

MEMORANDUM OF UNDERSTANDING

BETWEEN
THE WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN
RESOURCES
AND
THE WEST VIRGINIA DEPARTMENT OF EDUCATION
AND

[WVDE Office of Diversion & Transition Programs (formerly Office of Institutional Education Programs), Local Educational Agency]

Regarding

MEDICAID ADMINISTRATIVE CLAIMING

WHEREAS, the Department of Health and Human Resources (“DHHR”), and the Bureau for Medical Services (hereinafter collectively referred to as “DHHR”), the West Virginia Department of Education (“WVDE”) and WVDE Office of Diversion & Transition Programs (formerly Office of Institutional Education Programs), the Local Educational Agency (LEAs)(collectively, the “Parties”) mutually desire to enter into a Memorandum of Understanding (“MOU”) for the purposes set forth below; and

WHEREAS, DHHR, WVDE, and the LEA recognize and acknowledge that the School Based Health (“SBHS”) Program of Title XIX (Medicaid Assistance) of the Social Security Act is a Statewide program and is deemed necessary and beneficial for the well being of children in West Virginia; and

WHEREAS, DHHR and BMS as the Single State agency are responsible for the submission of claims to the Centers for Medicare and Medicaid Services (“CMS”) to receive Federal matching funds for allowable Medicaid costs, and the LEA is an appropriate agent for the DHHR specifically as it relates to receiving payments for Medicaid administrative activities being performed in the school setting, including activities performed as part of the SBHS Program’s administration and activities performed through the process of Medicaid Administrative Claiming (“MAC”); and

WHEREAS, under Title XIX of the Social Security Act, regulations thereunder, and the CMS Medicaid School-Based Administrative Claiming Guide, an interagency agreement must be in place in order for the LEA to claim Federal matching funds for Medicaid administrative activities; and

WHEREAS, this MOU is entered for the purposes of serving as such an interagency agreement and providing a mechanism for claiming Federal matching funds under Title XIX (Medical Assistance) under the Social Security Act through the MAC Process; and

WHEREAS, pursuant to the CMS Medicaid School-Based Administrative Claiming Guide requirements for interagency agreements, this MOU describes and defines the relationships between the DHHR, as the State Medicaid agency, the WVDE, and the LEA conducting the Medicaid administrative activities, and includes other elements required for an interagency agreement, but does not transfer any authority or responsibility of the LEA to the DHHR; and

WHEREAS, the parties intend for and agree that this MOU shall be deemed to be effective for claims made on or after July 1, 2014, through and including June 30, 2015; and

NOW, THEREFORE, for the consideration set forth herein, the Parties mutually agree as follows:

1. **TERM:** This MOU shall become effective for a one (1) year term beginning July 1, 2014 and shall remain in effect until June 30, 2015, unless sooner terminated by the Parties as set forth in paragraph (2) below. Thereafter, this MOU will be automatically extended in one-year increments unless otherwise terminated in accordance with the terms of this MOU.
2. **TERMINATION:**
 - a. **For cause.** The DHHR may upon notice to the WVDE and/or the LEA terminate this MOU with the WVDE and/or the LEA for cause. Absent exigent circumstances requiring earlier termination, such termination shall not be effective until 90 days after the date of delivery of such termination notice indicating the reason for termination for cause. Cause for such termination includes, but is not limited to, material breach of any of the terms or conditions set forth herein. If the DHHR terminates for cause with less than 90 days, the circumstances necessitating such early termination for cause shall be clearly stated in the termination notice.
 - b. **For insufficient Federal reimbursement.** It is further agreed that in the event reimbursement to the DHHR from Federal sources is not obtained and continued at an aggregate level sufficient to allow for the continued funding for MAC in schools, the obligations of all Parties hereunder shall thereupon be terminated upon sixty (60) days notice.
 - c. **Termination by mutual consent.** If authorized by law, the Parties may terminate this MOU by mutual consent. Such termination will be effective sixty (60) days after the date on which the last party executes such writing, provided that any obligations and liabilities of Parties as set forth in d. below shall survive such termination.

d. Effect of termination. Any termination of this MOU shall be without prejudice to any obligations or liabilities of the Parties already accrued prior to such termination. Upon notice of such termination, any and all rights and obligations of each and all Parties hereto shall end, except that the responsibility for the LEA to refund the DHHR any funds paid to the LEA for which Federal reimbursement is unavailable shall survive any termination of this MOU, as set forth above.

3. SERVICES: The Parties agree that the services or activities to be performed are as follows:

Attachment A (page 6) sets out the services to be performed by each party and is hereby incorporated herein and made an integral part of this MOU.

- 4. COMPLIANCE:** The Parties agree to comply with all applicable Federal, State, and local laws in carrying out the obligations of this MOU. The LEA shall comply with all Federal and State rules, regulations, accounting procedures and requirements applicable to this MOU, including those expressed within 2 CFR 200 (Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards) and as outlined in 45 CFR Part 95, and the Title XIX MAC process requirements developed by the DHHS. See Attachment B, setting forth the specific administrative claiming time study activity codes approved by CMS, which is incorporated into this MOU by reference. Further, all administrative activities performed and services rendered under this MOU shall be provided in compliance with the Federal Civil Rights Act of 1964, and the Americans with Disabilities Act as amended, and no person shall be unlawfully denied service on the grounds of age, race, creed, color, sex, national origin or disability.
- 5. CONFIDENTIALITY:** The LEA agrees to safeguard the confidentiality of program participants in conformity with applicable Federal and State law and regulations.
- 6. RECORDS:** The books, records, documents, financial statements and accounting procedures and practices of the LEA or any subcontractor relevant to this MOU shall be subject to inspection, examination, and audit by the State, the State Legislative Auditor, the Comptroller General of the United States, the Department of Health and Human Services, CMS, or any authorized representative of those entities.
- 7. NO ASSIGNMENT:** The LEA shall not assign, subcontract, transfer, or delegate any rights or responsibilities under this MOU without prior written consent of the DHHR.
- 8. INVALIDITY:** In the event any provision of this MOU is rendered invalid or unenforceable by any valid act of Congress or is found to be in violation of State statutes and/or regulations, said provision(s) hereof will be immediately void and may be re-negotiated for the sole purpose of rectifying the non-compliance. The remainder of the provisions of this MOU not in question shall remain in full force and effect.

9. GOVERNING LAW: This MOU shall be construed and interpreted according to the laws of the State of West Virginia.

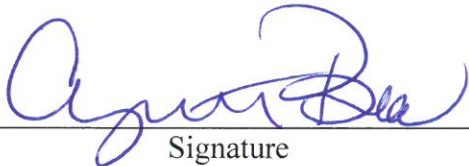
10. ENTIRE UNDERSTANDING: This MOU constitutes the entire understanding among the Parties and may only be modified by a written amendment signed by the Parties.

11. PURPOSE, AMENDMENT, THIRD PARTY BENEFICIARIES: This MOU is being entered into for the sole purpose of evidencing the mutual understanding and intention of the parties. It may be amended, modified, or supplemented at any time by mutual consent in writing signed by the undersigned or their designees. There are no third party beneficiaries of this MOU.

12. COUNTERPARTS: This MOU may be executed in counterpart on separate signature pages and each fully signed MOU shall be enforceable.

IN WITNESS WHEREOF, the Parties hereto have caused this MOU to be signed on the dates set forth below, effective as of July 1, 2014:

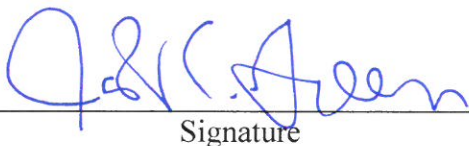
WV DHHR

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|----------------------|--|----------------|
| <u>Cynthia Beane</u> | <u></u> | <u>9-11-17</u> |
| Print Name | Signature | Date |

WVDE

| | | |
|-------------------------|---|---------------|
| <u>W. Clayton Burch</u> | <u></u> | <u>8/7/17</u> |
| Print Name | Signature | Date |

LEA

| | | |
|--------------------|---|---------------------|
| <u>Jacob Green</u> | <u></u> | <u>Jul 31, 2017</u> |
| Print Name | Signature | Date |

ATTACHMENT A
MEMORANDUM OF UNDERSTANDING
BETWEEN THE WEST VIRGINIA DEPARTMENT OF HEALTH AND
HUMAN RESOURCES,
THE WEST VIRGINIA DEPARTMENT OF EDUCATION, AND
THE LOCAL EDUCATIONAL AGENCY
SERVICES AND ACTIVITIES TO BE PERFORMED

DHHR, the WVDE, and the WVDE Office of Diversion & Transition Programs (formerly Office of Institutional Education Programs) (LEA), as Parties to the MOU, agree that the services or activities to be performed under the MOU are as follows:

DHHR AGREES:

1. To maintain Federal approval to implement the Title XIX School Based Health Services Administrative Program in West Virginia for the purpose of receiving Federal matching funds for allowable costs and services provided by both parties;
2. To notify the WVDE and the LEA of any changes to Federal and/or State statutes or regulations, any alteration, addition or deletion of services, or changes to the eligibility requirements of the Title XIX State Plan for school based MAC activities or any other requirements which impact this MOU.
3. The DHHR or its authorized agent shall act as the primary contact for those LEAs eligible to participate in the State's Medicaid initiatives and for other State agencies.
4. The DHHR or its authorized agent shall administer the quarterly random moment sampling process described below and in Attachment B (page 9) of the MOU, to determine the allowable administrative activity eligible for Federal matching funds.
5. The DHHR or its authorized agent shall complete a full analysis of all data acquired from the LEA following the methodology stated in the Medicaid State Plan and referenced in WV DHHR's Cost Allocation Plan and verify the contribution from the LEA for Medicaid reimbursement through the MAC process.
6. The DHHR or its authorized agent shall provide appropriate training materials and initial and ongoing training to the LEA in the use of the MAC methodology developed by the DHHR and its authorized agent.
7. The DHHR or its authorized agent shall provide initial and ongoing financial reporting instructions to the LEA.
8. The DHHR or its authorized agent shall provide technical assistance to the LEA to support participation in the MAC.

9. The DHHR shall maintain on file a Certification of Public Expenditures form from each LEA which: 1) is in the format agreed to by the DHHR, attesting to the LEA's use of local funds of not less than fifty percent (50%) of the amount billed for that quarter or period; and 2) certifies that the local funds are not from a Federal source or funds being used to match any other Federal funds. The certification must be signed and dated by an authorized LEA representative attesting to the use of the specific funds. All signatures must be originals.
10. The DHHR shall maintain documentation related to the MAC process including random moment sampling observation results, time study training materials, school financial data and claim calculation work papers for a minimum of seven (7) years after the date Medicaid administrative activity costs are reported;
11. The DHHR shall, upon receipt of the Federal share of administrative costs allowable under the EPSDT Administrative Program, make payment to the LEA either by check or direct deposit based on the share or proportion of new revenue the State is then authorized to distribute to the LEA.

WVDE AGREES:

1. To review a sample of random moment responses from LEA staff each quarter to verify the activity code assigned by DHHR or its authorized agent using the guidelines from Attachment B.
2. To assist DHHR or its authorized agent with sending notifications and reminders to LEAs regarding deadlines related to the School Based Health Services program, such as deadlines related to random moment time study rosters, calendars, and cost reports.
3. To facilitate training for LEAs provided by the DHHR and/or its authorized agent.
4. To provide data to the DHHR and/or its authorized agent on behalf of the LEA for the quarterly and annual cost reports based on data reported in the West Virginia Education Information System (WVEIS) by the LEA.

The LEA agrees:

1. To perform MAC services which are consistent with the West Virginia Title XIX State Plan provisions regarding SBHS and all applicable Federal statutes and regulations, including, but not limited to: Outreach to assist children and families to access SBHS; case planning, coordinating and follow-up; linkage with primary care providers; and assistance with Medicaid applications, in accordance with the West Virginia Title XIX State Plan for SBHS. No services shall be performed which are not permitted under the West Virginia XIX State Plan provisions regarding SBHS and/or by applicable Federal statutes and regulations.
2. To provide personnel to submit rosters, distribute instructions, provide training, and assist with quality assurance and submission of the requested information.
3. To participate in the State administered quarterly time studies using random moment sampling (RMS) activity codes, as set forth in Attachment B (page 9) of the MOU.
4. To prepare and submit quarterly expenditure reports to the DHHR and/or its authorized agent each calendar quarter for allowable administrative costs and an annual cost report.
5. To provide the DHHR and/or its authorized agent with a quarterly Certification of Public Expenditures that 1) attests to the LEA's use of local funds of not less than fifty percent (50%) of the amount billed for that quarter or period; and 2) certifies that the local funds are not from a Federal source or funds being used to match any other Federal funds. The certification (Attachment C) shall be signed and dated by an authorized representative. All signatures shall be originals.
6. To maintain documentation related to the MAC process, including provider staff roster samples and financial reporting information, for a minimum of seven (7) years after the date administrative activity costs are reported;
7. If a federal, state, county, or local agency audit discloses unallowable costs; the LEA shall promptly return the Federal funds it has received to the DHHR within thirty (30) days of the demand. Any sum due to the LEA under this MOU may be applied to such unallowable costs as are outstanding.
8. To report to the DHHR each calendar quarter the administrative costs that are allowable, in the format agreed to by the DHHR. The report shall be completed, signed and dated by an authorized representative. Forms not properly completed will be subject to return and payment may be delayed. All signatures shall be originals.

ATTACHMENT B

RANDOM MOMENT SAMPLING ACTIVITY CODES:

Code 1.a. - Non-Medicaid Outreach –U

This code should be used by the central coder if the time study participant indicates he/she was performing activities that inform individuals about non-Medicaid social, vocational and educational programs (including special education) and how to access them; and that describe the range of benefits covered under these non-Medicaid social, vocational and educational 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:

1. Informing families about wellness programs and how to access these programs.
2. Scheduling and promoting activities that educate individuals about the benefits of healthy life-styles and practices.
3. 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.).
4. Conducting outreach campaigns that encourage persons to access social, educational, legal or other services not covered by Medicaid.
5. Assisting in early identification of children with special medical/dental/mental health needs through various child find activities.
6. Outreach activities in support of programs that are 100 percent funded by state general revenue.
7. Developing outreach materials such as brochures or handbooks for these programs.
8. Distributing outreach materials regarding the benefits and availability of these programs.

Code 1.b. - Medicaid Outreach– TM/50 percent FFP

This code should be used by the central coder if the time study participant indicates he/she was performing activities that inform eligible or potentially eligible individuals about Medicaid and how to access it. Activities include bringing potential eligible individuals into the Medicaid system for the purpose of determining eligibility and arranging for the provision of Medicaid services. LEAs may only conduct outreach for the populations served by their affiliated schools, i.e., students and their parents or guardians. Examples include:

1. Informing Medicaid eligible and potential Medicaid eligible children and families about the benefits and availability of services provided by Medicaid (including preventive treatment, and screening) including services provided through the EPSDT program.
2. 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). As appropriate, school-developed outreach materials should have prior approval of the Medicaid agency.
3. Distributing literature about the benefits, eligibility requirements, and availability of the Medicaid program, including EPSDT.

4. 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.
5. Providing information about Medicaid EPSDT screening (e.g., dental, vision) in schools that will help identify medical conditions that can be corrected or improved by services offered through the Medicaid program.
6. Contacting pregnant and parenting teenagers about the availability of Medicaid prenatal and well-baby care programs and services.
7. Providing information regarding Medicaid managed care programs and health plans to individuals and families and how to access that system.
8. Encouraging families to access medical/dental/mental health services provided by the Medicaid program.

Activities which are not considered Medicaid outreach under any circumstances are: (1) general preventive health education programs or campaigns addressing lifestyle changes, and (2) outreach campaigns directed toward encouraging persons to access social, educational, legal or other services not covered by Medicaid.

Code 2.a. - Facilitating Application for Non-Medicaid Programs – U

This code should be used by the central coder if the time study participant indicates he/she was informing an individual or family about programs such as Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Women, Infants, and Children (WIC), day care, legal aid and other social or educational programs and referring them to the appropriate agency to complete an application. The following are examples:

1. Explaining the eligibility process for non-Medicaid programs, including IDEA.
2. Assisting the individual or family in collecting/gathering information and documents for the non-Medicaid program application.
3. Assisting the individual or family in completing the application, including necessary translation activities.
4. Developing and verifying initial and continuing eligibility for the Free and Reduced Lunch Program.
5. Developing and verifying initial and continuing eligibility for non-Medicaid programs.
6. 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

This code should be used by the central coder if the time study participant indicates he/she was assisting an individual in becoming eligible for Medicaid. Include related paperwork, clerical activities or staff travel required to perform these activities. This activity does not include the actual determination of Medicaid eligibility. Examples include:

1. Verifying an individual's current Medicaid eligibility status for purposes of the Medicaid eligibility process.
2. Explaining Medicaid eligibility rules and the Medicaid eligibility process to prospective applicants.
3. Assisting individuals or families to complete a Medicaid eligibility application.
4. Gathering information related to the application and eligibility determination for an individual, including resource information and third party liability (TPL) information, as a prelude to submitting a formal Medicaid application.
5. Providing necessary forms and packaging all forms in preparation for the Medicaid eligibility determination.
6. Referring an individual or family to the local Assistance Office to apply for Medicaid benefits.
7. Assisting the individual or family in collecting/gathering required information and documents for the Medicaid application.
8. Participating as a Medicaid eligibility outreach outstation, not including determining eligibility.

Code 3. - School Related and Educational Activities – U

This code should be used by the central coder for any other school related activities that are not health related, such as social services, educational services and teaching services; employment and job training. These activities include the development, coordination and monitoring of a student's education plan. Include related paperwork, clerical activities or staff travel required to perform these activities. Examples include:

1. Providing classroom instruction (including lesson planning).
2. Testing, correcting papers.
3. Developing, coordinating, and monitoring the academic portion of the Individualized Education Program (IEP) for a student, which includes ensuring annual reviews of the IEP are conducted, parental sign-offs are obtained, and the academic portion of the actual IEP meetings with the parents. (If appropriate, this would also refer to the same activities performed in support of an Individualized Family Service Plan (IFSP).)
4. Compiling attendance reports.
5. Performing activities that are specific to instructional, curriculum, and student-focused areas.
6. Reviewing the education record for students who are new to the school district.
7. Providing general supervision of students (e.g., playground, lunchroom).
8. Monitoring student academic achievement.
9. Providing individualized instruction (e.g., math concepts) to a special education student.
10. Conducting external relations related to school educational issues/matters.
11. Compiling report cards.
12. Carrying out discipline.
13. Performing clerical activities specific to instructional or curriculum areas.
14. Activities related to the educational aspects of meeting immunization requirements for school attendance.

15. Compiling, preparing, and reviewing reports on textbooks or attendance.
16. Enrolling new students or obtaining registration information.
17. Conferring with students or parents about discipline, academic matters or other school related issues.
18. Evaluating curriculum and instructional services, policies, and procedures.
19. Participating in or presenting training related to curriculum or instruction (e.g., language arts workshop, computer instruction).
20. Translating an academic test for a student.

CODE 4.a. - Direct Medical Services – Not Covered as IDEA/IEP Service (FFS – Non IEP)

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This code should be used by the central coder if the time study participant indicates he/she was providing direct client care services that are not IDEA and/or not IEP services. This code includes the provision of all non-IDEA/IEP medical services reimbursed through Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services. 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.

Examples of activities reported under this code include all non-IDEA and/or non-IEP direct client care services as follows:

1. Providing health/mental health services.
2. Conducting medical/health assessments/evaluations and diagnostic testing and preparing related reports.
3. Performing developmental assessments.
4. Performing routine or mandated child health screens including but not limited to vision, hearing, dental, scoliosis, and EPSDT screens.
5. Administering first aid or prescribed injection or medication to a student.
6. Providing counseling services to treat health, mental health, or substance abuse conditions.
7. Making referrals for and/or coordinating medical or physical examinations and necessary medical evaluations as a result of a direct medical service.
8. Immunizations and performance of routine or education agency mandated child health screens to the student enrollment, such as vision, hearing and scoliosis screens.

9. Nursing services and evaluations including skilled nursing services and time spent administering/monitoring medication when the service is not included on the student's IEP. For example, medication for a short-term illness or recent injury would not normally be included in an IEP. Time spent administering/monitoring medication that is not included as part of the IEP and not documented in the IEP such as administration/monitoring of maintenance drugs (example 1: insulin for a diabetic if the insulin administration/monitoring is not in the IEP; example 2: anti-seizure medication for a child if the anti-seizure medication is not in the IEP) and administration/monitoring of non-routine medications for acute conditions when the administering/monitoring of the medication is not included as part of the IEP and not documented in the IEP, should be included here.

CODE 4.b. - Direct Medical Services – Covered as IDEA/IEP Service (FFS – IEP) – IEP Ratio

This code should be used by the central coder if the time study participant indicates he/she was providing direct client services as covered services delivered by LEAs under the FFS 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 IDEA/IEP medical (i.e. health-related) services.

The list of services corresponds to all of the services outlined in the State Plan. This includes:

- Audiology services including evaluation and therapy services (only if included in the student's IEP)
- Occupational Therapy services and evaluations (only if included in the student's IEP)
- Physical Therapy services and evaluations (only if included in the student's IEP)
- Psychological services and evaluations (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. For example, administration of a medication such as Ritalin would only be included as an IEP-Related Service if the student IEP's actually contained a requirement for its provision; administration/monitoring of anti-spasmodic drugs for children with cerebral palsy, such as Baclofen, that is included as part of an IEP and documented in the IEP; insulin for a diabetic if the insulin administration/monitoring is in the IEP.
- Speech-Language Pathology services and evaluations (only if included in the student's IEP)
- Personal Care services (only if included in the student's IEP)

- Targeted Case Management Services
- Health Needs Assessment and Treatment Planning

It also includes functions performed pre- and post-direct client services (when the student may not be present), for example, paperwork or staff travel directly related to the direct client services. Please note that some of the following activities may be subject to the free care principle.

Examples of activities reported under this code include:

All IDEA/IEP direct client services with the Student/Client present including:

1. Providing health/mental health services as covered in the student's IEP.
2. Conducting medical/health assessments/evaluations and diagnostic testing and preparing related reports as covered in the student's IEP.

This code also includes pre and post time directly related to providing direct client care services when the student/client is not present. Examples of pre and post time activities when the student/client is not present include completion of 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.

General Examples that are considered pre and post time:

1. 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 the client.
2. Pre and post activities associated with speech language pathology services, for example, preparing lessons for a client to use with an augmentative communicative device or preparing worksheets for use in group therapy sessions.
3. Updating the medical/health-related service goals and objectives of the IEP.
4. Travel to the direct service/therapy.
5. 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.
6. 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.)

TARGETED CASE MANAGEMENT

For school-based Targeted Case Management claiming in West Virginia, the targeted population includes Medicaid clients who have a disability or are medically at risk and are referred for or receiving services related to an IEP or IFSP.

Targeted Case Management services are a component of the IEP or IFSP. Targeted Case Management identifies and addresses special health problems and needs that affect the student's ability to learn, assist the child to gain and coordinate access to a broad range of medically-necessary services covered under the Medicaid program, and ensures that the student receives effective and timely services appropriate to their needs.

Recipients of Targeted Case Management services are eligible for the entire span of activities described as school health services in the West Virginia Medicaid State Plan. A unit of service must meet the description of a case management activity with or on behalf of the individual, his or her parent(s) or legal guardian.

Targeted Case Management services include the following activities:

1. Comprehensive Needs Assessment and Reassessment

Reviewing of the individual's current and potential strengths, resources, deficits and identifying the need for medical, social, educational and other services that are related to Medicaid-covered services. If necessary to form a complete assessment of the client, information shall be gathered from other sources, such as family members, medical providers, social workers, and educators. Results of assessments and evaluations are reviewed and a meeting is held with the individual, his or her parent(s) and /or guardian, and the case manager to determine whether services are needed and, if so, to develop a care plan. At a minimum, an annual face-to-face reassessment shall be conducted to determine if the client's needs or preferences have changed.

2. Development and Revision of a Care Plan

Developing a specific written care plan based on the assessment of individual's strengths and needs. The written care plan shall be a distinct component of the IEP or IFSP and shall identify the health-related activities and assistance needed to accomplish the goals collaboratively developed by the individual, his or her parents(s) or legal guardian, and the case manager. The service plan describes the nature, frequency, and duration of the

activities and assistance that meet the individual's medical needs. Service planning may include acquainting the individual, his or her parent(s) or legal guardian with resources in the community and providing information for obtaining services through community programs.

3. Referral and Related Activities

Facilitating the individual's access to the care, services and resources through linkage, coordination, referral, and consultation. This is accomplished through in-person and telephone contacts with the individual, his or her parent(s) or legal guardian, and with service providers and other collaterals on behalf of the individual. This may include facilitating the recipient's physical accessibility to services such as arranging transportation to medical, social, educational and other services that are related to Medicaid-covered services; facilitating communication between the individual, his or her parent(s) or legal guardian and the case manager or other service providers; or, arranging for translation or another mode of communication. It may include advocating for the individual in matters regarding access, appropriateness and proper utilization of services; and evaluating, coordinating and arranging immediate services or treatment needed in situations that appear to be emergent in nature or which require immediate attention or resolution in order to avoid, eliminate or reduce a crisis situation for the individual.

4. Monitoring and Follow-Up Activities

As necessary, but at least annually, the case manager shall conduct monitoring and follow-up activities with the client or the client's legal representative. Monitoring and follow-up activities are necessary to ensure the care plan is effectively implemented and adequately addresses the needs of the client. The review of the care plan may result in revision or continuation of the plan, or termination of case management services if they are no longer appropriate. Monitoring may involve either face-to-face or telephone contacts with the individual and other involved parties. Results of the monitoring and follow-up activities shall be documented in the written care plan.

5. Case Record Documentation

Case record documentation of the above service components is included as a case management activity. Providers shall maintain case records that document for all individuals receiving Targeted Case Management: the dates of service; the nature, content and units of Targeted Case Management services received; status of goals specified in the care plan; whether client declined services in the care plan; the need for and coordination with other case managers; a timeline for obtaining needed services; and a timeline for reevaluation of the care plan.

SBHS Program Targeted Case Management services do not include:

- Activities related to IDEA functions such as scheduling IFSP team meetings, and providing prior written notice;
- Activities or interventions specifically designed to meet only the student's educational goals;
- Activities for which an individual may be eligible that are integral to the administration of another non-medical program, except for case management that is included in an IEP or IFSP;
- Program activities of the agency itself that do not meet the definition of Targeted Case Management;
- Administrative activities necessary for the operation of the agency providing case management services other than the overhead costs directly attributable to Targeted Case Management;
- Treatment or instructional services, including academic testing;
- Services that are an integral part of another service already reimbursed by Medicaid; and
- Activities that are an essential part of Medicaid administration, such as outreach, intake processing, eligibility determination or claims processing.

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

This code should be used by the central coder if the time study participant indicates he/she was 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.

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

Code 5.b. - Transportation related to Medicaid Services – PM/50 percent FFP

This code should be used by the central coder if the time study participant indicates he/she was 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 cost of the transportation, but rather the administrative activities involved in providing transportation. Include related paperwork, clerical activities or staff travel required to perform these activities. An example is:

1. Scheduling or arranging transportation to Medicaid covered services.

Code 6.a. - Non-Medicaid Translation – U

This code should be used by the central coder if the time study participant indicates he/she was providing translation services related to social, vocational or education programs and activities as an activity separate from the activities referenced in other codes. Include related paperwork, clerical activities or staff travel required to perform these activities. Examples include:

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

Code 6.b. - Translation Related to Medicaid Services-PM/50 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, it must be provided by separate units or separate employees performing solely translation functions for the LEA and it must facilitate access to Medicaid covered services.

This code should be used by the central coder if the time study participant indicates he/she was providing translation services related to Medicaid covered services as an activity separate from the activities referenced in other codes. Include related paperwork, clerical activities or staff travel required to perform these activities. Examples include:

1. Arranging for or providing translation services (oral and signing) that assist the individual to access and understand necessary care or treatment covered by Medicaid.
2. Developing translation materials that assist individuals to access and understand necessary care or treatment covered by Medicaid.
3. Providing translation services (oral and signing) that assists the individual to access and understand necessary care or treatment covered by Medicaid.
4. Developing translated materials, including Braille transcriptions that assist individuals to access and understand necessary care or treatment covered by Medicaid.
5. Translation while the school nurse provides covered services to a student whose primary language is a language other than English.
6. Sign language interpretation during provision of covered services to a deaf child.
7. Transcribing into Braille the fact sheet school nurses use to explain/practice steps/proper technique for using an inhaler.
8. Translation to help a school psychologist follow up with a student's non-English speaking parent on a mental health referral.

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

This code should be used by the central coder if the time study participant indicates he/she was

performing activities associated with the development of strategies to improve the coordination and delivery of non-medical/non-mental health services to school age children and when performing collaborative activities with other agencies. Non-medical services may include social, educational and vocational services. Only employees whose position descriptions include program planning, policy development and interagency coordination should use this code. Include related paperwork, clerical activities or staff travel required to perform these activities. Examples include:

1. Identifying gaps or duplication of non-medical services (e.g., social, vocational educational and state mandated general health care programs) to school age children and developing strategies to improve the delivery and coordination of these services.
2. Developing strategies to assess or increase the capacity of non-medical school programs.
3. Monitoring the non-medical delivery systems in schools.
4. Developing procedures for tracking families' requests for assistance with non-medical services and the providers of such services.
5. Evaluating the need for non-medical services in relation to specific populations or geographic areas.
6. Analyzing non-medical data related to a specific program, population, or geographic area.
7. 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.
8. Defining the relationship of each agency's non-medical services to one another.
9. 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.
10. Developing non-medical referral sources.
11. 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 the central coder if the time study participant indicates he/she was performing activities associated with the development of strategies to improve the coordination and delivery of medical/dental/mental health services to school age children, and when performing collaborative activities with other agencies and/or providers. Employees whose job functions include program planning, policy development and interagency coordination types of activities may use this code. 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. Examples include:

1. 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.
2. Developing strategies to assess or increase the capacity of school medical/dental/mental health programs.
3. Monitoring the medical/dental/mental health delivery systems in schools.
4. 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.)
5. Evaluating the need for medical/dental/mental services in relation to specific populations or geographic areas.
6. Analyzing Medicaid data related to a specific program, population, or geographic area.
7. 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, and to increase provider participation and improve provider relations.
8. Working with other agencies and/or providers to improve collaboration around the early identification of medical/dental/mental problems.
9. Developing strategies to assess or increase the cost effectiveness of school medical/dental/mental health programs.
10. Defining the relationship of each agency's Medicaid services to one another.
11. Working with Medicaid resources, such as the Medicaid agency and Medicaid managed care plans, to make good faith efforts to locate and develop EPSDT health services referral relationships.
12. Developing advisory or work groups of health professionals to provide consultation and advice regarding the delivery of health care services to the school populations.
13. Working with the Medicaid agency to identify, recruit and promote the enrollment of potential Medicaid providers.
14. Developing medical referral sources such as directories of Medicaid providers and managed care plans, which will provide services to targeted population groups, e.g., EPSDT children.
15. Coordinating with interagency committees to identify, promote and develop EPSDT services in the school system.

Code 8. a. - Non-Medical/Medicaid Training – U

This code should be used by the central coder if the time study participant indicates he/she was coordinating, conducting or participating in training events and seminars for school-based services staff regarding the benefit of the programs other than the Medicaid program such as educational programs; for example, how to assist families to access the services of the relevant programs and how to more effectively refer students for those services. Include related paperwork, clerical activities or staff travel required to perform these activities. Examples include:

1. Participating in or coordinating training that improves the delivery of services for programs other than Medicaid.

2. Participating in or coordinating training that enhances IDEA child find programs.

Code 8.b. - Medical/Medicaid Specific Training – PM/50 percent FFP

This code should be used by the central coder if the time study participant indicates he/she was coordinating, conducting or participating in training events and seminars for regarding the benefits of the Medicaid program, how to assist families in accessing Medicaid services, and how to more effectively refer students for services. Include related paperwork, clerical activities or staff travel required to perform these activities. Examples include:

1. Participating in or coordinating training that improves the delivery of medical/Medicaid related services.
2. 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 IDEA child find programs.)
3. Participating in training on administrative requirements related to medical/Medicaid services.

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

This code should be used by the central coder if the time study participant indicates he/she was 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. Examples include:

1. Making referrals for and coordinating access to social and educational services such as child care, employment, job training, and housing.
2. Making referrals for, coordinating, and/or monitoring the delivery of state education agency mandated child health screens (e.g., vision, hearing, and scoliosis).
3. Making referrals for, coordinating, and monitoring the delivery of scholastic, vocational, and other non-health related examinations.
4. Gathering any information that may be required in advance of these non-Medicaid related referrals.
5. 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.
6. Monitoring and evaluating the non-medical components of the individualized plan as appropriate.

Targeted Case Management - Note that Targeted Case Management as an administrative activity involves the facilitation of access and coordination of program services. Such activities may be provided under the term Targeted Case Management or may also be referred to as Referral, Coordination, and Monitoring of non-Medicaid Services.

Targeted Case Management may also be provided as an integral part of the service and would be included in the service cost. This code should be used by the central coder the time study participant indicates he/she was 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

This code should be used by the central coder if the time study participant indicates he/she was 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 4A - Direct Medical Services - Not Covered as IDEA/IEP Services or 4B- Direct Medical Services - Covered as IDEA/IEP Services. Note that Targeted Case Management, if provided or covered as a medical service under Medicaid, should be reported under Code 4A - Direct Medical Services - Not Covered as IDEA/IEP Services or 4B - Direct Medical Services - Covered as IDEA/IEP Services. Examples include:

1. Identifying and referring adolescents who may be in need of Medicaid family planning services.
2. Making referrals for and/or coordinating medical or physical examinations and necessary medical/dental/mental health evaluations.
3. Making referrals for and/or scheduling EPSDT screens, interperiodic screens, and appropriate immunization, but NOT to include the state-mandated health services.
4. Referring students for necessary medical health, mental health, or substance abuse services covered by Medicaid.
5. 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.
6. Gathering any information that may be required in advance of medical/dental/mental health referrals.
7. Participating in a meeting/discussion to coordinate or review a student's needs for health-related services covered by Medicaid.
8. Providing follow-up contact to ensure that a child has received the prescribed medical/dental/mental health services covered by Medicaid.
9. Coordinating the delivery of community based medical/dental/mental health services for a child with special/severe health care needs.

10. 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.
11. Providing information to other staff on the child's related medical/dental/mental health services and plans.
12. Monitoring and evaluating the Medicaid service components of the IEP as appropriate.
13. Coordinating medical/dental/mental health service provision with managed care plans as appropriate.

Note: A "referral" is considered appropriate when made to a provider who can provide the required service, will accept the student as a patient, and will accept the student's source of payment for services.

Targeted Case Management

Note that Targeted Case Management as an administrative activity involves the facilitation of access and coordination of program services. Such activities may be provided under the term Targeted Case Management or may also be referred to as Referral, Coordination, and Monitoring of Medicaid Services.

Targeted Case Management may also be provided as an integral part of the service and would be included in the service cost. This code should be used by the central coder the time study participant indicates he/she was making referrals for, coordinating, and/or monitoring the delivery of Medicaid covered services.

Code 10. - General Administration – R

This code should be used by the central coder if the time study participant indicates he/she was performing activities that are not directly assignable to the WV SBHS program. 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.

1. Taking lunch, breaks, leave, or other paid time not at work.
2. Establishing goals and objectives of health-related programs as part of the school's annual or multi-year plan.
3. Reviewing school or district procedures and rules.
4. Attending or facilitating school or unit staff meetings, training, or board meetings.

5. Performing administrative or clerical activities related to general building or district functions or operations.
6. Providing general supervision of staff, including supervision of student teachers or classroom volunteers, and evaluation of employee performance.
7. Reviewing technical literature and research articles.
8. 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 – 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. Please note that full time school staff should not use this code.

ATTACHMENT C

**MEDICAID ADMINISTRATIVE CLAIMING
QUARTERLY CERTIFICATION OF PUBLIC EXPENDITURES**

I, as the financial officer of the _____, hereby
certify that the _____ has expended the state

share of non-federal funds in the amount of \$ _____ required to match the
\$ _____ federal share of the Medicaid Administrative claim billed to the state Medicaid
agency for _____.

(Quarterly Begin/End Date)

I further certify that the school or school district's Certified Public Expenditures (CPEs) were
incurred in accordance with the provisions of West Virginia's local regulations and policies. These
expenditures are clearly identified and supported in our accounting system.

NAME: _____ (Printed)

SIGNATURE: _____

TITLE: _____

DATE: _____