



TIME STUDY TRAINING

Prepared for:

INDIANA MENTAL HEALTH PROVIDERS

Introduction

- This training is to give you the instructions necessary to complete the time study during the week of **March 4th – March 15th, 2024**. There are three parts to the training and a quiz after each section. The training should take 30 – 45 minutes to complete. You may quit and return to the training at any point, the system will save your place. However, you must complete the training prior to the time study week and pass all three quizzes to meet the mandatory training requirement.
- **The training is complete, and your score will be recorded once you arrive at the last slide that contains our program's tollfree number in red.**
- If at any time you have a question regarding the time study or this training, please do not hesitate to call InteCare at 1-888-591-6128.



Learning Objectives

- ***Part One: Understand the MHFRP Program***
- Part Two: Learn how to complete the time study
- Part Three: Identify what activity codes to use

What Is The Mental Health Funds Recovery Program?

- A Medicaid reimbursement program that enables Managed Care Providers (MCP) to recover federal funds for Medicaid administrative activities performed by agency staff
- Medicaid administrative activities are activities that support the efficient and cost effective operation of the Medicaid program
- The MHFRP is in addition to Medicaid fee-for-service reimbursement programs, including MRO
- The MHFRP brings in a sizeable source of Medicaid revenue for your agency

Why Are We Doing a Time Study?

- A time study is an administratively efficient mechanism to quantify the time and effort agency staff spend performing Medicaid administrative activities

- The intent of the time study is:
 - To identify allowable Medicaid administrative activity
 - To identify non-allowable Medicaid administrative activity for exclusion from the claim
 - To provide support documentation that administrative activities were performed and do not duplicate other federal payments made to the agency

Completed time studies are aggregated into a state-wide time study “result” that is applied to each agency’s MHFRP claim



Why is Training Important?

- The time study results are a significant driving force for your agency to receive reimbursement
- Training assures the accuracy and integrity of the program
- Training keeps you updated with any programmatic changes

What is an Administrative Activity?

**Administrative
Activity**



Direct Service



**Administrative
Activity**



**Refer a
patient for
counseling**



**Provide
counseling**



**Participate in
program
planning
meeting**

Types of Activities Performed by Agency Staff

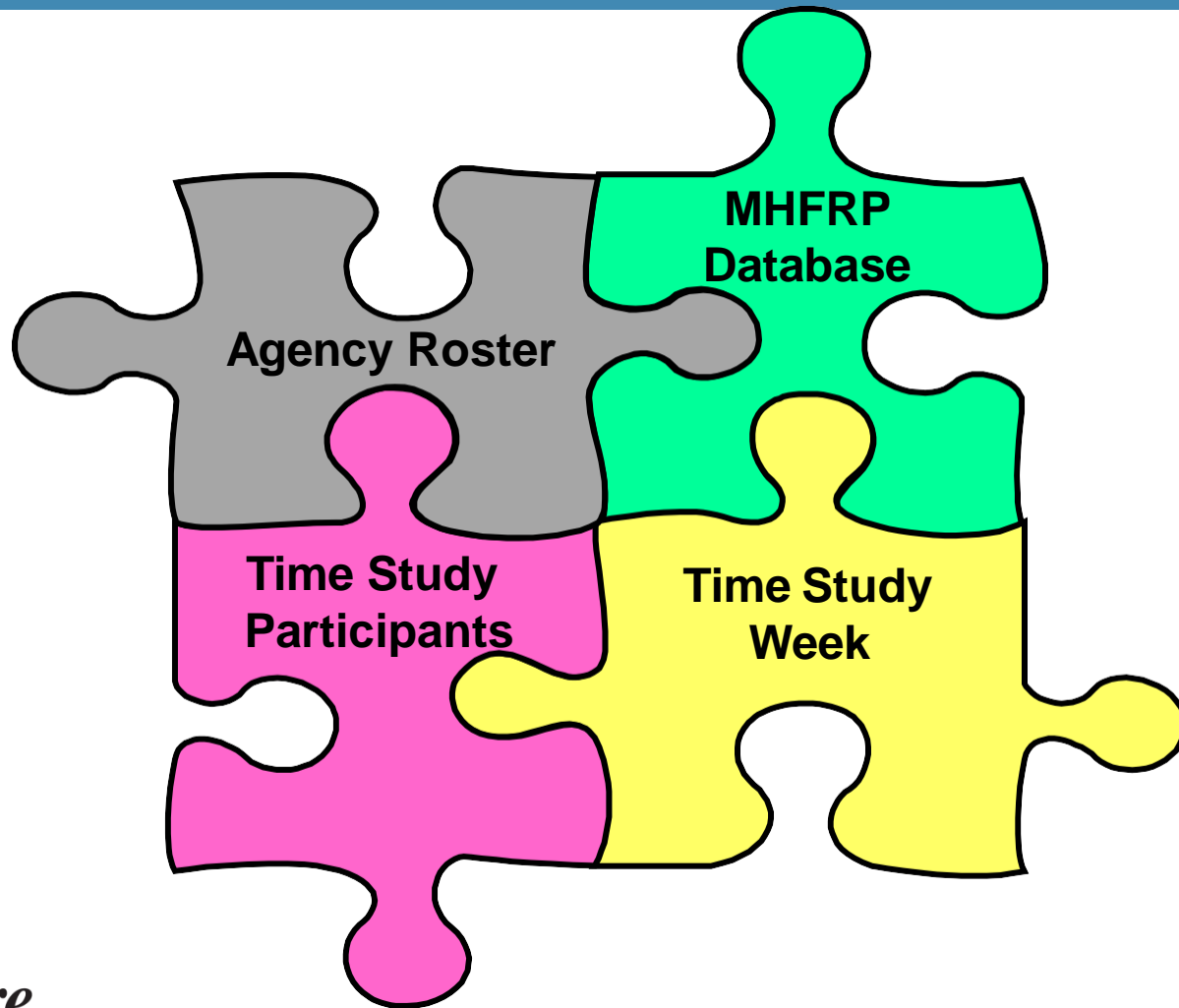
There are many types of Medicaid administrative activities:

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

Examples Of Medicaid Administrative Activities

- Participating in community outreach and public awareness
- Seeking out clients that are medically at risk
- Linking clients with health services
- Facilitating clients application to Medicaid
- Assisting clients in accessing Medicaid services
- Participating in client care planning
- Performing quality assurance and monitoring
- Program planning

Time Study Selection Process



Time Study Selection Process

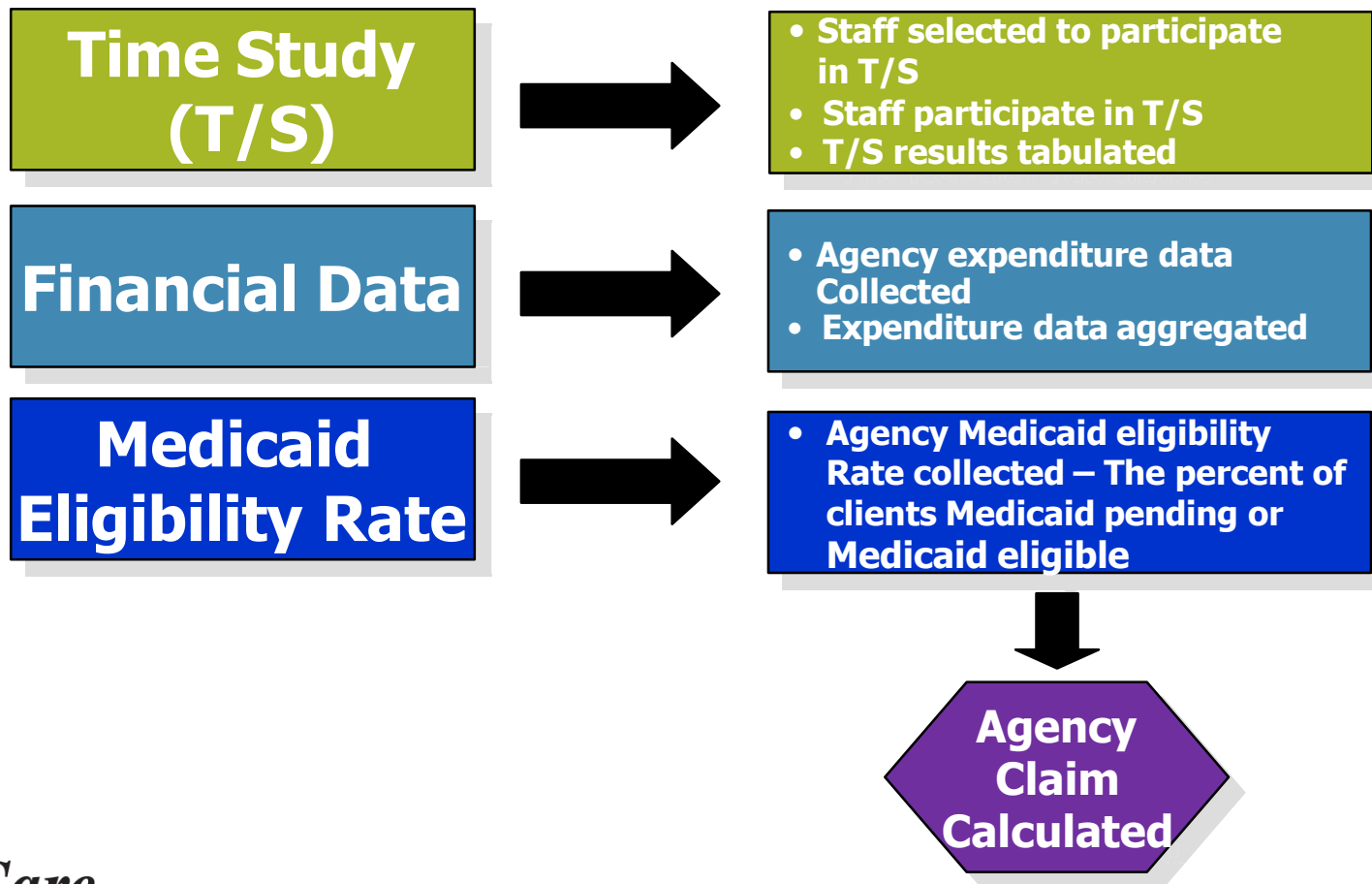
Each quarter your agency sends InteCare a roster. The roster lists the names of all the employees at the agency who perform Medicaid administrative activities. Each name is placed in the appropriate participant category.

InteCare then puts the positions from all 31 agency rosters into an Access database and selects the time study participants from that state-wide database by participant category.

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



How Are Claims Calculated?



How Do Dollars Flow?

- Participating agencies list eligible staff on the roster and send to InteCare.
- Randomly selected staff complete time study.
- InteCare calculates % of eligible time after completed time studies are submitted.
- Cost and Medicaid eligibility rates are submitted from each participating agency.
- Claim is computed and submitted to the state.
- The state is paid and returns payment to InteCare for distribution to agencies.

Part One: Understanding The MHFRP

QUIZ

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

Learning Objectives

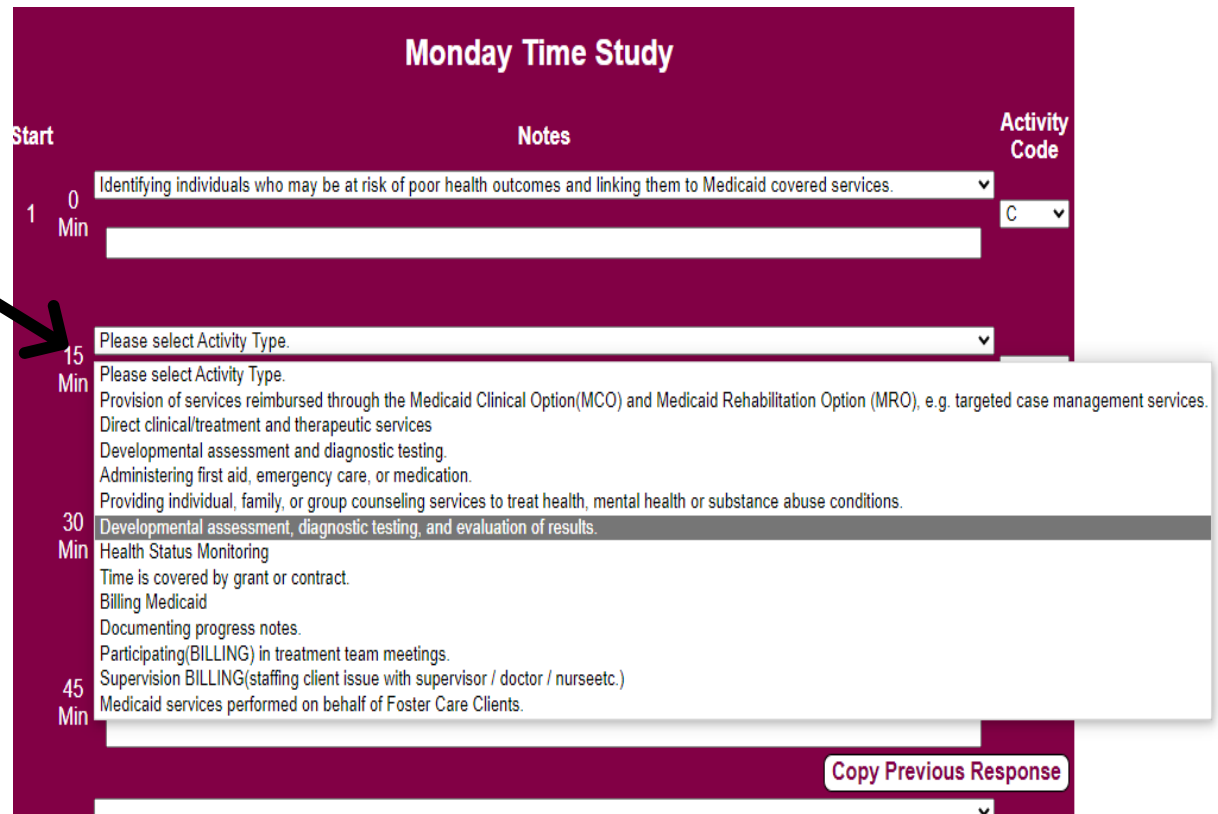
- Part One: Understand the MHFRP Program
- ***Part Two: Learn how to complete the time study***
- Part Three: Identify what activity codes to use

New Online Time Study

We have upgraded to a new online Time Study!

This new Time Study includes drop down choices for each code and a notes section.

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



Monday Time Study

Start	Notes	Activity Code
0 Min	Identifying individuals who may be at risk of poor health outcomes and linking them to Medicaid covered services.	C
15 Min	Please select Activity Type.	
30 Min	Developmental assessment, diagnostic testing, and evaluation of results.	
45 Min	Medicaid services performed on behalf of Foster Care Clients.	

Activity Type List:

- Please select Activity Type.
- Provision of services reimbursed through the Medicaid Clinical Option(MCO) and Medicaid Rehabilitation Option (MRO), e.g. targeted case management services.
- Direct clinical/treatment and therapeutic services
- Developmental assessment and diagnostic testing.
- Administering first aid, emergency care, or medication.
- Providing individual, family, or group counseling services to treat health, mental health or substance abuse conditions.
- Health Status Monitoring
- Time is covered by grant or contract.
- Billing Medicaid
- Documenting progress notes.
- Participating(BILLING) in treatment team meetings.
- Supervision BILLING(staffing client issue with supervisor / doctor / nurseetc.)
- Medicaid services performed on behalf of Foster Care Clients.

Copy Previous Response

Materials Provided to Complete Time Study

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

- **Activity code section** – Select the code that represents your activities during the time study week.
- **Activity dropdown** – Select the activity from the dropdown list that best describes what you are doing.
- **Notes section** – Where you make notes of your activities during the time study week.
- **Time study instructions** – Link located at the top of your time study.

Participant Categories

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

Tucker, Gwen - MHFRP ID: 999999996

→ Position: PHYSICIAN

Time Study and Activity Log 4/1/24 - 4/30/24

[Click here to download or pop up the Time Study Instructions in a separate window.](#)

[Click here to download or pop up the Activity Code Reference in a separate window.](#)

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

I do not work Weekends

I am on unpaid leave

This position is vacant

This sample sheet has not been signed.



Participant Categories

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

What Defines Skilled Professional Medical Personnel (SPMP)?

- Federal regulations state staff are classified as SPMP if the following criteria are met:
 - Licensed in a medically related profession;
 - Have a position with duties and responsibilities that require those professional medical knowledge and skills.

Note: *Contractors should not use SPMP codes*

Additional Information For Skilled Professional Medical Personnel (SPMP)

- Individuals qualified as SPMP are required to designate when the activities they perform require their SPMP skills.
- Please note the category to which you have been assigned by your agency. If you have a question about the participant category you have been placed in, please contact your agency liaison.

Guidelines for Notes Section

- The **comment section** needs to be completed in conjunction with the activity code section as supportive documentation.
- Notes must include enough detail to support activity codes selected to support that this is a *Medicaid* administrative activity. Notes are subject to audit and may require paybacks if not sufficient to support the activity code selected.

Guidelines for Notes Section (Continued)

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

For example:

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

Time Study Guidelines

- Complete the time study for the seven-day period, beginning Monday, March 18th and ending Sunday, March 24th.
- Code all twelve hours per day; time should be coded in fifteen-minute increments.
 - When you are done coding your hours worked, use Code O to complete your time study for hours 'not scheduled to work'.
- Select one activity code and the corresponding dropdown activity that best describes what you were doing during the majority of the fifteen minutes.
- Begin coding your work time during hour one on each day of the time study (where it says Start).
- Electronically sign the signature page of the time study to verify your completion.
- Submit your time study once you have completed it.
- This quarter's time study is due Monday, March 25th, 2024.

Time Study Example

Always start coding your time at the first increment indicating the first hour worked.

The screenshot shows a form titled "Monday Time Study" with three rows. Each row has a "Start" column, a "Notes" column, and an "Activity Code" column. The first row is selected, showing "1 0 Min" in the Start column, "Not scheduled to work." in the Notes column, and "0" in the Activity Code column. A "Copy Previous Response" button is at the bottom right. Three arrows point to the form: one to the "Start" column, one to the "Activity Code" column, and one to the "Notes" column.

Start	Notes	Activity Code
1 0 Min	Not scheduled to work.	0
15 Min		

1. Select an activity code

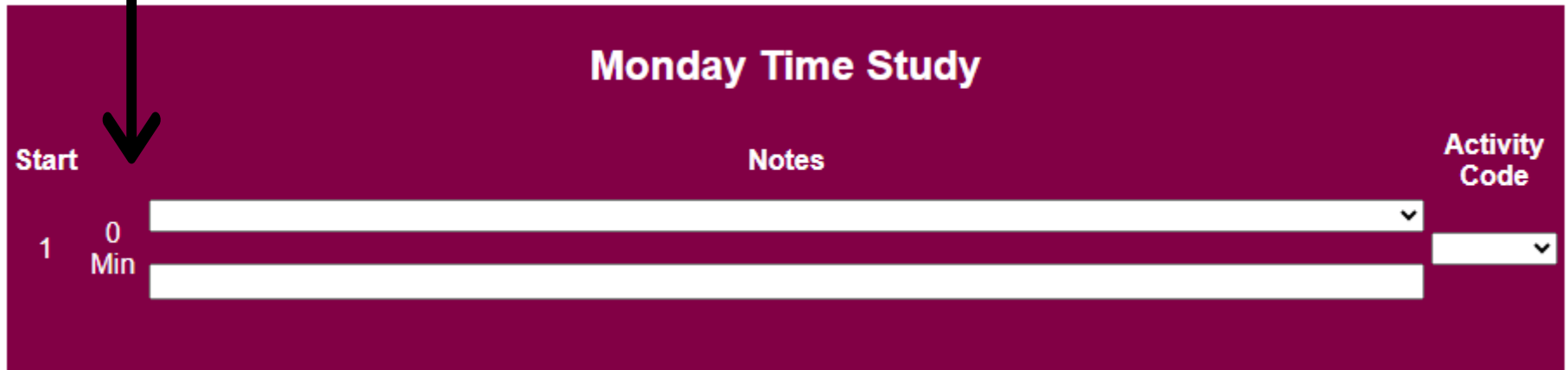
2. Select your activity

3. Type your notes.

Copy Previous Response

Time Study Example

Always start coding your time at the first increment indicating the first hour worked.



The screenshot shows a form titled "Monday Time Study" with a dark blue background. The form has three columns: "Start", "Notes", and "Activity Code". The "Start" column contains the number "1" and "0 Min". The "Notes" column has a long white text input field. The "Activity Code" column has a white dropdown menu. A black arrow points from the text above to the "Start" field.

Start	Notes	Activity Code
1 0 Min	<input type="text"/>	<input type="text"/>

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

Correct Time Study Example

15
Min

Teaching job skills.

B

resume writing

Copy Previous Response

30
Min

Teaching job skills.

B

resume writing

Copy Previous Response



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

Correct Time Study Example

The screenshot shows a form with three sections, each representing a time increment. The first section is labeled '30 Min' and contains two white input fields with dropdown arrows on the right, and a 'Copy Previous Response' button. The second section is labeled '45 Min' and also contains two white input fields with dropdown arrows and a 'Copy Previous Response' button. The third section is labeled '30 Min' and contains two white input fields with dropdown arrows and a 'Copy Previous Response' button. The background of the form is a dark purple color.



Save Responses

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

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

Correct Time Study Example

Monday Time Study		
Start	Notes	Activity Code
1 0 Min	Not scheduled to work.	0

- You will need to complete all 12 hours of each day.
- For the hours you are not working, please indicate you are not scheduled to work and use code O, following the example above.

Completing the Time Study

- Once you have received the link **via email** to the online Time Study, begin with your first hour of work and complete all 12 hours per day.
- If you don't work 8 hours in a particular day; use code **N (for paid time off)** and **O (for unpaid time off or the hours you do not work)** to code up to the 12th hour.
 - For example: If you only work 8 hours, code the next four hours as “not scheduled to work – Code O”.
- If you work over 8 hours in a particular day; code all of your activities up to the first 12 hours of that day. We cannot account for any time over the first 12 hours of each day.
- Code time continuously, even if you are on break or at lunch. Use code N or O, depending on whether you are paid or not)

Completing the Time Study

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

[Click here to download or pop up the Time Study Instructions in a separate window.](#)

[Click here to download or pop up the Activity Code Reference in a separate window.](#)

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



I do not work Weekends

I am on unpaid leave

This position is vacant

This sample sheet has not been signed.



[Day 1](#)

[Day 2](#)

[Day 3](#)

[Day 4](#)

[Day 5](#)

[Day 6](#)

[Day 7](#)

[Signature](#)



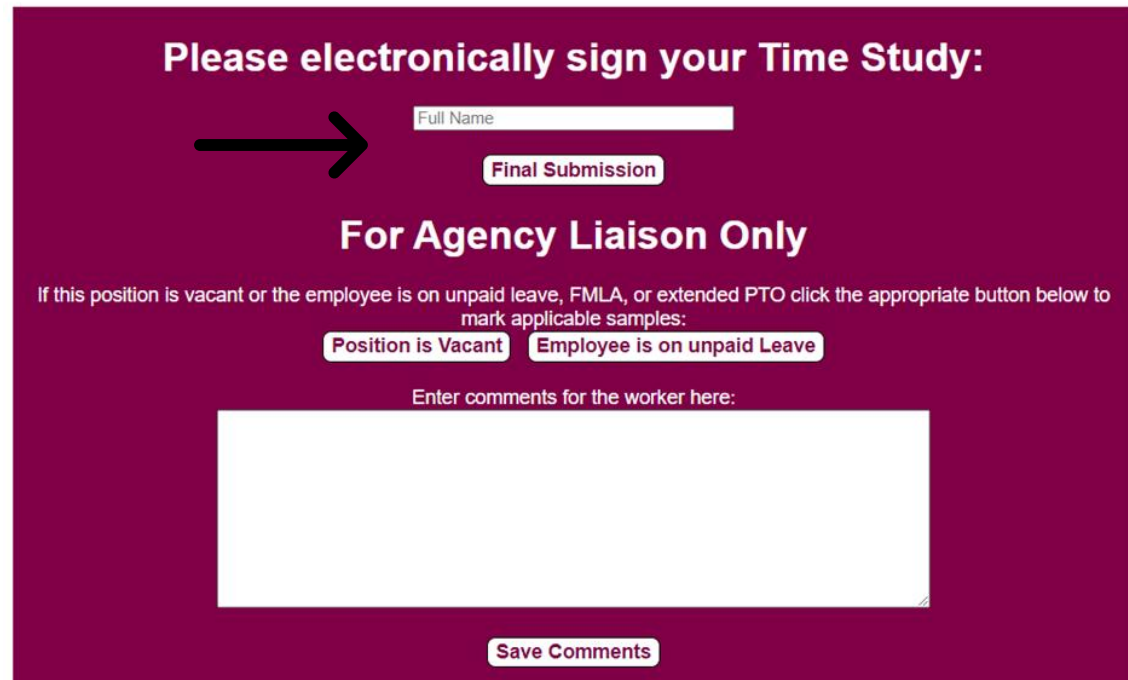
Save Responses

Signature Page

After completing the time study, click the signature page for your electronic signature stating you certify that the activities coded during this time study period accurately reflect your activities performed.

The software will not allow you to submit your final time study unless there is a signature.

Once signed, a notification will appear at the bottom of your screen including the date the time study was signed.



Please electronically sign your Time Study:

→

Final Submission

For Agency Liaison Only

If this position is vacant or the employee is on unpaid leave, FMLA, or extended PTO click the appropriate button below to mark applicable samples:

Position is Vacant **Employee is on unpaid Leave**

Enter comments for the worker here:

Save Comments

Reminders

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

Part Two: Learn How To Complete The Time Study

QUIZ

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

True

False

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

True

False

3. Only code the hours you want to.

True

False

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

True

False

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

True

False



Learning Objectives

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

Activity Codes

- There are 17 activity codes to choose from when completing the Time Study if you are in a SPMP category and 15 activity codes to choose from if you are in a Non-SPMP category.
- If you have difficulty choosing which Activity Code to use, please contact your liaison or InteCare at 1-888-591-6128 for assistance.

Important Code Information



Time spent driving to a should match the activity it supports upon destination (ex. Driving to a client's home)

Important Code Information



Paperwork should be coded based on the activity that best describes the type of paperwork being completed. For example, case notes following a meeting with a client would reflect the same code as the meeting with the client.

More Important Code Information

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

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

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

Activities include:

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

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

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

Additional Activities:

- Providing individual, family, or group counseling services to treat health, mental health, or substance abuse conditions;
- Developmental assessment, diagnostic testing and evaluation of results; and
- Health status monitoring (vitals, injections)

Additional Information for Code A

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

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

Activities provided which are not medical in nature, such as education or social services provided to clients.

Activities include:

- Providing activities of daily living services, other than through MRO;
- Non-therapeutic counseling;
- Teaching job skills; and
- Appearing in court on behalf of a client.

Code C. Medicaid Outreach

Activities that inform staff, eligible or potentially eligible clients, their families, and/or the community about Medicaid covered services and how to obtain them.

Activities include:

- Explaining the services that are covered under Medicaid;
- Helping individuals and their families access Medicaid covered health resources;
- Identifying individuals who may be at risk of poor health outcomes and linking them to Medicaid covered services;
- Developing, disseminating or presenting outreach materials to individuals about Medicaid covered services and where to obtain services; and
- Informing individuals and their families about the availability and benefits of Medicaid services, such as Targeted Case Management.



Code C. Medicaid Outreach (Continued)

Additional Activities:

- Informing individuals of the benefits of prevention and obtaining Medicaid covered health services;
- Informing individuals and their families on how to effectively access, use, and maintain participation in all health/ mental health resources under the federal Medicaid program; and
- Developing a system for assuring that clients obtain needed preventive and health services by providing information on accessing transportation and assistance with scheduling of appointments.

Code D. Non-Medicaid Outreach

Activities that inform staff, eligible or potentially eligible clients, their families, and/or the community about non-Medicaid services and how to obtain them, such as WIC, TANF, Legal Aid, DMHA Supported Consumer, and Housing services.

Activities include:

- Developing, disseminating or presenting non-Medicaid materials to effectively inform eligible individuals about non-Medicaid services and where to obtain services;
- Informing individuals and their families about the availability of non-Medicaid programs; for example, the DMHA Supported Consumer; and
- Explaining services available under non-Medicaid programs;

Code D. Non-Medicaid Outreach (Continued)

Additional Activities:

- Conducting outreach campaigns directed toward encouraging persons to access social, education and legal services and where to obtain services; and
- Informing individuals of the benefits of non-Medicaid programs.

Code E. Facilitating Access To Medicaid Eligibility

Activities that assist an individual, client or their family to become eligible or maintain eligibility for Medicaid. This code includes all related paperwork, clerical activities, or staff travel required to perform these activities.

Activities include:

- Explaining Medicaid eligibility rules and the enrollment process to potentially eligible clients and their family;
- Referring an individual or family to the local assistance office to fill out an application for Medicaid benefits;
- Assisting an individual in completing the Medicaid eligibility application, including interpreting the application and gathering information and documents in support of the application; and
- Verifying a client's current Medicaid eligibility status and prior authorization activities.

Code E. Facilitating Access To Medicaid Eligibility (Continued)

Additional Activities:

- Monitoring Medicaid spend-down limits and assisting clients to maintain eligibility;
- Monitoring/assisting eligibility with re-determination for Medicaid; and
- Assisting individuals to provide third party resource information at Medicaid eligibility intake.

Code F. Facilitating Non-Medicaid Program Eligibility

Activities that assist an individual, client or their family in becoming eligible for non-Medicaid programs, such as food stamps, DMHA Supported Consumer (DSC), WIC, TANF, housing, vocational programs or legal aid

Activities include:

- Explaining non-Medicaid eligibility rules and the enrollment process to potentially eligible clients and their family;
- Completing the assessment and paperwork for DSC;
- Referring an individual or family to make application for non-Medicaid benefits; and
- Assisting an individual or their family with eligibility for non-Medicaid programs.

Code G1. Referral, Coordination and Monitoring Of Medicaid Services

Activities that include making referrals, coordinating or monitoring the delivery of Medicaid covered health services, linking individuals and families with Medicaid service providers to plan, follow-through and maintain a health service plan. These activities do not require participants' SPMP knowledge, however, both a non-SPMP or an SPMP may perform them.

Activities include:

- Referring a client to clinical treatment and therapeutic services, including mental health, alcohol and drug, disability and behavioral services;
- Scheduling appointments;
- Gathering information that may be required in advance of referrals or evaluations to assist with administrative case coordination; and
- Arranging for and/or providing transportation or translation services for a client or family to access Medicaid services that is not already covered by Medicaid

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

Additional Activities:

- Coordinating necessary medical, mental health or substance abuse services for clients; and
- Monitoring and evaluating medical components of the individual's plan of care and assuring that the plan of care objectives are achieved and appropriate.

Targeted case management services are coded under code A When:
1) *the client is eligible to receive TCM, and*
2) *the individual is a qualified TCM provider.*

If case planning, referral, coordination and monitoring of Medicaid services are being performed on the behalf of foster care clients, the activities should be coded under code A.

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

Additional Activities:

- Participating (but not billing) in treatment team meetings to coordinate and monitor the medical portion of a client's plan of care with other staff;
- Helping individuals and their families use medical, mental health, or substance abuse resources to obtain health services;
- Informing and explaining the clients treatment plan to pertinent individuals, such as family or staff;
- Providing crisis or hot-line services for health/mental health services (*Note: For direct therapeutic services, code A*); and
- Assuring that health problems are diagnosed and treated early, before they become more serious and the consequent treatment more costly to Medicaid.

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

SPMP staff should use this code when performing the activities described in G1, AND when the activity performed requires their skilled medical expertise.

Only staff categorized as one of the following are eligible to use this code:

Physician, Nurse, Psychologist, Therapist and
Social Worker – LCSW or LSW

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

- While SPMP's have skilled medical knowledge by definition, G2 codes are reserved for activities that fall outside performing basic standard of care activities. When providing care to a patient there are activities that you perform with the patient when you bill (Code A) and activities you perform without the patient when you are not billing but are common and expected activities for overall best practice of care interventions. These are the activities included in G1.
- Individuals more likely to utilize G2 codes are those individuals using their medical expertise to help guide best practices, assess the skills of other professionals, impart their medical expertise to drive higher standards of care, and to ensure best practices of care are being followed. Furthermore, their medical expertise may be called upon with patients who exhibit higher risk and/or have medical complications. These activities are included in G2.
- When in doubt, please choose G1.



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

Activities include:

- Participating in a meeting where the SPMP's Medical knowledge assures that an individual receives the prescribed medical/mental health services provided by and billed by another team member;
- Determining and/or reviewing the medical necessity for requested or continued medical/mental health services provided by and billed by another team member or facility; and
- Referring/collaborating with clinical peer for further medical/mental health diagnostics and/or specific treatment services (for example, recommendations for a client's IEP/school accommodations or discussing medical condition with new care team when facilitating a change in level of care)

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

Additional Activities:

- Clinical supervision of the person who is providing direct care, but I am not billing for my clinical expertise (not billing);
- Monitoring and evaluating the medical components of the individual's plan of care and ensuring the objectives are measurable and achievable, including signing off on the plan (not billing) as required by the Indiana State Medicaid Plan; and
- Coordinating necessary Medicaid covered services for clients that require my expertise, but I am not billing

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

Additional Activities:

- Gathering information required in advance of referrals or evaluations to Medicaid covered services directly related to their medical condition and/or assessing the risk and severity of intervention required. For example, when the condition of the referral is from a hospital, law enforcement, or crisis team or when the condition of the referral is more complicated requiring clinical expertise, but I am not billing

If case planning, referral, coordination and monitoring of Medicaid services are being performed on behalf of foster care clients, the activities should be coded under code A

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

Activities that include making referrals, coordinating or monitoring the delivery of non-Medicaid covered services such as food stamps, WIC, TANF, housing, vocational programs or legal aid.

Activities include:

- Referring to non-medical diagnostic or treatment services;
- Gathering information that may be required in advance of referrals or evaluations to non-Medicaid covered services;
- Coordinating necessary non-Medicaid covered services for clients;
- Monitoring and evaluating the non-medical components of the individual's plan of care and assuring that the plan of care objectives are achieved and appropriate; and
- Arranging for and/or providing transportation or translation services for a client or family to access non-Medicaid services.

Code 1. Medicaid Provider Relations

Activities that include establishing, maintaining, and increasing provider resources to identify and have available qualified providers of essential Medicaid covered health services.

Activities include:

- Recruiting existing Medicaid enrolled providers to provide Medicaid covered services;
- Identifying potential Medicaid providers and linking them with EDS to facilitate Medicaid provider enrollment;
- Facilitating the dissemination of information to providers on Medicaid policy and regulations;
- Developing Medicaid service provider directories; and
- Participating in meetings with Medicaid providers to assure maintenance or improvement of covered health services.

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

Activities that include planning and developing health related programs and services and the interagency and intra-agency coordination of those Medicaid covered services.

Activities include:

- Working with other agencies providing Medicaid services:
 - To improve the coordination and delivery of services;
 - To expand medical access to Medicaid potential clients;
 - To improve collaboration around the early identification of medical problems;
- Developing advisory or work groups of health professionals to provide consultation and advice regarding the delivery of Medicaid covered services

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

Additional Activities:

- Developing strategies to increase Medicaid system capacity and close Medicaid service gaps, including analyzing Medicaid data related to a specific program or specific target population;
- Coordinating activities to improve delivery of Medicaid services;
- Designing and implementing strategies to identify individuals at-risk of poor health outcomes and potentially eligible for Medicaid; and
- Participating in activities that assure compliance with Medicaid regulations and improve delivery and efficacy of Medicaid covered health related services.

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

SPMP should use this code when performing the activities described in J1. or the next slide, and when the activity performed requires their skilled medical expertise.

Only staff categorized as one of the following are eligible to use this code:

Physician, Nurse, Psychologist, Therapist and
Social Worker - LCSW, LSW

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

- While SPMP's have skilled medical knowledge by definition, J2 codes are reserved for activities that fall outside of basic program evaluation. Normal activities of program evaluation include reviewing quality of care and continual quality improvement activities.
- Individuals utilizing J2 codes are those individuals utilizing their clinical expertise to develop and implement new practice guidelines, creating new programming, and/or collaborating with peers to review data/outcomes and strategizing new interventions for improvement in said outcomes.
- When in doubt, please choose J1.

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

Activities include:

- Developing clinical pathways, best practices, or evidenced based treatment/medical protocols for specific DSM diagnoses;
- Developing internal plans and strategies that address the clinical capacity of medical/mental health services provided to Medicaid eligible individuals by the agency;
- Using skilled medical knowledge for auditing/ quality management;
- Providing technical assistance on practitioner protocols, including development of uniform policy and procedures on the care and treatment of Medicaid eligible individuals;
- Participating in the development of program direction and annual scope of work, program budget, objectives, activities, and evaluation tools to measure Medicaid program outcomes; and
- Participation in state or other governmental committees to assess, review, and/ or enhance Medicaid services, for example, participating in statewide committee to create options for pregnant mother's using opioids.

Code K. Medicaid Administrative Training

Activities that include coordinating, conducting or participating in training regarding:

- ❑ The benefit of the Medicaid program,
- ❑ How to assist individuals and families in accessing Medicaid services,
- ❑ How to more effectively refer to Medicaid services, and
- ❑ Informing staff about how to find (early identification and intervention), screen and refer individuals to Medicaid services.

Activities include:

- Participating in or presenting training which improves the quality of identification, referral and coordination of individuals to Medicaid services; and
- Participating in or coordinating training which improves the skills of skilled medical personnel that is necessary to perform Medicaid administrative services.

Code K. Medicaid Administrative Training (Continued)

Additional Activities:

- Participating in or presenting training on how to effectively inform the community of the Medicaid program;
- Participating in or presenting training on Medicaid program eligibility criteria, how to effectively identify potential Medicaid eligible individuals, and how to facilitate the Medicaid application and approval process for individuals; and
- Participating in or presenting training on assisting individuals to maintain Medicaid coverage.

Code L. Non-Medicaid Administrative Program Training

Activities that include coordinating, conducting or participating in training regarding: 1) The benefit of non-Medicaid programs, such as food stamps, DSC WIC, TANF, housing, vocational programs or legal aid, 2) How to assist individuals and families in accessing non-Medicaid covered health services, and 3) How to more effectively refer to non-Medicaid programs.

Activities include:

- Participating in or presenting training which improves the quality of identification, referral and coordination of individuals to non-Medicaid services;
- Participating in or coordinating training which improves the knowledge and skills of personnel that is necessary to and perform non-Medicaid program services; and
- Participating in or coordinating training which improves the delivery of services for programs such as vocational rehabilitation.

Code M. Family Planning Referral

Activities that include providing family planning Medicaid administrative case management, outreach coordination and pregnancy prevention referral services to individuals of childbearing age to Medicaid services.

Activities include:

- Identifying and referring at risk clients who may be in need of Medicaid family planning services; and
- Coordinating Medicaid family planning services.

*Targeted case management services are coded under code A. When:
1) the client is eligible to receive TCM, and
2) the individual is a qualified TCM provider.*



Code N. General Administrative

General administrative activities in support of the local agency. This code includes all related paperwork, clerical activities, or staff travel required to perform these activities.

Activities include:

- Taking paid lunch breaks or leave (vacation/PTO/holidays);
- Reviewing technical literature and research articles;
- Attending or facilitating general agency meetings;
- Developing budgets and maintaining records;
- Processing payroll or other personnel related documents;
- Maintaining inventories and ordering supplies;
- Participating in human resource training; and
- Performing other administrative or clerical activities related to general building or agency functions/operations.

Code O. Non-Paid Time

This code is to be used to account for unpaid time.

Activities include:

- Not scheduled to work;
- Persons work day has not started;
- Staff person is part-time;
- Staff person is on an unpaid status; and
- Staff person is carrying a pager or on call but is not on clock.

Part Three: Identify What Activity Codes to Use

QUIZ

1. Billable activities fall under multiple codes

- True
- False

2. All paperwork falls under code N: General Administration

- True
- False

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

- True
- False

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

- True
- False

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

- True
- False

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

- True
- False

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

- True
- False



PROGRAM HOTLINE

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

Gwen Tucker

If leaving a message, please provide the following:

- Your name
- Agency name
- Phone number with area code
- Your question

Please click the blue button on the next slide to complete your training.

