



Medicaid

Administrative Claiming Manual

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Missouri First Steps Early Intervention

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PREFACE

The Department of Elementary and Secondary Education (DESE) is the Missouri lead agency responsible for ensuring the provision of early intervention services (Missouri First Steps) to eligible infants and toddlers with disabilities, ages birth to 36 months, and their families consistent with the requirements of Part C of the Individuals with Disabilities Education Act (IDEA.)

The Department of Social Services, Division of Medical Services (DMS) recognizes the unique relationship that the DESE's Division of Special Education has with the medical, health and educational communities reflecting the planning and provision of services under IDEA to families and young children with disabilities or developmental delays. Title XIX, Early Periodic Screening, Diagnosis, and Treatment (EPSDT) aka in the state Healthy Children and Youth (HCY) recognizes specific administrative activities necessary for effective and efficient administration of the program. These activities are designed to assist the recipient to gain eligibility, access screening records, follow-up referrals with additional medical providers, establish a health care home, develop a service plan, follow through on the service plan and aid the family in becoming able to meet their child's needs.

This manual addresses those administrative activities eligible for reimbursement through Title XIX federal share of actual and reasonable costs for administration of the First Steps System. Specific individuals employed at the System Points of Entry (SPOE) and the Central Finance Office (CFO) will perform the activities identified for reimbursement.

ADMINISTRATIVE CLAIMING

When staff performs duties related to the proper administration of the State's Medicaid program, federal funds may be recovered as reimbursement for the costs of providing these services. To identify the cost of providing the services, a Time and Effort Log (time log) must be completed by key personnel performing billable functions. Time logs identify the time spent on administrative activities that are reimbursable by the Medicaid program. The SPOE administrator will total the information on the Time Logs and send DESE a summary report after the end of each month. Using this information from the SPOEs, DESE will prepare an invoice for submission to Medicaid and thereby receive some federal reimbursement for the State of Missouri's cost of funding the System Points of Entry.

The following information identifies the individuals required to report, describes the process for recording time spent on administrative activities, and describes the process for submitting time logs to DESE for claiming purposes.

I. TIME AND EFFORT LOG COMPLETION

A time log will be necessary to record the activities and time spent on each activity. Each identified staff member will be required to complete the logs on a continuous basis and submit the logs to a designated time log administrator monthly.

- ◆ Appendix A provides a copy of a time and effort log. The first sheet of the time log provides an area for coding 15-minute blocks of time. The second sheet of the time log provides an area where further explanation of an activity may be documented.
- ◆ Appendix B provides the detailed instructions for completing the time log sheets.
- ◆ Appendix C provides an explanation of the coding system and activities included under each code

II. TIME STUDY PARTICIPANTS

SPOE staff that provides assistance to Medicaid-eligible families whose children are entering the First Steps system must complete the time logs on a continuous basis. For most SPOEs, the Intake Coordinator(s) will be the primary participant in the daily logging of time. Other SPOE staff who engage in activities described under the administrative claiming codes (Appendix C) must also complete the time logs.

III. TIME LOG ADMINISTRATOR (TYPICALLY THE SPOE ADMINISTRATOR)

Each SPOE is required to submit a monthly report listing participants in the time study and the following information. The time log administrator has the following job duties:

- ◆ Make sure all Time Logs are properly filled out and turned in;
- ◆ Develop a monthly summary report for DESE using participating employees' current salary and benefit information and the daily time logs;
- ◆ Ensure proper retention of related records.

IV. SUBMITTING TIME STUDY DATA

The SPOE must provide the aggregated timesheet information to DESE no later than 15 days after the end of each month. The timesheet data must be entered onto an Excel spreadsheet format developed by DESE.

The aggregate form of this information must show the total hours worked by each and every individual(s) by each activity code. Additional subtotals shall be prepared as follows: sum of hours reported for Activity Codes A, B, C, D, E, F, G and R.

The hours by code data and sum of all work hours in the month shall be aggregated for each employee completing time and effort logs. This information shall be entered into an electronic spreadsheet developed by DESE.

The SPOE shall transmit the monthly spreadsheet containing aggregated timesheet information by attaching the spreadsheet to an email and forwarding it to the DESE contact. The SPOE shall clearly identify the work month in the email.

V. DESE CLAIMING PROCESS

DESE will aggregate the SPOE timesheet information by totaling all billable and non-billable hours for all SPOEs into a spreadsheet. A percentage of billable time will be calculated. An additional adjustments will be made to account for the percent of Medicaid eligible children processed by the SPOE (information specific to each SPOE region will be available from the Central Finance Office). The 50% reimbursement rate will then be applied and submitted on an invoice that meets Medicaid requirements.

The percentage of time billable to Medicaid shall be calculated as follows: divide the sum of all hours reported for billable Activity Codes, by the sum of all hours in the month. Lastly, multiply by 100 to achieve the percentage expressed with two decimal points.

APPENDICIES

Appendix A
System Point of Entry (SPOE) Time and Effort Log

Name: _____

Day: _____

Time	A	B	C	D	E	F	G	R
7:00								
7:15								
7:30								
7:45								
8:00								
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6:30								
6:45								
7:00								

Activities

A. Referral/Initial Screening

B. Intake

- Intake
- Income and insurance information
- Medicaid outreach
- Medical information

C. Eligibility Determination

D IFSP

- IFSP development
- Provider selection
- Authorization of services
- Translation services
- Case termination/transition

E Record Updates

F Common SPOE Activities

- General administration
- Professional development/attending training
- Conducting training
- Provider recruitment
- Child find
- Other (describe on Explanation Sheet)

G Not Scheduled to Work

R Reallocated Activities

Signature: _____

Date: _____

APPENDIX B

DESCRIPTION AND EXAMPLES FOR TIME LOG ACTIVITY

Time Log sheets are divided into three sections:

SECTION 1: Employee Information

Fill out your name, SPOE location, telephone number, position/title and the week ending information in the space provided. Also, make sure the time study form is signed and dated prior to submitting to the Administrator.

SECTION 2: Time Log Sheet

The time record is divided into 15-minute increments. Each allowable activity code is available on the form for designation during the time period spent on that activity. For example: if your workday begins at 8:00 AM and you are working on a referral, you will mark the 8:00 time period with the activity code A. (See sample time log.) If you are working on two activities during the same 15-minute interval, select only the activity code that represents the majority of your time during that time period.

Time keeping must begin at the start of the individual's workday and proceed through the end of the workday. A separate time record must be kept for each day. It is best to fill out the time sheet continuously during the day and not wait until the end of the workday or work week to complete the form.

SECTION 3: Selection of Activity

Identify the one activity that best describes what work is occurring for the selected time. Some activities will require greater amounts of time and can be designated on the timesheet as a continuous period from one point to another. For example: 9:00 AM through 10:00 AM the individual attended an IFSP meeting. The timesheet would reflect 9:00 – 10:00 as a code D.

It is important to account for all time during the workday. When the individual is at lunch, on a break or engaged in activities not included under administrative claiming, the time segment must be indicated as code G.

Codes A, B, C, and D are activities that relate to work being done on a specific case. Please specify case information on Page 2 of the time study form. Codes E and F (what about G?) are activities that do NOT relate to work being done on a specific case and may take place away from your work area. Activity code "Any Other Activity" may relate to a specific program and you are required to specify on Page 2 of the time study form what activity you were engaged in at the time.

APPENDIX C

ACTIVITY CODES

CODE A: REFERRAL Billable under Medicaid ACM

Use this code when activities relate to referral/initial screening. Applicable activities include communication by telephone, e-mail, or in-person with a client or family unit, parent, caretaker, service provider or physician for the purpose of identifying a family's need for early intervention or any other services as listed in the combined enrollment form. Activities may include written or oral communication with clients, meetings with clients, preparation of materials, notifying clients of parent rights and procedural safeguards. They may also include copying and filing forms relating to referral/intake process.

CODE B: INTAKE Billable under Medicaid ACM

Use this code when activities relate to intake, income and insurance information, Medicaid outreach, medical information.

Intake tasks include gathering information and completing appropriate forms for each client and developing the Early Intervention (EI) record for each child referred. Activities may include copying and filing forms related to referral/intake process.

Income and insurance information includes activities related to determination, verification and documentation of client financial and insurance information for early intervention services, enrolling client financial and insurance information for EI services, enrolling and/or verifying enrollment of client in MC+ for Kids and completing combined enrollment form. Activities may include gathering information, copying, filing and/or mailing forms related to eligibility process.

Medicaid outreach activities include identifying possible Medicaid eligible children and referring them to the Division of Family Services for eligibility determination.

Medical information includes activities related to determination, verification and documentation of client medical information for EI services, enrolling client in MC+ for Kids and completing combined enrollment form. Activities may include gathering information, copying, filing and/or mailing forms related to eligibility process.

CODE C: Eligibility Determination Billable under Medicaid ACM

Use this code when activities relate to time spent developing the assessment, planning and obtaining information related to the multidisciplinary team meeting and determination of eligibility for early intervention services.

CODE D: Individualized Family Service Plan (IFSP) Billable under Medicaid ACM

Use this code when activities relate to IFSP development, provider selection, authorization of services, translation services and case termination/transition.

IFSP development includes time spent developing the assessment, planning and obtaining approval for the IFSP and completing appropriate forms/paperwork involved with the

IFSP. Also includes time spent at meetings with family, providers, service coordinators, physicians and administrative staff related to the IFSP development. Activities may also include arranging for transportation for clients, oral/written correspondence, copying forms, notice of meetings and faxing materials to appropriate staff relating to the IFSP.

Provider selection includes time spent providing clients and families with information regarding service providers, recruitment of service providers, updating provider lists and maintaining provider matrix.

Additional activities include oral/written correspondence, mailings to service providers, surveys, reports and clerical functions related to provider services.

Authorization of services includes activities related to completing forms, data entry and notification of providers. Tasks include copying or faxing forms, mailing materials to providers, updating information and answering billing questions as needed.

Translation services include time spent providing or obtaining translation or interpretation services for the child or family members to support First Steps activities.

Case termination/transition includes time spent on closing a case and activities related to transitioning the child into the schools.

CODE E: Record Updates

Billable under Medicaid ACM

Use this code when activities relate to time spent maintaining and updating the child's early intervention record. This includes input of IFSP data, the early intervention services, and services authorizations into the data system.

CODE F: Common SPOE Activities

Billable under Medicaid ACM

Use this code for activities that are NOT related to a specific case. If the activity is case-specific, a code between A-D must be used.

General administration includes typing correspondence, attending staff meetings, reading articles pertinent to EI, working on manuals and related operating procedures, supervisory conferences on office administration, time keeping systems, or other topics not program specific or related to a specific case.

Professional development/attending training includes time spent attending professional meetings (including LICC meetings) or workshops, training, conferences, rounds or in-services provided by other agency personnel, providers, or vendors.

Conducting training includes time spent as a trainer, one-on-one or in a group. This also includes time spent in preparing or reviewing materials related to the training.

Provider recruitment includes time spent with recruitment of service providers, updating lists of providers and maintaining provider matrix. Activities also include oral and written correspondence, mailings to service providers, surveys, report and clerical functions related to provider services.

Child find includes time spent on community activities, public awareness, development of brochures, surveys, mailings related to the First Steps System. The activities include networking, attending meetings, providing information to families, vendors, schools, hospitals, providers and representing the First Steps System at functions and meetings.

Other (specify) activities not defined in previously described code categories. These activities must be non-case specific and the nature of the activity must be described in full.

CODE G: Not Scheduled to Work
Not billable under Medicaid ACM

Use this code for activities that include employee lunchtime, non-scheduled work time due to flextime or other non-scheduled time, and approved employee leave (e.g., annual leave, sick leave, funeral, jury duty, etc.)

CODE R: Reallocated Activities
Billable under Medicaid ACM

Use this code for those general administrative activities performed by time study participants which could be reallocated across the other activity codes on a pro rata basis. For example, one activity period involved a phone call that collected information relevant to referral, intake and record updating.

**Appendix D
SPOE Monthly Report**

Name of SPOE: _____
 Reporting Period (month/year): _____
 Name of Time Log Administrator: _____
 Job Title of Time Log Administrator: _____

Due Date: No later than 15 days after the end of the month.

When done, email this document as an attachment to pdurand@mail.dese.state.mo.us

				Hours by Activity Code (Note: Express Minutes as a Decimal Fraction of Hours: e.g., 1 hour 30 minutes would be 1.5 hours)								
Name of Employee	Job Title	Total Work Hours in the Month	Total Salary & Benefits for the Month	A. Referral/ Initial Screening	B. Intake	C. Eligibility Determination	D. IFSP	E. Record Updates	F. Common SPOE Activities	G. Not Scheduled to Work	R. Reallocated Activities	Total *
Michael Smith	Intake Coordinator	173.33	\$3,000	35.00	50.00	5.00	8.00	22.00	22.00	5.00	26.33	173.33
Mary Jones	Intake Coordinator	86.67	\$1,500	15.00	44.00	5.00	7.00	4.00	0.00	0.00	11.67	86.67

* Note: Total hours of reported activities MUST equal "Total Work Hours in the Month" for the employee.

