

STATE OF MISSOURI



MO HEALTHNET SCHOOL DISTRICT ADMINISTRATIVE CLAIMING MANUAL



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SECTION 1 - PREFACE

The Missouri Department of Elementary and Secondary Education (DESE), Division of Special Education, collaborates with the Missouri Department of Social Services (DSS), MO HealthNet Division (MHD), in the promotion and implementation of medical care through Medicaid in Missouri's schools. Support is provided through various venues, which include the Early Periodic Screening Diagnosis and Treatment (EPSDT) program and School District Administrative Claiming (SDAC). The DSS has the authority to promulgate rules and regulations and DESE assists in the distribution and interpretation of program information among schools in Missouri.

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SECTION 2 - INTRODUCTION

This manual contains information regarding the MO HealthNet EPSDT and SDAC programs. The procedures for the SDAC program is not regulatory; however, they have been endorsed by the Missouri Department of Social Services (DSS), MO HealthNet Division (MHD)—the Medicaid state agency. The procedures contained herein are in compliance with the “Medicaid School-Based Administrative Claiming Guide” published May 2003 by the Centers for Medicare and Medicaid Services (CMS).

The purpose of administrative claiming is to form a partnership between the Department of Social Services (DSS), MO HealthNet Division (MHD), and individual school districts to share in the responsibility for promoting access to health care for students in the school system, preventing costly or long term health care problems for at risk students, and coordinating students’ health care needs with other providers. Many of the activities performed by school district staff meet the claimable criteria for MO HealthNet administrative claiming. The primary purpose of administrative claiming is to reimburse school districts for these activities, where allowed in this guide.

Schools in Missouri are playing a major role in the MO HealthNet program. Missouri's schools may participate directly in the MO HealthNet program in two ways, and indirectly via a third way:

2.1 DIRECT SERVICES

Direct services include the provision of occupational, physical, and speech evaluation and therapy; psychology counseling, and social work services in a school. Because these services are administered somewhat differently in schools than in other settings, school districts *must* work with the MO HealthNet Division in order to participate. Schools interested in information regarding direct services should review the Therapy Provider Manual and the Psychology Counseling Manual on-line at <http://manuals.momed.com/manuals/>

School districts that are prepared to enroll as providers of direct services for physical, occupational, or speech therapy services related to an Individualized Education Plan (IEP), *must* enroll online at <http://peu.momed.com/momed/presentation/commongui/PeHome.jsp>. Any school districts with questions regarding enrollment may contact the MO HealthNet Provider Enrollment Unit via e-mail at providerenrollment@dss.mo.gov.



2.2 ADMINISTRATIVE CLAIMING

Administrative claiming allows Missouri's school districts to become an "administrative arm" of the MO HealthNet Division through eligibility outreach, coordination and referral for improved health care services for students. Procedures for the implementation of the program in school districts can be found in this manual.

2.3 PRIMARY AND PREVENTIVE HEALTH CARE SERVICES

Provision of these services includes aspects of items 1 and 2. The service provision requirements for these services are the same for all MO HealthNet providers of primary and preventative care regardless of the location in which they are provided. MO HealthNet provides reimbursement for the provision of these services to the actual provider of the service. The following primary and preventive services are available to MO HealthNet participants, ages 0 to 21.

- Physician's (M.D., D.O., or Podiatrist) services in a hospital, office, or nursing home.
- Hospital outpatient services.
- Prescription drugs.
- Medically necessary inpatient hospital services including a semi-private room for the length of stay needed to treat the medical condition. Limitations apply by diagnosis.
- Artificial arms, legs, and larynx; and related adaptive physical, occupational and speech therapies.
- Ambulance services to the nearest appropriate hospital for emergency.
- Oxygen and breathing equipment; braces, wheelchairs and certain other types of equipment.
- Eye exams, eyeglasses, artificial eyes, etc.
- Hearing aids and related services.
- Home health, personal care, and private duty nursing.
- Hospice services.
- Case management (service coordination)
 - administrative
 - medical
 - specialized
- Dental services.
- X-Ray and laboratory services.
- Skilled nursing facility services.



- ICF for the mentally retarded.
- Inpatient psychiatric services.
- Physical, occupational, and speech therapy.
- Comprehensive Substance Treatment and Rehabilitation.
- Immunizations and injections

For children, all services that are determined medically necessary *must* be provided. The determination of medical necessity for services is established by the child's physician and is reviewed and approved by MHD consultants.

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SECTION 3 - EPSDT

A key focus of administrative claiming is the EPSDT (Early Periodic Screening, Diagnosis and Treatment) Program, also known in Missouri as Healthy Children and Youth (HCY). This program’s function is to ensure a comprehensive, preventative health care program for MO HealthNet eligible children, under the age of twenty-one. The program is designed to link the child and family to an ongoing health care delivery system. The EPSDT Program provides early and periodic medical/dental screening, along with diagnosis and treatment, to correct or ameliorate defects and chronic conditions found during an EPSDT screen.

An EPSDT screen consists of a health and developmental history: unclothed physical examination, developmental assessment, immunization status including any needed immunizations, nutritional status, vision testing, hearing testing, laboratory procedures, dental status, lead screening, and referrals for follow-up care or evaluation of any abnormality detected whether or not treated during the course of the screening. Screens are to be provided to MO HealthNet eligible children between the ages of 0 and 21 according to a specific periodicity schedule as follows:

Periodicity Schedule for EPSDT (HCY) Screening Service

Newborn 2 Weeks	3 years
By one month	4 years
2 months through 3 months	6 years through 7 years
4 months through 5 months	8 years through 9 years
6 months through 8 months	10 years through 11 years
9 months through 11 months	12 years through 13 years
12 months through 14 months	14 years through 15 years
15 months through 17 months	16 years through 17 years
18 months through 23 months	18 years through 19 years
24 months	20 years

Improving student’s access to EPSDT services available through MO HealthNet is the basis for the administrative claiming program.

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SECTION 4 - ADMINISTRATIVE CLAIMING

The state of Missouri currently provides administrative claiming through one distinct methodology; the School District Administrative Claiming (SDAC) program. The SDAC methodology is designed in order to achieve the following goals:

- Assure that all Title XIX eligible clients under the age of 21 and their families are informed of the EPSDT/HCY benefit and how to access it.
- Assure that assistance is provided to potentially eligible children and their families in determining their eligibility for participation in the MO HealthNet program.
- Assure early and appropriate intervention and screening so that diagnosis and treatment occur in a timely manner.
- Link MO HealthNet eligible children receiving EPSDT/HCY through service coordination activities to a primary care provider.
- Assure that services are of sufficient amount, duration and scope to correct or ameliorate the condition for which they were determined to be medically necessary.
- Assure that services are provided by appropriate MO HealthNet enrolled providers for the correction or amelioration of conditions identified through a full, partial, or inter-periodic EPSDT/HCY screen.
- Encourage a healthier lifestyle for children by teaching each of them to become their own case manager.

The purpose of administrative claiming is to encourage the development of a framework of activities that will result in each MO HealthNet participant having information and assistance to access needed health care services from a qualified provider. The program does not place the school in the role of being the sole provider of the services needed; rather, the school assists the student in accessing needed services as appropriate.

Administrative claiming allows a school to become an "administrative arm" of the MO HealthNet Division. Program beneficiaries create a framework within their own unique environments that allows a seamless health care delivery system for children. Even when appropriate health care services exist within a community, many beneficiaries of public health care programs do not readily access the primary and preventive services they need. Among the primary reasons for the failure of persons to access services are: (a) the child in need is not being recognized as eligible for MO HealthNet which could fund the services needed, and (b) there is no system operating, however informal, to ensure that the services are identified and provided. School staff work to erase the barriers to access that may exist.

The activities included under administrative claiming encompass responsibilities for locating, coordinating and monitoring necessary and appropriate services. In EPSDT, it centers on the



process of collecting information on the health needs of the child, making (and following up on) referrals as needed, maintaining a health history, and activating the examination/diagnosis/treatment "loop." Administrative activities provide the difference between a fragmented program in which examinations, diagnosis, treatment, and other functions are performed in isolation from each other, and a comprehensive program based on the concept of getting children into the existing "mainstream" system of health care delivery.

The program represents an effort to address the needs of children for primary and preventive health care as well as ongoing health care through referral and coordination. The key to an effective health services coordination effort is an appropriate screening program for all beneficiaries, the cornerstone of the EPSDT program.

The character of the program will differ among schools. This results from differences in the actual duties of staff in each particular school. The key implementation components of the program are: (a) an interagency agreement or contract between the state agency and the school district, and (b) a methodology which describes in detail how the program will be implemented. These administrative tools should be used by school districts to implement the program.

In order to take full advantage of this program, it is critical that a school district has a deep commitment to the improvement of the health status of children through improvement in access to health care. Such a commitment will provide a vision by which the program will grow and expand far beyond the initial plans to work alongside others in providing health care for children. School districts are actively encouraged to take the steps necessary to provide an interlocking system with other health care providers in their communities to provide appropriate health care services for children.

The program is reimbursed according to a calculation which includes the staff expense, the federal financial participation rate, the percentage of time spent performing claimable administrative activities, the percentage of MO HealthNet eligible children in the school, and the percent of MO HealthNet enrolled providers the district refers students to for services (provider participation rate). A general representation of the reimbursement formula is as follows:

Staff expenses

- X % of time spent performing reimbursable activities
- X % of MO HealthNet Eligible Students
- X% of provider participation
- X Federal Financial Participation Rate
- Total Billable Expenses

Although some activities are reimbursed according to the percentage of MO HealthNet eligible students, administrative claiming typically benefits the entire school enrollment.



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SECTION 5 - PARTICIPATION IN ADMINISTRATIVE CLAIMING

In order for districts to participate in administrative claiming, they *must* complete a series of programmatic requirements. The recommended order of these program steps and a detailed explanation of each may be found in this manual. The success of administrative claiming in a district is dependent upon completion of each of the following steps:

- Step #1 District Commitment to Missouri's MO HealthNet Agenda (reference Section 5.1)
- Step #2 Sign an Interagency Agreement (reference Section 5.2)
- Step #3 Methodology and Activity Codes (reference Section 5.3)
- Step #4 Time Study Methodology (reference Section 5.4)
- Step #5 Prepare a Claim for Payment (reference Section 5.5)
- Step #6 Program Monitoring (reference Section 5.6)

5.1 STEP #1—DISTRICT COMMITMENT TO MISSOURI'S MO HEALTHNET HEALTH CARE AGENDA

To effectively implement the program in a district at least two primary supports exist: (a) the board of education endorses and actively promotes the effort within the community; and (b) the administration provides the leadership and supports required. With these supports in place, the district's activities and the goals of the program will be compatible.

Although it may not be readily apparent, all schools currently play a role in their communities as health care providers. Missouri schools are required by state statute to determine the immunization status of students, they perform certain activities that are associated with programs for students with disabilities, and they are involved in coordinating athletic physicals. Other health related activities surface as a result of concern by various staff members who expand their roles based upon their professional training and/or empathy for students and their families, (e.g., nurses talking with family practitioners, counselors interacting with family service workers, and so forth).

The scope and depth of a unified health care role of a school district should not be a patchwork of activities with little purpose, organization or predictability. School districts, appropriate community leaders, parents, human service agencies and others should determine the needs which exist in their communities, and provide a network which supports the delivery of primary and preventive health care for all children. Having determined such needs, the school may define the scope and depth of efforts which will be directed at the need, based upon the district's resources to respond, recognizing that its primary duty is that of providing a quality education to all students. A quality education is easier to provide to students who are in regular attendance and are healthy and properly nourished.

School districts interested in participating in administrative claiming *must* begin with policy and executive leaders (i.e., the board of education and top administrative staff) identifying the scope and



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depth of the health care role which is desirable and possible for the district to play. Consideration *must* be given to its resources and commitment and to the needs of its students.

Districts considering participation in the program are encouraged to evaluate their current commitment to assisting students with their health care needs by using the following continuum. This evaluation should be done not only by district insiders, but should include members of the community who work with children and are concerned with their health care needs. The continuum reads:

1. Our district is very active in all areas of student health promotion and provides access to primary and preventive health care, when needed. We regularly interact with health care providers in the community for the purpose of coordinating student health care.
2. Our district views parents as having the primary role. We interact with community health care providers on an "as needed" basis for individual students.
3. Our district considers parents to be the primary health care managers. We contact them or other health care providers on an emergency basis only.

Having first answered the broader question of "What is the district's commitment?" the identification of the actual activities and resources directed to achieve the desired role will uncover any discrepancies which may exist between intentions and actions.

Schools should assess the program of health care services provided by the school and compare them with the allowable and billable services available to MO HealthNet participants through the program. The following is a list of the reimbursable activities that will assist the district in choosing the staff to be included in the sample pool. *Reimbursement is not made for the actual MO HealthNet service, but is for the arrangement and/or coordination for the service.*

- Outreach to Children and Families to Access MO HealthNet
- Facilitating an Application for MO HealthNet Programs
- Program Planning, Policy Development and Interagency Coordination Related to Medical Services
- Referral, Coordination and Monitoring of MO HealthNet Services
- Transportation Related Activities in Support of MO HealthNet Services
- Translation Related to MO HealthNet Services

A more detailed explanation of each of these activities is provided later in this manual. These are the types of activities that a district *must* provide in order to participate in the program.

5.2 STEP #2—SIGN AN INTERAGENCY AGREEMENT

Participation in administrative claiming involves a contractual relationship between the Missouri Department of Social Services, MO HealthNet Division and a school district. This contract or interagency agreement binds the Department of Social Services and a school district's board of education



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in a relationship whereby the Department is obligated to reimburse the school district when it performs certain claimable activities.

The interagency agreement explains the objectives of the program and the respective responsibilities of the parties to the agreement. The obligations of a school district, as specified in the interagency agreement, are essentially those of providing outreach, making referrals and coordinating service delivery on behalf of MO HealthNet participants. The interagency agreement lists the allowable administrative activities for which school districts will be reimbursed and specifies that all claims will be in accordance with OMB Circular A-87, the State Medicaid Plan and all federally approved public assistance cost allocation plans.

The federal government requires that interagency agreements include:

- The mutual objectives and responsibilities of all parties to the agreement;
- The activities or services each party offers and under what circumstances;
- The specific activity codes (by reference or inclusion) approved by Centers for Medicare and Medicaid Services (CMS) for administrative costs that will be claimed;
- The specific description and methodology (by reference or inclusion) approved by Centers for Medicare and Medicaid Services (CMS) for building the claim for administrative costs;
- The cooperative and collaborative relationships at the State and local levels; and
- The methods for payment or reimbursement, exchange of reports and documentation, and continuous liaison between the parties, including designation of State and local liaison staff.

Once a school district submits a signed interagency agreement to the Department of Social Services, they must also provide the written methodology of how it will meet the requirements of the agreement. The signed agreement will be approved by the state agency. When the agreement is approved, a copy will be returned to the district. Within 30 days of signature, a school district must provide to DSS/MHD for approval, the written methodology which meets the criteria as outlined in this manual for the following requirements:

- Random Moment Sampling (RMS)
- Training
- Determination of the direct cost pool expenses
- Provider Participation Rate (PPR)
- Verification of MO HealthNet eligibility

School districts *must* sign and submit an interagency agreement for approval before conducting staff training or participating in the time study activity.

Interagency agreements for the School District Administrative Claiming (SDAC) program are open ended, but may be canceled at any time by either party after giving a thirty day notice. Districts interested in continuing in the program after the term of a current agreement should contact the



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Department of Social Services, MO HealthNet Division, prior to the expiration date of the current agreement. Failure by the district to submit any claims for 24 consecutive months will result in the termination of the agreement by DSS/ MHD.

Please note that the SDAC program is an ongoing program and districts may sign up to participate in future quarters, however, reimbursement is not retroactive.

Districts currently participating in the ACM program must convert their participation under this methodology to the SDAC methodology by December 31, 2010. Effective January 1, 2011, the ACM program will no longer be offered in Missouri.

A school district representative who is interested in implementing the SDAC program should request a copy of the interagency agreement by writing or calling the MO HealthNet Division. Inquiries should be addressed as follows:

Department of Social Services
MO HealthNet Division
P.O. Box 6500
Jefferson City, MO 65102-6500
(573) 751-9290

A sample interagency agreement for SDAC can be found in Attachment A.

5.3 STEP #3—METHODOLOGY AND ACTIVITY CODES

5.3. A Introduction

After a district submits its interagency agreement for approval, the MO HealthNet Division will be available to the school district to provide technical assistance to assure compliance with the SDAC program.

The interagency agreement will assure that the program methodology has been adopted by the school district. It is important to keep in mind that no time study activities will be considered valid prior to the effective date of an interagency agreement.

Some students enrolled in school districts receive services per Individualized Education Plans (IEPs) which are reimbursable under the State's Healthy Children and Youth Program (HCY), aka EPSDT. Among the students receiving such services (occupational therapy, physical therapy and speech therapy, among others) there are many who are eligible for MO HealthNet benefits and others who may be eligible but for whom an application has not been made.

The student population enrolled in these programs includes children who require direct medical and/or therapeutic services.



This section describes the procedures that the school district will use in its implementation of the SDAC Program.

5.3. B Operating Principles

Proper and Efficient Administration

The cost of any activities are allowable and reimbursable under MO HealthNet, if the activities are “found necessary by the Secretary for the proper and efficient administration of the plan” (referring to the Medicaid State Plan), according to section 1903(a)(7) of the Social Security Act and the implementing regulations at 42 CFR 430.1 and 42 CFR 431.15. Additionally, OMB Circular A-87, which contains the cost principles for State, Local and Indian Tribal Governments for the administration of Federal awards, provides that “Governmental units are responsible for the efficient and effective administration of Federal awards.” Under these provisions, costs *must* be reasonable and necessary for the operation of the governmental unit for ongoing participation in the Federal award.

The principle of proper and efficient administration has been applied in developing time study activity codes in that every activity an employee may potentially perform in a given day is represented by one of the activity codes.

Time Study

All school district employees who are involved in MO HealthNet administrative activities and support will participate in a random moment sample (RMS) as the preferred method of reporting time and effort. For more information on RMS see Random Moment Sampling in step 4.

Coordination of Activities

It is important that the local school district staff not knowingly perform activities that are already being offered or should be provided by the MO HealthNet Division, State Department of Elementary and Secondary Education, managed care health plans, and other entities that are providing outreach, referral and assistance to MO HealthNet eligible and potentially eligible children and their families. School districts should constantly strive to become knowledgeable of MO HealthNet and health care resources in their communities and develop mechanisms to coordinate activities. As appropriate, this requires the close coordination between school districts, MO HealthNet Division, Department of Elementary and Secondary Education, providers, community and non-profit organizations, and other entities related to the activities performed.

IEP Related Activities

IDEA provisions require school staff to perform a number of education related activities which can generally be characterized as child find, evaluation (initial) and



reevaluation, and development of an Individualized Education Program (IEP). Schools are conducting the above activities for the purpose of fulfilling education-related mandates under IDEA; therefore, the associated costs of these activities are not allowable as administrative costs under SDAC.

Provider Participation in the MO HealthNet Program

Administrative activities performed in support of medical services that are not coverable or reimbursable under the MO HealthNet program would not be allowable under SDAC. In order for a medical service to be reimbursable, the provider furnishing such services *must* be participating in the Mo HealthNet program and bill MO HealthNet for the service. It is not always administratively efficient for the schools to verify for each referral whether a provider is participating in the MO HealthNet program. The state has developed a provider participation rate in order to represent the percentage of referrals to participating providers.

5.3. C SDAC Activity Codes

5.3. C (1) Activity Codes: Description and Examples

When staff performs duties related to the proper administration of the MO HealthNet program, Federal funds may be drawn as reimbursement for the costs of providing these administrative services. To identify the cost of providing these services, a random moment time study of staff will be conducted. The time study identifies the time spent on MO HealthNet administrative activities that are allowable and reimbursable under the MO HealthNet program. The following is the coding scheme that will be used by the State of Missouri when reporting these activities.

Application of FFP rate

50 % Refers to an activity which is allowable as administration under the MO HealthNet program and claimable at the 50 percent non-enhanced FFP rate.

The indicators below, which follow each Code, provide the application of the FFP rate, the allowability or non-allowability designation, and the proportional Medicaid share status of the Code. In order to maintain coding objectivity by time study participants, time study sheets used by employees should not include references to rates of FFP, proportional or total Medicaid, or whether such codes are allowable or unallowable under Medicaid.

Activity Code	Description of Code	Allowable Activities	Unallowable Activities	Reallocated Activities
1a	Non-Medicaid Outreach		X	
1b	Medicaid Outreach	TM		



2a	Facilitating Application for Non-Medicaid Programs		X	
2b	Facilitating Medicaid Eligibility Determination	TM		
3	School Related and Educational Activities		X	
4	Direct Medical Services		X	
5a	Transportation for Non-Medicaid Services		X	
5b	Transportation-Related Activities in Support of Medicaid Covered Services	PM		
6a	Non-Medicaid Translation		X	
6b	Translation Related to Medicaid Services	PM		
7a	Program Planning, Policy Development, and Interagency Coordination Related to Non-Medical Services		X	
7b	Program Planning, Policy Development, and Interagency Coordination Related to Medical Services	PM		
8a	Non-Medical/Non-Medicaid Related Training		X	
8b	Medical/Medicaid Related Training	PM		
9a	Referral, Coordination, and Monitoring of Non-Medicaid Services		X	
9b	Referral, Coordination, and Monitoring of Medicaid Services	PM		
10	General Administration			X

Allowable activities are those activities which are allowed as reimbursable under the MO HealthNet program and are claimable at the 50 percent non-enhanced FFP rate.

Unallowable activities are those activities which are not allowed as reimbursable under the MO HealthNet program and are not claimable. This is regardless of whether or not the population served includes Medicaid eligible individuals.

Reallocated Activities are those general administrative activities performed by time study participants which must be reallocated across the other activity codes on a pro rata basis. These reallocated activities are reported under Code 10, General Administration. 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.

Total Medicaid (TM) refers to an activity that is 100 percent allowable as administration under the Medicaid program.

Proportional Medicaid (PM) Refers to an activity which is allowable as 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.

Code 1.a: Non-MO HealthNet Outreach

Use this code when performing activities that inform eligible or potentially eligible individuals about non-MO HealthNet social (Food Stamps and Title IV-E), vocational, general health and educational programs (including special education) and how to access them; describing the range of benefits covered under these non-MO HealthNet social, vocational and educational programs and how to obtain them. Both written and



oral methods may be used. Includes related paperwork, clerical activities or staff travel required to perform these activities.

Examples:

- Scheduling and promoting activities which educate individuals about the benefits of healthy life-styles and practices;
- Conducting general health education programs or campaigns addressed to the general population;
- Conducting outreach campaigns directed toward encouraging persons to access social, educational, legal or other services not covered by MO HealthNet;
- Assisting in early identification of children with special medical/dental/mental health needs through various child find activities; and
- Outreach activities in support of programs which are 100 percent funded by State general revenue.

Code 1.b: MO HealthNet Outreach

Use this code when performing specific activities to inform eligible individuals about MO HealthNet benefits and how to access the program. Information includes a combination of oral and written methods that describe the range of services available through MO HealthNet.

Examples:

- Interpreting materials about MO HealthNet to persons with children within the school district boundaries who are illiterate, blind, deaf, or who cannot understand the English language;
- Informing foster care providers of foster children residing within school district boundaries about the MO HealthNet and EPSDT program;
- Informing MO HealthNet eligible pregnant students about the availability of EPSDT services for children under the age of 21 (including children who are eligible as newborns);
- Utilizing brochures approved by the Division of Medical Services, designed to effectively inform eligible individuals about the benefits Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program and services, and about how and where to obtain services;
- Providing information about EPSDT in the schools that will help identify medical conditions that can be corrected or ameliorated by services covered through MO HealthNet;



- Informing children and their families about the early diagnosis and treatment services for medical/mental health conditions that are available through the MO HealthNet program; and
- Facilitating access to MO HealthNet when a staff member knows that a child does not have appropriate health care, this does not include child find activities directed to identifying children with educational handicapping conditions.

Code 2.a: Facilitating an Application to Non-MO HealthNet Programs

Use this code when assisting an individual or family to make application for programs such as TANF, Food Stamps, WIC, day care, legal aid, and other social or educational programs and referring them to the appropriate agency to make application. Both written and oral methods may be used.

Examples:

- Explaining the eligibility process for non-MO HealthNet programs;
- Assisting the individual or family in collecting/gathering information and documents for the non-MO HealthNet program application;
- Assisting the individual or family in completing the application;
- Developing and verifying initial and continuing eligibility for the Free and Reduced Lunch Program; and
- Providing necessary forms and packaging all forms in preparation for the Non-MO HealthNet eligibility determination.

Code 2.b: Facilitating MO HealthNet Eligibility Determination

Use this code when assisting children and families in establishing MO HealthNet eligibility, by making referrals to the Family Support Division for eligibility determination, assisting the applicant in the completion of the MO HealthNet application forms, collecting information, and assisting in reporting any required changes affecting eligibility. Includes related paperwork, clerical activities or staff travel required to perform these activities.

Examples:

- Referring an individual or family to the local assistance office to make an application for MO HealthNet benefits;
- Explaining the MO HealthNet eligibility process to prospective applicants;
- Providing assistance to the individual or family in collecting required information and documents for the MO HealthNet application; and
- Assisting the individual or family in completing the MO HealthNet application.

Code 3: School Related and Educational Activities



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Use this code when performing any other school-related activities that are not MO HealthNet related, such as social services, educational services, 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:

- Providing classroom instruction (including lesson planning);
- Testing, correcting papers;
- Developing, coordinating, and monitoring the Individualized Education Plan (IEP) for a student, which includes ensuring annual reviews of the IEP are conducted, parental sign-offs are obtained, and the actual IEP meetings with the parents;
- Compiling attendance reports;
- Reviewing the education record for students who are new to the school district;
- Providing general supervision of students (e.g., playground, lunchroom);
- Providing individualized instruction (e.g., math concepts) to a special education student;
- Conducting external relations related to school educational issues/matters;
- Activities related to the immunization requirements for school attendance;
- Enrolling new students or obtaining registration information;
- Conferring with students or parents about discipline, academic matters or other school related issues;
- Participating in or presenting training related to curriculum or instruction (e.g., language arts workshop, computer instruction); and
- Providing Individuals with Disabilities Education Act (IDEA) mandated child find activities.

Code 4: Direct Medical Services

Use this code when providing direct health care, treatment, and/or counseling services including mental health assessments and evaluations to an individual in order to correct or ameliorate a specific condition. This code also includes administrative activities that are an integral part of or extension of a medical service (e.g., patient follow -up, patient assessment, patient counseling, patient education, parent consultations, billing activities). This code also includes all related paperwork, clerical activities, or staff travel required to perform these activities.

Examples:



- Providing health/mental health services contained in an IEP;
- Medical/health assessment and evaluation as part of the development of an IEP;
- Conducting medical/health assessments/evaluations and diagnostic testing and preparing related reports;
- Providing health care/personal aide services;
- Providing speech, occupational, physical and other therapies;
- Administering first aid, or prescribed injection or medication to a student;
- Providing direct clinical/treatment services;
- Providing counseling services to treat health, mental health, or substance abuse conditions;
- Performing routine or mandated child health screens including but not limited to vision, hearing, dental, and EPSDT screens;
- Providing immunizations;
- Targeted Case Management provided or covered as a medical service under MO HealthNet; and
- Activities which are services or components of services listed in the State's Medicaid plan.

Code 5.a: Transportation for Non-MO HealthNet Services

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

Examples:

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

Code 5.b Transportation-Related Activities in Support of MO HealthNet Covered Services

This code should be used by school staff when assisting an individual to obtain transportation to services covered by MO HealthNet. 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.

Examples:

- Scheduling or arranging transportation to MO HealthNet covered services.



Code 6.a Non-MO HealthNet Translation

This code should be used by school staff when providing translation service for non-MO HealthNet activities. Include related paperwork, clerical activities or staff travel required to perform the activities.

Examples:

- Arranging for or providing translation services (oral or signing services) that assist the individual to access and understand social, educational, and vocational services;
- 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, scoliosis) and general health education outreach campaigns intended for the student population; and
- Developing translation materials that assist individuals to access and understand social, educational, and vocational services.

Code 6.b Translation Related to MO HealthNet Services

This code should be used by school staff when it is not included and paid for as part of a medical assistance service and *must* be provided with by separate units or separate employees performing solely translation functions for the school and it *must* facilitate access to MO HealthNet covered services. Please note that a school district does not need to have a separate administrative claiming unit for translation. Include related paperwork, clerical activities or staff travel required to perform these activities.

Examples:

- Arranging for or providing translation services (oral or signing) that assist the individual to access and understand necessary care or treatment covered by MO HealthNet; and
- Developing translation materials that assist individuals to access and understand necessary care or treatment covered by MO HealthNet.

Code 7.a: Program Planning, Policy Development, and Interagency

Coordination Related To Non-Medical Services

This code should be used by school staff when performing activities associated with the development of strategies to improve the coordination and delivery of non-medical services to school age children. Non-medical services may include social services, educational services, and state or state education mandated child health screenings provided to the general school population. Only employees whose position descriptions include program planning, policy development and interagency



coordination may use this code. Include related paperwork, clerical activities or staff travel required to perform these activities.

Examples

- Identifying gaps or duplication of non-medical 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 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 providers;
- 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 service 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 screening to the school populations;
- Developing medical referral sources; and
- 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

This code should be used by school staff when performing activities associated with the development of strategies to improve the coordination and delivery of MO HealthNet covered medical/dental/mental health services to school age children, and when performing collaborative activities with other agencies and/or providers. 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:



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- 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 health services and providers, including MO HealthNet. (This does not include the actual tracking of requests for MO HealthNet services);
- Evaluating the need for medical/dental/mental health services in relation to specific populations or geographic areas;
- Analyzing MO HealthNet data related to a specific program, population, or geographic area;
- Working with other agencies providing medical/dental/mental health services to improve the coordination and delivery of services, to expand access to specific populations of MO HealthNet eligible, and to improve collaboration around the early identification of medical problems;
- 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;
- Working with MO HealthNet resources, such as the MO HealthNet agency and MO HealthNet 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;
- Developing medical referral sources such as directories of MO HealthNet providers and managed care plans, which 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;
- Identifying gaps or duplication of medical/dental/mental health services to school age children and developing strategies to improve the delivery and coordination of these services; and
- Working with Division of Medical Services to identify, recruit and promote the enrollment of potential MO HealthNet providers.

Code 8.a Non-Medical/Non-MO HealthNet Related Training



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This code should be used by school staff when coordinating, conducting, or participating in training events and seminars for outreach staff regarding the benefit of the programs other than the MO HealthNet program. For example, training may include how to assist families to access the services of education 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:

- Participating in or coordination training that improves the delivery of services for programs other than MO HealthNet; and
- Participating in or coordinating training that enhances IDEA child find programs.

Code 8.b Medical/MO HealthNet Related Training

This code should be used by school staff when coordinating, conducting, or participating in training events and seminars for outreach staff regarding the benefit of medical/MO HealthNet related services, how to assist families to access such services, and how to more effectively refer students for those services. Include related paperwork, clerical activities, or staff travel required to perform these activities.

Examples

- Participating in or coordination training that improves the delivery of medical/MO HealthNet 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., MO HealthNet EPSDT services); and
- Participating in training on administrative requirements related to medical/MO HealthNet services.

Code 9.a: Referral, Coordination, and Monitoring Of Non-MO HealthNet Services

Use this code when making referrals for, coordinating, and/or monitoring the delivery of non-medical, such as educational services. Include related paperwork, clerical activities, or staff travel necessary to perform these activities.

Examples

- Making referrals for and/or coordinating access to social and educational services such as child care, employment, job training, and;
- Making referrals for, coordinating, and/or monitoring the delivery of state education agency mandated child health screens;



- Making referrals for, coordinating, and/or monitoring the delivery of scholastic, vocational and other non-health related examinations;
- Gathering any information that may be required in advance of these non-MO HealthNet related referrals;
- Participating in a meeting/discussion to coordinate or review a student's needs for scholastic, vocational, and non-health related services not covered by MO HealthNet; and
- Monitoring and evaluating the non-medical components of the IEP as appropriate.

Code 9.b: Referral, Coordination, and Monitoring Of MO HealthNet Services

This code should be used when making referrals for, coordinating, and/or monitoring the delivery of medical (MO HealthNet 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 included in this code. Include related paperwork, clerical activities, or staff travel necessary to perform these activities.

- Identifying and referring adolescents who may be in need of MO HealthNet family planning services;
- Making specific medical 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 MO HealthNet;
- Arranging for any MO HealthNet 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 information that may be required in advance of these medical/dental/mental health referrals;
- Participating in a meeting/discussion to coordinate or review a student's needs for health-related services covered by MO HealthNet;
- Providing follow-up contact to ensure that a child has received the prescribed medical/dental/mental health services;
- Coordinating the completion of the prescribed services, termination of services, and the referral of the child to other MO HealthNet service providers as may be required for continuity of care;



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- Providing information to other staff on the child's related medical/dental/mental health services and plans;
- Monitoring and evaluating the MO HealthNet service components of the IEP as appropriate; and
- Coordinating the delivery of community based medical/dental/mental health services for children with special/severe health care needs.

Code 10: General Administration

Use this code when performing activities that are not directly assignable to program activities. Includes related paperwork, clerical activities or staff travel required to perform these activities.

Examples:

- Taking lunch, breaks, leave, or other paid time not at work;
- Establishing goals and objectives of health-related programs as part of the school's annual or multi-year plan;
- Attending or facilitating school or unit staff meetings training, or board meetings;
- Reviewing school or district procedures and rules;
- Reviewing technical literature and research articles;
- Providing general supervision of staff, including supervision of student teachers or classroom volunteers, and evaluation or employee performance; and
- Performing other administrative or clerical activities related to general building or district functions or operations.

5.4 STEP #4—TIME STUDY METHODOLOGY

5.4. A District Sample Pool

All school districts in the state that wish to participate in the SDAC Program will maintain a pool of staff from which a statistically valid random sample will be derived.

MHD will work with school districts to identify the appropriate staff for inclusion in the sample pool.

Some school districts may choose to join together with other school districts in groups known as "consortiums" in order to share the costs and duties of preparing the quarterly time studies. In these instances, the consortium's member school districts will need to develop and maintain a pool consisting of eligible staff from all of the participating school districts.



While the consortium will combine school districts for the purpose of creating a statistically valid random sample, the member districts will still invoice the MHD separately.

The MHD will continue to enter into signed agreements with the individual school districts and not enter into an agreement with any consortium as a whole.

5.4. B Random Moment Sampling

All school district employees who are involved in MO HealthNet activities and support participate in a random moment sample as the preferred method of reporting time and effort. If a group of school districts have formed a consortium, then the school employees who are involved in MO HealthNet activities and support within all of the member districts will participate in the random moment sample.

The use of Random Moment Sampling is a federally accepted method for tracking employee time within organization. According to the latest revisions of OMB Circular A-87 and the accompanying implementation guide ASMB C-10, *"...a statistical reporting system (e.g. random moment sampling) should be considered for employees working in dynamic situations (performing many different types of activities on a variety of programs over a short period of time)."* The RMS methodology is designed to comply with current federal reporting requirements and is flexible enough to be used in any organization where there is a need to accurately record employee time and effort.

The RMS process starts with the creation of a sample consisting of several thousand randomly selected "moments". Each moment is defined as a specific one-minute unit of a specific day. The total universe of moments from which the selection is made is defined by the total number of minutes available in a given calendar quarter. The total universe for the quarter is then reduced by the exclusion of weekends, holidays and hours during which employees are not scheduled to work. From the remaining available minutes, each randomly selected minute is then matched up with a randomly selected name from the sample pool. 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 virtually guarantees the "randomness" of the selection process. At the prescribed moment, each sampled employee is asked to record his/her activity for that particular minute (See Attachment E). As the thousands of moments and their related activities are recorded, a statistically valid distribution of staff time across all activities is produced.

Random moment sampling is particularly useful, because:



- It greatly reduces the amount of staff time needed to record an individual employee's activities;
- It uses a verifiable, statistically valid random sampling technique that produces accurate labor distribution results without the burden of recording, compiling, analyzing and summarizing time sheet information; and the software used to generate the sample and record the results produces standardized reports that will reduce and simplify the necessary claim review process for both MHD and Centers for Medicare and Medicaid Services (CMS).

5.4. C Time Study Participants

The implementation of a random moment sampling system will allow direct service staff to participate in the administrative claiming process and eliminate the extensive time required to complete and compile time logs.

A random moment sampling system allows costs associated with both direct services and administrative services to be captured as discreet cost pools and remain mutually exclusive.

Examples of staff to be included in the district sample pool are as follows:

- Employees who refer, coordinate and monitor the delivery of health care services;
- Any employee involved in linking the child and family to an ongoing health care delivery system; and
- Any employee involved in building and sustaining state and local partnerships for the delivery of medical and dental services.

Appropriate staff will be chosen by each school district based upon function and duties not on job title.

The pool group will be chosen at the school district level or among the participating school districts if the district belongs to a consortium. All staff, who are identified by a school district, who, as part of their routine work functions is engaged in outreach, referral, linkage and coordination activities, will be included in the sample pool. This will include long-term substitute staff, contracted staff and new staff who will be trained prior their inclusion in the quarterly sampling. In the preparation of the quarterly invoices, federal dollars will be excluded.

Typically, the sample pool may include but is not be limited to:

- Speech-Language Pathologists and Speech-Language Pathology Assistants
- Audiologists and Audiology Assistants
- Occupational Therapists and Occupational Therapy Assistants



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- Physical Therapists and Physical Therapy Assistants
- Social Workers
- Psychologists
- Counselors
- Diagnosticians
- Physicians
- Registered Nurses, Licensed Practical Nurses and School Health Aides
- Interpreters
- Orientation and Mobility Specialists
- Bilingual Specialists
- Program and Staffing Specialists
- Administrators for Special Education
- Student Services Personnel
- Augmentative Specialists
- Dietitians
- Respiratory Therapists
- Liaisons for Special Education
- Other school district staff who routinely engage in MO HealthNet reimbursable administrative activities

The sample pool is a group of personnel who coordinate various MO HealthNet reimbursable services to students. The expenses of this group are central to the SDAC reimbursement formula. Any staff member, regardless of job description, may be included in the cost pool. However, the district and/or the consortium should be prepared to document and justify the placement of each staff position in the sample pool. For example, classroom teachers would generally not be expected to have time to do MO HealthNet administration in addition to educational duties. However, if the district and/or the consortium can demonstrate that classroom teachers regularly engage in SDAC activities, inclusion in the sample pool may be appropriate.

A program coordinator will be responsible for validating the activities of the sample pool members. This *must* be done to justify inclusion of staff in the cost pool. The school district and/or the consortium will reevaluate the appropriateness of sample pool staff before the beginning of each calendar quarter.



5.4. D Frequency of Time Study Samples

The sampling period is defined as the same three-month period comprising each quarter of the federal calendar. The RMS software produces a random selection of observation moments concurrent with the entire reporting period, which are paired with randomly selected members of the designated staff population. The sampling frame is constructed to provide each staff person in the pool with an equal opportunity, or chance, to be included in each sample observation. Sampling occurs with replacement, so that after a staff person and a moment are selected, the staff person is returned to the potential sampling universe. Therefore, each staff person has the same chance as any other person to be selected for each observation, which ensures true independence of sample moments.

The RMS assigns moments over the course of a quarter to obtain the statistically valid sample at 95 percent or higher confidence level for 5 percent error limit. The state requires the district to oversample its staff by 15% in order to accommodate any possible non-respondents.

The MO Health Net Division requires a response rate for the time study survey of at least 85%. In the event that an 85% compliance rate is not met, all non-returned moments will be coded as non-Medicaid. If the quarterly 85% compliance rate is reached, no action will be taken with those non-response moments.

If the MO Health Net Division determines through its quarterly reviews that a school district and/or consortium is failing to meet the 85% threshold, the MHD will request information (such as the list of RMS recipients and the RMS forms) from the participating districts and/or consortiums to examine any possible explanations why the non-returned moments were unanswered. The MO Health Net Division will analyze this data to ensure the school districts and/or consortiums are not purposely withholding non-Medicaid related moments.

5.4. E Summer Time Studies

The methodology for the summer quarter (i.e., July – September) is based on payment of salaries by the districts. The methodology is based on whether the salary and costs paid during the summer months reflect activities performed during the regular school year or whether the salary and costs paid during the summer months reflect activities actually performed during the summer months.

For district personnel, including outreach personnel, who perform activities during the summer quarter, a time study is required. The RMS for the summer quarter will follow the same time study methodology described previously in this guide.



5.4. F Staff Training

Staff training will occur as needed on a quarterly basis to assure that all new staff is fully aware of the processes, procedures and the operational definitions of the sample activities.

In addition, staff *must* be familiar with the sampling methodology and understand how to complete the approved sampling instruments utilized to collect claiming data. In order to ensure that staff acquires required knowledge and skills, school district staff *must* participate in training that accomplishes both an understanding of the definitions of all activities that staff participates in during the day. This will include detailed training regarding completing the sampling instrument. Training *must* be provided prior to collection of data for each claiming period until all employees and contract staff representing the sampling pools have been trained

Periodic staff education is essential to proper administration of the SDAC program. Without proper in-service training and a feedback mechanism, the data collected and used to generate billable charges will have little, if any, validity or reliability. Absent, such districts could not substantiate their charges and some or all funds paid would likely be disallowed and recouped. The procedures herein are intended to assure the development of a complete, valid and reliable record of employee time and effort regarding program billings.

The objective of training staff for participation in the cost pool is to teach them:

1. The goals and structure of the SDAC Program.
2. The specific meaning of each category of activity in their particular context.
3. The importance of the accuracy of their time sample completion.

It is important that district staff understand what SDAC, outreach to children, and wellness education means to them. Training should help staff understand and accept the purpose of the time study and enable them to accurately mark their activity if sampled. Each member should know the meaning of each time code with respect to their particular duties, and should mark the appropriate code.

Staff education will be provided at several key times:

1. Initially when the program begins in the district;
2. At least yearly thereafter for all staff;
3. Prior to the time a new staff member is to be sampled; and
4. When the results of the time study indicate that one or more people in the sample pool may not be responding correctly. At least one hour of training will be provided each year to each staff member included in the sample pool.



Training will include a definition of each of the categories of activity that are represented on the observation form. The extended operational definitions of each category will be incorporated into various training materials (e.g., a teaching lesson, overheads) which will be used to educate staff. Training materials will be revised periodically to reflect changes in the duties included in the categories of activity or when MO HealthNet policy changes dictate modification. When the materials are completed, the initial training for the entire sample pool *must* be scheduled. Training for this program should be treated as regular in-service time with a designated time set aside and all members of the sample pool being required to attend. Districts will develop a method of documenting who attended each training session for audit purposes. This can be accomplished by having participants sign in at each training session. Individual training and retraining will also be documented.

School districts will have primary responsibility to assure that all sample pool participants are trained prior to sampling regarding the RMS observation form including how to accurately complete the form and the definition and examples of all activities.

5.4. G Data Accumulation, Maintenance and Validation

The MHD and school districts will be responsible for the following oversight and support/maintenance functions.

- Quarterly updates to the sample universe to reflect all relevant personnel (school districts);
- Coordination of RMS process (school districts);
- Implementation of quality control reviews of completed observation forms (school districts);
- Analyzing and summarizing sample results to ensure appropriate application to various cost objectives (school districts);
- Provision of monthly standardized and uniform sources of MO HealthNet eligibility rate data to be used (by averaging for the quarter) by school districts in computing the proration factors (MHD);
- Provision of a standardized and uniform source for the provider participation rate data to be used in invoicing (MHD); and
- Provision of quarterly financial data to be used in preparation of the claim (school districts).

The school district is responsible for ensuring that a copy of the observation form and instructions are distributed to sampled staff just prior (no sooner than 2 days) to the time at which observation data is to be collected. The completed sample observations are collected by a designated school district employee no more than five (5) business



days following the moment and are tabulated by the district for use in the invoicing process

5.4. H Observation Form Validation

In order to establish the validity of the Missouri Random Moment Sample observation form the following process will be implemented.

The validity of the random moment sample observation data collected during the sampling process *must* be monitored in four specific ways.

First, the observation instrument itself contains a list of check boxes and activity descriptions that sampled staff use to identify the activity they are performing at the time of their observation moment. The observation form also contains a description line upon which sampled staff provide a brief, written description of what they are doing. The written description, assumed to be more accurate than the 'check box', is compared to the activity box that was checked to confirm that the two data elements are consistent with one another. Any forms that are marked inconsistently are required to be returned to the person originally completing the form for the necessary corrections.

The second method used is the creation of a randomly selected validation sample. The district *must* validate ten percent of the total number of observations generated and indicate on the observation form 'validation' sample. The results obtained for the validation sample are to be tabulated and compared to the results for the total sample to assure consistency in coding.

Third, a ten (10%) random sample of all random moments for a given quarter *must* be selected to have the school district's coordinator verify by phone or in person that the sampled staff person accurately completed the observation form. The coordinator *must* initial the form and mark 'validation' to document the accurate completion of the form.

The fourth, and most significant, method employed in the sampling process is the calculation of the standard error for each activity code measured, assuming the desired 95% confidence level as required by OMB-A87. The school district *must* calculate this information and produce a report each quarter. For activities with expected rates of occurrence of less than five percent, precision tolerance is reduced to +/- 5% (five percent). The confidence level, however, remains at 95% (ninety-five percent) regardless of the expected rate of occurrence.

5.5 STEP #5—PREPARE A CLAIM FOR PAYMENT

5.5. A Direct Cost Pool Expenses



Staff whose costs are captured in the school district's federally approved unrestricted indirect cost allocation plan will not be included in the sampling process. Salary and associated expenses paid to employees from federal sources cannot be included in computing the cost base for SDAC billings. However, persons whose salaries are comprised of both federal funds and general funds may be included in time studies although their associated cost *must* be adjusted accordingly.

Full-time employees, part-time employees, and contracted employees who participate in SDAC activities will be included in the cost pool. Contracted employees who only provide direct services should not be included. Other costs to be reported include the non-sampled supervisory and clerical staff that provides direct support exclusively to those sampled participants. If the non-sampled supervisory and clerical staff support other personnel that are not in the sampled group, then a portion of their costs *must* be allocated to the people they support. The costs that are reported should consist of actual expenditures for the quarter being sampled. Specific object codes to be included are, but are not limited to:

Object	Description
100	Salaries
200	Employee Benefits
300	Purchased Services
500	Materials and Supplies

Other expenditures for Training and Travel can also be included.

5.5. B Indirect Cost Pool Expenses

Indirect costs will be included for each quarterly claim and will be determined using the indirect cost rates obtained from the most current Indirect Cost Allocation and Certification Summary on file at the Department of Elementary and Secondary Education.

5.5. C MO HealthNet Percentage Rate for School Districts

Certain sampled activities *must* be factored by the MO HealthNet eligible student population in each school district. Calculation of MO HealthNet student population can be accomplished using the method described in this section.

Each year, a school district will electronically submit a student data file in a prescribed format to the Information Technology Services Division (ISTD) by September 30th. The student data file will then be matched to the state MO HealthNet eligibility file for the July-September quarter for that year. The MO HealthNet eligibility rate to be used in the invoice calculation will be the percentage rate derived from the above match. The ISTD requirements for submitting the student files can be found in Attachment C.



School districts will send a Microsoft Excel file containing (in this order) a special four digit identifying number for the district (supplied to the district by MHD), the student's date of birth, the student's Social Security number, the student's last name, the student's first name, and the calendar quarter dates (from and through) to be searched. The fields on the file for the date of birth and the calendar quarter dates will be in the Julian format (CCYYJJJ). For example, August 1, 2008 would be 2008214. If a new school district begins participation sometime throughout the year, the school district will upload the student roster by the last day of the quarter in which they begin participation. This file will be matched to the eligibility file for the first quarter of participation. Once eligibility is established, an e-mail will be sent by ITSD to the district containing the number of students submitted, the number of students eligible for MO HealthNet, and the percentage of MO HealthNet eligible students in the district. The eligible percentage will be carried out to two decimal places.

5.5. D Provider Participation Rate

Administrative activities performed in support of medical services that are not coverable or reimbursable under the MO HealthNet program would not be allowable as MO HealthNet administration. In order for a medical service to be reimbursable, the provider furnishing such services *must* be participating in the MO HealthNet program and bill MO HealthNet for the service. It is not always administratively efficient for the schools to verify for each referral whether a provider is participating in the MO HealthNet program. The state has developed a 'provider participation rate' in order to represent the percentage of referrals to participating providers. Participating school districts will prepare a list of providers the district refers students to for services. . This list will be used by the school district to determine the number of providers actively enrolled in the MO HealthNet program. The provider participation rate is calculated by dividing the number of enrolled providers referred by the number of total providers referred to for each district. This percentage will then be applied to the invoice by multiplying it by the percentage of Medicaid eligible students for the district. The product will then be multiplied by the response percentage for code 9b (Referral, Coordination, and Monitoring of MO HealthNet Services). That product is then applied to the salary and fringe amounts on the invoice.

5.5. E Invoicing

Invoices will be submitted to the MO HealthNet Division on a quarterly basis. Reimbursement will be made based upon the allowable costs for each school district. A sample invoice follows this section. The total cost from the school district expense report will be multiplied by the percentage of reimbursable activities determined by the random moment sampling process. The MO HealthNet eligibility rate and provider participation rate are applied to the costs and the FFP is calculated.



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An example of an SDAC quarterly invoice and instructions can be found in Attachment B.

5.5. F Federal Disallowances

Each school district is responsible for maintaining sufficient documentation to support all claims submitted to MHD. The school district *must* recognize the fact that the Centers for Medicare and Medicaid Services (CMS) may impose federal deferrals and disallowance for payments. These Federal actions may be taken when federal review reveals programmatic non-compliance. The school district is responsible for disallowances and shall incur the penalties of the disallowance resulting from SDAC. The school district shall return to the Department of Social Services any federal funds that are deferred and ultimately disallowed arising from administrative claims submitted by the Department of Social Services on behalf of the school district.

5.5. G Certification of Total Expenditures

The school district will include a quarterly certification with each invoice stating that the expenditures are supported in the district's accounting system and are total computable expenditures which comply with MO HealthNet federal matching requirements. A copy of this form can be found in Attachment D.

5.5. H Audit File

Each participating school district will maintain a separate audit file for each quarter billed. The following documentation will be required:

Copies of signed original time study sheets

- A copy of the summary of time study sheets
- Any computations or allocation used in reimbursement calculation
- A detailed listing of all revenues offset from the claim, by source
- A copy of the eligibility percentage computation
- Copies of all training materials given to staff
- Names of attendees and instructors for the training session given for that quarter
- A completed quarterly invoice
- MO HealthNet eligibility information obtained and used for invoice calculation
- Expense records used to determine district expenditures for invoice calculation including indirect cost information
- A copy of the warrant and remittance

5.5. I Records Retention



The above audit files should be retained by each school district for a period of five years after each quarterly claim is filed to MO HealthNet, unless an ongoing audit or resolution of an audit exception is in process.

5.6 STEP #6—PROGRAM MONITORING

5.6. A OVERVIEW

Ongoing evaluation of the SDAC program is a federal requirement. The Department of Social Services (DSS) will have the lead in monitoring and quality control functions. DSS staff will provide direct supervision and assistance for these functions.

5.6. A (1) Activities

DSS will perform the following each quarter:

- The MHD will review a 1% sample of RMS forms for the statewide cost pool to verify that the sampled individual was trained prior to the completion of the RMS form. The selected school districts will provide a list of their training logs for that period showing what staff was trained and when.
- Verify that the reviewed time study form turned in was completed by the individual who signed the form and that the activity was accurately reported at the correct sampled time (to the best of the employee's knowledge); and
- If a portion of a sampled employee's time is also billed as medical services, then the administrative time study results should be validated in part by comparing the time coded to direct medical services to the actual amount of hours billed directly. Any determination of double payment will be reimbursed to Centers for Medicare and Medicaid Services (CMS).
- On a quarterly basis, the school district (or their contracted entity) will provide MHD with the participating cost pool staff data file, selected staff for RMS, times for RMS, and total number of returned RMS forms for the quarter. MHD will review the provided information to determine appropriate percentage of RMS forms sent to districts, returned completed accurately, and verify all staff and times were adequately represented.
- Review cost pool staff and RMS selection process, on a quarterly basis, for a sample of school districts in the statewide cost pool and the selected school districts will produce verification of salary and benefit information for the sample. The MHD will select at least ten (10) districts per quarter for the review.
- Twice a year, MHD will review the PPR data for a select 1% sample of school districts participating during the prior quarter.



School District Administrative Claiming

- If any of the reviews are shown that a district's invoices were in error, MHD will request the district to recalculate and resubmit the invoice. Any incorrect invoices which result in an overpayment to the district will have the overpayment deducted from their next reimbursement.

All contact with school district staff will be scheduled through the school district office and will be conducted in a manner that is not disruptive to the functioning of the staff and students.

END OF SECTION

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Attachment A

DO NOT COPY

Sample Interagency Agreement

**COOPERATIVE AGREEMENT BETWEEN
THE DEPARTMENT OF SOCIAL SERVICES, MO HEALTHNET DIVISION**

And

**SCHOOL DISTRICT ADMINISTRATIVE CLAIMING
THROUGH THE MO HEALTHNET PROGRAM**

STATEMENT OF PURPOSE

The Missouri Department of Social Services (DSS) through its MO HealthNet Division (MHD) and the School District, in order to provide the most efficient, effective administration of Title XIX, Early Periodic Screening, Diagnosis and Treatment (EPSDT) a.k.a. in the state as Healthy Children and Youth, hereby agree to the conditions included in the Cooperative Agreement. The provision of the School District Administrative Claiming (SDAC) Program by the school district has been determined to be an effective method of assuring the availability, accessibility and coordination of required health care resources to MO HealthNet eligible children residing within the boundaries of the district.

The Department of Social Services, MO HealthNet Division (MHD) recognizes the unique relationship that the district has with EPSDT/HCY eligible participants and their families. It further recognizes the expertise of the school district in identifying and assessing the health care needs of MO HealthNet eligible and potentially eligible participants and in planning, coordinating and monitoring the delivery of preventive and treatment services to meet their needs. DSS, in order to take advantage of this expertise and relationship, enters into this cooperative agreement with the school district for SDAC.

The Department of Social Services, MO HealthNet Division (MHD) recognizes the school district as the most suitable agent to administer outreach, referral and coordination through SDAC for its MO HealthNet and potentially MO HealthNet eligible participants and their families.

The Department of Social Services and the school district enter into this Cooperative Agreement with full recognition of all other existing agreements which the Department may have developed for services to Title XIX eligible participants living within the district's boundaries and which are currently included in the Title XIX State Plan.



**I
MUTUAL OBJECTIVES**

1. Assure that all Title XIX eligible participants under the age of 21 and their families are informed of the EPSDT/HCY benefits and how to access them.
2. Assure that assistance is provided to children and their families in determining their eligibility for participation in the MO HealthNet program.
3. Assure early and appropriate intervention and screening so that diagnosis and treatment occur in a timely manner.
4. Assure that services are of sufficient amount, duration and scope to correct or ameliorate the condition for which they were determined to be medically necessary.
5. Assure that services are not provided by appropriate MO HealthNet enrolled providers for the correction or amelioration of conditions identified through a full, partial, or inter-periodic EPSDT/HCY screen are not claimed for reimbursement.
6. All terms of this Agreement and procedures adhere with OMB Circular A87.

**II
RESPECTIVE RESPONSIBILITIES**

The Department of Social Services Agrees to:

1. Reimburse the school district the Title XIX federal share of actual and reasonable costs for EPSDT administrative activities provided by staff based upon a time-accounting system which is in accordance with the provisions of OMB Circular A87 and 45 CFR parts 74 and 95; expense and equipment costs necessary to collect data, disseminate information and carry out the staff functions outlined in this agreement. The rate of reimbursement for eligible administrative costs will be 50%. Changes in federal regulations affecting the matching percentage and/or costs eligible for administrative match, which become effective subsequent to the execution of this agreement, will be applied as provided in the regulations. Upon receiving each quarterly claim DSS will draw down and make payments to the school district the amount equal to the appropriate Federal Financial Participation (FFP) for all claims submitted, less DSS administrative costs associated with administration of this program.
2. Provide the school district access to the information necessary to properly provide the SDAC activities. Program requirements are accessible through the "MO HealthNet School District Administrative Claiming Guide" available on the Internet at <http://www.dss.mo.gov/mhd/providers/index.htm>, under Provider Manuals.
3. Develop and conduct periodic quality assurance and utilization reviews in cooperation with the school district.
4. Provide training and technical assistance to staff of the school district regarding the responsibilities assumed within the terms of this agreement.



5. Conduct in service training sessions for participating school districts on an annual basis through DSS/MHD.
6. Provide directly through DSS/MHD necessary consultation to the school district on issues related to this agreement as needed by the school district.
7. Accept federally approved “Indirect Cost Allocation and Certification Summary” on file at DESE as official indirect cost allocation plan to be used in calculating amount of payment due.

The School District agrees to:

1. Assist the Department of Social Services, MO HealthNet Division (MHD) by promoting the availability of MO HealthNet covered health services and improving students’ access to those services. The following activities have been identified as appropriate:

Outreach to Children/Families to Access the MO HealthNet program.

Performing specific activities to inform eligible individuals about MO HealthNet benefits and how to access the program. Information includes a combination of oral and written methods that describe the range of services available through MO HealthNet.

Facilitating An Application for the MO HealthNet program

Assisting children and families in establishing MO HealthNet eligibility, by making referrals to the Family Support Division for eligibility determination, assisting the applicant in the completion of the MO HealthNet application forms, collecting information, and assisting in reporting any required changes affecting eligibility.

Program Planning, Policy Development, and Interagency Coordination Related to MO HealthNet Division

Performing activities associated with the development of strategies to improve the coordination and delivery of MO HealthNet covered medical/dental/mental health services to school age children, and performing collaborative activities with other agencies and/or providers.

Referral, Coordination, And Monitoring Of Health Care Services

Making referrals for, coordinating, and/or monitoring the delivery of medical (MO HealthNet program) services.

2. Provide to DSS/MHD for approval within 30 days of signature, the written methodology which meets the criteria as outlined in the “MO HealthNet School District Administrative Claiming Guide” for the following requirements:
 - Random Moment Sampling (RMS)
 - Training
 - Determination of the direct cost pool expenses
 - Provider Participation Rate (PPR)
 - Verification of MO HealthNet eligibility



3. Provide and maintain, individually or through its agent, a directed Random Moment Sampling process to determine the percentage of staff time providing School District Administrative Claiming reimbursable activities in accordance with the provisions of OMB Circular A 87 and 45 CFR parts 74 and 95. The district will oversample its staff by 15% in order to accommodate any possible non-respondents.
4. Provide and maintain, individually or through its agent, a personnel roster that is updated prior to the start of each calendar quarter.
5. Provide and maintain, individually or through its agent, a student data file that is updated annually.
6. Provide and maintain, individually or through its agent, a cost data pool file of all eligible employees' salaries and benefits that is updated on a quarterly basis.
7. Provide and maintain, individually or through its agent, a provider participation rate (PPR) file that is updated on a quarterly basis. The provider participation rate file is a data file of all providers (MO HealthNet and non-MO HealthNet) that the district referred students to for any and all medical services and is matched to the MO HealthNet enrolled provider file.
8. Provide, either directly or through its agent, a quarterly claim to the Department of Social Services, MO HealthNet Division (MHD) in the manner outlined and proscribed in the "MO HealthNet School District Administrative Claiming Guide" available on the Internet at <http://www.dss.mo.gov/mhd/providers/index.htm>, under Provider Manuals. Invoices shall be sent to:

MO HealthNet Division
Program Operations Unit
P.O. Box 6500
Jefferson City, MO 65102-6500

9. Provide to the DSS/MHD the information necessary for the MO HealthNet Division to request federal funds available under the state MO HealthNet match rates.
10. Maintain the confidentiality of participant records and eligibility information received from DSS/MHD and use that information only in the administrative, technical assistance and coordination.
11. Certify to DSS the provisions of the total expenditures for SDAC via completion of MHD "Certification of State Expenditures" form on a quarterly basis with each submitted invoice.
12. Accept responsibility for any disallowance and incur the penalties of _____ same resulting from the activities associated with this agreement. Return to DSS any federal funds that are deferred and/or ultimately disallowed arising from the administrative claims submitted by DSS on behalf of the school district.
13. Consult with the MO HealthNet Division on issues arising out of this agreement.



- 14. Conduct all activities recognizing the authority of the state MO HealthNet agency in the administration of state MO HealthNet Plan on issues, policies, rules and regulations on program matters.
- 15. Maintain all necessary information for a minimum of five (5) years to support the claims and provide Centers for Medicare and Medicaid Services (CMS) any necessary data for auditing purposes
- 16. Data from participating schools requesting MO HealthNet reimbursement must be filed by the school or its agent and must be received by the state agency within 12 months of the date of service. The counting of the 12 month time limit begins with the date of service and ends with the date of receipt. The date of service is considered the first day of the calendar quarter immediately following the quarter in which the expenditure was made. Data not submitted, or determined incomplete or inaccurate in a timely manner as described in this section, will be denied.

**III
PROGRAM DESCRIPTION**

SDAC activities provide for the efficient operation of the state MO HealthNet plan. These activities aid the potential MO HealthNet eligible recipient to gain eligibility, access screening services, follow-up on referrals to additional medical providers, follow through on recommendations and assist the family in becoming able to meet its child's needs in such a way that they are able to function at an optimal level with minimal intervention.

The MO HealthNet is committed to the least restrictive method of treatment for children and will maintain this as a priority.

**IV
TERMS OF THIS AGREEMENT**

The period of this Cooperative Agreement shall begin (START DATE). This agreement may be canceled at any time upon agreement by both parties or by either party after giving thirty (30) days prior notice in writing to the other party provided, however, that reimbursement shall be made for the period when the contract is in full force and effect. Failure to submit any claims for 24 consecutive months will result in the termination of this agreement by DSS/ MHD.

(Director's Name), Director Department of Social Services	Date
--	------

(DO NOT SIGN) Superintendent	Date
--	------



Attachment B

Missouri School District Administrative Claiming Invoice

Invoice #

Quarter Ended:
School District Name/Number:

Section 1- Cost Data

	Salaries	Fringe	Other	Total
Total Costs-Less Indirect	(1)	(2)	(3)	(4)

Section 2-RMS Data

Activity Code	Activity Description	Response Count	Less Gen. Admin.	Sub-Total	% to Total	Redistribute Admin	Net Adjusted Total	Claim %'s	Cost Pool
1.a	Non-MO HealthNet Outreach	(5)	(6)	(7)	(8)	(9)	(10)	(11)	U
1.b	MO HealthNet Outreach				0				A-1
2.a	Facil. Application-Non-MO HealthNet				0				U
2.b	Facil. Application-MO HealthNet				0				A-1
3	School/Education Related				0				U
4	Direct Medical Serice				0				U
5.a	Transport.-Non-MO HealthNet				0				U
5.b	Transport.-MO HealthNet				0				A-2
6.a	Non-MO HealthNet Translation				0				U
6.b	MO HealthNet Related Translation				0				A-2
7.a	Prog. Plan/Policy Develop.-Non-Medical				0				U
7.b	Prog. Plan/Policy Develop.-Medical				0				A-2
8.a	Non-Medical/Non-MO HealthNet Training				0				U
8.b	Medical/MO HealthNet Training				0				A-2
9.a	Referral/Coordination-Non-MO HealthNet				0				U
9.b	Referral/Coordination-MO HealthNet				0				A-2
10	General Administration				0				N/A
Total Response Count		(12)	(13)	(14)					

Section 3-MO HealthNet Eligibility

MO HealthNet Elig.	Students	Recipients
(15)	(16)	(17)

Section 4-Cost Distribution:

Cost Pool A-1: Non-Discounted

%	Salaries Gross Claimable	Fringe Gross Claimable	Other Exp. Gross Claimable	TOTAL CLAIMABLE
1.b (18)				
2.b (19)				
Sub-Total	(20)	(21)	(22)	(23)
				(24)

Cost Pool A-2: Discounted

%	Salaries Gross Claimable	Fringe Gross Claimable	Other Exp. Gross Claimable	TOTAL CLAIMABLE
5.b (25)				
6.b (26)				
7.b (27)				
8.b (28)				
Sub-Total		(29)		
MO HealthNet Elig. %		(30)		
Total Claimable %		(31)	(32)	(33)
			(34)	(35)
9.b				
Provider Participation Rate	(36)			
Claimable Elig %	(37)			
Total Claimable %	(38)			
		(39)	(40)	(41)
			(42)	(43)

TOTAL COST POOL A

Indirect Costs	(44)	(45)	(46)	(47)	(48)
TOTAL CLAIM	(49)				(50)
					(51)

Claimable @ 50%



Missouri School District Invoice Instructions

Field	Description
1	Sum of school district sample pool staff salaries (reduced by federal funds).
2	Sum of school district sample pool staff fringe benefits.
3	Sum of school district indirect costs associated with the sample pool staff.
4	Sum of fields 1, 2, and 3.
5	Total number of accurately completed observations for each activity code listed.
6	Place the same number in field 5 for activity code 10 as a negative. Note: Only activity code 10 should be populated.
7	Total for each activity codes adding fields 5 and 6.
8	Field 7 for each activity code divided by the sub-total response count in field 14.
9	For each activity code, multiply the activity code percent in field 8 by field 13.
10	For each activity code, add field 7 to field 9.
11	For each activity code, divide field 10 by field 12.
12	The sum of all activity code responses (field 5).
13	The sum of field 6 (activity code 10 only).
14	The sum of all activity code sub-totals (field 7).
15	The product of the MO HealthNet eligible students divided by the total student population for the school district (field 17 divided by field 16).
16	The total student population for the school district.
17	The total number of students found to be MO HealthNet eligible.
18	The percent from field 11 for activity code 1.b.
19	The percent from field 11 for activity code 2.b.
20	The sum of fields 18 and 19.
21	Multiply field 1 by field 20.
22	Multiply field 2 by field 20.
23	Multiply field 3 by field 20.
24	Sum of field 21, 22, and 23.
25	The percent from field 11 for activity code 5.b.
26	The percent from field 11 for activity code 6.b.
27	The percent from field 11 for activity code 7.b.
28	The percent from field 11 for activity code 8.b.
29	The sum of fields 25, 26, 27, and 28.
30	Restate the percent in field 15.
31	Multiply field 29 by field 30.
32	Multiply field 1 by field 31.
33	Multiply field 2 by field 31.
34	Multiply field 3 by field 31.
35	Sum of field 32, 33, and 34.
36	The percent from field 11 for activity code 9.b.
37	The product of the MO HealthNet enrolled providers the district referred students to be divided by the total number of providers the district referred students to.
38	Multiply field 37 by field 15.
39	Multiply field 36 by field 38.
40	Multiply field 1 by field 39.
41	Multiply field 2 by field 39.
42	Multiply field 3 by field 39.
43	Sum of field 40, 41, and 42.
44	The sum of fields 21, 32, and 40.
45	The sum of fields 22, 33, and 41.



- 46 **The sum of fields 23, 34, and 42.**
- 47 **The sum of fields 24, 35, and 43.**
- 48 **Multiply field 47 by 50%.**
- 49 **The certified unrestricted indirect cost rate on file with DESE.**
- 50 **Multiply field 44 by field 49, and then multiply the total by 50%.**
- 51 **The sum of fields 48 and 50.**



Attachment C

Secure FTP Process & Instructions for School District Administrative Claiming (SDAC)

Firewall Requirements:

Open ports 50,000 to 50,099 with permissions for MOFTP.MO.GOV. The school district will eventually want to remove permissions for TSFTP01.OA.MISSOURI.GOV for these ports.

User ID Information:

The districts will be assigned a User ID by MHD. The user id will link the school district to a specific folder containing only their district's information. The district will not have access to any other district's information. ITSD will send an e-mail to each district, informing them of their unique user id.

Password Information:

The school district's initial password will be set to DSSFTP1. They must sign onto the following web site <https://moftp.mo.gov> using your SS customer id and DSSFTP1 password and change your password. The new password must be a minimum of 7 characters with 1 being numeric. Once the district has changed its password, it is set not to expire. The password is case sensitive.

Email Requirement:

ITSD will be sending the district an email notification when a file is put up on the server for them. ITSD will need to know to what email address the notification should be sent. ITSD can only send a notice to one address per customer. The district should submit its email address to DSS.ITSD.RSSecurity@dss.mo.gov and include their FTP ID in the subject line or body of the email.

Download/Upload files:

There are two options for the district in order to perform the downloads/uploads.

The district can sign onto <https://moftp.mo.gov> to download/upload files which are an easy point and click option. The district will receive an email notice when ITSD places a file up on the server for the district and the email will contain a link for you to click on.



The district can also continue using the same process as in previous years. This would also include AMEREN. If a user continues using this option, they will need to make the following changes when issuing commands:

Change `ftps -a -e:on TSFTP01.OA.MISSOURI.GOV` to `ftps -a -e:on MOFTP.MO.GOV`

The User ID will now have an SS in front of it

The district's password is case sensitive and must be changed before the district FTP a file and then it's set not to expire

Command examples:

GET serverfilename whereyouwanttoputfile

example: GET DSSISDT.\$0726.FILE c:\testfile.txt

PUT yourfilename serverfilename

Example: PUT c:\testfile.txt DSSISDT.\$0726.RETURN.FILE

QUIT command when finished

NOTE: ITSD-DSS staff will notify the district of the file name(s) they are putting on the server and what they want the district to name the file they are returning if the district is returning a file. There are not currently any plans to change file names.



Attachment D

**MO HealthNet School District Administrative Claiming
Quarterly Certification of Total Expenditures**

Department of Social Services
MO HealthNet Division
P.O. Box 6500
Jefferson City, MO 65102

Dear Staff:

School District Name: _____

I am the financial officer of this school district and am charged with the duties of supervising of the administration of the provision and billing for the School District Administrative Claiming activities provided under Title XIX (Medicaid) of the Social Security Act, as amended. I certify the school district has total expenditures equal to the total amount being claimed for federal reimbursement. The school district certifies the expenditures are not being claimed in support of any other grant or program. These expenditures were billed to the state MO HealthNet agency for School District Administrative Claiming services provided to Medicaid eligible students during the calendar quarter of _____ for the _____ school year.

I also certify that the school or school district's certified expenditures were incurred in accordance with the provisions of Missouri's policies. These certified expenditures are separately identified and supported in the school district's accounting system.

School District Quarterly Expenditures

Total Expenditures _____ X 50% Total Medicaid Reimbursement

Name (please print)

Signature

Title

Date



Attachment E

DO NOT COPY
Random Moment Sampling Observation Form
Missouri School District Administrative Claiming

For the period:

Description: _____

Section 1: Positions (Please select only one [X])

Section 2: Activities (Please select only one [X])

- 100 Administrative Assistant
- 105 Aide
- 110 Assistant Principal
- 115 Behavioral Specialist
- 120 Counselor
- 125 Diagnostic Specialist
- 130 Instructional Coordinator
- 135 Interpreter
- 140 Nurse, Assistant
- 145 Nurse, LPN
- 150 Nurse, RN
- 155 Occupational Therapist
- 160 Occupational Therapy Assistant
- 165 Parents as Teachers Staff
- 170 Physical Therapist
- 175 Physical Therapy Assistant
- 180 Principal
- 185 Psychiatrist
- 190 Psychologist
- 195 Social Worker
- 200 Specialist, Health Services
- 205 Speech/Language Pathologist
- 210 Staffing Specialist
- 215 Teacher, _____
- 220 Teacher, Hearing Impaired
- 225 Teacher, Special Education
- 500 Other: _____

- 01a Non-MO HealthNet Outreach
- 01b MO HealthNet Outreach
- 02a Facilitating an Application to Non-MO HealthNet Programs
- 02b Facilitating MO HealthNet Eligibility Determination
- 03 School Related & Educational Services
- 04 Direct Medical Services
- 05a Transportation for Non-MO HealthNet Services
- 05b Transportation-Related Activities in Support of MO HealthNet Covered Services
- 06a Non-MO HealthNet Translation
- 06b Translation Related to MO HealthNet Services
- 07a Prog. Planning, Policy Devel., & Interagency Coord. Related to Non-Medical Services
- 07b Prog. Planning, Policy Devel., & Interagency Coord. Related to MO HealthNet Services
- 08a Non-MO HealthNet Training
- 08b Medical/MO HealthNet Related Training
- 09a Referral, Coordination & Monitoring of Non-MO HealthNet Services
- 09b Referral, Coordination & Monitoring of MO HealthNet Services
- 10 General Administration

Sample Moment
 Sample Sequence #:

 (Signature) (Date)