SOUTH DAKOTA
DEPARTMENT OF SOCIAL SERVICES

School Based Medicaid Program (SBMP)
Time Study Implementation Plan

Implementation Date – July 1, 2013

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School-Based Medicaid Program (SBMP) Time Study Implementation Plan

Overview

The South Dakota Department of Social Services (DSS) and Local Education Agencies (LEAs) share in the responsibility for promoting access to health care for students in the public school system and coordinating students' health care needs with other providers, thereby preventing costly or long-term health-care problems for at-risk students. Many of the activities performed by LEA staff meet the criteria for SBMP claiming. The primary purpose of the SBMP Program is to reimburse LEAs for these activities where allowed in this guide. The time study outlined in this guide is used to calculate SBMP claims and identify costs used in the SBMP process. Throughout this document, the terms "LEA" and/or "School" is used to represent all types of school-related claiming units. As the Implementation Plan is revised, the effective date of the revision will be indicated on the cover page.

Medicaid Administrative Claiming (MAC) Definition

The MAC program, administered by the South Dakota Department of Social Services (DSS) allows LEAs to be reimbursed for their costs associated with school-based health and outreach activities which are not claimable under the Medicaid Cost Settlement program. The school-based health and outreach activities funded under MAC include referrals of students/families for Medicaid eligibility determinations; providing information about the Medicaid program; coordination and monitoring of health services for students; and interagency coordination of services.

Unlike the Cost Settlement program, individual claims for each administrative activity rendered to or on behalf of a student are not required under the MAC program. However, it is necessary to determine the amount of time LEA staff members spend performing Medicaid-related administrative activities. Time spent by LEA staff on Medicaid administrative activities is captured through the use of random moment time studies. Time study results are then used in a series of calculations to determine the percentage of LEA costs that can be claimed under MAC. MAC reimbursement to LEAs are made from Medicaid Federal funds. The responses to the selected moments are maintained for audit purposes.

Direct Service Cost Settlement Definition

The Direct Service Cost Settlement program, administered by the South Dakota Department of Social Services (DSS), allows LEAs to be reimbursed for their costs associated with school-based health Direct Service activities, which are claimable under the Medicaid Cost Settlement program.

Individual claims for each Direct Service activity rendered to or on behalf of a student are required under the Direct Service program. It is necessary to determine the amount of time LEA staff members spend performing Medicaid-related Direct Service activities. Time spent by LEA staff on Medicaid Direct Service activities is captured through the use of random moment time studies. Time study results are then used in a series of calculations to

determine the percentage of LEA costs that can be claimed under the Direct Service Cost Settlement Program. Direct Service reimbursement to LEAs is made from Medicaid Federal funds. The responses to the selected moments are maintained for audit purposes.

Medicaid Administrative & Direct Service Cost Settlement Claiming Program Guide

This guide serves as the Implementation Plan and as a guide to the LEAs who choose to participate in the MAC and/or the Direct Service Cost Settlement program(s). It contains the policies and procedures that LEAs follow to submit quarterly administrative claim(s) and/or an annual Direct Service Cost Settlement to Medicaid for reimbursement. It also addresses audit requirements.

Implementing SBMP Claiming

Overview

LEAs participating in the South Dakota SBMP program must meet a specific set of requirements. The districts must have:

- A signed Intergovernmental Agreement with DSS,
- Time studies completed at prescribed time intervals, which become part of the statewide statistically valid time study,
- Cost determinations and allocations performed, and
- Quarterly Medicaid administrative claims and/or Quarterly Direct Service claims to be reconciled annually within a Cost Settlement claim are prepared and submitted to DSS.

All participating LEAs are included in the statewide sample for the SBMP claiming program. Personnel and cost data are compiled from each individual LEA. Medicaid eligibility data is applied to each individual LEA. Activity percentages derived from the statewide sample is applied to each LEA to determine the reimbursement amount.

DSS and the LEAs share a common interest in ensuring more effective and timely access to care and the most appropriate utilization of Medicaid-covered services. Promoting activities and behaviors that reduce the risk of poor health and poor health outcomes for the state's most vulnerable populations is also a major consideration. The LEA setting provides opportunities to reach children and their families to encourage and assist them in enrolling in the Medicaid program. This setting also affords an opportunity for the LEAs to deliver direct medical services to Medicaid-eligible members. LEAs can create a framework within their own unique environments that allows a seamless health care delivery system for children and helps eliminate many of the barriers to access.

Monitoring of SBMP claiming records is required by DSS and the Centers for Medicare and Medicaid Services (CMS). SBMP payments represent the Federal share of funds paid for Medicaid allowable activities performed for Medicaid-eligible school students and their families. LEA personnel perform these activities and the LEAs are responsible for payment of the services rendered. The LEA payments to providers are inclusive of the state and

Federal shares. The SBMP claim identifies the Federal and state shares of the payment thus allowing the Federal share funds to be returned to LEAs through the claiming process.

The purpose of this guide is to outline a comprehensive approach and time study for use with SBMP cost claiming.

Interagency Participation Agreement

Each LEA participating in the SBMP program must sign an intergovernmental agreement. In South Dakota, an intergovernmental agreement is the same as an interagency agreement. This agreement, included as Appendix 1, identifies each party's responsibilities and must be signed before DSS can request Federal reimbursement for SBMP claiming activities. After the DSS signature is affixed, a signed copy is returned to the LEA.

SBMP Reimbursement

Federal Medicaid reimbursement under the SBMP program is made to LEAs implementing a program that meets the requirements in this guide.

Description of Current SBMP Activities Paid by Medicaid

Several South Dakota state and local agencies are performing SBMP activities to support the South Dakota Medicaid population and receiving Federal reimbursement for both Direct Services and Administrative activities which may be similar to those being considered for reimbursement in the school setting. Although local health departments, early intervention networks, etc. are performing outreach and referral for Medicaid eligibility activities, these activities are not addressing the needs pertinent to the Medicaid-eligible school population. The additional activities performed at the school site are needed to ensure that all eligible children are determined for Medicaid and, if Medicaid-eligible, are linked to medically necessary Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services.

Coordination of Activities

LEA staff must not knowingly perform activities that are already being offered or provided by DSS, the South Dakota Department of Education (DOE), or other entities providing Medicaid allowable direct services, outreach, referral and assistance to Medicaid-eligible and potentially eligible children and their families. The LEAs should constantly strive to become knowledgeable of Medicaid and health care resources in their communities and develop mechanisms to coordinate activities.

LEA Staff Activities Included Under Medicaid SBMP Claiming

Overview

As stated previously in this guide, some of the activities routinely performed by LEAs are activities that could be eligible for Medicaid reimbursement under the SBMP program. The purposes of this chapter are to define school activities that are included in SBMP time

studies; and specify which activities are Medicaid reimbursable. The following chapter defines the type of LEA staff eligible to have their activities claimed by LEAs as SBMP reimbursable activities. It is important to note that 100% of LEA staff time is considered during SBMP time studies but only certain staff activities are actually eligible for Medicaid reimbursement, as defined in this chapter.

LEA Job Activities

The South Dakota DSS has adopted the parallel coding structure recommended by CMS as stipulated in the revised *2023 CMS Administrative Claiming Guide*. This coding structure is applied to all SBMP claiming. Each SBMP activity is assigned a numeric or a combination numeric/alpha code. These codes are used on time study forms for the purpose of determining the percentage of LEA staff time spent on each activity. Some activities, are ineligible for SBMP reimbursement, because all job activities must be considered when time sampling is conducted. Thus, they are designed to capture reimbursable and non-reimbursable SBMP activities.

Activities List

The categories of activities are:

CODE 1.a.	Non-Medicaid Outreach
CODE 1.b.	Medicaid Outreach
CODE 2.a.	Facilitating Application for Non-Medicaid Programs
CODE 2.b.	Facilitating Medicaid Eligibility Determination
CODE 3.	School Related and Educational Activities
CODE 4.a.	Direct Medical Services – Not Covered as IEP Services
CODE 4.b.	Direct Medical Services – Covered as IEP Services
CODE 4.c.	Direct Medical Services –Covered on a Medical Plan of Care, Not Covered as IEP service
CODE 5.a.	Transportation for Non-Medicaid Services
CODE 5.b.	Transportation-Related Activities in Support of Medicaid Covered Services
CODE 6.a	Non-Medicaid Translation
CODE 6.b.	Translation Related to Medicaid Services
CODE 7.a.	Program Planning, Policy Development, and Interagency Coordination Related to Non-Medical Services
CODE 7.b.	Program Planning, Policy Development and Interagency Coordination Related to Medical/Medicaid Services
CODE 8.a.	Non-Medical/Medicaid Training
CODE 8.b.	Medical/Medicaid Related Training
CODE 9.a.	Referral, Coordination, and Monitoring of Non-Medicaid Services
CODE 9.b.	Referral, Coordination, and Monitoring of Medicaid Services
CODE 10.	General Administration
CODE 11.	Not Scheduled to Work

Definition of LEA Job Activities

Detailed definitions of each of the categories of job activities used in the SBMP program are contained later in this document. This information is made available to staff involved with the time study process. Medicaid does not pay for expenditures related to, or in support of, services that are not included in South Dakota's State Medicaid plan or services which are not reimbursed under Medicaid. However, EPSDT services must be offered to a child whether or not South Dakota has included such services in its State Medicaid plan. SBMP expenditures related to, or in support of EPSDT are reimbursable under Medicaid.

Charter Schools

SBMP claiming is allowed for charter schools on the same basis as individual public schools if the charter school has a contract with the school district in which it is located and includes SBMP activities for proper and efficient administration of the State Plan. Charter Schools are funded through state and local funds. They are considered "public schools" and therefore are eligible to Certify Public Expenditures (CPE).

SBMP MAC/Direct Service Cost Settlement Program

Overview

The SBMP Direct Service Cost Settlement Program provides reimbursement for only Medicaid-eligible students with Medicaid services referenced in their Individualized Education Programs (IEPs) or covered on another accepted Medical Plan of Care / not covered as IEP service. The SBMP MAC activities and reimbursement are not limited to IEP or Other Qualifying Plan(s)/Expansion students or services. Student Medicaid eligibility status is not captured during the time study process. If an LEA is enrolled as a Direct Service provider and is billing Medicaid for covered services, the same services will not be reimbursed under the MAC program.

The program and time study have been designed to capture data for the MAC and Direct Service/Cost Settlement programs. The activity codes utilized in the time study have been designed to ensure that there is no duplication of reimbursement between the two programs.

Allocable Share of Costs

Since many school-based medical activities are performed on behalf of both Medicaid and non-Medicaid-eligible students, the time applicable to these activities must be allocated to both groups. Once time is allocated to the appropriate activity codes, costs are then associated with those codes and some of the costs must be discounted by the Medicaid percentage. Claims are developed on an LEA district-wide basis based upon the statewide pools of staff that are sampled. Through the use of time studies which contain specific activity codes, the cost of LEA personnel is distributed to certain activities (time study codes) to determine the cost allocable to the Medicaid program. The Medicaid Eligibility Rates (MER) applies to each facet of the SBMP programs in different calculations as explained later in this document

Unallowable Activities

This refers to an activity which is unallowable under the Medicaid program, regardless of whether or not the population served includes Medicaid-eligible individuals.

Application of Medicaid Share

Total Medicaid refers to an activity which is 100 percent allowable under the Medicaid program.

Proportional Medicaid refers to an activity which is allowable under the Medicaid program, but for which the allocable share of costs must be determined by the application of the proportional Medicaid share (the Medicaid percentage).

Reallocated Activities

This refers to those general administrative activities performed by time study participants which must be reallocated across the other claimable and non-claimable activity codes on a *pro rata* basis. These reallocated activities are reported under Code 10, General Administration.

Medicaid Claiming Program Time Study Activities

Overview

When staff perform duties related to the proper administration of South Dakota's Medicaid, Federal funds may be drawn as reimbursement for the Federal share of the costs of providing these SBMP services. To identify the cost of providing these services, a time study of staff must be conducted. The time study identifies the time and subsequent costs spent on Medicaid SBMP activities that are allowable and reimbursable under the Medicaid program. Only staff included in the sample universe are eligible to have costs reported during the financial collection process.

Staff Activity and Codes – the indicators below, which follow each Code, provide the application of the Federal Financial Participation (FFP) rate, the allowable or non-allowable designation, and the proportional Medicaid share status of the Code. In order to maintain coding objectivity by time study participants, the time study method used by employees should not include references to rates of FFP, proportional or total Medicaid, or whether such codes are allowable, or unallowable under Medicaid.

Application of FFP rate

50 percent	Refers to an activity that is allowable under the Medicaid program and claimable at the 50 percent non-enhanced FFP rate.

75 percent — Refers to an activity that is allowable under the Medicaid program and claimable at the 75 percent enhanced FFP rate.

Unallowable Activities

U — Refers to an activity that is unallowable under the Medicaid program. This is regardless of whether or not the population served includes Medicaid-eligible individuals.

Application of Medicaid Share

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

PM — (Proportional Medicaid) Refers to an activity which is allowable under the Medicaid program, but for which the allowable share of costs must be determined by the application of the proportional Medicaid share (the Medicaid eligibility rate (MER)). The Medicaid share is then determined by applying the MER to the appropriate student populations.

Reallocated Activities

R — 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. These reallocated activities are reported under Code 10, General Administration. Note that certain functions, such as payroll, maintaining inventories, developing budgets, executive direction, etc., are considered overhead and, therefore, are only allowable through the application of an approved unrestricted indirect cost rate.

Uniform Codes

Staff should document time spent on each of the following coded activities:

CODE 1.a. Non-Medicaid Outreach –U
CODE 1.b. Medicaid Outreach – TM/50 Percent FFP
CODE 2.a. Facilitating Application for Non-Medicaid Programs U
CODE 2.b. Facilitating Medicaid Eligibility Determination – TM/50 Percent FFP
CODE 3. School-Related and Educational Activities – U
CODE 4.a. Direct Medical Services – Not Covered as IEP Services – U
CODE 4.b. Direct Medical Services – Covered as IEP Services – PM (IEP Ratio MER)
CODE 4.c. Direct Medical Services –Covered on a Medical Plan of Care, Not Covered as IEP service - PM (MER)

CODE 5.a. Transportation for Non-Medicaid Services – U
CODE 5.b. Transportation-Related Activities in Support of Medicaid Covered Services – PM/50 Percent FFP
CODE 6.a. Non-Medicaid Translation – U
CODE 6.b. Translation Related to Medicaid Services – PM/75 Percent FFP
CODE 7.a. Program Planning, Policy Development, and Interagency Coordination Related to Non-Medical Services – U
CODE 7.b. Program Planning, Policy Development and Interagency Coordination Related to Medical/Medicaid Services – PM/50 Percent FFP
CODE 8.a. Non-Medical/Medicaid Training – U
CODE 8.b. Medical/Medicaid Related Training – PM/50 Percent FFP
CODE 9.a. Referral, Coordination, and Monitoring of Non-Medicaid Services – U
CODE 9.b. Referral, Coordination, and Monitoring of Medicaid Services – PM/50 Percent FFP
CODE 10. General Administration – R
CODE 11. Not Scheduled to Work/Unpaid Time Off- Not Included in the distribution or invalid.

Medicaid Covered Services

The purpose of the SBMP program is to ensure access of eligible individuals to Medicaid services. The following activity codes, as approved by CMS, have been adopted for usage in the SBMP program.

CODE 1.a. Non-Medicaid Outreach – U

All school staff should use this code when performing activities that inform individuals about the existence of and their possible eligibility for non-Medicaid social, vocational, and educational programs including special education, Supplemental Security Income (SSI) Temporary Assistance for Needy Families (TANF), the Supplemental Nutrition Assistance Program (SNAP), Women, Infants, and Children (WIC), child care, Head Start, home visiting, legal aid, and other social or educational programs and how to access them; describing the range of benefits covered under these programs and how to obtain them. Both written and oral methods may be used. Include related paperwork, clerical activities, or staff travel required to perform these activities.

- Informing families about wellness programs and how to access these programs.
- Scheduling and promoting activities that educate individuals about the benefits of healthy life-styles and practices.
- Conducting general health education programs or campaigns that address life-style changes in the general population (e.g., dental prevention, anti-smoking, alcohol reduction, etc.).
- Conducting outreach campaigns that encourage persons to access social, educational, legal, or other services not covered by Medicaid.

- Assisting in early identification of students with special education medical/dental/mental health needs through various child find activities.
- Outreach activities in support of programs that are 100 percent funded by State general revenue.
- Developing outreach materials such as brochures or handbooks for these programs.
- Distributing outreach materials regarding the benefits and availability of these programs.

CODE 1.b. Medicaid Outreach – TM/50 Percent FFP

School staff should use this code when performing activities that inform eligible or potentially eligible individuals about Medicaid and how to access the program. Such activities include bringing potential eligible beneficiaries into the Medicaid system for the purpose of the eligibility process. Outreach may only be conducted for the populations served by the school districts (i.e., students and their parents or guardians).

The following are examples of activities that are considered Medicaid outreach:

Informing Medicaid eligible and potential Medicaid eligible students and families about the benefits and availability of services provided by Medicaid (including preventive treatment, and screening) including services provided through the EPSDT program.

Developing and/or compiling materials to inform individuals about the Medicaid program (including EPSDT) and how and where to obtain those benefits. Note: This activity should not be used when Medicaid-related materials are already available to the schools (such as through the Medicaid agency). School developed outreach materials should have prior approval of the Medicaid agency.

- Distributing literature about the benefits, eligibility requirements, and availability of the Medicaid program, including EPSDT.
- Assisting the Medicaid agency to fulfill the outreach objectives of the Medicaid program by informing individuals, students, and their families about health resources available through the Medicaid program.
- Providing information about Medicaid EPSDT screening (e.g., dental, vision, etc.) in schools that will help identify medical conditions that can be corrected or
- improved by services offered through the Medicaid program.
- Contacting pregnant and parenting teenagers about the availability of Medicaid prenatal, and well-baby care programs and services.
- Providing information regarding Medicaid managed care programs and health plans to individuals and families and how to access that system.
- Encouraging families to access medical/dental/mental health services provided by the Medicaid program.

CODE 2.a. Facilitating Application for non-Medicaid Programs – U

This code should be used by school staff when assisting an individual or family to apply for programs such as Supplemental Security Income (SSI) Temporary Assistance for Needy

Families (TANF), the Supplemental Nutrition Assistance Program (SNAP), Women, Infants, and Children (WIC), child care, Head Start, home visiting, legal aid, and other social or educational programs and referring them to the appropriate agency to make application.

- Explaining the eligibility process for non-Medicaid programs.
- Assisting the individual or family collect/gather information and documents for the non-Medicaid program application.
- Assisting the individual or family in completing the application, including necessary translation activities.
- Developing and verifying initial and continuing eligibility for the Free and Reduced Lunch Program.
- Developing and verifying initial and continuing eligibility for non-Medicaid programs.
- Providing necessary forms and packaging all forms in preparation for the non-Medicaid eligibility determination.

CODE 2.b. Facilitating Medicaid Eligibility Determination – TM/50 Percent FFP

School staff should use this code when assisting an individual in the Medicaid eligibility process. Include related paperwork, clerical activities, or staff travel required to perform these activities. This activity does not include the actual determination of Medicaid eligibility.

- Verifying an individual's current Medicaid eligibility status for purposes of the Medicaid eligibility process.
- Explaining Medicaid eligibility rules and the Medicaid eligibility process to prospective applicants.
- Assisting individuals or families to complete a Medicaid eligibility application.
- Gathering information related to the application and eligibility determination for an individual, including resource information and TPL information, as a prelude to submitting a formal Medicaid application.
- Providing necessary forms and packaging all forms in preparation for the Medicaid eligibility determination.
- Referring an individual or family to the local Assistance Office or appropriate online resource to submit application for Medicaid benefits.
- Assisting the individual or family in collecting/gathering required information and documents for the Medicaid application.
- Participating as a Medicaid eligibility outreach outstation.

CODE 3. School-Related and Educational Activities – U

This code should be used for school-related activities, including social services, educational services including teaching, general wellness teaching and coaching, , participation in extracurriculars and/or athletics, employment and job training, monitoring attendance and attendance related activities, and other activities that are not Medicaid-related. These activities include the development, coordination, and monitoring of a student's education plan including the sections of an individualized education plan (IEP) specific to a children's education. Include related paperwork, clerical activities, or staff travel required to perform these activities.

- Providing classroom instruction (including academic lesson planning).
- Testing, correcting academic papers.
- Developing, coordinating, and monitoring the IEP for a student, which includes ensuring annual reviews of the IEP are conducted, parental sign-offs are obtained, and the actual IEP meetings with the parents. (If appropriate, this example would also refer to the same activities performed in support of an IFSP, for children under 3 years old.)
- Assisting with activities related to attendance and compiling attendance reports and activities related to truancy.
- Performing activities that are specific to instructional, curriculum, and student-focused areas including extracurricular activities and athletics.
- Involvement with general health and wellness teaching and activities.
- Reviewing the education record for students who are new to the school district.
- Providing general supervision of students (e.g., playground, lunchroom, field trips, etc.).
- Monitoring student academic achievement.
- Providing academic instruction (e.g., math concepts, general reading, etc.) to a special education student.
- Conducting external relations related to school educational issues/matters.
- Compiling report cards.
- Carrying out discipline.
- Performing activities specific to instructional or curriculum areas.
- Activities related to the educational aspects of meeting immunization requirements for school attendance.
- Compiling, preparing, and reviewing reports on textbooks or attendance.
- Enrolling new students or obtaining registration information.
- 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, computer instruction, etc.).
- Translating an academic test for a student.

CODE 4A. Direct Medical Services not covered as IEP services or in another Medical Plan of Care – U

Not Covered by Medicaid - Use this code when the participant is providing direct client care services for which medical necessity has not been determined or for a service that is being provided by someone for which the service is not in their scope of practice. This code includes pre and post activities associated with the actual delivery of the direct client care services (e.g., paperwork or staff travel required to perform these services etc.).

- Providing direct services not outlined in the IEP or plan of care;
- Administering first aid;
- Clinic coverage;

- Screening services conducted by non-qualified providers;
- Mental health services conducted by non-qualified providers;
- Nursing services conducted by non-qualified providers; and
- Providing a medically necessary service to someone who is not a student (e.g. staff member, parent, etc.).

CODE 4B. Direct Medical Services – Covered as IEP Services - PM

Use this code when district staff (employees or contracted staff) provide direct client services as medically necessary covered services delivered by districts under the SBS Program. These direct client services may be delivered to an individual and/or group in order to ameliorate a specific condition and are performed in the presence of the student(s). This code includes the provision of all /IEP medical (i.e., health-related) services and may be delivered in person or via telehealth, when requirements are meet.
All IEP direct client care services when the student is present:

- Providing health/mental health services as covered in the student's IEP.
- Conducting medical/health assessments/evaluations and diagnostic testing and preparing related reports as covered in the student's IEP.
- Audiologist services including evaluation and therapy services (only if included in the student's IEP);
- PT services and evaluations (only if included in the student's IEP);
- OT services and evaluations (only if included in the student's IEP);
- Speech Language Therapy and evaluations (only if included in the student's IEP);
- Psychological services, including evaluations (only if included in the student's IEP).
- Counseling services, including therapy services (only if included in the student's IEP);
- Providing personal aide services (only if included in the student's IEP);
- Nursing services and evaluations (only if included in the student's IEP), including skilled nursing services on the IEP and time spent administering/ monitoring medication only if it is included as part of an IEP and documented in the IEP;
- Physician services and evaluation, including therapy services (only if included in the student's IEP);
- Social Work services and evaluation, including therapy services (only if included in the student's IEP);
- Any other services defined as covered by the states SBS program and included on the student's IEP. This code also includes pre and post time directly related to providing direct client care services when the student is not present. Examples of pre and post time activities when the student is not present include time to complete all paperwork related to the specific direct client care service, such as preparation of progress notes, translation of session notes, review of evaluation testing/observation, planning activities for the therapy session, travel to/from the therapy session, or completion of billing activities.
- Pre and post activities associated with physical therapy services, for example, time to build a customized standing frame for a student or time to modify a student's wheelchair desk for improved freedom of movement for that client;

- Pre and post activities associated with speech language pathology services, for example, preparing lessons for a student to use with an augmentative communicative device or preparing worksheets for use in group therapy sessions;
- Updating the medical/health-related service goals and objectives of the IEP;
- Travel to the direct service/therapy;
- Paperwork associated with the delivery of the direct care service, as long as the student/client is not present. Such paperwork could include the preparation of progress notes, translation of session notes, or completion of billing activities; and Interpretation of the evaluation results and/or preparation of written evaluations, when student/client is not present. (Assessment services are billed for testing time when the student is present, for interpretation time when the student is not present, and for report writing when the student is not present.)

CODE 4C. - Direct Medical Services – Covered on a Medical Plan of Care, *Not* Covered as an IEP service - PM

Use this code when district staff (employees or contracted staff) provide covered direct medical services under the SHS Program when documented on a medical plan other than an IEP/IFSP or where medical necessity has been otherwise established. These direct services may be delivered to an individual and/or group in order to ameliorate a specific condition and are performed in the presence of the student(s). All medical services with the student present including:

- Providing health/mental health services as covered in the student's medical plan other than an IEP/IFSP;
- Conducting medical/health assessments/evaluations and diagnostic testing and preparing related reports as covered in the student's medical plan other than an IEP/IFSP or as part of the development of an IEP/IFSP; and
- Covered services for which medical necessity has been determined. The list of services corresponds to all of the services outlined in the Medicaid State Plan. This includes:
    - Audiologist services including evaluation and therapy services (only if included in the student's medical plan);
    - PT services and evaluations (only if included in the student's medical plan);
    - OT services and evaluations (only if included in the student's medical plan);
    - Speech Language Therapy services and evaluations (only if included in the student's
    - medical plan);
    - Counseling services, including therapy services (only if included in the student's medical plan or when medical necessity has been determined);
    - Nursing services, evaluations, and administering / monitoring medication (only if medical necessity has been determined including skilled nursing services on the medical plan and time spent administering/monitoring medication.);
    - Physician services and evaluation, including therapy services (only if included in the student's medical plan);
    - Social Work services and evaluation, including therapy services (only if included in the student's medical plan); and Examples of pre and post time activities when the student/client is not present include: time to complete all paperwork related to

the specific direct service, such as preparation of progress notes, translation of session notes, review of evaluation testing/observation, planning activities for the therapy session, travel to/from the therapy session, or completion of billing activities.
    - Any other services defined as covered by the state's SBS program and included on the student's medical plan.

General examples that are considered pre and post time:

- Updating the medical/health-related service goals and objectives of the medical plan of care;
- Travel to the direct service/therapy;
- Paperwork associated with the delivery of the direct care service, as long as the student/client is not present. Such paperwork could include the preparation of progress notes, translation of session notes, or completion of billing activities; and
- Interpretation of the evaluation results and/or preparation of written evaluations, when student/client is not present. (Assessment services are billed for testing time when the student is present, for interpretation time when the student is not present, and for report writing when the student is not present.)

CODE 5.a. Transportation for Non-Medicaid Services – U

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

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

CODE 5.b. Transportation-Related Activities in Support of Medicaid-Covered Services – PM/50 Percent FFP

School district employees should use this code when assisting an individual to obtain transportation to services covered by Medicaid. This does not include the provision of the actual transportation service or the direct costs of the transportation (bus fare, taxi fare, etc.), but rather the administrative activities involved in providing transportation. Include related paperwork, clerical activities or staff travel required to perform these activities.

- Scheduling or arranging transportation that meets the Medicaid definition of "specialized transportation" to and/or from school for students with specialized medical needs."
- Scheduling or arranging transportation to Medicaid-covered services.

CODE 6.a. Non-Medicaid Translation – U

School employees who provide translation services for non-Medicaid activities should use this code. Include related paperwork, clerical activities or staff travel required to perform

these activities. Non-Medicaid translation can be reported in two ways: As a separate non-Medicaid code (Code 6.a.) or as an example within one or more non-Medicaid activity codes.

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

CODE 6.b. Translation Related to Medicaid Services – PM/75 percent FFP

Translation may be allowable as an administrative activity, if it is not included and paid for as part of a medical assistance service. However, translation must be provided either by separate units or separate employees performing solely translation functions for the school and it must facilitate access to Medicaid-covered services. Please note that a school district does not need to have a separate administrative claiming unit for translation.

School employees who provide Medicaid translation services should use this code. Include related paperwork, clerical activities or staff travel required to perform these activities.

Medicaid translation can be reported in two ways: As a separate Medicaid code (Code 6.b.) or as an example within one or more Medicaid activity codes.

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

CODE 7.a. Program Planning, Policy Development, and Interagency Coordination Related to Non-Medical Services – U

School staff should use this code when performing activities associated with developing strategies to improve the coordination and delivery of non-medical services to school age students. Non-medical services may include social services, educational services, vocational services, and State or State education mandated student health screenings provided to the general school population. Employees whose position descriptions include program planning, policy development, and interagency coordination may use this code. However, it is a State option whether or not the position descriptions need to be explicit with respect to these specific functions. Include related paperwork, clerical activities or staff travel required to perform these activities.

- Identifying gaps or duplication of non-medical services (e.g., social, vocational educational and State mandated general health care programs) to school age students and developing strategies to improve the delivery and coordination of these services.
- Developing strategies to assess or increase the capacity of non-medical school programs.
- Monitoring the non-medical delivery systems in schools.
- Developing procedures for tracking families' requests for assistance with non-medical services and the providers of such services.
- Evaluating the need for non-medical services in relation to specific populations or geographic areas.
- Analyzing non-medical data related to a specific program, population, or geographic area.
- Working with other agencies providing non-medical services to improve the coordination and delivery of services and to improve collaboration around the early identification of non-medical problems.
- Defining the relationship of each agency's non-medical services to one another.
- Developing advisory or work groups of professionals to provide consultation and advice regarding the delivery of non-medical services and State-mandated health screenings to the school populations.
- Developing non-medical referral sources.
- Coordinating with interagency committees to identify, promote and develop non-medical services in the school system.

CODE 7.b. Program Planning, Policy Development, and Interagency Coordination Related to Medical Services – PM/50 percent FFP

This code should be used by school staff when performing activities associated with the development of strategies to improve the coordination and delivery of medical/dental/mental health services to school age students, and when performing collaborative activities with other agencies and/or providers. Employees whose position descriptions include program planning, policy development, and interagency coordination may use this code. However, it is a State option whether or not the position descriptions need to be explicit with respect to these specific functions. This code refers to activities such as planning and developing procedures to track requests for services; the actual tracking of requests for Medicaid services would be coded under Code 9.b., Referral, Coordination and Monitoring of Medical Services. Include related paperwork, clerical activities or staff travel required to perform these activities.

- Identifying gaps or duplication of medical/dental/mental services to school age students and developing strategies to improve the delivery and coordination of these services.
- Developing strategies to assess or increase the capacity of school medical/dental/mental health programs.
- Monitoring the medical/dental/mental health delivery systems in schools.

- Developing procedures for tracking families' requests for assistance with medical/dental/mental services and providers, including Medicaid. (This does not include the actual tracking of requests for Medicaid services.)
- Evaluating the need for medical/dental/mental services in relation to specific populations or geographic areas.
- Analyzing Medicaid data related to a specific program, population, or geographic area.
- Working with other agencies and/or providers that provide medical/dental/mental services to improve the coordination and delivery of services, to expand access to specific populations of Medicaid eligible beneficiaries, and to increase provider participation and improve provider relations.
- Working with other agencies and/or providers to improve collaboration around the early identification of medical/dental/mental problems.
- Developing strategies to assess or increase the cost effectiveness of school medical/dental/mental health programs.
- Defining the relationship of each agency's Medicaid services to one another.
- Working with Medicaid resources, such as the Medicaid agency and Medicaid MCPs, to make good faith efforts to locate and develop EPSDT health services referral relationships.
- Developing advisory or work groups of health professionals to provide consultation and advice regarding the delivery of health care services to the school populations.
- Working with the Medicaid agency to identify, recruit and promote the enrollment of potential Medicaid providers.
- Developing medical referral sources such as directories of Medicaid providers and MCPs, who will provide services to targeted population groups, e.g., EPSDT students.
- Coordinating with interagency committees to identify, promote and develop EPSDT services in the school system.

CODE 8.a. Non-Medical/Non-Medicaid Related Training – U

School staff should use this code when coordinating, conducting, or participating in training events and seminars for outreach staff regarding the benefit of the programs other than the Medicaid program. For example, training may include how to assist families to access the services of education programs, and how to more effectively refer students for those services. Include related paperwork, clerical activities, or staff travel required to perform these activities.

Non-medical/non-Medicaid training can be reported in two ways: As a separate code (Code 8.a.) or as an example within one or more non-medical/non-Medicaid activity codes.

- Participating in or coordinating training that improves the delivery of services for programs other than Medicaid.
- Participating in or coordinating training that enhances child find programs.

CODE 8.b. Medical/Medicaid Related Training – PM/50 Percent FFP

School staff should use this code when coordinating, conducting, or participating in training events and seminars for outreach staff regarding the benefits of medical/Medicaid related services, how to assist families to access such services, and how to more effectively refer students for services. Include related paperwork, clerical activities, or staff travel required to perform these activities.

Medical/Medicaid training can be reported in two ways: As a separate code (Code 8.b.) or as an example within one or more Medical/Medicaid activity codes.

- Participating in or coordinating training that improves the delivery of medical/Medicaid related services.
- Participating in or coordinating training that enhances early identification, intervention, screening, and referral of students with special health needs to such services (e.g., Medicaid EPSDT services). (This is distinguished from child find programs.)
- Participating in training on administrative requirements related to medical/Medicaid services.

CODE 9.a. Referral, Coordination, and Monitoring of Non-Medicaid Services – U

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

- 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 State Education Agency mandated student health screens (e.g., vision, hearing, scoliosis, etc.).
- Making referrals for, coordinating, and monitoring the delivery of scholastic, vocational, and other non-health related examinations.
- Gathering any information that may be required in advance of these non-Medicaid related referrals.
- Participating in a meeting/discussion to coordinate or review a student's need for scholastic, vocational, and non-health related services not covered by Medicaid.
- Monitoring and evaluating the non-medical components of the individualized plan as appropriate.

Case Management. Note that case management as an administrative activity involves the facilitation of access and coordination of program services. Such activities may be provided under the term Case Management or may also be referred to as Referral, Coordination, and Monitoring of non-Medicaid Services. Case management may also be provided as an integral part of the service and would be included in the service cost. School staff should use this code when making referrals for, coordinating, and/or monitoring the delivery of NON-Medicaid-covered services.

CODE 9.b. Referral, Coordination, and Monitoring of Medicaid Services – PM/50 Percent FFP

School staff should use this code when making referrals for, coordinating, and/or monitoring the delivery of medical (Medicaid-covered) services. Referral, coordination, and monitoring activities related to services in an IEP are reported in this code. Activities that are part of a direct service are not claimable as an administrative activity. Furthermore, activities that are an integral part of or an extension of a medical service (e.g., patient follow-up, patient assessment, patient counseling, patient education, patient consultation, billing activities) should be reported under Code 4, Direct Medical Services. Note that targeted case management, if provided or covered as a medical service under Medicaid, should be reported under Code 4, Direct Medical Services. Activities related to the development of an IEP should be reported under Code 3, School Related and Educational Activities. Include related paperwork, clerical activities, or staff travel necessary to perform these activities.

Identifying and referring adolescents who may be in need of Medicaid family planning services.

- Making referrals for and/or coordinating medical or physical examinations and necessary medical/dental/mental health evaluations.
- Making referrals for and/or scheduling EPSDT screens, interperiodic screens, and appropriate immunization, but NOT to include the State-mandated health services.
- Referring students for necessary medical health, including mental health or substance use disorder services, covered by Medicaid.
- Arranging for any Medicaid-covered medical/dental/mental health diagnostic or treatment services that may be required as the result of a specifically identified medical/dental/mental health condition.
- Gathering any information that may be required in advance of medical/dental/mental health referrals.
- Participating in a meeting/discussion to coordinate or review a student's needs for health-related services covered by Medicaid.
- Providing follow-up contact to ensure that a student has received the prescribed medical/dental/mental health services covered by Medicaid.
- Coordinating the delivery of community based medical/dental/mental health services for a student with special/severe health care needs.
- Coordinating the completion of the prescribed services, termination of services, and the referral of the student to other Medicaid service providers as may be required to provide continuity of care.
- Providing information to other staff on the student's related medical/dental/mental health services and plans.
- Monitoring and evaluating the Medicaid service components of the IEP as appropriate.
- Coordinating medical/dental/mental health service provision with MCPs as appropriate.

Case Management. Note that case management as an administrative activity involves the facilitation of access and coordination of services covered under the State's Medicaid

program. Such activities may be provided under the term Administrative Case Management or may also be referred to as Referral, Coordination, and Monitoring of Medicaid Services.

Case management may also be provided as an integral part of a medical service and would be included in the service cost. The State may also cover targeted case management as an optional service under Medicaid.

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

CODE 10. General Administration – R

This code should be used by time study participants when performing activities that are not directly assignable to program activities. Include related paperwork, clerical activities, or staff travel required to perform these activities. 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.

Below are typical examples of general administrative activities, but they are not all inclusive.

- Taking lunch, breaks, leave, other paid time not at work including flex time or early/late dismissal.
- Establishing goals and objectives of health-related programs as part of the school's annual or multi-year plan.
- Reviewing school or district procedures and rules that are not related to the delivery of health care services.
- Attending or facilitating school or unit staff meetings or training that is not related to the delivery of health care services, or board meetings.
- 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.
- Other general administrative activities of a similar nature as listed above that cannot be specifically identified under other activity codes.

Code 11. Not Scheduled to Work/Unpaid Time Off – U

This code should be used if the random moment occurs at a time when a part-time, temporary or contracted employee is not scheduled to be at work or on unpaid leave.

Random Moment Time Study (RMTS) Methodology

South Dakota conducts a statewide time study on a quarterly basis for those LEAs that are participating in the MAC and/or the Direct Service Cost Settlement program(s). The purpose of the time study is to identify the proportion of time allowable and reimbursable under the SBMP program.

The time study reflects how workers' time is distributed across the range of activities. All LEAs that participate in the SBMP program are required to participate in the RMTS.

Time Study Participants

All LEAs that participate in the statewide time study identify allowable Medicaid costs within a given LEA by having staff members who spend their time performing those activities participate in the time study. LEAs certify that any staff providing services or participating in the time study meet the educational, experiential, and regulatory requirements. Participating LEAs update their staff lists each quarter prior to the generation of the time study sample for that period. Only staff that meet Medicaid Direct Service requirements can be included in the Direct Service Cost Pool. The update to the staff list must be completed prior to the start of the quarter. LEAs cannot make additions to their staff pool list once the time study sample has been generated for that period. LEAs may replace staff that have left the LEA with newly hired staff mid-quarter as long as the replacement staff are reasonably providing the same job functions as the replaced staff member.

RMTS Participants do not include individuals such as parents or other volunteers who receive no compensation for their work; this would include in-kind "compensation". For purposes of this implementation plan, individuals receiving compensation from LEAs for their services are termed "school staff". All staff are reported into one of two cost pools: a "Direct Service & Administrative Providers" cost pool and an "Administrative Services Provider Only" cost pool. The two cost pools are mutually exclusive (i.e., no staff should be included in both cost pools**).** The "Direct Service and Administrative Providers" cost pool is comprised of direct service staff, including those who conduct direct service(s) and administrative claiming activities as well as direct service only staff, and the respective costs for these staff. These costs include staff time spent on direct services and are allowable in both the quarterly MAC and the annual Direct Service Cost Settlement claims. The "Administrative Services Providers Only" cost pool is comprised of administrative claiming staff and the respective costs for these staff, which are only allowable in the quarterly MAC claim. The following provides an overview of the eligible categories of staff in each cost pool.

Cost Pool 1 (Direct Service & Administrative Providers) –

These providers may perform Direct Services and Administrative claiming activities. Only these provider types included in the approved state plan are included in the cost pool and time study.

- Advanced Practice Registered Nurse (NP) / Clinical Nurse Specialist
- Certified Physical Therapy Assistant

- Certified Social Worker – PIP / PIP Candidate
- Licensed Audiologist
- Licensed Marriage and Family Therapist
- Licensed Occupational Therapist
- Licensed Occupational Therapy Assistant
- Licensed Physical Therapist
- Licensed Practical Nurse (LPN)
- Licensed Professional Counselor
- Licensed Registered Professional Nurse (RN)
- Licensed Speech Language Pathologist
- Licensed Speech Language Pathology Assistant
- Medicaid Direct Service Billing Coordinator
- Nurse Assistant / Health Aide
- Psychiatrist
- Psychologist / Psychologist Interns / School Psychological Examiner

Cost Pool 2 (Administrative Service Providers Only)

These providers perform Administrative claiming activities. Only those provider types included in the approved state plan are included in the cost pool and time study.

- Interpreters & Interpreter Assistants
- Other groups/individuals that perform Medicaid allowable services activities
- School Administrators that perform Medicaid allowable activities
- School Bilingual Assistants
- School Counselors
- Special Education Administrators
- Special Education Teachers

Each LEA must determine whether staff meet all the above requirements and if they are less than 100% federally funded. Individuals that are 100% federally funded and/or used as match for federal grants are excluded from the time study. Staff members that are partially federally funded may be included in the time study if the staff perform allowable activities in the time study; however, any costs that are included in the cost pool must be net of all Federal sources (including match). This calculation includes all federally funded types of grants and costs paid for with Federal funds per quarter as well as any costs used as match for Federal funds. All criteria must be met to be included in the time study.

Only providers of services included in the approved South Dakota State Plan can be included in the cost pool(s) for the time study. Each position must be approved by DSS for inclusion in the claim calculations.

Part of the review process is to ensure that all of the staff submitted are included in the sample universe. The LEAs submit a roster of participants. All staff are entered into the appropriate cost pool. The entire list of staff from all participating LEAs in a particular cost pool is included in the sample universe. At the end of the quarter, a financial schedule is

sent to the LEAs to report allowable costs for MAC staff in all pools. At the end of the annual Direct Service reconciliation, a financial schedule is sent to the LEAs to report allowable costs for staff included in the Direct Service cost pool(s) in the annual Cost Settlement. The list sent to LEAs only include the staff/positions reported at the beginning of the process. LEAs are instructed that they can only claim costs for participants/positions that were sent in the roster process and thus included in the sample universe. The list of submitted staff is compared against the list used in the sample universe. This list should be a match since all staff members submitted by the LEAs are included in the sample universe.
The RMTS method polls participants on an individual basis at random time intervals over a given time period and totals the results to determine work effort for the entire population of eligible staff over that same time period. The RMTS method provides a statistically valid means of determining what portion of the selected group of participant's workload is spent performing administrative activities.

Time Study Start and End Dates

Each calendar quarter, the dates that LEAs are in session and for which their staff are compensated is determined. LEA staff are paid to work during those dates that schools are in session: as an example, LEAs may start the school year sometime in August and end the school year sometime in May each year. All days including and through the end of the school year will be included in the potential days to be chosen for the time study. Each quarter, LEA calendars are reviewed to determine those dates that the LEAs pay for their staff to work, and these dates are included in the sample. Since school calendars change on an annual basis, the school calendars are evaluated on a quarterly basis and the sample dates are determined and documented.

Sampling Requirements (RMTS)

Sample Size

The sample size used to allocate administrative costs ensures the time study results meet a 95 percent confidence level with an overall error rate of +/- 5 percent pursuant to 45 C.F.R. § 75.430(i)(5)(i). In addition, 0.5 is the maximum anticipated rate of occurrence of the activities being observed. Thus, the formula to calculate the required sample size to meet CMS requirements is:

RMTS Sample Size Calculation
$n = p(1-p) / (d/z)^2$

Where:
n = sample size
p = maximum anticipated rate of occurrence of the activities being observed
d = desired error rate
z = 95 percent confidence level factor (equal to 1.96)

Prior to generating extra sample moments to compensate for factors such as flex time, the above formula using the given specified parameters (p=0.5, d=.05, z=1.96) produces a minimum sample size of 385.

Oversample

All completed responses are used in the RMTS. The State applies an oversample of 15%. If the response rate is above 85%, non-responses are discarded and not included in the time study results. However, if the valid response rate is below 85%, CMS has required all non-responses to be included and coded as non-Medicaid (not simply enough responses to reach the 85% response rate, but 100% of nonresponses). The standard number of moments, plus the oversample, is the total number of moments sampled.

Participants that do not respond to a sampled time moment may still be included in the study. Additionally, activity codes are established to fully account for vacations, sick time, lunch hours, and other paid time not at work. If those chosen for the time study are absent during the reporting period, the absence is reported on the time study and the related costs included in the cost pool.

RMTS Samples per Quarter/Pool

Q1 October – December: 2,700
Q2 January – March: 2,700
Q3 April – June: 2,700
Q4 July – September: 1,350 (since most schools return in mid-August for ½ of a full 3 month quarter / 1 ½ months)

RMTS Process and Notification

The RMTS process is described here as four steps:

1. Identify total pool of time study participants
2. Identify total pool of time study moments
3. Randomly select moments; randomly match each moment to a participant
4. Notify selected participants about their selection

Identify Total Pool of Time Study Participants

At the beginning of each quarter, participating LEAs submit a staff roster (Participant List) providing a comprehensive list of staff /positions eligible to participate in the statewide RMTS time study. This list of names is subsequently grouped into job categories (that describe their job function) and from that list all job categories are assigned into one of the two mutually exclusive cost pools for the statewide time study. The staff roster is only updated on a quarterly basis prior to the selection of the quarterly sample.

Identify Total Pool of Time Study Moments

The total pool of “moments” within the time study is determined by calculating the number of working days in the sample period, times the number of work hours of each day, times the number of minutes per hour, and times the number of participants within the time study. The total pool of moments for the quarter is reduced by the exclusion of weekends, holidays and hours during which employees are not scheduled to work.

Randomly Select Moments and Randomly Match Each Moment to a Participant

Once compiled, each cost pool is sampled to identify participants in the RMTS time study. The sample is selected from each cost pool, along with the total number of eligible time study moments for the quarter. Using a statistically valid random sampling technique, the desired number of random moments is selected from the total pool of moments. Next, each randomly selected moment is matched up, using a statistically valid random sampling technique, with an individual from the total pool of participants.

Each time the selection of a moment and the selection of a name occurs; both the moment and the name are returned to the overall sample pool to be available for selection again. In other words, the random selection process is done with replacement so that each moment and each person are available to be selected each time a selection occurs. This step guarantees the randomness of the selection process.

Each selected moment is defined as a specific one-minute unit of a specific day from the total pool of time study moments and is assigned to a specific time study participant. Each moment selected from the pool is included in the time study and coded according to the documentation submitted by the employee.

The sample operates while school is in session.

- Quarter 1 = October 1st – December 31st
- Quarter 2 = January 1st – March 31st
- Quarter 3 = April 1 – June 30 (or ‘Last Day of School’ per LEA)
- Quarter 4 = July 1st (or the ‘First Day of School’ per LEA) – September 30th

Each quarter, dates that LEAs are in session and for which their staff are compensated is identified. LEA staff are paid to work during those dates that schools are in session; as an example, LEAs may end the school year sometime in May each year. All days including and through the end of the school year would be included in the potential days to be chosen for the time study. It is important to understand that although LEAs may end the school year prior to the close of the quarter, staff may receive pay for services provided during the school year through the end of the Federal fiscal quarter. LEAs typically spread staff compensation over the entire calendar year versus compensating staff only during the months when school is in session.

Notify Participants about their Selected Moments

Email is the standard method by which time study participants are notified of their requirement to participate in the time study and of their sampled moment. Sampled

participants are pre-notified of their sampled moment date and time twenty-four (24) hours prior to the sampled moment. Each sampled participant is asked to record and submit their activity for that one-minute period within seventy-two (72) school hours / three (3) school days. Additionally, if the moment is not completed, the participant will receive a late notification email twenty-four (24) hours before the expiration of their selected moment. Throughout this entire process, the LEA Coordinators have real-time access in the RMTS online system to view their sampled staff, the dates/times of their sampled staff's moments, and whether or not the moment has been completed. The time study questionnaire or survey forms are not kept open more than seventy-two (72) school hours / three (3) school days after the end of the time study period to ensure the accuracy of the time. If the return rate of valid moments is less than 85% per RMTS pool, per quarter on a state-wide basis, non-returned moments will be included and coded as non-allowable codes/non-Medicaid time.

The RMTS Administrator runs compliance reports on a monthly basis and sends the results to the school districts. The LEA Coordinators also have the ability to run compliance reports in real-time. A validity check of the time study results is completed each quarter prior to the calculation of the claim. The validity check ensures that the minimum number of responses is received each quarter to meet the required confidence level. The number of completed and returned time study moments is analyzed to confirm that the confidence level requirements have been met. Once the validity of the sample has been confirmed, the time study results are calculated and prepared for the calculation of the quarterly MAC claim and the annual Direct Service Cost Settlement claim.

South Dakota has chosen to utilize a centralized coding methodology to be implemented by the contractor assisting South Dakota with the SBMP program. Under that methodology, the sampled staff is not required or expected to code their moment(s). The sampled staff is asked to document their activity by providing specific examples. At the end of the documentation, the sampled staff is asked to certify their documentation.

The contractor codes all moments submitted and randomly select a 5% sample of the coded responses per pool, per quarter which is submitted to DSS each quarter for validation. The validation will consist of reviewing the participant responses and the corresponding code assigned by the contractor to determine if the code was accurate. DSS has a representative who will separately review the randomly selected 5% subsample of responses and coding and identify any disagreements with the coding staff. After that discussion on coding, coding instructions would be modified to document those coding decisions so that they can be consistently applied in future quarters.

At the end of each quarter, once all random moment data has been received and time study results have been calculated, statistical compliance reports are generated to serve as documentation that the sample results have met the necessary statistical requirements.

Training Types & Overview

LEA Coordinator Training (RMTS)

DSS reviews and approves all RMTS training material used by the DSS contractor. Once the training material has been approved by DSS, the contractor will provide training for the LEA Coordinators, which will include an overview of the RMTS software system and information on how to access and input information into the RMTS system. It is essential for the LEA Coordinators to understand the purpose of the time studies, the appropriate completion of the RMTS, the timeframes and deadlines for participation, and that their role is crucial to the success of the program. Participants are to be provided detailed information and instructions for completing and submitting the time study documentation of the sampled moment. All training materials are accessible to LEA Coordinators. In addition, annual training is provided to the LEA Coordinators to cover topics such as SBMP program updates, process modifications and compliance issues.

Central Coding Staff Training (Activity Coding)

Central Coders are employed by the contractor and will review the documentation of participant activities performed during the selected moments and determine the appropriate activity code. In a situation when insufficient information is provided to determine the appropriate activity code, the central coder may contact the individual participant and request submission of additional information about the moment. Once the information is received the moment is coded and included in the final time study percentage calculation. All moments are coded separately by at least two coders as part of a quality assurance process. The moments and the assigned codes are reviewed for consistency and adherence to DSS approved activity codes.

Sampled Staff Training

The primary purpose of participant staff training is to educate the sampled staff so they can accurately determine the appropriate activity for the activity they were performing at the sampled moment. The RMTS documentation system includes training information on the program and the staff's role in the program as well as how to complete the moment. The sampled staff must visit these screens prior to being able to document their moment.

Documentation (RMTS)

All documentation of sampled moments must be sufficient to provide answers to the time study questions needed for accurate coding:

1) Please select the following dropdown answers:

- Working for a school/district at time of moment
- Paid Time Off (Vacation/Sick/Personal/Inclement Weather or Event)
- On lunch or break at time of moment & working for a school/district
- Unpaid Time Off (You were not working or paid at time of your moment)

2) If you were working at the time of your moment, please answer the following question. Who was with you? Indicate classifications (e.g., Speech Therapist, Student, Parent, etc.) rather than names. *Write in N/A for paid or unpaid time off/lunch/break.

3) If you were working at the time of your moment, describe in detail the specific activity you were doing during the exact minute indicated in the time study (e.g. if driving, please provide purpose of destination & what you will be doing). *Write in N/A for paid or unpaid time off/lunch/break.

4) If you were working at the time of your moment, why were you doing this activity? (please be more specific than 'it is part of your job duties'), *Write in N/A for paid or unpaid time off/lunch/break.

5) Is the activity you were doing, as described above, with or on behalf of a student that has a 'Health-Related' or 'Educational' IEP/IFSP or 'Other Plan of Care' (e.g. 504 plan)?

- Health Related IEP/IFSP
- Health Related 'Other Plan of Care' (e.g. 504 plan)
- Educational
- No
- N/A (paid or unpaid time off/lunch/break)

6) If you were working with or on behalf of a student that has a 'Health-Related' IEP/IFSP and/or 'Other Plan of Care', please indicate 'Yes' if the activity you were doing is a requirement in the student's IEP/IFSP and/or 'Other Plan of Care'. Select 'No' if not.

- Yes
- No
- N/A (paid or unpaid time off/lunch/break)

In addition, sampled staff certify the accuracy of their response prior to submission. Only the sampled participant receives the information required to access and complete the sampled moment. After answering the documentation questions, they are shown their responses and asked to certify that the information they are submitting is accurate. Their moment is not complete unless they certify the accuracy of the information. Since the sample staff only has access to their individual information, this conforms to the electronic signature policy and allows them to verify that their information is accurate.

Each time study participant must certify the accuracy of his/her response prior to submission.

Additional documentation maintained by the contractor includes:

- Sampling and selection methods used,
- Identification of the moment being sampled, and
- Timeliness of the submitted time study moment documentation.

Time Study Return Compliance

DSS requires an 85% response rate. Moments not returned or not accurately completed and subsequently resubmitted by the LEA will not be included in the database unless the return rate for valid moments is less than 85% per pool, per quarter on a state-wide basis. If the

return rate of valid moments is less than 85% then all non-returned moments will be included and coded as non-allowable/non-Medicaid time. The time study questionnaire or survey forms will be kept open no longer than seventy-two (72) school hours / three (3) school days after the end of the time study period to ensure the accuracy of the time. To ensure that enough moments are received to have a statistically valid sample, South Dakota will oversample more moments than needed for a valid sample size. To ensure that LEAs are properly returning sample moments, the individual LEA's return percentage for each quarter is reviewed.

If the statewide compliance rate for a quarter does not reach at least 85%, DSS may send out a non-compliance warning letter to each LEA that did not achieve an 85% compliance rate and had greater than ten (10) moments for the quarter. For LEAs that are issued a warning letter, DSS will monitor the next consecutive quarter to ensure compliance is achieved. If not achieved, DSS may implement sanctions.

Time Study Activities/Codes

The time study codes are assigned indicators that determine their allowable, Federal Financial Participation (FFP) rate, and Medicaid share. A code may have one or more indicators associated with it. These indicators should not be provided to time study participants.

The time study code indicators are:

Application of FFP rate	50 percent	Refers to an activity that is allowable as administration under the SBMP program and claimable at the 50 percent non-enhanced FFP rate.
	75 percent	Refers to an activity that is allowable as administration under the SBMP program and claimable at the 75 percent enhanced FFP rate.
Allowable & Application of Medicaid Share	U	Unallowable – refers to an activity that is unallowable as administration under the Medicaid program. This is regardless of whether or not the population served includes Medicaid-eligible individuals.
	TM	Total Medicaid – refers to an activity that is 100 percent allowable as administration under the SBMP program.
	PM	Proportional Medicaid – refers to an activity, which is allowable as Medicaid administration under the Medicaid program, but for which the allocable share of costs must be determined by the application of the proportional Medicaid share (using the Medicaid eligibility rate). For the SBMP

		Program, the Medicaid share is determined as the ratio of Medicaid-eligible students to total students.
	R	Reallocated – refers to those general administrative activities which must be reallocated across the other activity codes on a *pro rata* basis. These reallocated activities are reported under Code 10, General Administration.

The following time study codes are used for the Random Moment Time Study:

Code	Activity	MAC Indicator(s)
1.a	Non-Medicaid Outreach	U
1.b	Medicaid Outreach	TM/50%
2.a	Facilitating Non-Medicaid Eligibility	U
2.b	Facilitating Medicaid Eligibility Determination	TM/50%
3	School Related & Educational Activities	U
4.a.	Direct Medical Services – Not Covered as IEP Services	U
4.b.	Direct Medical Services – Covered as IEP Services	PM (IEP Ratio)
4.c.	Direct Medical Services –Covered on a Medical Plan of Care, Not Covered as an IEP service	PM (MER)
5.a	Transportation Non-Medicaid	U
5.b	Medicaid Transportation	PM/50%
6.a	Non-Medicaid Translation	U
6.b	Medicaid Translation	PM/ 75%
7.a	Program Planning, Development and Interagency Coordination Non-Medical	U
7.b	Program Planning, Development and Interagency Coordination Medical	PM/50%
8.a	Non-Medical/Non-Medicaid related Training	U
8.b	Medical/Medicaid related Training	PM/50%
9.a	Referral, Coordination, and Monitoring Non-Medicaid Services	U
9.b	Referral, Coordination, and Monitoring of Medicaid Services	PM/50%
10	General Administration	R
11	Not Paid/Not Worked	U

These activity codes represent administrative and direct service activity categories that are used to code all categories of claims.

Submitting a Claim for SBMP

The SBMP Program cost calculation has five components:

- Cost pool construction
- Allowable Medicaid time
- The Medicaid Eligibility Rate (MER)
- The FFP
- Unrestricted Indirect Cost Rate (UICR)

Calculating the MAC Claim

In general terms, the Federal share of the claim for Medicaid administration is calculated by:

Cost Pool Total	Multiplied by
% time claimable to Medicaid	Multiplied by
The Medicaid Eligibility Rate (MER) (where applicable)	Multiplied by
1 + Unrestricted Indirect Cost Rate (this percent is added to the value of the calculation at this stage in the process) equals the amounts of the claim request	Multiplied by
% FFP	

a) **Cost pools**
There are two (2) cost pools that are utilized within the claiming process.

b) **% Time Claimable to Medicaid**
The time study results are utilized to determine the amount or percent of time spent by LEA personnel conducting identified direct services, outreach, care and coordination functions.

c) **The Medicaid Eligibility Rate (MER)**
The amount of the claim is affected by the MER. This factor is a critical component of the claim. MER data consist of eligibility information pertaining to the school year to which it relates.
    - The MAC/General MER is applied to the total claimable percentage (Codes 5.b., 6.b., 7.b., 8.b., 9.b.). This rate is calculated on an annual basis.
    - The Direct Service IEP-based MER is applied to the total claimable percentage (Code 4b). This rate is calculated on an annual basis.
    - The Direct Service non-IEP MER is applied to the total claimable percentage (Code 4c). This rate is calculated on an annual basis.

d) **Federal Financial Participation (FFP) Rate**

After the results of the time study are multiplied by the cost pool total, they are then multiplied by the 50% / 75% or applicable FFP.

e) **Unrestricted Indirect Cost Rate (ICR)**
Unrestricted Indirect costs are included as part of the SBMP Program. LEAs may include indirect costs from approved unrestricted indirect cost rates or if they do not have an approved indirect cost rate, they may include the *de minimis* indirect cost rate as stated in 2 CFR Part 200, assuming they qualify to use the *de minimis* rate.

SBMP Claim Development

The administrating contractor will submit claims on behalf of participating LEAs directly to DSS. After reviewing each claim, DSS will review and as appropriate, approve the SBMP claim for payment processing. The claims will be based on the quarterly costs, the time study, the Medicaid eligibility rate, the unrestricted indirect cost rate (UICR) and the FFP.

MAC Medicaid Eligibility Rate (MER)

For the MAC activities performed by LEA administrative personnel, the costs associated with these activities are only reimbursable to the extent they are allocable to the Medicaid enrolled population. Therefore, these activities will be adjusted by the MER. This adjustment factor or "discount" reflects the nature of the administrative activity and the targeted population to which the administrative effort is directed.

The MAC Medicaid eligibility rate calculation is:

$$\frac{\text{[Number of Medicaid Students]}}{\text{[Total Number of Students]}}$$

Direct Service Cost Settlement IEP Ratio Medicaid Eligibility Rate (MER)

For the Direct Service activities performed by LEA Direct Service personnel, the costs associated with these activities are only reimbursable to the extent they are allocable to the IEP Direct Service Medicaid enrolled population. Therefore, these activities will be adjusted by the IEP MER. This adjustment factor or "discount" reflects the nature of the Direct Service activity and the targeted population to which the Direct Service effort is focused.

The IEP Ratio Medicaid eligibility rate calculation is:

$$\frac{\text{[Number of Medicaid-eligible students with an IEP]}}{\text{[Total number of students with an IEP]}}$$

Direct Service Cost Settlement Medical Plan of Care, Not Covered as IEP service Medicaid Eligibility Rate (MER)

For many of the Direct Service activities performed by LEA Direct Service personnel, the costs associated with these activities are only reimbursable to the extent they are allocable to the non-IEP Direct Service Medicaid enrolled population. Therefore, these activities will be adjusted by the MER. This adjustment factor or "discount" reflects the nature of the activity and the targeted population to which the Direct Service non-IEP effort is focused.

The Medical Plan of Care, not covered as IEP service Medicaid eligibility rate calculation is:

$$\frac{\text{[Number of Medicaid Students]}}{\text{[Total Number of Students]}}$$

Financial Data

The financial data included in the calculation of the SBMP claim(s) are based on a 'cash-based' accounting method of expenditures incurred during the quarter. LEAs may only claim costs incurred if the submitted 'paid date' is within the quarter claimed. These costs must be obtained from actual detailed expenditure reports generated by the LEA's financial accounting system.

2 CFR 200specifically defines the types of costs: direct costs, indirect costs and allocable costs that can be included in the program. 2 CFR 200 provides principles to be applied in establishing if certain costs are allowable or unallowable. These principles apply whether a cost is treated as direct or indirect. The following items are considered allowable costs as defined and cited below by 2 CFR 200.

Direct Costs

Typical direct costs identified in 2 CFR 200 include:

- Compensation of employees;
- Contracted costs (which includes contractors either individuals or hired through agencies or other entities such as fees paid for private placement facilities);
- Staff professional dues and fees;
- Cost of materials acquired, consumed, or expended;
- Equipment; and
- Travel expenses incurred.

Unrestricted Indirect Costs

Unrestricted Indirect costs included in the claim are computed by multiplying the costs by the LEA's approved unrestricted indirect cost rate. If a district does not have an approved indirect cost rate, it may apply the *de minimis* rate as stated in 2 CFR Part 200 assuming the LEA qualifies to use the *de minimus* rate.

Unallowable Costs

Costs that may not be included in the claim are: direct costs related to staff that are not identified as eligible time study participants (i.e., costs related to cafeteria, transportation, and all other non-school based administrative areas) and costs that are paid with 100 percent Federal funds (e.g. costs that have already been fully paid by other revenue sources such as Federal, state/Federal, recoveries, etc.).

Revenue Offset

Expenditures included in SBMP claim(s) are often funded with several sources of revenue. Some of these revenue sources require that expenditures be offset, or reduced, prior to determining the Federal share reimbursable by Medicaid. These 'recognized' revenue sources requiring an offset of expenditures are:

- Federal funds (both directly received by the LEA and pass through from state or local agencies);
- State expenditures that have been matched with Federal funds. Both the state and Federal share must be used in the offset of expenditures; and
- Third party recoveries and other insurance recoveries.

Claim Certification

LEAs will only be reimbursed the Federal share of any SBMP reimbursement. The Chief Financial Officer (CFO), Chief Executive Officer (CEO), Superintendent (SI), or other LEA designee will be required to certify the accuracy of the submitted claim and the availability of matching funds necessary. The LEA designee is certifying that the claim amount submitted includes only actual and allowable expenditures. The certification statement will be included as part of the invoice and will meet the requirements of 42 CFR 433.51.

School districts will be required to maintain documentation that appropriately identifies the certified expenditures used for SBMP claiming. The documentation must also clearly illustrate that the funds used for certification have not been used to match other Federal funds. Failure to appropriately document the certified funds may result in non-payment of claims.

Documentation & Recordkeeping Requirements

It is required that all LEAs maintain documentation supporting all SBMP claims. LEAs must maintain and have available upon request by state or Federal entities the Intergovernmental Agreement with the state to participate in the SBMP program. Documentation must be maintained quarterly. This information must be available upon request by state or Federal entities. Each participating LEA will maintain a quarterly audit file containing, at a minimum, the following information:

- A roster of eligible individuals, by category, submitted for inclusion in the participant sample pool;
- Financial data used to develop the expenditures and revenues for the claim calculations including state/local used for certification of expenditures;

- Documentation of the LEA's approved indirect rate (if applicable); and
- A copy of the completed and signed certification form.

Retention Period

Documentation must be retained for the state's requirement of six (6) years or until such time all outstanding audit issues and/or exceptions are resolved.

Oversight and Monitoring

Federal guidelines require the oversight and monitoring of the administrative claiming programs. This oversight and monitoring must be done at both the LEA and State/DSS level.

State Level Oversight and Monitoring

DSS is charged with performing appropriate oversight and monitoring of the time study and MAC program to ensure compliance with state and Federal guidelines. DSS is the responsible agency for this required monitoring and oversight effort. DSS has an Intergovernmental Agreement with the participating LEAs. The Intergovernmental Agreement clearly states the responsibilities for all parties.

DSS will monitor and review various components of the SBMP program operating in the state. The areas of review include, but are not limited to:

- Participant List / Roster – ensure only eligible categories of staff are reported on the participant list based on the approved RMTS categories in the implementation plan.
- RMTS Time Study – sampling methodology, the sample, and time study results.
- RMTS Central Coding – review at a minimum a 5% sample per quarter of the completed coding.
- Training – Compliance with training requirements: program contact, central coder and LEA staff.
- Financial Reporting – Costs are only reported for eligible cost categories and meet reporting requirements.

Frequency

Annually, the claims of 5% of participating LEAs is be selected for review. This monitoring consists of either an on-site, desk, or combination review. LEAs will be notified in advance of any planned on-site visits in connection with reviews. Following the selection of the LEAs, DSS will identify the claims as the focus for this in-depth review. Any discrepancies revealed during the review is noted and addressed with the LEA. Based on the findings from claim review, additional quarters may be selected for further review. Participating LEAs are required to fully cooperate in providing information and access to necessary staff in a timely manner to facilitate these efforts. LEAs that do not fully cooperate in the review process may be subject to sanctions.

In addition to the monitoring described above, trends are examined as a component of an ongoing review process. Examples of the trends to be monitored include total claims and reimbursement levels. Any significant variations from historical trending are communicated to the LEAs for explanation of the variance.

DSS is in constant communication with the contractor, often daily, to discuss any issues that may arise. DSS schedules and participates in regular meetings and/or conference calls (at least monthly) with their contractor to discuss time study trends, the 85% LEA compliance level, coding, and any other SBMP issues.

Remedial Action

The state will pursue remedial action for LEAs that fail to meet SBMP program requirements or fail to correct problems identified during review. Sanctions the state may impose include suspending payment of SBMP claims, conducting more frequent reviews, and the recoupment of funds.

Contractor Level Oversight and Monitoring

Quarterly Tasks

Training regarding RMTS

- Ensure LEA has participated in required RMTS training in order to participate in RMTS.
- Review of RMTS compliance rate and ensure all LEAs meet the combined 85% compliance level requirement for each RMTS pool.
- Ensure the LEA Coordinator understands how critical the response rate is per LEA and that they are aware of applicable sanctions for non-compliance.

Roster Updates

- Open / Prepare roster update and email LEA contact
- Receive updated roster from LEA in the system
- Review and perform quality checks on the updated roster

Time Study Tasks

- Randomly select time study participants from the database.
- Notify selected participants of their sampled moment date and time twenty-four (24) hours / one (1) day prior to their selected moment and send reminders twenty-four (24) hours / one (1) day before expiration of the moment if it has not been completed, with a copy to the supervisor and/or LEA Coordinator.
- Review documented responses and code time study received from selected participants. Conduct follow-up if necessary for the determination of the appropriate time study code.
- Quality Check received and coded time study data.
- Follow up with participants who submitted incomplete data, correcting the data so it can be used.

- Prepare time study data for the SBMP claim.

Financial Tasks

- Conduct financial training with LEA, as needed.
- Open / Prepare quarterly financial schedules for the designated financial contact in the claiming system.
- Receive completed financial expenditure data and quality check the data for errors.
- If necessary, resubmit the expenditure data to the LEAs financial contact for revisions.
- Prepare financial information for SBMP claim(s).
- Prepare Certification of Public Expenditure (CPE) form for the LEA's financial contact for completion.
- Receive completed CPE forms from LEA and submit to DSS upon request.

Miscellaneous Tasks

- Participate in quarterly SBMP update meetings.
- Answer general questions from the LEA throughout the quarter.
- Collect annual Unrestricted Indirect Cost Rate (UICR) data for each LEA from DSS.
- Collect the Medicaid Eligibility Rates (MERs) for each LEA from DSS.
- Develop SBMP claims and submit to DSS.
- A copy of each claim is available for LEAs to download from the system for their records.
- Follow up with DSS to ensure LEA receives payment as requested by LEA.
- Conduct quality assurance reviews as needed.
- Serve as liaison between LEA and DSS.

School District Level Oversight and Monitoring

Each LEA participating in the SBMP program must take appropriate oversight and monitoring actions to ensure compliance with SBMP program requirements.

Actions must be taken to ensure, at a minimum, that:

- The time study is performed correctly;
- The time study results are valid;
- The financial data submitted is true and correct;
- RMTS training requirements are met; and
- Appropriate documentation is maintained to support the time study and the claim.

Required Personnel

Each LEA must designate one (1) or more employees as the LEA Coordinator or SBMP program contact. These individuals are designated within the LEA to provide oversight for the implementation of the time study and to ensure that policy decisions are implemented appropriately. The LEA must also designate an assistant LEA Coordinator to provide back-up support for time study responsibilities.

INTERGOVERNMENTAL AGREEMENT BETWEEN

SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES (DSS), AND

SCHOOL DISTRICT NO. _____, aka
_____PUBLIC SCHOOLS

SOUTH DAKOTA PUBLIC SCHOOLS MEDICAID ADMINISTRATIVE CLAIMING PROGRAM

STATEMENT OF PURPOSE

The South Dakota Department of Social Services (DSS) and _____, hereinafter referred to as "School District", to provide the most efficient, effective administration of Title XIX and Title XXI (Medicaid and Children's Health Insurance Program, hereafter referred to collectively as Medicaid) of the Social Security Act, hereby agree to the conditions included in this Intergovernmental Agreement.

DSS's mission is to strengthen families to foster health, wellbeing, and independence. Strong families are South Dakota's foundation and our future. DSS and School Districts share a common objective for South Dakota's children to be healthy, which is essential for children to thrive, flourish, and succeed. DSS recognizes the unique relationship School Districts have with Medicaid-eligible children and their families.

DSS and the School District enter into this Intergovernmental Agreement with recognition of other existing agreements that DSS has developed for services to Medicaid-eligible recipients living within the School District boundaries and which are currently included in the Medicaid State Plan.

In furtherance of the health, well-being, and success of Medicaid-eligible children DSS enters into this Intergovernmental Agreement with the School District.

I. MUTUAL OBJECTIVES

1. Assure that all Medicaid-eligible recipients under the age of 21 and their families are informed of their Medicaid benefits and how to access them.

2. Assure that potentially eligible children and their families are referred to DSS for potential Medicaid enrollment.

3. Assure early and appropriate screenings and interventions so that diagnosis and treatment occur in a timely manner.

4. Assure that healthcare services are of sufficient amount, duration, and scope to correct or improve medical conditions.

5. Assure that services are provided by appropriate Medicaid-enrolled providers for the correction or improvement of conditions identified through a periodic or interperiodic screening.

II. RESPECTIVE RESPONSIBILITIES

DSS agrees to:

1. Reimburse the School District the Title XIX and Title XXI federal share of actual and allowable costs for Medicaid administration provided by staff based upon a time accounting system which is in accordance with the provisions of OMB Circular A-87 and 45 CFR parts 74 and 95; other expense and equipment costs necessary to collect data, disseminate information and carry out the staff functions outlined in this agreement. Costs will be reimbursed at the eligible Medicaid rate.

2. Changes in federal regulations affecting the matching percentage and/or costs eligible for enhanced or administrative match, which become effective subsequent to the execution of this agreement, will be applied as provided in the regulations. Reimbursable services are limited to those identified in the South Dakota DSS Medicaid Administrative Claiming Implementation Guide approved by the Center for Medicare & Medicaid Services.

3. Develop and conduct periodic quality assurance and utilization reviews in cooperation with the School District. Federal oversight staff may also conduct reviews.

4. Provide training and technical assistance to staff of the School Districts regarding compliance with School District responsibilities under this agreement.

5. Conduct training sessions for participating School Districts on a periodic basis.

6. Provide consultation to the School District on issues related to this agreement as needed.

7. Designate a liaison for the School District to ensure the proper and efficient performance of this Intergovernmental Agreement.

The School District agrees to:

1. Providing information to eligible or potentially eligible individuals about Medicaid benefits including services provided through the EPSDT program. EPSDT is made up of the following services: screening services, vision services, dental services, hearing services, diagnostic services, treatment, and other services found to be medically necessary to treat, correct, or reduce illnesses and conditions discovered regardless of whether the service is covered in a state's Medicaid plan.

2. Providing information about Medicaid EPSDT screening in schools.

3. Providing assistance to eligible children and their families in coordinating comprehensive, continuous healthcare to address the child's primary health needs.

4. Making referrals for and/or scheduling EPSDT screens and age-appropriate immunizations in accordance with the American Academy of Pediatrics' (AAP) Bright Futures and the American Academy of Pediatric Dentistry's (AAPD) periodicity schedules. EPSDT screens include comprehensive health and developmental, mental health, vision, hearing, and dental screens.

5. Making referrals and/or scheduling evaluations that may be required as the result of a condition identified during the child's screen.

6. Developing, coordinating, and monitoring the medical portion of the Individualized Education Program (IEP), which includes the medical portion of the actual IEP meetings with the parents, time spent developing the medical services plan on the IEP, and writing of the medical service goals of the IEP. (If appropriate, this would also refer to the same activities performed in support of an Individualized Family Service Plan (IFSP) or other qualifying care plan.)

7. Assisting recipients and their families to facilitate care plan activities related to health needs.

8. Referring potentially eligible children and their families to DSS or the appropriate local DSS office for Medicaid application and eligibility determination.

9. Participate in training events and seminars hosted by DSS or the DSS's vendor regarding the benefits of the Medicaid program, how to assist families in accessing Medicaid services, and how to refer students for services.

10. Maintain the confidentiality of recipient records and eligibility information received from DSS and use that information only in administrative, technical assistance and care coordination activities.

11. Conduct all activities recognizing the authority of DSS in the administration of Medicaid State Plan on issues, policies, rules and regulations on program matters.

12. Complete claims under approved DSS and federal methodology. Submit claims on a quarterly basis.

13. Complete time studies, including the use of Activity Codes required in the South Dakota Public Schools Medicaid Administrative Claiming Guide. Maintain all necessary cost, time study, and claim information for a minimum of seven (7) years to support the claims and provide DSS or federal representatives any necessary data for auditing purposes.

14. Allow DSS to bill a quarterly claim preparation fee, prorated to each District member of the South Dakota Medicaid Consortium (see V. Participation in Statewide Consortium) on the basis of their respective federal claim amount.

15. Accept responsibility for disallowances and incur the penalties of same resulting from the activities associated with this agreement. Return to DSS any federal funds which are deferred and/or ultimately disallowed arising from the administrative claims submitted by DSS on behalf of the School District.

16. Consult with DSS on issues arising out of this agreement.

17. Designate a liaison for DSS to ensure the proper and efficient performance of this Intergovernmental Agreement.

18. School Districts with net claim amounts of $25,000 or more in a school year must submit a program evaluation report to measure progress toward the attainment of the mutual objectives and compliance with the terms of this agreement. School districts will be notified by DSS if they meet the requirements to submit a program evaluation report.

III. ASSURANCE OF COMPLIANCE WITH STATE METHODOLOGY

The School District assures DSS that it will comply with the provisions of the State methodology for claiming and will provide information needed by DSS, including school district enrollments, staff positions included in the cost pool, and adhere to the School District training schedule and submittal of the School District's federal indirect cost rate or methodology.

IV. CERTIFICATION OF FEDERAL MATCH

As the local public official signing this agreement, it is certified that:

(1) A public appropriation of funds has been expended that meets federal matching requirements under Titles XIX and XXI of the SSA for the amounts claimed as necessary to carry out the activities under this intergovernmental agreement.
(2) Expenditures used as the matching funds for the activities under this intergovernmental agreement can be found within our local government accounting system, and no other federal funds are being used as the local match to the federal Medicaid and State Children's Health Insurance Program funds, other than those that have been noted as specifically allowable for match under federal law.

(3) When submitting claims for services under this intergovernmental agreement, no duplication of a previous claim will be made.

V. PARTICIPATION IN STATEWIDE CONSORTIUM

By signing this agreement, the School District becomes a member of the South Dakota Medicaid Consortium and agrees to participate fully in the South Dakota Public Schools Medicaid Administrative Claiming Program. This Consortium is established to pool staff for the purposes of training, time study methodology and sampling activities. This Consortium is necessary to maintain accuracy and integrity within the claiming program due to the limited number of children in many of the South Dakota School Districts.
This Consortium will not pool School District' Medicaid eligibility rates or School Districts expenditures for the cost pool or reimburse School Districts based on an average consortium rate. The District hereby agrees to maintain membership in the South Dakota Public Schools Medicaid Consortium for the period of this agreement.

VI. TERMS OF THIS AGREEMENT

The contract period of this Intergovernmental Agreement is September 1, 2024, through August 31, 2029. Failure to enter this agreement will result in forfeit of Medicaid Administrative Claiming funds to the school district. This agreement may be cancelled any time upon agreement by either party. Sixty (60) days prior notice in writing to the other party shall be provided prior to cancellation, however, that reimbursement shall be made for the period when the contract is in full force and effect.

_____ _____
Cabinet Secretary, Department of Social Services Date

_____ _____
Superintendent Date

_____ _____
School District Name District Number

Contract No. _____