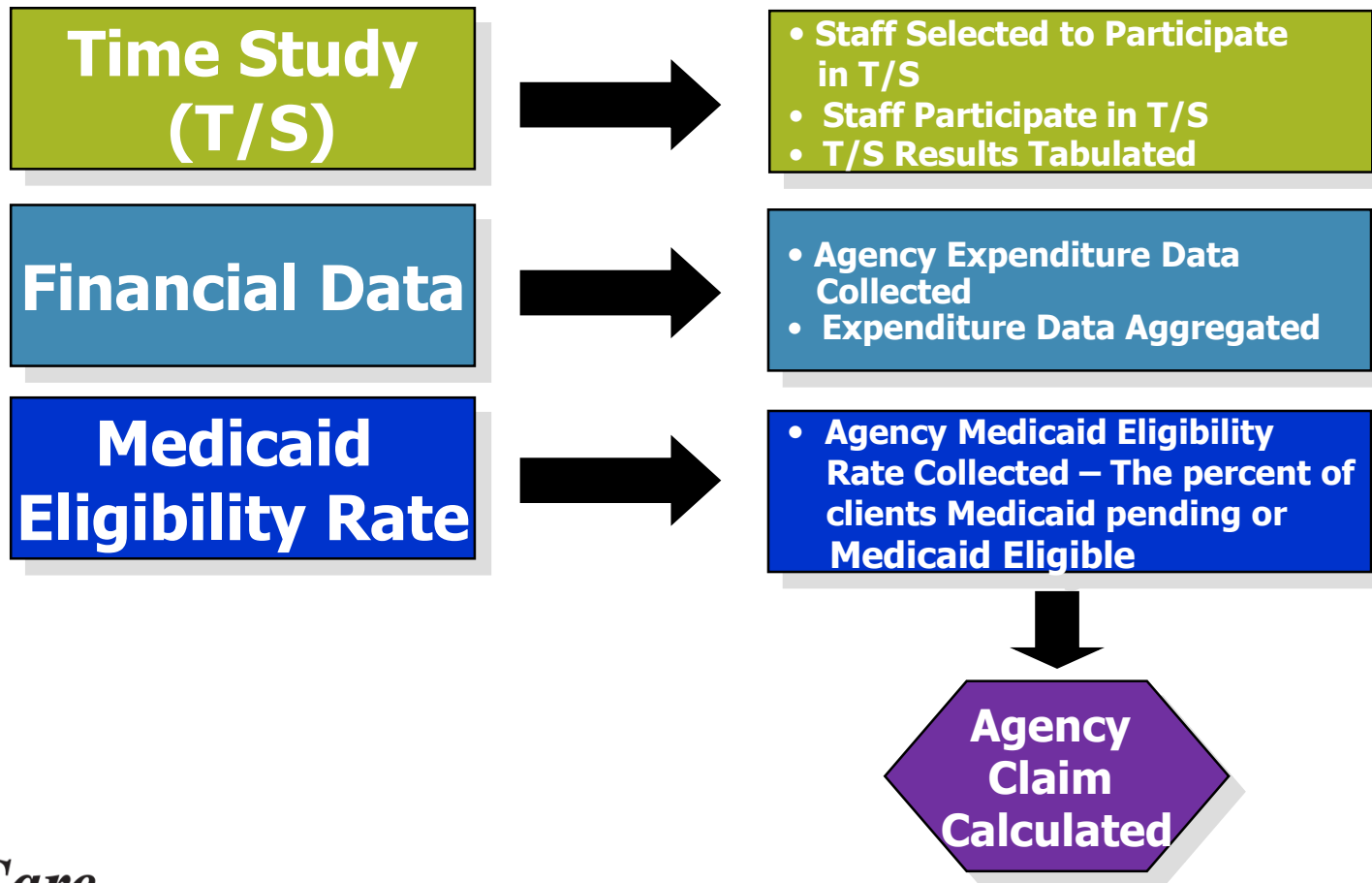
Each quarter your agency sends InteCare a roster. The roster lists the names of all the employees at the agency who perform Medicaid Administrative Activities. Each name is placed in the appropriate participant category.

InteCare then puts the positions from all 33 agency rosters into an Access database and selects the time study participants from that State-wide database by participant category.

The process to select the time study participants is done by an approved random methodology. If you want more details on that methodology, please call InteCare at 1-888-591-6128.



How Are Claims Calculated?



How Do Dollars Flow?

- Participating Agencies List Eligible Staff on The Roster and Send to InteCare
- Randomly Selected Staff Complete Time Study
- InteCare Calculates % of Eligible Time After Completed Time Studies Are Submitted
- Cost and Medicaid Eligibility Rates Are Submitted From Each Participating Agency
- Claim Is Computed and Submitted to State
- State Is Paid and Returns Payment to InteCare for Distribution to Agencies



Part One: Understanding The MHFRP

QUIZ

1. The MHFRP is a Federal Reimbursement Program that is a sizable source of funding for your agency.
 - True
 - False
2. The time study is a productivity tool.
 - True
 - False
3. Your participation is key to the success of this program.
 - True
 - False

Learning Objectives

- Part One: Understand the MHFRP Program
- ***Part Two: Learn How to Complete the Time Study***
- Part Three: Identify What Activity Codes to Use

New Online Time Study

We have upgraded to a new online Time Study!

This Time Study incorporates both the Time Study Codes and notes all in one location.

In order to submit a time study, both a note and a code must be completed.



- MHFRP ID:
Position:
Time Study and Activity Log

Click here for Time Study Instructions
Click here for Activity Code Reference

If you do not work weekends or are on unpaid leave, FMLA, or extended PTO, click the appropriate button below to mark applicable samples:

[I do not work weekends](#) [I am on unpaid leave](#) [This position is vacant](#)

If you work 8 hours a day, click the button below to fill in the remaining hours:

[I worked only 8 hours today](#)

< 1 Day 1 — 2 Day 2 — 3 Day 3 — 4 Day 4 — 5 Day 5 — 6 Day 6 — 7 Day 7 — 8 Signature >

Time: HOUR 1 - 0 min

Activity Code: SELECT ACTIVITY CODE

Description: Enter description

Materials Provided to Complete Time Study

You will receive a link via email on the first day of the Time Study week that includes the following information:

- **Notes Column** – Where you make notes of your activities during the time study week
- **Activity Code Column** – Where you select the code that represents your activities during the time study week
- **Time Study Instructions** – Link located at the top of your time study
- **Activity Code Summary Sheet** – Where you can refer back to for code examples, link located at the top of your time study

Participant Categories

- Your time study shows your MHFRP ID, name, and participant category.
- Take a look at the Participant Category to which you have been assigned.

- MHFRP ID:
Position:
Time Study and Activity Log

[Click here for Time Study Instructions](#)
[Click here for Activity Code Reference](#)

If you do not work weekends or are on unpaid leave, FMLA, or extended PTO, click the appropriate button below to mark applicable samples:

[I do not work weekends](#)

[I am on unpaid leave](#)

[This position is vacant](#)

If you work 8 hours a day, click the button below to fill in the remaining hours:

[I worked only 8 hours today](#)



Participant Categories

Non-SPMP	SPMP
Administrator	Physician
Case Manager	Nurse
Case Coordinator	Psychologist
Intake Specialist	Social Worker MSW (LCSW)
Program Specialist	Therapist
Social Worker	
Support Services Personnel	
Unit Director	

What Defines Skilled Professional Medical Personnel (SPMP)?

- Federal Regulations State Staff Are Classified as SPMP If the Following Criteria Are Met:
 - Completion of a 2-year or Longer Program Leading to an Academic Degree or Certificate in a Medically Related Profession;
 - Have a Position With Duties and Responsibilities That Require Those Professional Medical Knowledge and Skills.

Note: *Contractors Should Not Use SPMP Codes*

Additional Information For Skilled Professional Medical Personnel (SPMP)

- Individuals Qualified as SPMP Are Required to Designate When the Activities They Perform Require Their SPMP Skills.
- SPMP Providers have a total of 17 (including G2 and J2) codes to choose from when coding their time during the time study week. Non-SPMP providers have 15 codes to select from.
- If You Are Not in a SPMP Designated Category, Do Not Use **Codes G2. and J2.**

Participant Category

- Please Note the Category to Which You Have Been Assigned by Your Agency. If you have a question about the category you have been placed in, please call InteCare at 1.888.591.6128.
- You Must Code All Activities Within That Designated Provider Category, Even If You May Also Be Eligible for Another.
- For example, if a participant is placed in the Unit Director category but is licensed and eligible as a SPMP they must report all activities under the category they have been assigned, a Unit Director Non-SPMP. Which means they cannot choose from codes G2 and J2 when coding their time since they are in a Non-SPMP category.

Guidelines for Notes Column

- The **Notes Column** Needs to Be Completed in Conjunction With the Time Study as Supportive Documentation in Case of an Audit
- Write Notes to Sufficiently Support Activity Codes Selected on The Time Study

Guidelines for Notes Column (Continued)

Comments should be concise yet descriptive enough to identify which code is appropriate for that activity.

For example:

INCORRECT	CORRECT
Meeting	Treatment team meeting, not billing
Paperwork	Case notes from group therapy session
Talking with co-worker	Providing clinical supervision
Driving	Driving to client's home for home visit
Making phone calls	Calling clients to remind them of upcoming group/therapy appointment

Time Study Guidelines

- Complete the time study for the seven day period, beginning Monday, February 10th, and ending Sunday, February 16th.
- Code all twelve hours per day; time should be coded in fifteen minute increments.
 - ▣ When you are done coding your hours worked, use Code O to complete your time study for hours 'not scheduled to work'.
- Select one activity code that best describes what you were doing during the majority of the fifteen minutes, i.e. only one code can be selected.
- Begin coding your work time during hour one on each day of the time study (where it says Start).
- Electronically sign the signature page of the time study to verify your completion.
- Submit your time study once you have completed it.
- This quarter's time study is due Monday, February 17th, 2020.

Time Study Example



Always Start Coding Your Time at the First Increment Indicating the First Hour Worked.

Two screenshots of a time study form. The top screenshot shows the 'Time' field set to 'HOUR 1 - 0 min' and the 'Activity Code' field set to 'SELECT ACTIVITY CODE'. The 'Description' field contains the placeholder text 'Enter description'. The bottom screenshot shows the 'Time' field set to 'HOUR 1 - 15 min' and the 'Activity Code' field set to 'SELECT ACTIVITY CODE'. The 'Description' field contains the placeholder text 'Enter description'. A blue arrow points from the 'Description' field of the top form to the 'Activity Code' field of the bottom form.

Complete the Notes and Activity Code columns

Time Study Example

- MHFRP ID:
Position:
Time Study and Activity Log

Click here for Time Study Instructions
Click here for Activity Code Reference

If you do not work weekends or are on unpaid leave, FMLA, or extended PTO, click the appropriate button below to mark applicable samples:

[I do not work weekends](#) [I am on unpaid leave](#) [This position is vacant](#)

If you work 8 hours a day, click the button below to fill in the remaining hours:

[I worked only 8 hours today](#)

◀ 1 2 3 4 5 6 7 8 ▶
Day 1 Day 2 Day 3 Day 4 Day 5 Day 6 Day 7 Signature

Time: HOUR 1 - 0 min
Activity Code: SELECT ACTIVITY CODE

Description: Enter description

Always Start Coding Your Time at the First Increment Indicating the First Hour Worked.

The time represents hours of work; not the actual time of day.

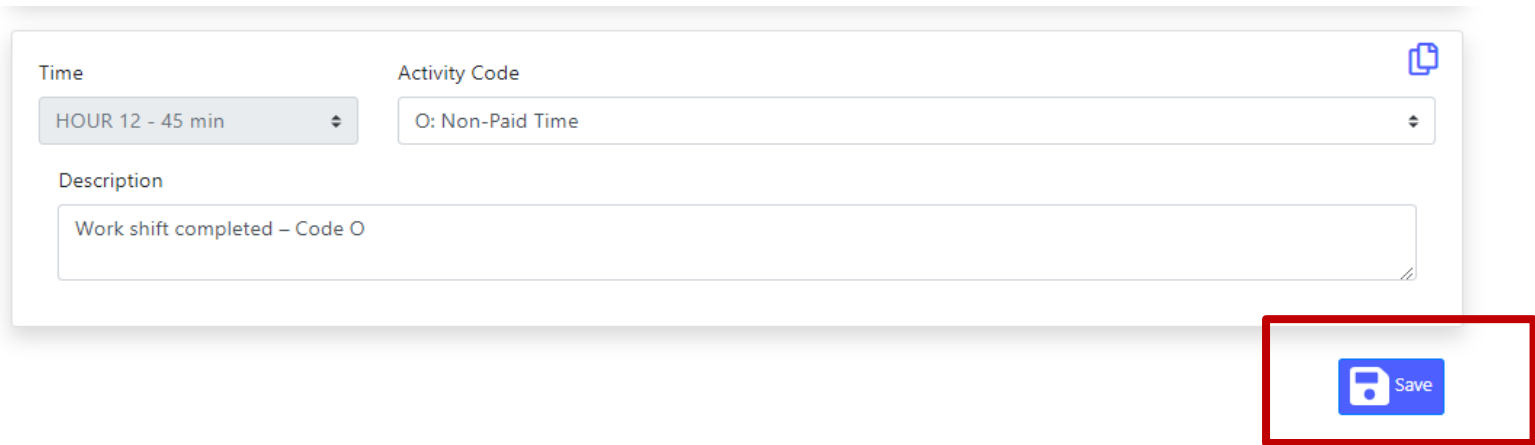


Correct Time Study Example

The image shows two rows of a form. Each row has a 'Time' dropdown menu, an 'Activity Code' dropdown menu, and a 'Description' text area. The first row has 'HOURL 1 - 0 min', 'A: Direct Medical & Other Medicated Services', and 'Group Session with Client'. The second row has 'HOURL 1 - 15 min', 'A: Direct Medical & Other Medicated Services', and 'Group Session with Client'. A red box highlights a blue 'Copy Previous Response' icon in the second row, with a red arrow pointing to it.

If you are doing an activity for a period of time, you can use the ‘Copy Previous Response’ button to prepopulate the notes and activity code for the next increment.

Correct Time Study Example



The screenshot shows a web form for time study. It has three main sections: 'Time', 'Activity Code', and 'Description'. The 'Time' section has a dropdown menu with 'HOUR 12 - 45 min' selected. The 'Activity Code' section has a dropdown menu with 'O: Non-Paid Time' selected. The 'Description' section has a text area containing 'Work shift completed - Code O'. A blue 'Save' button with a floppy disk icon is located at the bottom right of the form and is highlighted with a red rectangular border.

After each increment/day is complete, be sure to click the 'Save' button to save your response.

Doing so will save your response in case you need to come back and complete the time study for a particular day.

Correct Time Study Example

The image displays two screenshots of a time study form. Each form has a 'Time' dropdown menu, an 'Activity Code' dropdown menu, and a 'Description' text area. The first form shows 'HOOR 12 - 30 min' selected in the Time dropdown, 'O: Non-Paid Time' selected in the Activity Code dropdown, and 'Work shift completed - Code O' entered in the Description text area. The second form shows 'HOOR 12 - 45 min' selected in the Time dropdown, 'O: Non-Paid Time' selected in the Activity Code dropdown, and 'Work shift completed - Code O' entered in the Description text area. Both forms have a blue 'Save' button in the top right corner.

- ❑ You will need to complete all 12 hours of each day.
- ❑ For the hours you are not working, please indicate you are not scheduled to work and use code O, following the example above.
- ❑ The “I worked only 8 hours today” button at the top will prepopulate hours 9-12 as Work shift completed, using code O.

Completing the Time Study

- Once you have received the link **via email** to the online Time Study, begin with your first hour of work and complete all 12 hours per day.

- If you don't work 8 hours in a particular day; use code N (for paid time) or O (for unpaid time) to code up to the 12th hour.
 - ▣ For example: If you only work 8 hours, code the next four hours as “not scheduled to work – Code O”.

- If you work over 8 hours in a particular day; code all of your activities up to the first 12 hours of that day. We cannot account for any time over the first 12 hours of each day.

- Code Time Continuously, Even If You Are on Break or at Lunch (Use Code N or O, Depending on Whether You Are Paid or Not)

Completing the Time Study

- If you do not work weekends, click on the button in the gray box that states “I do not work weekends” and this will prepopulate Saturday and Sunday to “not scheduled to work – Code O”.
- The ‘I am on unpaid leave’ button will prepopulate all 7 days as code O indicating you are on unpaid leave.
- **If you are using one of these options, remember to click ‘Save’ to record your response.**

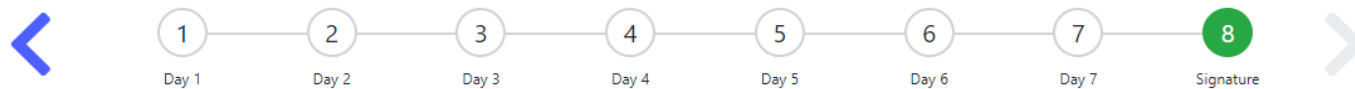
Click here for Time Study Instructions
Click here for Activity Code Reference

If you do not work weekends or are on unpaid leave, FMLA, or extended PTO, click the appropriate button below to mark applicable samples:

If you work 8 hours a day, click the button below to fill in the remaining hours:

Signature Page

- After completing the Time Study, click the signature page for your electronic signature stating you certify that the activities coded during this time study period accurately reflect your activities performed.
- The software will not allow you to submit your final time study unless there is a signature.
 - ▣ Once signed, a notification will appear at the bottom of your screen including the date the time study was signed (shown below).



Activity Log Status

Each day must have at least 12 hours of logs to be marked as complete.

Day 1: COMPLETE

Day 2: COMPLETE

Day 3: COMPLETE

Day 4: COMPLETE

Day 5: COMPLETE

Day 6: COMPLETE

Day 7: COMPLETE

Signature Added 2019-11-05



Reminders

- Notifications will pop-up on your screen and will not let you submit your time study if you:
 - ▣ Leave an increment blank with no note or code
 - ▣ Fail to sign the signature page
- Don't forget to click "Save Responses" before closing your browser.
- Make use of the buttons in the gray box if you are on unpaid leave or do not work weekends.
- Refer back to the activity code summary sheet for examples and instructions at the top of your time study.

Part Two: Learn How To Complete The Time Study

QUIZ

1. Complete both the notes and activity code columns and submit after the time study week.

True

False

2. Anyone can use codes G2 and J2 when coding their activities.

True

False

3. Only code the hours you want to.

True

False

4. Leave the time study blank for the day if you do not work on a particular day of the time study week.

True

False

5. Mark multiple codes if you performed several activities within a 15 minute increment.

True

False



Learning Objectives

- Part One: Understand the MHFRP Program
- Part Two: Learn How to Complete the Time Study
- ***Part Three: Identify What Activity Codes to Use***

Activity Codes

- There Are 17 Activity Codes to Choose From When Completing the Time Study if You Are in A SPMP Category and 15 Activity Codes to Choose From if You Are in a NON-SPMP category.
- If You Have Difficulty Choosing Which Activity Code to Use, Please Contact InteCare at 1-888-591-6128 for Assistance.

Important Code Information



Time Spent Driving and Doing Paperwork Should Be Coded the Same Code as the Activity It Supports

More Important Code Information

- You **DO NOT** need to be concerned about the clients **insurance status** or **Medicaid Eligibility status** when choosing an activity code.
- Simply think of the activity you are performing when selecting a code.

Code A. Direct Medical Services and Other State Medicaid Program Services

Activities that provide direct medical services to individuals or groups and/or the provision of Medicaid billable services.

Examples:

- ▣ Direct clinical/treatment and therapeutic services;
- ▣ Developmental assessment and diagnostic testing;
- ▣ Administering first aid, emergency care, or medication; and
- ▣ Provision of services reimbursable through Medicaid.

Targeted Case Management services are coded here when: 1) the client is eligible to receive TCM, and 2) the individual is a qualified TCM provider.

Code A. Direct Medical Services and Other State Medicaid Program Services (Continued)

Additional Examples:

- ▣ Providing Individual, Family, or Group Counseling Services to Treat Health, Mental Health, or Substance Abuse Conditions;
- ▣ Developmental Assessment, Diagnostic Testing, and Evaluation of Results; and
- ▣ Health Status Monitoring.

Additional Information for Code A

- If your time is directly covered by a grant, any other reimbursement program or contract, use code A.
- When you are billing MRO, code that time to code A.

Code B. Non-Medical and Non-Medicaid Related, Educational or Social Services

Activities Provided Which Are Not Medical in Nature, Such as Education or Social Services Provided to Clients.

Examples:

- ▣ Providing Activities of Daily Living Services, Other Than Through MRO;
- ▣ Non-therapeutic Counseling;
- ▣ Teaching Job Skills; and
- ▣ Appearing in Court on Behalf of a Client.

Code C. Medicaid Outreach

Activities That Inform Staff, Eligible or Potentially Eligible Clients, Their Families, and/or the Community About Medicaid Covered Services and How to Obtain Them.

Examples:

- Explaining the Services That Are Covered Under Medicaid;
- Helping Individuals and Their Families Access Medicaid Covered Health Resources;
- Identifying Individuals Who May Be at Risk of Poor Health Outcomes and Linking Them to Medicaid Covered Services;
- Developing, Disseminating or Presenting Outreach Materials to Individuals About Medicaid Covered Services and Where to Obtain Services; and
- Informing Individuals and Their Families About the Availability and Benefits of Medicaid Services, Such as Targeted Case Management

Code C. Medicaid Outreach (Continued)

Additional Examples:

- Informing Individuals of the Benefits of Prevention and Obtaining Medicaid Covered Health Services;
- Informing Individuals and Their Families on How to Effectively Access, Use, and Maintain Participation in All Health/ Mental Health Resources Under the Federal Medicaid Program;
- Developing a System for Assuring That Clients Obtain Needed Preventive and Health Services by Providing Information on Accessing Transportation and Assistance With Scheduling of Appointments

Code D. Non-Medicaid Outreach

Activities That Inform Staff, Eligible or Potentially Eligible Clients, Their Families, and/or the Community About Non-Medicaid Services and How to Obtain Them, Such as WIC, TANF, Legal Aid, Hoosier Assurance Plan and Housing Services.

Examples:

- Developing, Disseminating or Presenting Non-Medicaid Materials to Effectively Inform Eligible Individuals About Non-Medicaid Services and Where to Obtain Services;
- Informing Individuals and Their Families About the Availability of Non-Medicaid Programs; For Example, the Hoosier Assurance Plan (HAP);
- Explaining Services Available Under Non-Medicaid Programs;

Code D. Non-Medicaid Outreach (Continued)

Additional Examples:

- ▣ Conducting Outreach Campaigns Directed Toward Encouraging Persons to Access Social, Education and Legal Services and Where to Obtain Services; and
- ▣ Informing Individuals of the Benefits of Non-Medicaid Programs.

Code E. Facilitating Access To Medicaid Eligibility

Activities That Assist an Individual, Client or Their Family to Become Eligible or Maintain Eligibility for Medicaid. This Code Includes All Related Paperwork, Clerical Activities, or Staff Travel Required to Perform These Activities.

Examples:

- Explaining Medicaid Eligibility Rules and the Enrollment Process to Potentially Eligible Clients and Their Family;
- Referring an Individual or Family to the Local Assistance Office to Fill Out an Application for Medicaid Benefits;
- Assisting an Individual in Completing the Medicaid Eligibility Application, Including Interpreting the Application and Gathering Information and Documents in Support of the Application; and
- Verifying a Client's Current Medicaid Eligibility Status and Prior Authorization Activities.

Code E. Facilitating Access To Medicaid Eligibility (Continued)

Additional Examples:

- Monitoring Medicaid Spend-down Limits and Assisting Clients to Maintain Eligibility;
- Monitoring/assisting Eligibility With Re-Determination for Medicaid; and
- Assisting Individuals to Provide Third Party Resource Information at Medicaid Eligibility Intake.

Code F. Facilitating Non-Medicaid Program Eligibility

Activities That Assist an Individual, Client or Their Family in Becoming Eligible for Non-Medicaid Programs, Such as Food Stamps, Hoosier Assurance Plan (HAP), WIC, TANF, Housing, Vocational Programs or Legal Aid

Examples:

- Explaining Non-Medicaid Eligibility Rules and the Enrollment Process to Potentially Eligible Clients and the Their Family;
- Completing the Assessment and Paperwork for HAP;
- Referring an Individual or Family to Make Application for Non-Medicaid Benefits; and
- Assisting an Individual or His/her Family With Eligibility for Non-Medicaid Programs.

Code G1. Referral, Coordination and Monitoring Of Medicaid Services

Activities That Include Making Referrals, Coordinating or Monitoring the Delivery of Medicaid Covered Health Services. Linking Individuals and Families With Medicaid Service Providers to Plan, Follow-Through and Maintain a Health Service Plan. These Activities Do Not Require Participants' SPMP Knowledge.

Examples:

- Referring a Client to Clinical Treatment and Therapeutic Services, Including Mental Health, Alcohol and Drug, Disability and Behavioral Services; **Scheduling Appointments**
- Gathering Information That May Be Required in Advance of Referrals or Evaluations to Assist With Administrative Case Coordination;
- Arranging for and/or Providing Transportation or Translation Services for a Client or Family to Access Medicaid Services that is not already covered by Medicaid;

Code G1. Referral, Coordination and Monitoring Of Medicaid Services (Continued)

Additional Examples:

- Coordinating Necessary Medical, Mental Health or Substance Abuse Services for Clients; and
- Monitoring and Evaluating Medical Components of the Individual's Plan of Care and Assuring That the Plan of Care Objectives Are Achieved and Appropriate.

Targeted Case Management Services Are Coded Under Code A When: 1) the Client Is Eligible to Receive TCM, and 2) the Individual Is a Qualified TCM Provider.

If Case Planning, Referral, Coordination and Monitoring of Medicaid Services Are Being Performed on the Behalf of Foster Care Clients, the Activities Should Be Coded Under Code A.

Code G1. Referral, Coordination and Monitoring Of Medicaid Services (Continued)

Additional Examples:

- **Participating (but Not Billing) in Treatment Team Meetings** to Coordinate and Monitor the Medical Portion of a Client's Plan of Care With Other Staff;
- Helping Individuals and Their Families Use Medical, Mental Health, or Substance Abuse Resources to Obtain Health Services;
- Informing and Explaining the Clients Treatment Plan to Pertinent Individuals, Such as Family or Staff;
- Providing Crisis or Hot-line Services for Health/mental Health Care Services (*Note: For Direct Therapeutic Services, Code A*); and
- Assuring That Health Problems Are Diagnosed and Treated Early, Before They Become More Serious and the Consequent Treatment More Costly to Medicaid.

Code G2. SPMP Referral, Coordination and Monitoring Of Medicaid Services

SPMP Staff Should Use This Code When Performing the Activities Described in G1., and When the Activity Performed Requires Their Skilled Medical Expertise.

Only Staff Categorized as One of the Following Are Eligible to Use This Code:

Physician, Nurse, Psychologist, Therapist and
Social Worker - MSW.



Code G2. SPMP Referral, Coordination and Monitoring Of Medicaid Services (Continued)

Examples:

- Participating in a Meeting Where the SPMP's Medical Knowledge Assures That an Individual Receives the Prescribed Medical/mental Health Services;
- Determining the Medical Necessity Appropriateness for Requested Medical Services;
- Reviewing the Medical Necessity of Continued Medically Supervised Services.
- Reviewing/Signing Off on Treatment Plans for Medical Appropriateness
- Clinical Supervision

If Case Planning, Referral, Coordination and Monitoring of Medicaid Services Are Being Performed on Behalf of Foster Care Clients, the Activities Should Be Coded Under Code A.

Code H. Referral, Coordination and Monitoring of Non-Medicaid Services

Activities That Include Making Referrals, Coordinating or Monitoring the Delivery of Non-Medicaid Covered Services, Such as Food Stamps, WIC, TANF, Housing, Vocational Programs or Legal Aid.

Examples:

- Referring to Non-Medical Diagnostic or Treatment Services;
- Gathering Information That May Be Required in Advance of Referrals or Evaluations to Non-Medicaid Covered Services;
- Coordinating Necessary Non-Medicaid Covered Services for Clients;
- Monitoring and Evaluating the Non-Medical Components of the Individual's Plan of Care and Assuring That the Plan of Care Objectives Are Achieved and Appropriate; and
- Arranging for and/or Providing Transportation or Translation Services for a Client or Family to Access Non-Medicaid Services.

Code 1. Medicaid Provider Relations

Activities That Include Establishing, Maintaining, and Increasing Provider Resources to Identify and Have Available Qualified Providers of Essential Medicaid Covered Health Services.

Examples:

- Recruiting Existing Medicaid Enrolled Providers to Provide Medicaid Covered Services;
- Identifying Potential Medicaid Providers and Linking Them With EDS to Facilitate Medicaid Provider Enrollment;
- Facilitating the Dissemination of Information to Providers on Medicaid Policy and Regulations;
- Developing Medicaid Service Provider Directories; and
- Participating in Meetings With Medicaid Providers to Assure Maintenance or Improvement of Covered Health Services.

Code J1. Program Planning, Development and Agency-Wide Coordination

Activities That Include Planning and Developing Health Related Programs and Services and the Interagency and Intra-Agency Coordination of Those Medicaid Covered Services.

Examples:

- Working With Other Agencies Providing Medicaid Services:
 - To Improve the Coordination and Delivery of Services;
 - To Expand Medical Access to Medicaid Potential Clients;
 - To Improve Collaboration Around the Early Identification of Medical Problems;
- Developing Advisory or Work Groups of Health Professionals to Provide Consultation and Advice Regarding the Delivery of Medicaid Covered Services;

Code J1. Program Planning, Development and Agency-Wide Coordination (Continued)

Examples:

- ❑ Developing Strategies to Increase Medicaid System Capacity and Close Medicaid Service Gaps, Including Analyzing Medicaid Data Related to a Specific Program or Specific Target Population;
- ❑ Coordinating Activities to Improve Delivery of Medicaid Services;
- ❑ Designing and Implementing Strategies to Identify Individuals At-Risk of Poor Health Outcomes and Potentially Eligible for Medicaid; and
- ❑ Participating in Activities That Assure Compliance With Medicaid Regulations and Improve Delivery and Efficacy of Medicaid Covered Health Related Services.

Code J2. SPMP Program Planning, Development and Agency-wide Coordination

SPMP Should Use This Code When Performing the Activities Described in J1. or the Next Slide, and When the Activity Performed Requires Their Skilled Medical Expertise.

Only Staff Categorized as One of the Following Are Eligible to Use This Code:

Physician, Nurse, Psychologist, Therapist and Social Worker -
MSW.

Code J2. SPMP Program Planning, Development and Agency-wide Coordination (Continued)

Examples:

- ▣ Developing Clinical Pathways or Medical Protocols for Specific DSM-V Diagnoses;
- ▣ Developing Internal Plans and Strategies That Address the Clinical Capacity of Medical/Mental Health Services Provided to Medicaid Eligible Individuals by the Agency;
- ▣ Using Skilled Medical Knowledge for Auditing/ Quality Management;
- ▣ Providing Technical Assistance on Practitioner Protocols, Including Development of Uniform Policy and Procedures on the Care and Treatment of Medicaid Eligible Individuals;
- ▣ Participating in the Development of Program Direction and Annual Scope of Work, Program Budget, Objectives, Activities, and Evaluation Tools to Measure Medicaid Program Outcomes; and
- ▣ Participation in State or Other Governmental Committees to Assess, Review, and/ or Enhance Medicaid Services.

Code K. Medicaid Administrative Training

Activities That Include Coordinating, Conducting or Participating in Training Regarding:

- 1) The Benefit of the Medicaid Program,
- 2) How to Assist Individuals and Families in Accessing Medicaid Services,
- 3) How to More Effectively Refer to Medicaid Services, and
- 4) Informing Staff About How to Find (Early Identification and Intervention), Screen and Refer Individuals to Medicaid Services.

Examples:

- ▣ Participating in or Presenting Training Which Improves the Quality of Identification, Referral and Coordination of Individuals to Medicaid Services; and
- ▣ Participating in or Coordinating Training Which Improves the Skills of Skilled Medical Personnel That Is Necessary to Perform Medicaid Administrative Services.

Code K. Medicaid Administrative Training (Continued)

Additional Examples:

- Participating in or Presenting Training on How to Effectively Inform the Community of Benefits of the Medicaid Program;
- Participating in or Presenting Training on Medicaid Program Eligibility Criteria, How to Effectively Identify Potential Medicaid Eligible Individuals, and How to Facilitate the Medicaid Application and Approval Process for Individuals; and
- Participating in or Presenting Training on Assisting Individuals to Maintain Medicaid Coverage.

Code L. Non-Medicaid Administrative Program Training

Activities That Include Coordinating, Conducting or Participating in Training Regarding: 1) the Benefit of Non-Medicaid Programs, Such as Food Stamps, HAP, WIC, TANF, Housing, Vocational Programs or Legal Aid, 2) How to Assist Individuals and Families in Accessing Non-Medicaid Covered Health Services, and 3) How to More Effectively Refer to Non-Medicaid Programs.

Examples:

- Participating in or Presenting Training Which Improves the Quality of Identification, Referral and Coordination of Individuals to Non-Medicaid Services;
- Participating in or Coordinating Training Which Improves the Knowledge and Skills of Personnel That Is Necessary to and Perform Non-Medicaid Program Services; and
- Participating in or Coordinating Training Which Improves the Delivery of Services for Programs Such as Vocational Rehabilitation.

Code M. Family Planning Referral

Activities That Include Providing Family Planning Medicaid Administrative Case Management, Outreach Coordination and Pregnancy Prevention Referral Services to Individuals of Childbearing Age to Medicaid Services.

Examples:

- ▣ Identifying and Referring at Risk Clients Who May Be in Need of Medicaid Family Planning Services; and
- ▣ Coordinating Medicaid Family Planning Services.

Targeted Case Management Services Are Coded Under Code A. When: 1) the Client Is Eligible to Receive TCM, and 2) the Individual Is a Qualified TCM Provider.



Code N. General Administrative

General Administrative Activities in Support of the Local Agency. This Code Includes All Related Paperwork, Clerical Activities, or Staff Travel Required to Perform These Activities.

Examples:

- Taking Paid Lunch, Breaks or Leave (Vacation/ PTO/ Holidays);
- Reviewing Technical Literature and Research Articles;
- Attending or Facilitating General Agency Meetings;
- Developing Budgets and Maintaining Records;
- Processing Payroll or Other Personnel Related Documents;
- Maintaining Inventories and Ordering Supplies;
- Participating in Human Resource Training; and
- Performing Other Administrative or Clerical Activities Related to General Building or Agency Functions/ Operations.

Code O. Non-Paid Time

This Code Is to Be Used to Account For Unpaid Time.

Examples:

- ▣ Not Scheduled to Work;
- ▣ Persons Work Day Has Not Started;
- ▣ Staff Person Is Part-time;
- ▣ Staff Person Is on an Unpaid Status; and
- ▣ Staff Person Is Carrying a Pager or On Call but Is Not on the Clock.

Part Three: Identify What Activity Codes to Use

QUIZ

1. Billable Activities Fall Under Multiple Codes

- True
- False

2. All Paperwork Falls Under Code N: General Administration

- True
- False

3. Any time spent driving during your work day falls under the same code as the activity you are on your way to perform

- True
- False

4. Time spent completing the time study falls under code N: General Administration

- True
- False

5. For paid time off you should code 12 hours as code N: General Administration

- True
- False

6. Time spent on the phone is coded to the code that represents the activity you are performing on the phone.

- True
- False

7. Time spent being “on call” when you aren’t doing another work related activity is coded to code O.

- True
- False



PROGRAM HOTLINE

Please call InteCare with any questions!
1-888-591-6128

Brooke Abbott

If leaving a message, please provide the following:

- ▣ Your Name
- ▣ Agency Name
- ▣ Phone Number with Area Code
- ▣ Your Question

THANK YOU - You Have Completed Training

