



# **ADMINISTRATIVE CLAIMING PROVIDER MANUAL**

*Chapter Eight of the Medicaid Services Manual*

**Issued October 1, 2010**

Claims/authorizations for dates of service on or after October 1, 2015 must use the applicable ICD-10 diagnosis code that reflects the policy intent. References in this manual to ICD-9 diagnosis codes only apply to claims/authorizations with dates of service prior to October 1, 2015.

**State of Louisiana  
Bureau of Health Services Financing**

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## **OVERVIEW**

Pursuant to the Louisiana Legislature's passage of R.S. 46:2721 in the 2001 Legislative Session creating the Medicaid School-Based Administrative Claiming Trust Fund, the Department of Health and Hospitals (DHH), Bureau of Health Service Financing (BHSF) initiated the creation of the Medicaid Administrative Claiming Program (MAC).

DHH recognizes that schools offer a unique advantage and opportunity to outreach potential and current Medicaid recipients to help them access Medicaid covered services. The Medicaid Administrative Claiming Program is a Medicaid program in which school districts can be reimbursed for medically-related administrative functions which the school district staff performs on behalf of Medicaid eligible and potentially eligible students. The reimbursement is contingent upon availability of state and federal matching funds. Administrative functions include such activities as outreach and assisting children in accessing Medicaid covered services. The school district agrees to follow a prescribed methodology of invoice claiming which must meet very specific requirements including entering into interagency agreements with DHH and participating in approved uniform Centers for Medicare and Medicaid Services (CMS) time-studies in order to access funds.

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**SECTION 8.1: STATE ADMINISTRATION****PAGE(S) 1**

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## **STATE ADMINISTRATION**

The Louisiana State Department of Health and Hospitals (DHH), Bureau of Health Services Financing (BHSF) has personnel, employed and contracted, allocated to work on the Medicaid Administrative Claiming (MAC) program. These personnel currently work through the Rate and Audit Review Section of BHSF. Below are the job titles and functions of this staff.

### **Program Manager**

The MAC program manager is the primary contact person between DHH and the Centers for Medicare and Medicaid Services (CMS). This position is responsible for developing and implementing the state's policies and procedures for the MAC program as well as the monitoring and oversight plan. The program manager ensures that local entities receive thorough and comprehensive training on the program and time study codes and is responsible for ensuring that federal payments claimed meet all the MAC program requirements. This position's job functions are not totally dedicated to the MAC unit but will directly supervise the Program Supervisor position in the DHH MAC unit. The program manager is also the contract monitor for any third party contractor hired by DHH to assist in monitoring the school districts.

### **Program Supervisor**

The program supervisor is the chief supervisory contact person between DHH and local school districts. This position's job duties are 100% dedicated to the MAC program and serves as the daily manager of the DHH MAC unit managing the MAC program monitors. Responsibilities of this position include creating and implementing plans for statewide and local monitoring of claims and time studies as well as maintaining contracts and coordinating internal and external program activities, writing policy guidelines, creating manuals, and disseminating policy clarifications to the local districts. The program supervisor is also present at a representative number of the on-site monitorings and attends a similar number of training sessions on time study procedures and serves as the contract monitor between DHH and local school districts.

### **Program Monitors**

The Program Monitors or other department designees are the primary contact with the local school districts and these positions are dedicated to the MAC and Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Direct Services (DS) programs. They perform reviews of all claims submitted by school districts to ensure that they are accurate and contain all information required by DHH for payment. They perform on-site monitoring which includes reviewing financial data as well as interviewing time study participants. The Program Monitors or designees attend school district training sessions held on time study procedures to assure compliance with DHH guidelines. They review all training materials for accuracy and maintain a close working relationship with school district personnel.

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### **TIME STUDY**

The purpose of a time study is to determine the amount of time school district staff spends on Medicaid administrative activities so that costs can be properly allocated to the MAC program. In most agencies, it is uncommon to find staff whose activities are limited to just one or two specific functions. Staff members normally perform a number of activities, some of which are claimable and some of which are not claimable. Sorting out the portion of worker activity that is claimable to MAC and to non-MAC programs requires an allocation methodology that is objective and empirical (i.e., based on documented data). Staff time has been accepted as the basis for allocating staff cost. The federal government has developed an established tradition of using time studies as an acceptable basis for cost allocation.

A time study is representative and reflects how workers' time is distributed across a range of activities. A time study is not designed to show how much of a certain activity a worker performs; rather, it reflects how time is allocated among functions. Thus, a valid time study should be reflective of how a worker's time is spent over all days in the same period.

DHH permits only one time study method for the collection of data.

#### **Methodology**

The random moment sampling (RMS) method measures the work effort of the entire group of approved staff by sampling and analyzing the work efforts of only a cross-section of the group. RMS methods employ a technique of polling employees at random moments (one minute) over a given time period and tallying the results of the polling over that period. The method provides a statistically valid means of determining the work effort being accomplished by the time study participants.

The sampling period is defined as the same three-month period comprising each quarter of the federal calendar. School districts supply DHH with an electronic source and data file of the time study participants within their district. This file should only include participants that are less than 100% federally funded. DHH downloads this information into the database known as the RMS Administrator.

**This information must be submitted to DHH for submission in the RMS Administrator at least 45 days prior to the beginning of the quarter to be time studied.**

The RMS Administrator then utilizes DHH approved software to produce 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 methodology 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

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person and a moment is 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. Once the random sample of staff-moments has been generated, the sample is printed in the form of master and location control lists. These lists are used for administration purposes and as observation forms for collecting the observation data.

The RMS Administrator distributes the appropriate control lists and observation forms to designated RMS coordinators in the districts at some time prior to the beginning of the reporting period. Each sampled moment is identified on its respective control list in chronological order by the name of the staff person to be sampled and the date and time at which the observation should take place. The master list is used by the RMS Administrator to monitor the status of each observation form so that appropriate follow-up contacts can be made for delinquent observations or missing data. The location control listing is distributed to the local RMS coordinators.

The RMS coordinator at each location is responsible for ensuring that a copy of the form and instructions are distributed to sampled staff just prior to the time at which observation data will be collected. The form is designed so that for the moment selected, the school district staff gives sufficient written information on the form about their activity so the RMS coordinator or other appropriately trained school district staff may indicate the appropriate activity code as defined in Appendix B. The completed and coded sample observations are returned to the RMS Administrator, generally on a weekly basis, for data entry and tabulation.

A RMS system that meets federal reporting and documentation requirements is designed to permit a level of precision of  $\pm 2\%$  with a 95% confidence level. For activities with expected rates of occurrence of less than five percent, precision tolerance is reduced to  $\pm 5\%$ . The confidence level, however, remains at 95% regardless of the expected rate of occurrence. At the end of the sampling period, after all data has been collected and tabulated, program precision tables are produced that provide a means of verifying that the sample results meet the confidence test of 95% with a standard error of  $\pm 2\%$ .

### **Time Study Participants**

Individuals participating in the MAC program are divided into two cost pools: Cost Pool 1 and Cost Pool 2. Only individuals in Cost Pool 1 participate in the time study.

#### **Cost Pool 1**

All school district staff spending time on any of the Medicaid reimbursable activities should be included in the time study population. (See Appendix B for list of Time Study Codes with corresponding activities). This includes the school districts direct employees, contract employees, part-time employees, temporary employees and any other category of individuals

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receiving pay from the school district. This does not include individuals such as parents or other volunteers who receive no compensation for their work; this would include in-kind “compensation”. School district staff with the following job titles could reasonably be expected to be considered as time study participants:

- Social Workers
- Psychologists and interns
- Counselors
- Diagnosticians
- Physicians
- RN, LPN and school health aides
- Interpreters
- Orientation and mobility specialists
- Bi-lingual specialists
- Pupil appraisal coordinator
- Facilitator of IEP services
- Adaptive Physical Education
- Assistive technology coordinator

Staff with these job titles should not automatically be included in the time study. A district must determine whether they, in fact, render MAC reimbursable activities and if their positions are less than 100% federally funded. Positions that are 100% federally funded should be excluded from the time study. All factors should be met in order to be included in the time study.

**Cost Pool 2**

Clerical staff (aides, other than school health aides, secretaries and clerks), supervisory staff and administrators who provide direct support exclusively to time study participants usually do not participate in time studies. These individuals are reported in Cost Pool 2. If a school district determines that staff in one of these positions does perform MAC reimbursable activities, the district may request approval from the DHH Program Supervisor by completing the Personnel



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Job Title Certification Form (See Appendix C) to have them included in the cost pool. Financial staff such as bookkeepers, accounting clerks, business managers and information technology staff are not to be included in time studies or treated as clerical/supervisory staff.

**Aide Level Staff**

For purposes of the MAC program, aides are considered to be support staff and are usually not included in time studies unless they are “school health aides.” School health aides are aides, which are rendering medical and administrative services under the supervision of a licensed registered nurse.

According to federal requirements, the following school district staff is normally not included in time studies:

- Non-Special Education teachers
- Transportation staff
- Cafeteria staff
- Maintenance staff
- Coaches
- Principals (except that elementary school principals and principals for some schools containing only disabled students may perform certain outreach functions).

Staff in these positions may be included in time studies only if they routinely perform MAC reimbursable activities.

**Position Description**

If a school district has job titles that do not fit the above job classifications, a Personnel Job Title Certification Form should be completed and sent to the DHH Program Supervisor for review and approval before inclusion in the time study. The same procedure should be followed if new positions are added which do not fit the above listed classifications. (See Appendix C)

Once it is determined by a school district that certain staff or categories of staff are to be included in time studies, all of their time must be considered during the time study in order to obtain a valid accounting of their compensable time.

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**Training**

Time study training must be conducted by:

- school district staff,
- consultants under contract with school districts, or
- DHH (only when school districts have no consultant or contractor).

DHH must be informed two weeks prior to all training sessions so that a DHH representative may attend.

Districts must use written descriptions of activities and have central coders assign codes from the written descriptions. Central coders must be trained at least 30 days prior to them coding the RMS forms. Training of time study participants in these districts is recommended but not mandated. Participating staff/time study coders must receive training at least once per year. A sample form can be entered as an exhibit if need be.

Districts must maintain documentation of all training sessions. There must be documentation that all time study participants or central coders received training prior to participating in the time study. Sign-in sheets for training sessions must include the time study participants' or central coders' names, job titles, date of training and signatures (in permanent ink) attesting that they have in fact received the training. This training documentation is placed in the quarterly MAC file and a copy is sent to DHH.

The training must include general Medicaid information, including program information, eligibility guidelines, and local eligibility office information. Participating employees must be informed of Medicaid covered services. This is an integral part of the program since this program is established to help recipients access these covered services and to reach potential Medicaid recipients.

Training should also cover all aspects of the time study process. Employees participating in daily time studies and the RMS central coders must be trained thoroughly on each activity code listed in Appendix B. Participants must be able to differentiate between medical-related and other activities. Examples of activities for each code must be presented and discussed. Training should not end until the trainer is sure that each staff member understands the activity codes and is comfortable that he/she will apply them accurately during the time study. Staff should be clear on how to complete daily time study logs or be familiar with the sampling methodology and understand how to complete the RMS form used to collect claiming data. The trainer should quiz participants to gauge the employees' understanding of the codes. **District staff must not be told which time study codes or activities are reimbursable and which codes are not reimbursable.**

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**All materials used for training purposes must be approved by DHH.** This includes any materials prepared ad hoc by districts such as study sheets, coding examples and job specific listings. Districts are encouraged to use and distribute any materials provided by DHH regarding the MAC program and time study. This includes a description of the program and its intent, examples of code usage (acceptable and unacceptable), and job specific activity coding.

**Re-training**

Re-training will be required if correct responses on the test work performed during monitoring are below 70%. Staff that have incorrectly completed time study forms should participate in retraining prior to participation in another time study or, at a minimum, be contacted for an explanation of why the error occurred. This re-training is documented the same as the original training.

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**MANDATORY PARTICIPATION REQUIREMENTS**

The DHH Bureau of Health Services Financing establishes all MAC guidelines. The purpose of the MAC program is to assist eligible and potentially eligible Medicaid individuals in accessing services covered by the Medicaid program by using activities such as outreach, referral, case coordination, and follow-up.

School districts participating in Medicaid Administrative Claiming (MAC) must meet all participation requirements in the MAC program. New districts must comply with the participation requirements before participating in the MAC program. Current participants must review their present programs annually and make any necessary adjustments to ensure DHH of compliance with all participation requirements.

The participation requirements include the following components:

- Local school districts must enter into an interagency agreement with DHH to participate in the program. This agreement must be submitted and approved by DHH prior to participation in the program. DHH must also be assured that the district is capable of administering the program. The contract agreement includes a description of the general responsibilities, Medicaid administration, fiscal provisions, amendments, and terms. Agreement continuation will be dependent on maintaining compliance on a continual basis. (See Appendix A.)
- Each participating district must designate a local program coordinator who will be responsible for management of the MAC program in their organization. The local program coordinator will receive all correspondence and requests for information on the program for their district. For districts using RMS, the coordinator must ensure that the district coder(s) receive thorough and comprehensive training on the program and the time study codes. The local program coordinator issues policy and procedures, ensures accurate and verifiable random moment sampling forms, ensures accurate claim preparation within the designated timeframes, maintains documentation in support of claims, monitors contract compliance, and coordinates internal and external program activities. A contract with a third-party consultant to assist the program coordinator to perform some of these activities is allowable; **however, the school district has the final responsibility of making sure all these activities are performed correctly.**

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**Monitoring and Oversight**

The district must follow policies and procedures for monitoring and oversight of the project. The following activities must be examined:

- Training and follow-up training on the time study codes and detailed documentation of all training.
- Follow up interviews and individual training sessions with each local participant in the time study who has incorrect time study logs and/or timesheets.
- Detailed reviews and checks on each claim and back-up documentation submitted to the state agency.

The local program coordinator must take immediate action to correct any findings that impact the accuracy of the time study and claim. For example, if the local program coordinator finds that certain participants in the time study are not performing Medicaid administrative activities, then these participants should **not** be included in the claim and subsequent time studies. A contract with a third-party consultant to assist the program coordinator to perform some of these activities is allowable; **however, the school district has the final responsibility of making sure all these activities are performed correctly.**

**Maintenance of Records**

The local program coordinator must do the following:

- Maintain required documentation to support development and submission of the claim to DHH for Centers for Medicare and Medicaid Services (CMS) reimbursement,
- Ensure that time study participants have documentation to support the time study with enough detail to describe the activities performed during the time study,
- Establish and maintain files on each submitted claim that conforms to the MAC file contents as listed below, and
- Conduct periodic reviews (at least annually) to ensure that files are current, complete, accessible, and secure.

All records must be maintained for a minimum of five years. A contract with a third-party consultant to assist the program coordinator to perform some of these activities is allowable;

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however, the school district has the final responsibility of making sure all these activities are performed correctly.

**MAC File Contents:**

Each participating school district must maintain a separate file for each quarter billed. The following documentation is required:

- Sample pool participants by function, title, name, unique number, location, or phone number,
- All computations or allocations used in reimbursement calculation,
- A detailed listing of all revenues offset from the claim, by source,
- A copy of the computations for Medicaid eligibility percentage, provider participation rate, and percentage of referral activity costs,
- Copies of all training materials given to staff,
- Names of attendees and instructors for the training session given for that quarter,
- A completed quarterly claim,
- A copy of the warrant and remittance,
- Job descriptions of time study participants, and
- Approved Personnel Job Title Certification form (See Appendix C).

**Availability of Records for State and Federal Monitoring**

The local program coordinator must ensure that the district cooperates completely with the state and federal monitoring and provides them with the requested documentation. The contents of the MAC file listed above will be examined for the quarter being monitored. The local program coordinator must provide the state and federal staff with a program overview with an emphasis on the training provided to the time study participants and the local monitoring of the time studies to ensure their accuracy. The local program coordinator must:

- Accept the findings,
- Implement corrective actions needed as a result of the engagement, and

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- Provide a report of the corrective actions implemented within three months of receiving a request for such a plan.

A contract with a third-party consultant to assist the program coordinator to perform some of these activities is allowable; **however, the school district has the final responsibility of making sure all these activities are performed correctly.**

**Filing of Claims and Attachments**

Districts must submit claims on the MAC invoice provided by DHH. The claim should be submitted to DHH (or its' representative) no later than 6 months after the end of each calendar quarter. The accuracy and completeness of the submitted claims must be certified by the Business Manager, Comptroller or Chief Financial Officer of the participating school district and its acceptance must be signed and dated in permanent ink at the bottom of the DHH invoice.

The claim has five components:

- Data input,
- Capital Allocation,
- Time Study Percentages,
- Quarterly Salaries and Benefits, and
- Claim (Calculation of Reimbursable costs).

All five components are submitted along with supporting documentation as defined in the "Instructions to the Claim Form." If a school district is unable to submit the completed claim form by the due date, a request for an extension can be made in writing to the DHH program supervisor.

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**SECTION 8.4: COST ALLOCATION AND METHODOLOGY**

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**COST ALLOCATION AND METHODOLOGY**

In order to determine the reimbursable Medicaid administrative costs expended in a quarter by the school district, the following cost allocations and methodologies are applied:

**Cost Pools**

All personnel participating in the Medicaid Administrative Claiming Program must be assigned to one of the following three cost pools:

- **Cost Pool 1 – Health and Health Related Staff**

This cost pool includes all school staff that has direct responsibilities that include spending some of their time performing one or more of the Medicaid administrative activities. Persons in this cost pool are school district employees and vendors. This cost pool is reimbursable at a 50% rate.

- **Cost Pool 2 - Health and Health Related - (Direct Support Personnel)**

This cost pool includes general or administrative staff that supports the staff in Cost Pool 1. These personnel may or may not have any direct contact with students/families, but may perform any of the Medicaid allowable activities. These staff may include special education directors, clerical, administrative assistants and fiscal staff not already included in district or school administration.

- **Cost Pool 3 - Non-Medicaid Related**

This cost pool should include all employees and all expenditures not allowable in the Medicaid Administrative Claiming Program. All employees not included in either Cost Pool 1 or 2 must be included in this cost pool. This may include teachers, clerical staff, janitorial staff, and administrative staff not included in one of the other cost pools. This shall also include any contractor worker not included in a previous cost pool.

**Note: All school district employees and vendors must be included in a Cost Pool.**

The percentage of time spent on each administrative activity (Codes A-J) will be calculated as a ratio to total reported time. General Administration (Code K) is reallocated among all other activity codes. These ratios are the time study results. Time study results from Cost Pool 1 will be applied to total cost accumulated for persons in Cost Pools 1 and 2. (See Appendix B for a complete list of time study codes.)



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**Total Costs**

Total cost is made up of certain direct costs and an allocation of certain indirect costs. The methodology and financial data are to be fully consistent with the requirements of OMB Circular A-87 and generally accepted accounting standards.

**Direct Costs**

Direct personnel cost includes salaries, wages, contractual vendor payments and employer paid fringe benefits. Other direct costs include travel, materials and supplies and the annual use allowance of direct equipment and/or buildings. Restricted federal funding will be deducted from the actual expenses, such that only state/local funding sources are included in the claim calculations. Individuals that are 100% federally funded will be excluded from time studies and participating in the program. Those individuals that have partial federal funding will be allowed to participate in the time study and program but their salary amounts included in a claim will exclude the federal funds for those individuals.

**Indirect Costs**

The indirect cost rate is used to allocate the school district's indirect cost to the MAC program. School districts should use the restricted indirect cost rate calculated by the Louisiana Department of Education. This rate is calculated on an annual basis. Capital costs can be allocated to the MAC program. Total capital consists of annual use allowance of capital buildings and equipment plus interest related to capital assets. Total annual capital expense is then divided by total direct and unallowable costs as defined in the indirect cost allocation.

**Federal Funds**

Federal funds must be excluded from all cost pools and indirect cost allocations. It is the responsibility of the school district to identify and properly eliminate federal funds from the pool of costs to be reimbursed.

**Payments to Third Party Contractors**

Expenditures paid to third party contractors to help administer the MAC Program are not allowable costs for MAC reimbursement.

**Calculating the Claim**

All costs in Cost Pools 1 and 2 are allocated based on the quarterly time study results. Only time assigned to claimable activity codes as defined in Appendix B are allocated to Medicaid

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administration. Time assigned to the Total Medicaid (TM) codes are reimbursed at the Federal Financial Participation (FFP) rate of 50% without applying any discounts. All other reimbursable codes are discounted using the Medicaid discount factor and the Provider Participation Rate, then reimbursed at the FFP rate of 50%.

**Medicaid Discount Factor**

The Medicaid discount factor is used to discount certain time code activities. This factor is calculated by DHH using total enrollment files obtained from the school districts and comparing them to Medicaid eligibility files. This factor is calculated on an annual basis.

**Provider Participation Rate**

The provider participation rate is used to discount code E, the Medicaid Referral and Coordination code so that only Medicaid referrals are calculated into the claim. This factor is calculated by DHH using provider referral information obtained from the school districts and comparing them to Medicaid participation documentation.

The Medicaid program should not pay for an activity already paid for or otherwise reimbursable under another federal mechanism. This includes the provision of services reimbursed through EPSDT health services. The documentation for administrative activities must clearly demonstrate that the activities are in support of a Medicaid covered service. The activity or function is provided for the entire school population regardless of Medicaid status.

**The federal share of the claim for Medicaid administration is calculated by:**

% of time claimable to Medicaid Administration	Multiplied by
The Medicaid percentage Medicaid Eligibility and Provider Participation rate	Multiplied by
Total Costs (includes direct and indirect costs)	Multiplied by
%FFP (50%)	= Total Reimbursement

**Monitoring**

The DHH and its representatives will conduct two types of monitoring: desk reviews and on-site visits.

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**Desk Reviews**

Desk reviews consist of recalculating the claim to ensure that formulas are applied correctly and ensure that supporting documentation was provided with, and agrees to the claim. A desk review is performed on claim forms prior to being approved for payment by DHH.

**On-Site Visits**

On-site visits may include an in-depth review of the time study methodology used and time study results reported on the claim. It may also include review of the financial data for compliance with approved cost allocation methodology. Districts are monitored no less than tri-annually depending on previous monitoring visit results and review of quarterly time study trends.

The on-site reviews may include interviewing the district coders. Monitors will review RMS forms for proper coding, on a test basis, prior to the tabulation of the time study percentages; therefore, this procedure will not need to be performed during the on-site visit. If the error rate on the RMS forms is 15% or greater for a particular district, the Department can return them to the district for correction. In addition to making the corrections, retraining of the coder(s) may be required.

If both the review of the log and the interview process do not result in at least 70 percent correct coding/responses for any individual, the results will be removed from the time study and cost allocation. These individuals must be retrained before they can be included in subsequent time studies. If the district as a whole fails to have at least a 70% overall rate, one or all of the following options will happen:

- The claim for the quarter involved may be voided and all reimbursement made to the school district may be recouped. This recoupment may be done in a lump sum amount or may be withheld from future payments.
- The claim may be recalculated based on findings from the monitoring.
- The school district may be asked to formulate a Corrective Action Plan. Any such plan must address the specific deficiencies outlined by DHH in their monitoring. No future claims may be paid until a sufficient corrective action plan has been submitted and approved by DHH.
- The school district may be terminated from the MAC program.

**AGREEMENT BETWEEN  
LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS,  
BUREAU OF HEALTH SERVICES FINANCING  
AND  
(NAME OF LOCAL AFFILIATE)**

The Louisiana Department of Health and Hospitals, Bureau of Health Service Financing, hereinafter called DHH, and the (Name of Local Affiliate), hereby make this Agreement to implement certain parts of the Medicaid State Plan under Title XIX and Title XXI of the Social Security Act (Medicaid).

**I.  
GENERAL RESPONSIBILITY**

DHH recognizes the unique relationship that (Abbrev. of Local Affiliate), and the affiliated entities operating under contract or memorandum of understanding with it, has with its Medicaid eligible clients. DHH further recognizes the expertise of the (Abbrev. of Local Affiliate) in identifying and assessing the health care needs of Medicaid eligible clients it serves and in planning, coordinating, and monitoring the delivery of preventive and treatment services to meet their needs. DHH, in order to take advantage of this expertise and relationship and to promote the proper and efficient administration of the State Medicaid Plan, has entered into this Agreement with (Abbrev. of Local Affiliate).

DHH and (Abbrev. of Local Affiliate) enter into this Agreement with full recognition of all Agreements that DHH may have developed for services to Title XIX and Title XXI eligible clients living in Louisiana and which are currently included in the Title XIX and Title XXI State Plans.

DHH and (Abbrev. of Local Affiliate) agree to comply with the Health Insurance Portability and Accountability Act (HIPAA) which protects the privacy of health information and to comply with all other state and federal laws pertaining to confidentiality of patient information.

All Appendixes attached to the Medicaid Administrative Claiming Plan are made a part of this agreement.

## **II. MEDICAID ADMINISTRATION**

DHH agrees to:

Pass through to (Abbrev. of Local Affiliate) no less than eighty-five percent of Title XIX federal share of actual and reasonable costs for Medicaid Administration provided by its staff or by staff in agencies with which it has subcontracted for administrative activities under this agreement. DHH shall retain fifteen percent of the funds as set forth in R.S.46:2721C (2).

Subject to the terms of subsection (b), the rate of reimbursement for allowable administrative activities performed by personnel shall be 50 percent of such costs.

Changes in any federal regulation affecting the matching percentage, or costs eligible for enhanced or administrative match, which become effective subsequent to the execution of Agreement, will be applied herein as provided in such changes in applicable federal regulations. As DHH becomes aware of changes in applicable federal regulations, it will provide such information to (Abbrev. of Local Affiliate) and this Agreement will be amended to reflect the applicable changes in federal regulations.

(Abbrev. of Local Affiliate) agrees to:

Perform or coordinate its subcontractors' performance of Medicaid administrative activities on behalf of DHH to improve the availability, accessibility, coordination and appropriate utilization of preventive and remedial health care resources to Medicaid eligible clients and their families. These activities will be in accordance with the policies and procedures set forth in the Medicaid Administration Claiming Program Mandatory Participation Requirements referred to in Appendix B. Appendix B is attached hereto and incorporated herein for all purposes. Allowable activities under Medicaid administration are described in detail in Appendix D, attached hereto and incorporated herein for all purposes.

Account for the activities of staff providing Medicaid administration in accordance with the provisions of OMB Circular A-87 and 45 CFR Part 74 and 95, the Medicaid Administrative Claiming Program Mandatory Participation Requirements, and with the written guidelines issued by DHH.

Submit its claim for reimbursement in a standardized invoice format designated by DHH. Claims must be submitted within 6 months from the end of the quarter.

Provide DHH the expenditures information justifying the quarterly claim it submits in the manner and written time frames described in the Medicaid Administrative Claiming Program Mandatory Participation Requirements and Cost Allocation Plan.

**CHAPTER 8: ADMINISTRATIVE CLAIMING****APPENDIX A - AGREEMENT****PAGE(S) 4**

Abbrev. of Local Affiliate shall grant to the State through the Legislative Auditor, Inspector General or those designated by the Department of Health and Hospitals, as well as representatives of the federal government for the Department of Health and Human Services, the right to audit all Contractor accounts, records and books specific to this activity for a period of five years following the final payment.

The school district shall protect, indemnify, and hold harmless the Louisiana Department of Health and Hospitals from all claims, costs, expenses, and attorneys fees arising from the school-based administrative claiming of such school district. The school district shall indemnify the Louisiana Department of Health and Hospitals for any disallowances which are imposed by the Centers for Medicare and Medicaid Services related to the school-based administrative claiming of such school district. The school district shall indemnify the Louisiana Department of Health and Hospitals through future payment recoupments or in a lump sum repayment, at the Department's discretion.

Designate an employee to act as Local Program Coordinator for the district and act as liaison with DHH for all MAC related issues.

### **III. FISCAL PROVISION**

Payment provisions under this Agreement shall be made in the following manner:

- Upon (Abbrev. of Local Affiliate's) compliance with its responsibilities pursuant to Section II of this Agreement in a satisfactory manner and after DHH has received federal reimbursement for a quarterly claim from CMS, DHH agrees to pass through to (Abbrev. of Local Affiliate) an amount equal to no less than 85 percent of the federal share of costs as demonstrated by actual cost incurred in (Abbrev. of Local Affiliate) cost centers and appropriation accounts that are paid by the federal government.
- In addition, DHH agrees to reimburse claims for Medicaid administration from (Abbrev. of local Affiliate) only if (Abbrev. of Local Affiliate) or its subcontractors certify that sufficient funds are available to support the non-federal share of the cost of the claim (or match). This Agreement is also subject to any additional restrictions, limitations or conditions required by federal or state government which may affect the provisions, term or funding of this Agreement in any manner.
- (Abbrev. of Local Affiliate) agrees to provide DHH with an annual report, or at the request of DHH, describing how State General Revenue funds, in an amount equal to the federal match received from Medicaid Administrative Claiming, were used to reimburse administrative expenses for the program.

**CHAPTER 8: ADMINISTRATIVE CLAIMING****APPENDIX A - AGREEMENT****PAGE(S) 4**

This Agreement will terminate at the end of any federal fiscal year in the event funds are not appropriated by the U.S. Congress for the next succeeding federal fiscal year. If funds are appropriated for a portion of the fiscal year, this Agreement will terminate at the end of the term for which funds are appropriated.

DHH's obligation to transfer these funds under this Agreement is contingent upon the availability of Federal Financial Participation.

#### **IV. AMENDMENT**

This Agreement may be amended at any time by mutual consent of the parties of this Agreement. Either party may also terminate this Agreement without cause by delivery of written notice of termination to the other party at least thirty (30) days prior to the effective date of termination.

#### **V. TERM OF CONTRACT**

This Agreement is effective (date), and shall continue indefinitely. This Agreement is executed by the undersigned in their capacities as stated below.

(NAME OF LOCAL AFFILIATE)

\_\_\_\_\_  
(District Superintendent)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Medicaid Director

\_\_\_\_\_  
Date Signed

### MAC TIME STUDY CODES

Listed below are 11 codes to be used when performing time studies.

- CODE A Medicaid Outreach - **TM**
- CODE B Outreach Non-Medicaid – **U**
- CODE C Facilitating Medicaid Eligibility Determination - **TM**
- CODE D Facilitating Non-Medicaid Eligibility Determinations - **U**
- CODE E Referral and Coordination of Medicaid Services - **PM**
- CODE F Referral and Coordination of Non-Medicaid Services - **U**
- CODE G Medicaid Transportation\Translation\Interpreting - **PM**
- CODE H Non-Medicaid Transportation\Translation\Interpreting - **U**
- CODE I Direct Medical Services - **U**
- CODE J Non-Medicaid, Other Educational and Social Services - **U**
- CODE K General Administration - **R**

Codes are also accompanied by a Status Code. Listed below are the status codes with definitions:

**U** - Unallowable activities. Refers to an activity which is unallowable as administrative claiming under the Medicaid program. This is regardless of whether or not the population served included Medicaid eligible individuals.

**TM** - Total Medicaid. Refers to an activity which is 100 percent allowable as administrative claiming under the Medicaid program.

**PM** - Proportional Medicaid. Refers to an activity which is allowable as administrative claiming activity but for which the allowable share of costs must be determined by the application of the proportional Medicaid share. The Medicaid share is determined by multiplying the Medicaid eligibility percentage by the provider participation rate.



**CHAPTER 8: ADMINISTRATIVE CLAIMING****APPENDIX B – MAC TIME STUDY CODES****PAGE(S) 9**

**R** – Reallocated activities. Refers to those general administrative activities performed by time study participants which must be reallocated across the other activity codes on a pro rata basis. The reallocated activities are reported under Code K, 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.

All activities that are Medicaid related are to be handled within the framework of the Medicaid system. This means that recipients enrolled in these programs should be referred to their Primary Care Physician when appropriate. Follow-up care and coordination will then become the responsibility of the PCP. If a recipient has Case Management, referrals must be made to the case manager and follow-up care coordination shall be performed by that individual. Many of these services duplicate the duties of the PCP, however, DHH and CMS recognize that schools have unique access to children and an enhanced opportunity to identify suspected conditions and make referrals for follow-up treatment.

**CODE A Medicaid Outreach - TM**

This code should be used by school district employees when performing activities which inform eligible and potentially eligible individuals about Medicaid and how to access it. Include related paperwork, clerical activities or staff travel required to perform these services. Report under this code only that portion of time spent on these activities, which specifically address Medicaid outreach. **LEAs may only conduct outreach for the population served by their school districts, i.e., students and their parents or guardians.**

Examples of activities reported under this code:

- Providing information to students and families on available Medicaid services and how to access them,
- Notifying families of EPSDT Health Services and initiatives, such as screenings conducted at a school site, or
- Handing out LaCHIP brochures.

**CODE B Outreach Non-Medicaid - U**

School district employees should use this code when performing activities that inform eligible or potentially eligible individuals about non-Medicaid programs (including special education services) and how to access them. This code should be used when describing the range of benefits covered under the non-Medicaid programs. Both written and oral methods may be used. Include related paperwork, clerical activities or staff travel required to perform these services.

**CHAPTER 8: ADMINISTRATIVE CLAIMING****APPENDIX B – MAC TIME STUDY CODES****PAGE(S) 9**

Examples of activities reported under this code:

- Scheduling and promoting activities which educate individuals about the benefits of healthy lifestyles and practices,
- Conducting general health education programs or campaigns addressed to the general population,
- Conducting outreach programs directed toward encouraging persons to access social, educational, legal or other services not covered by Medicaid,
- Assisting in early identification of children with special medical/mental health needs through various CHILD SEARCH activities, or
- Any outreach activities in support of programs which are 100% funded by State general revenue.

**CODE C Facilitating Medicaid Eligibility Determination - TM**

School district employees should use this code when assisting an individual in becoming eligible for Medicaid. Include related paperwork, clerical activities or staff travel required to perform these services. Using Medicaid eligibility status to determine eligibility for non-Medicaid programs is not allowed under this activity code. This also does not include the actual determination of Medicaid eligibility. **LEAs may only conduct outreach for the population served by their school districts, i.e., students and their parents or guardians.**

Examples of activities reported under this code:

- Assisting an applicant to fill out a Medicaid eligibility application,
- Assisting individuals to provide third party resource information at Medicaid eligibility intake,
- Verifying an individual's current Medicaid eligibility status when occurring prior-to or as a follow-up to assistance given in applying for Medicaid,
- Gathering and organizing information related to the application and eligibility determination for an individual, including third party liability (TPL) information, as a prelude to submitting a formal Medicaid application,
- Assisting the individual or family in collecting/gathering required information and documents for the Medicaid application, or
- Providing necessary forms and packaging all forms in preparation for the

**CHAPTER 8: ADMINISTRATIVE CLAIMING****APPENDIX B – MAC TIME STUDY CODES****PAGE(S) 9**

Medicaid eligibility determination.

**CODE D Facilitating Non-Medicaid Eligibility Determinations - U**

School district employees should use this code when helping an individual to become eligible for non-Medicaid programs such as Temporary Assistance for Needy Families (TANF), Food Stamps, Women, Infants and Children (WIC), day care, legal aid, and other social or education programs and referring them to the appropriate agency to make application, e.g., when helping an individual to become eligible for these services. Include related paperwork, clerical activities or staff travel required to perform these services.

Examples of activities reported under this code:

- Verifying an individual's eligibility or continuing eligibility for Medicaid for the purpose of developing, ascertaining, or continuing eligibility for non-Medicaid programs,
- Explaining eligibility rules and eligibility processes for TANF (formerly Aid to Families with Dependent Children (AFDC)), food stamps, WIC, etc., to prospective applicants,
- Assisting an applicant to fill out eligibility applications for such non-Medicaid programs as TANF (AFDC) and food stamps,
- Gathering information related to the application and eligibility determination for non-Medicaid programs for a client, or
- Providing necessary forms and packaging all forms in preparation for the non-Medicaid eligibility determination.

**CODE E Referral and Coordination of Medicaid Services - PM**

School district employees and vendors should use this code when making referrals for coordinating the delivery of Medicaid covered services. Referral, coordination and monitoring activities related to services in an IEP are reported in this code. In the instance of a Medicaid-eligible student, every effort must be made for referral to a Medicaid enrolled provider. A list of Medicaid covered services is attached. Include related paperwork, clerical activities or staff travel required to perform these services.

**Use code I when providing any direct medical service or activities that are considered integral to, or an extension of, a direct medical service. For example: A referral resulting from the provision of a direct medical service.**

Examples of activities reported under this code:

**CHAPTER 8: ADMINISTRATIVE CLAIMING****APPENDIX B – MAC TIME STUDY CODES****PAGE(S) 9**

- Making referrals for and/or coordinating medical or physical examinations and necessary medical evaluations,
- Providing information about Medicaid EPSDT screening (e.g., dental, vision) in the schools that will help identify medical conditions that can be corrected or improved by services through Medicaid; Examples:
  - Making referrals for and/or scheduling EPSDT screens, inter-periodic screens and appropriate immunizations,
  - Referring individuals for necessary medical health, dental health (under age 21 only), mental health, or substance abuse services covered by Medicaid, including EPSDT Health Services,
  - Gathering information that may be required in advance of these referrals or evaluations,
- Working with individuals, their families, other staff, and providers to identify, arrange for, and/or coordinate services covered under Medicaid that may be required as the result of screens, evaluations, or examinations,
- The actual referral of an individual to a Medicaid program for services,
- Participating in a meeting to coordinate or review a student's needs for initial services covered by Medicaid (if a student is already receiving services and discussion is about ongoing medical services use code I),
- Providing follow-up contact to ensure that an individual has received the prescribed Medicaid covered service and to provide feedback as to whether further treatment or modification of existing treatment are required (the person doing the follow up is not directly involved in the direct service),
- Coordinating the completion of the prescribed services, termination of services, and the referral of the individual to other Medicaid service providers as may be required to provide continuity of care, or
- Consultations with peers, teachers and administration on medical/health-related services.

**CODE F Referral and Coordination of Non-Medicaid Services – U**

School district employees should use this code when making referrals for, coordinating, and/or monitoring the delivery of non-Medicaid covered services. A list of Medicaid covered services is attached. Include paperwork, clerical activities or staff travel required to perform these services.

Examples of activities reported under this code:

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- Making referrals for and coordinating access to social and educational services such as child care, employment, job training, and housing,
- Making referrals for, coordinating, and/or monitoring the delivery of free child health screens (vision, hearing, scoliosis),
- Making referrals for, coordination of services that are rendered free of charge to the general public, or
- Referral to non-Medicaid programs such as TANF, Food Stamps, WIC, day care, legal aid, and other social or education programs.

**CODE G Medicaid Transportation\Translation\Interpreting - PM**

School district employees should use this code when assisting an individual to obtain transportation to services covered by Medicaid or obtaining translation\interpreting services for the purpose of accessing Medicaid services. A list of Medicaid covered services is attached. Include paperwork, clerical activities or staff travel required to perform these services. This activity does not include activities which contribute to the actual billing of transportation as a medical service.

Examples of activities reported under this code:

- Scheduling or arranging transportation to Medicaid covered services,
- Arranging for or providing translation services (oral and signing) that assist an individual or family to access and understand necessary care or treatment, or
- Accompanying the eligible individual to a Medicaid services activity.

**CODE H Non-Medicaid Transportation\Translation\Interpreting - U**

School district employees should use this code when assisting an individual to obtain transportation to services not covered by Medicaid or providing translation or interpreting services for non-Medicaid activities. Include related paperwork, clerical activities or staff travel required to perform these activities.

Examples of activities reported under this code:

- Scheduling or arranging transportation to social, vocational, and/or educational programs and activities,
- Accompanying an individual to services not covered by Medicaid,
- Arranging for or providing translation services (oral or signing) that assist an individual to access and understand social, educational and vocational services,
- Arranging for or providing translation services (oral or signing) that assist an

**CHAPTER 8: ADMINISTRATIVE CLAIMING****APPENDIX B – MAC TIME STUDY CODES****PAGE(S) 9**

individual to access and understand state education or state-mandated health screening (e.g., vision, hearing, scoliosis) and general health education outreach campaigns intended for the student population.

**CODE I Direct Medical Services - U**

School district employees should use this code when providing client care, treatment, and/or counseling services to an individual and/or group in order to ameliorate a specific condition. This code includes the provision of all medical services, including but not limited to services reimbursed through EPSDT Health Services. Include paperwork, clerical activities or staff travel required to perform these services.

Examples of activities reported under this code:

- Direct clinical/treatment services,
- Administering first aid,
- Administering medication,
- Making referrals for and/or coordinating medical or physical examinations and necessary medical evaluations as a result of a direct medical service,
- All billable EPSDT Health Services as outlined in the EPSDT Health Services Manual including: audiology services, speech and language evaluations and therapy, physical therapy and evaluations, occupational therapy and evaluations, and psychological evaluations and therapy,
- All billable Medicaid services including: medical, vision and hearing screenings and all nurse consults,
- Social workers providing direct services, or
- Immunizations and performance of routine or education agency mandated child health screens to the student enrollment, such as vision, hearing and scoliosis screens.

**CODE J Non-Medicaid, Other Educational and Social Services - U**

This code should be used for any activities which are not health-related, such as employment, job training, and social services, as well as non-Medicaid health related. This code includes all paperwork, documentation and other administrative activities that directly support the delivery of these services.

Examples of activities reported under this code:

- Performing activities that are specific to instructional, curriculum, student-focused areas,

**CHAPTER 8: ADMINISTRATIVE CLAIMING****APPENDIX B – MAC TIME STUDY CODES****PAGE(S) 9**

- Performing necessary assessments and participation in the development, writing or review of the IEP. Time traveling to an IEP meeting,
- Monitoring student achievement,
- Having a parent/teacher conference about a student's educational progress. This includes any conference during the IEP meeting,
- Compiling, preparing, and reviewing reports on textbooks or attendance,
- Enrolling new students or obtaining registration information,
- Providing general supervision of students (i.e., playground, cafeteria),
- Conferring with students or parents about discipline, academic matters or other school related issues,
- Evaluating curriculum and instructional services, policies, and procedures,
- Participating in or presenting training related to curriculum or instruction (e.g., language, arts, workshop, or computer instruction),
- Providing academic instruction (including lesson planning), grading, and testing (instructional or educational),
- Providing individualized instruction (e.g., math concepts) to a special education student,
- Performing clerical activities specific to instructional or curriculum areas, or
- Activities related to the immunization requirements for school attendance including the review of immunization records, etc.

**CODE K General Administration - R**

All staff should use this code when engaged in general administrative activities. This code should be used by all personnel when on break or any form of paid leave.

Examples of activities reported under this code:

- Training (not related to curriculum or instruction),
- Reviewing school or district procedures and rules,
- Attending or facilitating school or unit staff meetings or board meetings,
- Processing payroll/personnel-related documents,

**CHAPTER 8: ADMINISTRATIVE CLAIMING****APPENDIX B – MAC TIME STUDY CODES****PAGE(S) 9**

- Maintaining inventories and ordering supplies,
- Developing budgets and maintaining records,
- Performing administrative or clerical activities related to general building or district functions or operations,
- Providing general supervision of staff, including supervision of student teachers or classroom volunteers, and evaluation of employee performance,
- Reviewing technical literature and research articles, or
- Lunch.



**CHAPTER 8: ADMINISTRATIVE CLAIMING****APPENDIX C: PERSONNEL JOB TITLE CERTIFICATION****PAGE(S) 1****PERSONNEL JOB TITLE CERTIFICATION**

JOB TITLE \_\_\_\_\_

Cost Pool 1 (YES) \_\_\_\_\_ Cost Pool 2 (YES) \_\_\_\_\_

Do a separate certification form for this job title for each cost pool.

This is to certify for the job title identified above, that the personnel on the attached list perform the Medicaid administrative claiming reimbursable duties in accordance with Section I, B, of the Medicaid Administrative Claiming Implementation Plan.

I am aware that further review of the title and listed participants in either cost pool by appropriate federal or state officials may disallow the inclusion of these personnel with their associated costs and adjust reimbursement claims for the disallowance as claimed. Said judgment as to non-inclusion of this job title class or specific personnel within this class for reimbursement purposes from federal and state officials will be in compliance with specific existing federal policies or the guide. Tests for allow ability may include the evaluation of this title's sampling results for reimbursable utilization, direct interview of the listed personnel by Medicaid area office staff, or other tests deemed necessary by appropriate federal or state officials to insure compliance with the plan.

Attached are the official job duties and responsibilities as they relate to reimbursable activities identified in Section I, B of this plan for this job title and a list of personnel with this job title currently being claimed under the Medicaid Administrative Claiming Program. These documents, after DHH review and approval, are to be filed in the school district MAC file and retained for five years from the date of claim filing.

\_\_\_\_\_  
Name (Print)\_\_\_\_\_  
Signature\_\_\_\_\_  
Title\_\_\_\_\_  
Date

DHH

\_\_\_\_\_  
Signature/Approval Date

**CHAPTER 8: ADMINISTRATIVE CLAIMING****APPENDIX D – RMS FORM****PAGE(S) 1**

Medicaid Administrative Claiming  
Random Moment Sample Questionnaire

DATE / TIME  
OF SAMPLE

	A	B	C	D	E	F	G	H	I-1	I-2	J	K	L
Office Use Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please use the spaces below to describe the activity in which you were involved at the exact moment of your random moment sample time. Utilize the examples on the back of this form to help you complete the questions and accurately write a detailed account of your sample moment.

ACTIVITY

1. Who was with you? \_\_\_\_\_  
In the above space describe the person or individuals with you during your sample time.

2. What were you doing? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
In the above space describe the exact activity you were performing during your sample time.

3. Why were you doing this activity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
In the above space describe the purpose of the activity you were performing during your sample time.

**IMPORTANT:**

NOT COMPLETING AND RETURNING THIS FORM WILL HAVE A  
NEGATIVE IMPACT ON YOUR SCHOOL DISTRICT'S FUNDING  
AS WELL AS THE FUNDING OF OTHER DISTRICTS ACROSS THE  
STATE.

We appreciate your time and cooperation.

SIGN /  
DATE

Signature \_\_\_\_\_ Title / Credentials \_\_\_\_\_ Date Signed \_\_\_\_\_  
By my signature I certify that I understand the purpose of the Administrative Claiming Program, my role in the program, and how to accurately complete the RMS form.  
Work Phone #, including Area Code \_\_\_\_\_  
© Department of Health and Hospitals, State of Louisiana. MACS form. Revised 06/16/2006.