

Illinois Department of Public Aid
ILLINOIS GUIDE FOR
SCHOOL-BASED HEALTH SERVICES
ADMINISTRATIVE CLAIMING

**For Local Education Agencies
Participating in the
Medicaid School-Based Health Services (SBHS) Program**

November 2004

**Illinois Administrative Guide for
School-Based Health Services Administrative Claiming
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Requirements for the reporting of administrative Expenses related to the provision of School-Based Health Services

100 Periodicity of Reporting

The participating local education agency (LEA) is to submit claims for expenditures on approved Title XIX administrative functions to the Illinois Department of Public Aid (DPA) on a quarterly basis (Jul 1 - Sep 30, Oct 1 – Dec 31, Jan 1 - Mar 31, Apr 1 - Jun 30). In order for DPA to submit a claim for the most recently completed reporting period, the submission is due to DPA on or before the 15th calendar day after the end of the reporting quarter. Claims may not be submitted before the end of the quarter being claimed.

All claims must be submitted in accordance with the reporting requirements established by DPA. Claims are to be filed electronically, using the reporting format and certification statement provided by DPA.

Current quarter claims received after the due date will be processed in the following quarter. Claims not conforming to reporting requirements will not be accepted or processed.

200 Financial Data

The financial data (salaries, benefits, supplies, *etc.*) used to calculate the claim are to be based on actual detailed expenditure reports obtained directly from the participating LEA's financial accounting system. The financial accounting system data are to be accumulated based on applicable administrative rule (23 *Ill. Admin. Code*, 110 *et seq.*), the *Program Accounting Manual* or generally accepted governmental accounting standards. The expenditures accumulated for calculating the claim are to include only actual expenditures incurred during the claiming period.

300 Funding Sources

Claims for approved Title XIX administrative functions may not include expenditures of:

- Federal funds received by the LEA directly.
- Federal funds that have been passed through a State or local agency (e.g., KidCare outreach funding, *IDEA* grants).
- Non-federal funds that have been committed as local match for other federal or State funds or programs.

Note: Funds received by the LEA from the Special Education Medicaid Matching Fund for school-based health services, whether for direct services or approved Title XIX administrative functions, need not be considered as federal funds for purposes of subsequent claiming. In this case, they can be considered as reimbursement for prior expenditures and are, upon receipt, local funds, not state or federal. However, under this program, the state is the recipient of federal reimbursement awards for claimable Medicaid administrative costs. LEAs are sub-recipients of those awards. Accordingly, federal pass-through funds received by LEAs for administrative expenses fall under the single audit requirements of OMB Circular A-133, for which LEAs are responsible. Also, LEAs are advised to ensure they are in compliance with requirements established by the Illinois State Board of Education (ISBE) regarding use of federal reimbursement.

400 Allocation of Staff Time

All claims shall be based on time studies conducted in compliance with *OMB Circular A-87*. Pursuant to *A-87*, this Illinois Guide is established to define how administrative activities are to be allocated as claimable costs under Title XIX. Participants in a time study include all Direct Personnel whose costs are to be included in a claim. See Exhibit II for description and definitions of activities used in the time study. Direct Personnel employed or contracted by a special education cooperative will be included only in the time study of the special education cooperative. Direct Personnel employed or contracted by a member school district will be included only in the time study of the school district. If Direct Personnel work part time for both a member school district and the cooperative or part time between school districts, the individuals may be included in multiple claims. However, in all instances full-time equivalency and costs must be no more than what is attributable to each respective billing entity. Direct Personnel that must be included in the time study encompass the following classes of individuals:

- Skilled professional medical personnel (SPMP) who directly perform approved Title XIX administrative functions, whether directly employed by the LEA or contracted personnel for which the LEA can document a **de facto** employer-employee relationship. (See Exhibit I.)
- All other personnel who perform approved Title XIX administrative functions, whether directly employed by the LEA or contracted personnel for which the LEA can document a **de facto** employer-employee relationship. (“Other Personnel” in Exhibit I.)
- Contracted personnel for whom a **de facto** employer-employee relationship cannot be documented cannot be claimed.

Costs associated with direct support personnel are allocable and reimbursable at the same level as the employees they support. Direct support personnel do not need to be included in the sample population since they do not directly perform Medicaid administrative activities. A listing of direct support personnel identified as potentially providing administrative activities is included in Exhibit I. Several types of sampling may occur. Days of the quarter in which Direct Personnel must complete time studies shall be determined by DPA under day sampling procedures described below. Employees themselves may be sampled and the summer quarter may be averaged. If an LEA chooses not to sample their Direct Personnel, all Direct Personnel who perform claimable activities and whose costs are included in a claim must complete a time study on the randomly selected sample time study days.

All time study codes are mutually exclusive. Time study participants must determine which activity code most closely describes the activity they are conducting. Any activity that is considered educational in nature must be reported that activity under Code I3.

405 Participant Certification

Time study participants shall attest, in writing or through electronic documentation, to the accuracy of their individual time study information. This attestation must include the date and signature of the employee completing the time study attesting to the following statement: " I certify that, to the best of my knowledge, the information reported on this time study form is an accurate reflection of the work activities I have completed. I further certify that any activity related to or in support of an educational function has been reported under Code I even if such activity overlaps with other activities. "

The Department recognizes that the primary function of a school district is that of education. To the extent that a time study participant reports activity codes that qualify for federal reimbursement, such time must clearly meet the definition of the activity code being reported and not overlap with other school functions. The Department will review all claims for reasonableness and recoup payments in which claimed time appears unreasonable or unsupported, given the principle responsibility of the time study participant.

410 Day Sampling

DPA will determine which days in a quarter are to be used for sampling of employees in a time study. DPA will provide each LEA with two random start dates for each quarter. All participating LEAs will use the random

start date, along with the next four consecutive days in which school employees are required to report to work, as their representative week for a time study. Thus, each claim will consist of time study data from two five-day blocks of time for each quarter.

DPA will determine random start days using a random number generator. The universe of days from which start dates may be selected will include typical school work days, which include every Monday through Friday, excluding Thanksgiving Day, the Friday after Thanksgiving and the week beginning on Christmas Day through New Years Day. To allow for a full five-day period, the last four typical schoolwork days from each quarter will be excluded as potential random start dates. To avoid overlap between two five day blocks, the initially chosen five-day block will be eliminated as potential days for the selection of the second random start date for each quarter.

420 Summer Quarter Averaging

For the quarter beginning July 1 and ending September 30 of each year, an LEA shall have the option to submit a claim based on the average of time study results from the LEA's three previous quarters. In such a case, the averaged time shall be multiplied by the costs incurred by the LEA during the July through September quarter. Thus, the costs of employees who are not paid during the summer quarter should not be included.

If an LEA chooses to not use averaged prior time, a time study must be applied to all of the Direct Personnel (skilled professionals and other personnel) whose costs are to be included in the claim for the summer quarter. For LEAs that pay the majority or all of its employees on a nine-month contract and have a separate set of costs incurred during the summer, it may be advantageous to conduct a time study for those employees that are paid and working through the summer. However, the cost requirements must be strictly applied. An LEA may not submit a combination of time studied and time averaged employees in its claim for the summer quarter.

430 Sampling of Direct Personnel

An LEA may choose to base their time study on a sample of Direct Personnel within an LEA or a sample of Direct Personnel within a homogeneous group of LEAs under the conditions described in this section. Under both scenarios, the sample must be of sufficient size to ensure statistical validity at 95 percent confidence level and 5 percent margin of error (95/5) for the entire claim. If sampling is used, the sampling process must assure that all Direct Personnel to be claimed have an equal chance of being selected in the sample. The sampling universe must include all direct personnel whose salaries, benefits, travel or training costs are to be allocated to the Medicaid program, including

individuals who spend only a portion of their paid work time performing claimable administrative activities. The sampling process must also assure proportional representation from each cost pool.

If sampling within a group of LEAs (peer group) is used, this approach must maintain homogeneity within each group and thereby reduce the variance between group members. To maintain such homogeneity, groupings must be established based on the number of children with IEPs in each LEA. In such an event, each LEA within the group will submit an individual claim that includes the LEA specific direct and indirect costs, as well as specific Medicaid discounting rates and ISBE provided indirect cost rate. Time study results in each group will be common to all members and based on the total reported time of all sampled employees for each occupational category. As described above, samples from each group must be representative of each occupational category and be large enough to assure a 95 percent level of confidence and 5 percent margin of error for each occupational category within each group.

Whether sampling occurs within a single LEA or for a homogeneous group of LEAs, the LEAs must provide DPA with a sampling methodology that includes, at a minimum, the following information:

- A description of the population of employees from which the sample will be selected. The sampling program should describe in detail the employee database and/or lists from which the sample will be selected,
- A description of the appropriate sample size. The sample size for each occupational category necessary to assure statistical validity at a 95/5 level will be based on the number of Direct Personnel included in the LEA's claim. The appropriate sample size for possible populations is provided in Exhibit IV,
- A description of the sampling methods, including a discussion of the sample selection procedure. LEAs may use either systematic random (interval) or simple random sampling procedures to select the participants for the time study,
- A discussion of how such methods adequately represent the universe of employees, and
- A description of how the sample results will be used to calculate a claim.

500 Allocation of Salaries and Benefits of Direct Personnel

Actual expenditures for salaries, benefits, travel, and training costs of all personnel included in a claim are to be obtained from the participating LEA's financial accounting system. Expenditures related to the performance of approved Title XIX administrative functions by contracted service providers (e.g., occupational therapists, physical therapists) who

contribute to the performance of approved Title XIX administrative functions must also be obtained from the participating LEA's financial accounting system. Any other LEA may not claim expenditures for individuals employed by or contracted through an LEA that is a special education cooperative. Exhibit I provides a listing of the categories of staff that may be included in the claim.

510 Enhanced Federal Financial Participation Rates for Skilled Professional Medical Personnel and their Direct Support Staff

The enhanced federal financial participation (FFP) rate (75%) may be available for some medically necessary administrative activities provided by SPMP and their direct support staff if certain professional education, training and supervision requirements are met. These requirements are based on federal regulation (42 *CFR* 432.50, *et seq.*). That regulation allows for enhanced FFP if **all** of the following conditions, as applicable, are met:

- The expenditures are for activities that relate directly to the administration of the Medical Assistance (Medicaid) Program and, as such, do not include expenditures for direct medical services.
- The SPMP have professional education and training in the field of medical care or appropriate medical practice. "Professional education and training" means the completion of a two-year or longer program leading to an academic degree or certificate in a medically related profession. That is demonstrated by possession of a medical license, certificate, or other document issued by a recognized national or State medical licensure or certifying organization or a degree in a medical field issued by a college or university certified by a professional medical organization.

Experience in the administration, direction, or implementation of the Medical Assistance (Medicaid) Program is not considered the equivalent of professional training in a field of medical care.

- The SPMP are in positions that have duties and responsibilities that require those professional medical knowledge and skills.
- There exists documentation of an employer-employee relationship between the LEA and the SPMP and direct supporting staff, or a documented **de facto** employer-employee relationship for such contracted personnel.
 - The direct supporting staff are secretarial, stenographic, and copying personnel and file and records clerks who provide clerical services that are directly necessary for the completion of the professional medical responsibilities and functions of the SPMP. The SPMP must directly supervise the supporting staff and the performance of the supporting staff's work. All direct supporting staff do not have to fill out a time

study; and **only** direct supporting staff with documented applicable and appropriate employer-employee relationships can be considered as direct supporting staff. Direct supporting staff is the only category of employees that may have their salaries, benefits, travel and training costs included in a claim without completing a time study.

- Only activities that require the use of medical expertise may be claimed at the enhanced rate. Exhibit II defines such activities.

In order to obtain enhanced rates, LEAs must maintain documentation necessary for DPA to determine that such claimed administrative activities required the medical expertise of SPMP, as described in Section 560.

LEAs must also maintain files that contain:

- Quarterly lists of individuals in each SPMP classification;
- Documentation that each SPMP possesses the required education and training;
- Documentation of the supervisory relationship of all claimed direct supporting staff to specific SPMP;
- Documentation of the LEA's determination of the **de facto** employer-employee relationship for each of the contracted (SPMP or direct support) staff claimed as such.
- Clear documentation of the specific use of medical expertise for each instance in which enhanced claiming codes are used in a claim. Such documentation must demonstrate why such skills could not be delegated to a non-SPMP employee.
- There must be appropriate documentation to support all claims for enhanced FFP. Routinely maintained supporting records, such as day logs, case notes, case records, etc., are needed to support the claim. The record should contain such basic information as:
 - the activity that was completed
 - the provider of the activity
 - the date of the activity
 - the amount of time
 - the purpose of the activity

These supporting records must be available when claims are audited. Any changes to federal regulation regarding such claims for administrative expenditures are incorporated by reference into this agreement. Exhibit I lists the SPMP and their respective appropriate credentials necessary for claiming expenditures at the enhanced FFP rate.

520 Administrative Outreach Functions

Expenditures on administrative functions that are consistent with the allowable outreach functions under Title XIX include Medicaid Public Awareness and Information, Facilitating Access to Medicaid, Identification and Referral Outreach, and Medicaid Health Provider Networking and Interagency Coordination. These activities are necessary to identify students who are most in need of medical benefits, inform their families of benefits, assist in their enrollment, and maintain access to claimable services. As outreach functions, these activities are not discounted except to the extent necessary to exclude costs attributable to Title XXI. The approved Title XIX administrative outreach functions have been referenced as Category I functions in Exhibit II of this document.

530 Administrative Functions for Eligible Students

Expenditures on administrative functions that are associated with and in support of eligible students include Case Management for non-IEP Related Medical Programs and Case Management for IEP Related Medical Programs. These activities are generally allowed case management activities and are discounted in order to allocate that portion of the activity that is attributable to Title XIX. These administrative functions have been referenced as Category II functions in Exhibit II of this document.

540 General Administration Function

The function listed under Category III (see Exhibit II) may not be claimed directly. However, a methodology for General Administration provides for the calculation of an allowable portion by apportioning its time study results against all other claimable time study results.

550 Non-allowable Administrative Costs

Time attributable to a direct service, whether or not such a service is billed, is reported in the time study. However, costs associated with direct services reported in the time study are not treated as allowable costs in the administrative claim. Similarly, costs attributable

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to School-Related and Educational Activities are reported but excluded as an allowable cost. Such time is reported under Category IV. In addition, each claimable group includes a parallel non-claimable code.

560 Time Study Documentation

All administrative claims must be based off the results of time studies completed by various employee groups (occupational categories) as described above. Time study forms **must not** indicate whether an activity is claimable for federal reimbursement. All reported time must be recorded on a time study sheet that includes, at a minimum, the following data:

- Participant name, personnel category, and employment status (full/part-time, FTE proportion),
- LEA name,
- Quarter time studied,
- Date of time study,
- Descriptions of activity codes,
- Time for the entire workday reported in 15-minute increments,
- For any activity claimed at the enhanced rate, a statement or notation in which the employee describes the activity and why such time required the skills of a medical professional.

Note: A reference to case notes will satisfy this requirement if such notes clearly describe and tie to the specific date and time of the activity, and provide sufficient detail to assure the necessity of professional medical skills;

- Signature and date of the employee completing the time study attesting to the following statement:

"I certify that, to the best of my knowledge, the information reported on this time study form is an accurate reflection of the work activities I have completed. I further certify that any activity related to or in support of an educational function has been reported under Code I even if such activity overlaps with other activities."

570 Non-salary Expenditures

Expenditures for materials and supplies related to approved Title XIX administrative functions may be included in the claim, if they can be attributed directly to individuals who are claimed. Such expenditures are to be based upon actual detailed departmental expenditure reports obtained directly from the participating LEA's financial accounting system. These expenditures may not include items identified in Indirect Costs, such as central business office operations, general building maintenance and repair costs, or any other cost classified as an indirect cost.

580 Claimable LEA-wide Expenditures

Expenditures for certain costs that are incurred by the LEA are in part attributable to Title XIX but not specific to individuals who are claimed. Such costs include rent, insurance, dues and fees only for memberships, subscriptions and professional activities, and interest payments incurred on behalf of the LEA. Other expenditures, such as pro-fessional dues for individual employees, may not be included. The amount of such costs attributable to Title XIX is calculated by multiplying reported costs by the ratio of gross claimable personnel expenditures divided by total LEA-wide personnel expenditures.

590 Indirect Costs

Allocable indirect costs are the product of the LEA's aggregate calculated approved Title XIX administrative claim amount multiplied by the LEA's unrestricted indirect cost rate, as approved by the ISBE. The LEA's unrestricted indirect cost rate is calculated using the Office of Management and Budget *Circular A-87* indirect cost allocation principles. The ISBE methodology used to determine the indirect cost rate specific to each LEA has been approved by the federal cognizant agency. The indirect cost rates are updated annually by the ISBE using the approved methodology.

600 Adjustment for the Medicaid Eligibility Rate

In order to determine each LEA's adjustment factors, DPA will utilize the following LEA-specific information.

- The total number of all students, and the total number of students with an individualized education program (IEP) or individual family service plan (IFSP).
- The number of students who are eligible for benefits under Title XIX (Medical Assistance) and Title XXI (State Children's Health Insurance Program) of the *Social Security Act*.
- Of those students eligible under Title XIX or Title XXI, the number that have IEPs or IFSPs.

These eligibility data elements must be reported as of December 1, of each school year, using coding conventions authorized by the Department and in the format required by the Department. DPA will provide each LEA with a count, by eligibility category, of school-aged children who reside in their district. The individual LEA will be responsible for determining the eligibility status of enrolled children with IEPs. LEAs may use the Recipient Eligibility Verification (REV) vendors authorized by the Department or the Department's MEDI/ Internet Electronic Claims (IEC) system to determine whether a child is enrolled. LEAs must register for the proper authorization(s) to access the IEC system in order to conduct recipient eligibility inquiries.

DPA is not claiming school-based administrative expenditures under Title XXI. In order to adjust the claim to exclude expenditures allocable to Title XXI, Category I activities will be adjusted by multiplying the reported time study findings by the ratio of Title XIX students over the number of students eligible for all medical programs administered by the Department. In order to discount Category II activities to that portion of the activity that is attributable to Title XIX, the following formulas are used:

- As Case Management for IEP-related Medical Programs restricts activity to only that which is in support of a medical disability, claimable time reported in the code is multiplied by the ratio of IEP or IFSP students eligible under Title XIX divided by the total number of IEP or IFSP students enrolled in the LEA.
- As Case Management for non-IEP related Medical Programs is not restricted to a medical disability, claimable time reported in the code is multiplied by the ratio of all students eligible under Title XIX divided by the total number of students.

700 Claim Certification and Agreements

All LEAs submitting a claim for administrative costs must be enrolled with DPA as a Medicaid Provider and have an intergovernmental agreement with the Department.

The superintendent or cooperative director, as applicable, of the participating LEA, must certify the accuracy of the submitted claims. Such certification is to be documented on a DPA-approved certification statement (see below), and conform to the certification requirements of 42 *CFR* 433.51. Detailed claim analyses and supporting documentation will be maintained by the LEA for audit or future reference purposes, according to the terms identified in the intergovernmental agreement.

“I certify that, to the best of my knowledge, the costs used to construct this claim represent actual expenditures documented in the financial accounting system of (LEA Name), for Medicaid administrative costs for (claiming period). The claim amount is pursuant to our Medicaid intergovernmental agreement with the Illinois Department of Public Aid.

All expenditures presented in this (claiming period) claim are allowable in accordance with the requirements of *OMB Circular A-87*, “Cost Principles for State and Local Governments,” Medicaid principles of reimbursement in accordance with the *Code of Federal Regulations*, and all claiming requirements of the Illinois Department of Public Aid.

None of the expenditures listed are supported by federal funds. The claim does not duplicate any other claim for federal reimbursements, including claims for school-based special rehabilitation services under the Medicaid direct service program.”

710 Annual Reconciliation

At the end of the participating LEA's fiscal year and after the annual financial audit is completed, a reconciliation of the filed administrative claims with the annual certified financial statements must be performed. Adjustments to future administrative claims must be made based on the results of the reconciliation analyses to consider any year-end adjustments to accounting entries of any items which might have impacted the claim amounts.

720 Financial Review

DPA will conduct random and directed reviews of claims in order to assure their accuracy and to determine that appropriate documentation exists to support such claims. This includes, but is not limited to, review of documentation to assure that the accuracy, randomness, and completeness of time studies as well as documentation necessary to justify claimed expenditures.

730 Administrative Claim Reporting Forms

An outline of DPA-approved claim reporting forms is contained in Exhibit III.

740 Reporting Compliance

Failure to meet the requirements set forth herein may result in rejection of part or all of a claim.

750 Terminated or Suspended Providers and Barred Individuals

Payment will not be made to any entity in which a terminated or suspended or barred individual is serving as an employee, administrator, operator or in any other capacity for any services, including administrative and management services furnished, ordered or prescribed on or after the effective date of the sanction or voluntary withdrawal. In addition, no claim may be made for payments made for items or services provided by an individual or entity that has been barred or suspended or who has voluntarily withdrawn from the program. It is the responsibility of the LEA to assure that all claims for federal funds meet this requirement. A complete list of barred or suspended providers can be found at the following websites. Both websites must be accessed to obtain complete information. <http://www.state.il.us.agency.oig/sacntionlist.htm> and <http://www.exclusions.oig.hhs.gov.htm>

Exhibit I
Staff Categories and Qualifications Necessary to
Claim Expenditures at Enhanced FFP Rates

Staff categories	Qualification	FFP rates*
SKILLED PROFESSIONAL MEDICAL PERSONNEL**		
Audiologist	Refer to Chapter U-200	0%, 50%, 75%
Registered Nurse (RN)	Refer to Chapter U-200	0%, 50%, 75%
Occupational therapist	Refer to Chapter U-200	0%, 50%, 75%
Occupational therapist assistant (COTA)	Refer to Chapter U-200	0%, 50%, 75%
Physical therapist	Refer to Chapter U-200	0%, 50%, 75%

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Physical therapist assistant (CPTA)	Refer to Chapter U-200	0%, 50%, 75%
Medical social worker	See Note ***	0%, 50%, 75%
School psychologist	Refer to Chapter U-200	0%, 50%, 75%
Speech/language pathologist	Refer to Chapter U-200	0%, 50%, 75%

DIRECT SUPPORT PERSONNEL

Secretarial, stenographic, and copying personnel and file and records clerks who provide clerical services that are directly necessary for the completion of the professional medical responsibilities and functions of the skilled professional medical staff. The skilled professional medical staff must directly supervise the supporting staff and the performance of the supporting staff's work. To be claimed, applicable and appropriate employer-employee relationships must be documented.	0%, 50%, 75%
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OTHER PERSONNEL

<p>Other personnel who perform approved Title XIX administrative functions, including but not limited to: school social workers (non-SPMP); speech assistants/aides; school counselors; psychologist interns; special education and pupil support specialists; identification and referral personnel; special education and pupil support services administrators; interpreters and school bilingual assistants; principals, assistant principals and deans; case managers and service coordinators; other clerical support staff; and licensed practical nurses (LPNs), with appropriate IDPR licensure.</p>	<p>0%, 50%</p>
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*Enhanced FFP rates (75%) are for **certain** claimable medically necessary administrative activities provided by skilled professional medical personnel and their direct support personnel. The FFP rate for all other claimable administrative activities, without regard to medical qualifications of personnel, is 50%.

Only Skilled Professional Medical Personnel who are LEA employees or are contracted staff for which a **de facto employer-employee relationship can be documented.

***In order for an individual to be considered as a medical social worker, one of the following criteria must be met:

- The individual is licensed by the Illinois Department of Professional Regulation as a Licensed Clinical Social Worker (LCSW);
- The individual holds a Masters of Social Work (MSW) degree from an accredited university with a concentration in medical social work, clinical social work, mental health social work, or other concentration indicative of attaining skills of a medical professional as deemed by DPA, or
- The individual has the equivalent of the requirements above, which DPA has defined as: (1) possessing an MSW degree which includes 10 semester hours of medical course work; (2) possessing an MSW which includes two quarters of full time clinical experience in a hospital, mental health center, nursing home, a school setting where mental health services are provided to students, or other medical setting; or (3) a combination of class work and practical experience that DPA has determined will meet the criteria.

Documentation must be available to demonstrate that the cost of each medical social worker claimed at the enhanced rate meets one of the criteria above. This may include a copy of the individual's LCSW license. Documentation for individuals meeting criteria listed above includes

transcripts as well as sufficient supporting documentation needed for DPA to determine their medical professional status. Given that the information on transcripts alone may not adequately describe whether a specific class is deemed medical in nature, additional information such as a course description may be required. To assure that medical social workers meet the credential requirements described above, the Department will sample such individuals and require that LEAs are able to produce appropriate documentation. In submitting claims for medical social workers, names of qualifying individuals must be included as an attachment. The Department will review a sample of social workers' time to assure that time claimed at an enhanced rate required the use of medical expertise. LEAs must maintain documentation necessary for the Department to determine that administrative activities claimed at the enhanced rate for any SPMP activities required the use of medical expertise. Such documentation should include information necessary to determine (1) the type and purpose of activity that was completed, (2) the provider of the activity, (3) the date of the activity, and (4) the amount of time spent on the activity.

Exhibit II

Medicaid Administrative Claim Definitions and Examples of Activity

The LEA as a unit of local government is an administrative agent of the state Medicaid agency (Illinois Department of Public Aid). Such units of local government are assisting the Department in the administration of the Title XIX program.

Codes to be recorded in the Staff Time Study

Staff time-study activities listed in Exhibit II are classified into four categories:

- **Category I -Outreach activities**, performed to inform and identify those in need of medical services who would benefit from the Medicaid/KidCare program (Codes A, B, C, D)
- **Category II - Supportive case management activities**, services for children enrolled in Medicaid/KidCare (Codes E, F)
- **Category III – General administration activities**, (Code G)
- **Category IV – Other daily school activities**, including direct service activities (Codes H, I)

CATEGORY I - OUTREACH ACTIVITIES

(Discounted to reflect the Title XIX population compared to the population in all medical programs administered by Department of Public Aid, Titles XIX and XXI and all other programs.)

A1. Medicaid/KidCare Public Awareness and Information (non-SPMP)

All staff should use this activity code when informing school district populations about the availability and accessibility of Medicaid/KidCare services.

Examples include, but are not limited to:

1. Preparing, coordinating, assembling or disseminating materials designed to inform the public about the Medicaid/KidCare program and benefits, including where and how to obtain those services.
2. Disseminating brochures designed to effectively inform potentially Medicaid/KidCare-eligible children and their families about programs and services, including where and how to obtain Medicaid/KidCare services.
 - a. Distributing EPSDT health screening services information to parents of children at risk of health/medical problems.
 - b. Distributing information by the clinician or school staff about the Medicaid/KidCare application process.
3. Coordinating with the local media (newspaper, TV, radio, video) to inform

Medicaid/KidCare-eligible and potentially Medicaid/KidCare-eligible children and families about Medicaid/KidCare services.

4. Coordinating the inclusion of, or promoting, Medicaid/KidCare at child health fairs.
5. Informing families about the Medicaid/KidCare program.
 - a. Providing information about screenings that will help improve the identification of medical conditions that can be corrected or ameliorated through Medicaid/KidCare services.
 - b. Informing parents of Medicaid/KidCare services.
 - c. Providing information about the availability of screenings and treatment services available through the Medicaid/KidCare program.
6. Developing a bulletin board about the Medicaid/KidCare program and the benefits of preventive health care.
7. On report card pick-up day, providing parents with information about the Medicaid/KidCare program and health care services available to eligible children, including EPSDT screening services and medically necessary treatment.
8. Participating in a discrete campaign or an ongoing activity targeted at identifying potentially eligible Medicaid/KidCare individuals, such as participating in a telephone or walk-in service for identifying health needs and referring persons to Medicaid/KidCare services for eligibility determination.
 9. Performing clerical duties, paperwork, training, and travel required for Code A1 activities.

A3. Public Awareness and Information for non-Medicaid/KidCare Programs

All staff should use this activity code when informing school district populations about programs not related to Medicaid/KidCare, including educational, social, and other programs.

Examples include, but are not limited to:

1. Distributing materials regarding educational/curriculum issues for regular and special education programs.
2. Developing the school district's student/parent handbooks, discipline policies, and curriculum information.
3. Participating in public awareness initiatives relating to WIC, Food Stamps, or other social programs.

4. On report card pick-up day, providing parents with information about educational or any other programs other than Medicaid/KidCare program.
5. Performing clerical duties, paperwork, training, and travel required for Code A3 activities.

B1. Facilitating Access to Medicaid/KidCare (non-SPMP)

All staff should use this activity code when informing or assisting a child and family with the Medicaid/KidCare eligibility determination process.

Examples include, but are not limited to:

1. Providing information in support of the Medicaid/KidCare-eligibility application process.
 - a. Informing children/parents about Medicaid/KidCare services and referring them to the appropriate entity to make an application.
 - b. Explaining Medicaid/KidCare eligibility rules and the Medicaid/KidCare eligibility process to a child and family.
 - c. Assisting a child and family with filling out a Medicaid/KidCare eligibility application.
 - d. Assisting the parent to begin the Medicaid/KidCare application process.
 - e. Providing necessary forms and packaging all forms in preparation for the Medicaid/KidCare eligibility determination.
 - f. Gathering information related to the application and eligibility determination from a child's family, including resource information and third-party liability information, as a prelude to submitting a formal Medicaid/KidCare application.
 - g. Verifying a child's current Medicaid/KidCare eligibility status.
 - h. Assisting the child or family in collecting required information and documents for the Medicaid/KidCare application.
2. Reviewing or evaluating information to determine the likelihood that a child is eligible under either Medicaid/KidCare.
3. Performing clerical duties, paperwork, training, and travel required for Code B1 activities.

B3. Facilitating Access to non-Medicaid/KidCare Programs

All staff should use this activity code when informing or assisting a child and family with non-Medicaid/KidCare materials regarding educational, social, and medical programs or benefits.

Examples include, but are not limited to:

1. Assisting the family to enroll in other social service programs such as WIC and housing.
2. Facilitating access to Title V and WIC to ensure an effective child health program.
3. Performing clerical duties, paperwork, training, and travel required for Code B3 activities.

C1. Identification and Referral to Access Medicaid/KidCare (non- SPMP)

All staff should use this activity code when actively identifying potentially at risk children in order to inform and assist the child and their family to access Medicaid/KidCare . This code should be used when specifically targeting outreach efforts to inform and enroll children with medical needs. Education-related activities required for Child Find or for the development of an Individualized Education Program (IEP) are to be reported Code C3.

Examples include, but are not limited to:

1. Informing targeted children and their families about the availability of Medicaid/KidCare services.
2. Observing children who appear to be medically at risk and potentially Medicaid/KidCare-eligible by using the SPMP-designed medical protocol to recognize:
 - a. A potential need for physical therapy based on an apparent deficiency in mobility, gait, muscle strength, or posture;
 - b. A potential need for occupational therapy based on an apparent deficiency in perceptual, sensory, visual-motor, fine-motor, or self-care skills;
 - c. A potential need for speech/language therapy based on an apparent deficiency in fluency, pronunciation and clarity, or strength of speech muscles.
3. Developing and presenting materials to explain Medicaid/KidCare services that are available to Medicaid/KidCare eligible children when such activities are a part of a Medicaid/KidCare targeted outreach effort.
4. Assisting the Medicaid/KidCare agency to target Medicaid/KidCare outreach efforts by fulfilling objectives of the EPSDT program. Such efforts may include:
 - a. Informing children/parents of the benefits of preventative health care;
 - b. Helping children and families use health resources;

c. Assuring that health problems are referred for early treatment, before they become more serious and treatment more costly.

5. Performing clerical duties, paperwork, training, and travel required for Code C1 activities.

C2. Identification and Referral to Access Medicaid/KidCare (SPMP)

SPMPs should use this activity code when utilizing their medical expertise to identify medically at risk children, in order to direct outreach efforts to those who are most in need of medical services. This code should be used when specifically targeting outreach efforts to inform and enroll those children with medical needs.

Education-related activities required for Child Find or for the development of an Individualized Education Program (IEP) are to be reported in Code C3.

An SPMP may only use this code when she is utilizing her medical expertise and use of such expertise is clearly necessary and documented. Activities that reasonably could be delegated to a non-SPMP must be recorded as Code C1, even if those activities were performed by an SPMP. Activities that are integral functions of a direct service, such as preparation of service case notes, consultation with parents, and preparation of routine records, forms and reports, must be reported as Code H3.

Examples include, but are not limited to:

1. Designing strategies to identify children who have specific health care needs, or are potentially at high risk of poor health outcomes. A physical therapist may develop a medical protocol based on a checklist of symptoms and behaviors (deficiency in mobility, gait, muscle strength, or posture), which would be indicative of a child in need of physical therapy. The medical protocol would be used to identify students who are medically needy and possibly eligible for Medicaid/KidCare enrollment. Designing strategies to determine the need for educational services should be recorded as Code C3.
2. As part of a targeted Medicaid/KidCare outreach effort, when no relevant protocol exists, detecting and identifying medically at risk children who are potentially Medicaid/KidCare-eligible.
3. Assisting Medicaid/KidCare targeted outreach efforts by fulfilling objectives of the EPSDT program, including assuring that health problems are diagnosed and treated before they become more serious and treatment more costly. Such activities may only include time when identifying potentially chronic or severe medical conditions.
4. Training provided by skilled medical professionals to non-medical professionals to impart medical expertise necessary to identify

medically at-risk children, or training of medical professionals new to the school district.

5. Travel related to this code is reported as Code C1.

C3. Identification and Referral to Access non-Medicaid/KidCare Programs

All staff should use this activity code when identifying and referring children to non-medical educational, social, or other programs.

Examples include, but are not limited to:

1. Conducting education-related Child Find activities. Note identification and referral activities to access Medicaid/KidCare that meet the definitions of targeted outreach are reported in C1 and C2.
2. Conducting education-related activities required for the development of an IEP. Note identification and referral activities to access Medicaid/KidCare that meet the definitions of targeted outreach are reported in C1 and C2.
3. Making referrals to social service agencies for non-medical services.
4. Coordinating other screenings in the schools that are unrelated to a medical condition.
5. Notifying parents regarding educational issues, or non-medical social service issues.
6. Translating an academic test for a student (e.g., social studies).
7. Performing clerical duties, paperwork, training, and travel required for Code C3 activities.

D1. Health Provider Networking and Interagency Coordination for Medicaid/KidCare Programs (non-SPMP)

School staff whose responsibilities include program planning, policy development, and interagency coordination should use this activity code when developing strategies to improve the coordination and delivery of Medicaid/KidCare services to school-age children, and when participating in collaborative activities with other agencies. The purpose of such collaborative activities must be to increase either the number or capacity of Medicaid/KidCare providers.

Examples include, but are not limited to:

1. Meeting with medical provider networks or health departments in an effort to increase participation in the Medicaid/KidCare program.
2. Identifying gaps or duplication of medical/dental/mental services to school age children and developing strategies to improve the delivery and coordination of these services.

3. Developing strategies to assess or increase the capacity of school medical/dental/mental health programs.
4. Monitoring the medical/dental/mental health delivery systems in schools.
5. Providing information to providers about Medicaid/KidCare policy, regulations, services, resources, etc.
6. Communicating, coordinating and participating with providers to identify and promote Medicaid/KidCare.
7. Maintaining and ensuring the continuity of services needed to identify potentially Medicaid/KidCare eligible children.
8. Meeting with existing Medicaid/KidCare providers to increase the capacity to serve Medicaid/KidCare clients.
9. Performing clerical duties, paperwork, and travel required for Code D1 activities. Training under this category is not claimable.

D3. Health Provider Networking and Interagency Coordination for non-Medicaid/KidCare Programs

This activity code should be used by all staff when participating in activities that establish, increase, and maintain provider resource and referral relations with non-Medicaid/KidCare providers or networks, or when participating in activities related to networking non-claimable services.

Examples include, but are not limited to:

1. Developing the district's crisis plan.
2. Health networking beyond the scope of Medicaid/KidCare and special education.
3. Coordinating with child health initiatives funded by federal sources, such as WIC and Title V associated with the public health departments.
4. Developing procedures for tracking families' requests for assistance with non-medical services and the providers of such services.
5. Identifying gaps in non-medical services or eligibility.
6. Collaborating with other agencies on non-medical activities.
7. Communicating, coordinating and participating with providers to identify and promote programs other than Medicaid/KidCare.
8. Maintaining and ensuring the continuity of services needed to identify potentially eligible children that are unlikely to qualify for Medicaid/KidCare.
9. Meeting with medical providers to increase the capacity to serve children that are unlikely to qualify for Medicaid/KidCare.

10. Identifying gaps or duplication of other non-medical services (e.g., social, vocational and educational programs) to school age children and developing strategies to improve the delivery and coordination of these services.
11. Developing strategies to assess or increase the capacity of non-medical school programs.
12. Monitoring the non-medical delivery systems in schools.
13. Performing clerical duties, paperwork, training, and travel required for Code D3 activities.

CATEGORY II – SUPPORTIVE CASE MANAGEMENT ACTIVITIES

E1. Case Management for non-IEP/IFSP-related Medical Services (non-SPMP) (Discounted to reflect the Title XIX population compared to the total LEA student population)

School staff should use this activity code when making referrals for, coordinating, or monitoring the delivery of Medicaid/KidCare services not related to an IEP/IFSP. These activities should not be limited to children enrolled in Medicaid/KidCare.

Under the federal “Free Care” policy, activities in support of non-IEP/IFSP services that are provided free of charge to the student population at large are not claimable and must be reported as Code E3. Further information regarding Free Care is available in the Frequently Asked Questions section of the School-Based Health Services web site (<http://www.state.il.us/dpa/html/sbhs.htm>).

Activities that are integral functions of a direct service, such as preparation of service case notes, consultation with parents, and preparation of routine records, forms and reports, must be reported as Code H3.

Examples include, but are not limited to:

1. Making referrals for and/or scheduling EPSDT screens.
2. Coordinating the delivery of community-based medical/mental health services for a child with health care needs.
3. Monitoring the Medicaid/KidCare service components as appropriate.
4. Providing follow-up contact to ensure that a child has received the prescribed medical/mental health services.
5. Coordinating and scheduling the EPSDT health-related screens/evaluations.
6. Communicating with the family to explain EPSDT health-related information, when such communication is not part of the follow-up to a direct service.

7. Translating orally, in writing, or in sign language EPSDT health-related information to the child and family.
8. Identifying and referring students who may be in need of Medicaid/KidCare family planning services.
9. Making referrals for appropriate immunizations; but not to include the state mandated immunizations when such services are provided free of charge by the school district.
10. Gathering any information that may be required in advance of these referrals.
11. Participating in a meeting/discussion to coordinate or review a student's needs for health-related services covered by Medicaid/KidCare.
12. Referring students and their families for necessary medical health, mental health, or substance abuse services covered by Medicaid/KidCare.
13. Conducting quality assurance reviews. Such activities could include assessments of referral and coordination activities, reviews of cases to assure the Medicaid/KidCare services are appropriate and effectively delivered.
14. Contacting pregnant and parenting students about the availability of prenatal and well-child care provided by Medicaid/KidCare, e.g., discussing health care needs and the importance of well-baby care with students.
15. Performing clerical duties, paperwork, training, and travel required for Code E1 activities.

E2. Case Management for Non-IEP/IFSP-Related Medical Services (SPMP)

(Discounted to reflect the Title XIX population compared to the total LEA student population)

SPMP staff should use this activity code when making referrals for, coordinating, or monitoring the delivery of Medicaid/KidCare services for children not related to an IEP/IFSP.

Activities that are integral functions of a direct service, such as preparation of service case notes, consultation with parents, and preparation of routine records, forms and reports, must be reported as Code H3. A SPMP may only use this code when she is utilizing her medical expertise and use of such expertise is clearly documented. Activities that could be reasonably delegated to a non-SPMP must be recorded as Code E1 even if those activities are performed by an SPMP.

Under the federal "Free Care" policy, activities in support of non-IEP/IFSP services that are provided free of charge to the student population at large

are not claimable and must be reported as Code E3. Further information regarding Free Care is available in the Frequently Asked Questions section of the School-Based Health Services web site (<http://www.state.il.us/dpa/html/sbhs.htm>).

Examples include, but are not limited to:

1. Monitoring and providing follow-up contact to ensure that a child has received the prescribed medical service for a health problem and to provide feedback as to whether further treatment or modification of existing treatment is required. For example, observing whether side effects may appear and whether symptoms remain and then referring for further treatment, if indicated.
2. Explaining to other practitioners and teachers results of diagnoses or other EPSDT screens, or a student's evaluation and the need for any diagnostic or treatment services, when there is a need for a medical professional to explain the nature of the condition and respond to medical questions. This information may be shared with school administrators, teachers, and/or other practitioners.
3. Preparing discipline-specific medical information that may be required in advance of referrals or evaluations, including observation, interviews and health records specific to potential EPSDT and Medicaid/KidCare service delivery participation.
4. Making determinations for referring students for necessary medical health, mental health, dental health, or substance abuse services covered by Medicaid/KidCare.
5. Sharing results of screens or a student's evaluation and the need for any diagnostic or treatment services, which may be required as the result of a medical condition identified during the student's EPSDT screen.
6. Gathering any specific medical information that requires the use of the person's medical knowledge that may be required in advance of these referrals.
7. Making specific medical referrals for and/or coordinating medical or physical examinations and necessary medical/mental health evaluations that require medical knowledge and expertise.
8. Coordinating and consulting with school staff or Medicaid/KidCare providers at a hospital or other health care agency to discuss the child's health problems that may require clinical intervention or therapy needs.
9. Coordinating the completion of the prescribed services, termination of services, and the referral of the child to other Medicaid/KidCare service providers as may be required to provide continuity of care.

10. Conducting quality assurance reviews for the administration of the EPSDT programs to assure the Medicaid/KidCare service components of a medical care plan are appropriate and effectively delivered.
11. Performing paperwork required for Code E2 activities. Clerical duties, training and travel required for Code E2 activities is recorded as Code E1.

E3. Case Management for Non-Medical Services

School staff should use this activity code when performing case management activities that are in support of services that are not claimable under Medicaid/KidCare. This activity code also is to be used for any case management activity in support of a non-IEP/IFSP medical service that is provided free of charge to all students.

Examples include, but are not limited to:

1. Participating in a parent/teacher conference regarding a student's educational progress.
2. Consulting with a parent, teacher, physician, administrator or other agency regarding non-Medicaid/KidCare services for, or the educational plan of a student.
3. Linking or referring a family to a non-medical service delivery system.
4. Monitoring student's academic achievement.
5. Evaluating curriculum and instructional services, policies, and procedures.
 6. Translating an academic test for a student (e.g., social studies).
 7. Providing translation services regarding non-medical issues.
8. Conducting quality assurance reviews for educational and programs other than Medicaid/KidCare.
9. Making referrals for, coordinating, and/or monitoring the delivery of state education agency mandated child health screens, when such services are provided free of charge to all students and are not relevant to an IEP/IFSP, or the development of an IEP/IFSP.
10. Making referrals for, coordinating, and monitoring the delivery of scholastic, vocational, and other non-health related examinations.
11. Gathering any information that may be required in advance of these non-Medicaid/KidCare related referrals.
12. Medical training of medical professionals.
13. Any activity in support of services that are not related to an IEP/IFSP and are provided free of charge to the student population at large, i.e., immunizations offered to all students as a district-wide initiative.

14. Performing clerical duties, paperwork, training, and travel required for Code E3 activities.

F1. Case Management for IEP/IFSP-related Medical Services (non-SPMP)

(Discounted to reflect the ratio of IEP/IFSP students eligible under Title XIX divided by the total number of IEP/IFSP students enrolled in the LEA)

School staff should use this code when implementing or modifying an integrated plan of care for Medicaid eligible services in the child's IEP/IFSP. Time reported under this code is limited to activities in support of services included in or relevant to an IEP/IFSP. This includes linking the child and family with providers to modify, implement, and maintain a medical care plan. Any direct service activities must be reported as Code H3.

Examples include, but are not limited to:

1. 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 based on the findings other than when provided as a direct service.
2. Coordinating the completion of the prescribed services, termination of services, and the referral of the child to other Medicaid service providers as may be required to provide continuity of care.
3. Coordinating the delivery of community-based medical/dental/mental health services for a child with special/severe health care needs.
4. Monitoring the Medicaid service components of the Individualized Education Program (IEP) as appropriate.
5. Providing follow-up contact to ensure that a child has received the prescribed medical/mental health services.
6. Gathering any information that may be required in advance of these referrals.
7. Participating in a meeting/discussion to coordinate or review a student's needs for IEP/IFSP health-related services covered by Medicaid.
8. Referring students and their families for IEP defined medical health, mental health, or substance abuse services covered by Medicaid.
9. Conducting quality assurance reviews for the administration of IEP medical services to assure the Medicaid service components of a medical care plan are appropriate and effectively delivered.
10. Performing clerical duties, paperwork, training, and travel required for Code F1 activities.

F2. Case Management for IEP/IFSP-related Medical Services (SPMP)

(Discounted to reflect the ratio of IEP/IFSP students eligible under Title XIX

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divided by the total number of IEP/IFSP students enrolled in the LEA)

SPMP staff should use this code when assisting the IEP/IFSP eligible child and family to implement an integrated plan of care. Time reported under this code is limited to activities in support of Medicaid services included in or relevant to an IEP/IFSP. This implementation includes consideration of identified EPSDT and Medicaid services, along with linking the child and family with EPSDT service providers to plan, carry out and maintain the Medicaid services in the IEP/IFSP. Other activities include arranging for specific support provisions that are necessary to access health services identified in the plan of care, observing functional levels and outcomes, and logging behavior.

Activities that are integral functions of a direct service, such as preparation of service case notes, consultation with parents, and preparation of routine records, forms and reports, must be reported as Code H3. A SPMP may only use this code when she is utilizing her medical expertise and use of such expertise is clearly documented. Activities that could be reasonably delegated to a non-SPMP must be recorded as Code F1 even when such activities are performed by an SPMP.

Examples include, but are not limited to:

1. Coordinating and consulting with school staff or Medicaid providers at a hospital or other health care agency to discuss the child's health problems that may require clinical intervention or therapy needs.
2. Monitoring and providing follow-up contact to ensure that a child has received the prescribed medical service for a health problem and to provide feedback as to whether further treatment or modification of existing treatment is required. For example, observing whether side effects may appear and whether symptoms remain and then referring for further treatment, if indicated.
3. Coordinating the completion of the prescribed services, termination of the services, and the referral of the child to other Medicaid service providers to provide continuity of care.
4. Explaining to other practitioners and teachers results of diagnoses or other EPSDT screens, or a student's evaluation and the need for any diagnostic or treatment services, when there is a need for a medical professional to explain the nature of the condition and respond to medical questions. This information may be shared with school administrators, teachers, and/or other practitioners.
5. Preparing discipline-specific medical information that may be required in advance of referrals or evaluations, including observation,

interviews and health records specific to potential EPSDT and Medicaid service delivery participation.

6. Making determinations for referring students for necessary medical health, mental health, dental health, or substance abuse services covered by Medicaid.

7. Sharing results of screens or a student's evaluation and the need for any diagnostic or treatment services, which may be required as the result of a medical condition identified during the student's EPSDT screen.

8. Gathering any specific medical information that requires the use of the person's medical knowledge that may be required in advance of these referrals.

9. Making specific medical referrals for and/or coordinating medical or physical examinations and necessary medical/mental health evaluations that require medical knowledge and expertise.

10. Conducting quality assurance reviews for the administration of the EPSDT programs to assure the Medicaid service components are appropriate and effectively delivered.

11. Training and travel costs required for Code F2 activities are recorded as Code F1.

CATEGORY III – GENERAL ADMINISTRATION ACTIVITIES

(Discounted and proportional)

G1. General Administration

School staff should use this activity code when performing activities that are not directly assignable to program activities. Special care should be taken that any activity that meets the definition of School related and educational activities or activities that overlap with educational activities must be reported as Code I3. Note that certain functions when performed by central office personnel, such as payroll, maintaining inventories, and developing budgets are considered overhead costs and are captured in the indirect cost rate, and such time must be recorded as Code I3.

Examples include, but are not limited to:

1. Reviewing school or district procedures and rules.
2. Attending or facilitating general school or board meetings.
3. Providing **general** supervision of staff. Direct supervision of staff engaged in educational activities must be coded under Code I3.
4. Performing administrative or clerical activities related to general building or district functions or operations.
5. Reviewing technical literature and research articles.

6. Taking lunch breaks, leave, or time not at work for which the employee is paid.
7. Establishing goals and objectives of health-related programs as part of the school's annual or multi-year plan.
 8. Performing other general administrative activities of a similar nature as listed above, which cannot be specifically, identified under other activity codes.
 9. Performing clerical duties, paperwork, training, and travel required for Code G1 activities.

CATEGORY IV – OTHER DAILY SCHOOL ACTIVITIES
(Not allowed as administrative costs)

H3. Direct Services

Practitioners should use this activity code when providing care or treatment to a child. All direct medical services, whether or not they are claimed for reimbursement through the Department of Public Aid, should be included under this activity code, as either H3a for face-to-face time spent providing a direct service, or H3b, preparatory and follow-up services necessary for a face-to-face event to occur.

H3a (Direct face-to-face Service)

Examples include, but are not limited to:

1. Providing or participating in face-to-face interventions with either an individual child or a group of children.
 - a. Providing health/mental health services.
 - b. Providing immunizations.
 - c. Providing diagnostic testing.
 - d. Providing school health aide services.
 - e. Providing direct clinical/treatment services.
 - f. Performing evaluations, assessments or screenings.
 - i. Administering first aid, emergency care, or prescribed injection or medication.
 - j. Counseling a child about a health, mental health, or substance abuse issue.
 - k. Providing transportation services to a child.
 - l. Assessing, adjusting, or repairing equipment as needed.

H.3.b (Preparatory and follow-up time necessary for a face-to-face service) Examples include but are not limited to:

1. Activities performed by the practitioner following a provided direct service including documentation, consultation with a parent, and reporting. For example, a practitioner provides 30 minutes of direct service to a child and then later spends 15 minutes reporting the progress made to the child's parents.
2. Performing clerical duties and paperwork required for Code H3 activities.
3. Reviewing medical records.
4. Preparing case notes.
5. Time spent traveling to and from a direct service location when that location is separate from the employee's primary work location.

I3. School-Related and Educational Activities

School staff should use this activity code when conducting school-related activities that are not health related. These activities include the development, coordination, and monitoring of a student's education plan.

Examples include, but are not limited to

1. Reviewing the education record for new students in the school district.
2. Performing activities that are specific to instructional, curriculum, or student-focused activities, including student supervision.
3. Monitoring student academic achievement.

4. Compiling, preparing, and reviewing reports on textbooks or attendance and report cards.
5. Enrolling new students or obtaining registration information.
6. Providing general supervision of students (e.g., playground, and lunchroom).
7. Conferring with students or parents about discipline, academic matters or other school-related issues.
8. Providing classroom instruction (including lesson planning), grading papers and instructional or educational testing.
9. Providing individualized instruction (e.g., math concepts) to a special education student.
10. Conducting external relations related to school educational issues/matters.
11. Applying discipline activities.
12. Evaluating curriculum and instructional services, policies, and procedures.
13. Translating an academic test for a student.
14. Any instruction on academic curriculum, i.e., health or science classes.
15. Designing and implementing strategies to identify students who would benefit from educational programs/activities.
16. Detecting, observing and identifying educationally at-risk children through
 - a. Visiting classrooms to observe students;
 - b. Reviewing student education records and files;
- C. Participating in meetings/discussions to determine a student's need for education-related services, i.e., pre-school fairs, kindergarten sign-up days.
 17. Identifying a special education need when participating in an educational event, i.e.
 - a. Noting mental retardation in a child attending a school enrollment event,
 - b. Identifying dysgraphia during a reading/writing assessment or lesson,
 - c. Finding a need for psychiatric testing during a classroom exercise,
 - d. Determining a need for a, b, or c above during an IEP/IFSP meeting.
 18. Attending IEP/IFSP meetings for special education services including:

- a. Conducting re-evaluation components, such as
 - i. Classroom observations
 - ii. Teacher consultation
 - iii. Social-developmental studies
 - b. Writing and interpreting a report
 - c. Conducting functional analyses
 - d. Consulting on the components of a risk assessment
 - e. Sharing IEP/IFSP information with relevant teacher/staff
 - f. Writing behavior plans, charts and reinforcement schedules.
19. Working at school on In-service days, Teacher Institute Days, School Improvement Days, or any other day or partial day that school employees work but students do not attend, and when such activity is educational in nature.
20. Any other educational activities not previously listed.
21. Performing clerical duties, paperwork, training, and travel required for Code I3 activities.