SECTION 8 – FEDERAL FINANCIAL PARTICIPATION

Time Study Instructions for Enhanced/Nonenhanced Title XIX Medicaid Funding 4

Skilled Professional Medical Personnel Quiz 13

Time Study Function Code Descriptions and General Activities 15

Function 1 – Outreach 15

Function 2 – SPMP Administrative Medical Case Management 15

Function 3 – SPMP Intra/Interagency Coordination, Collaboration, and Administration 16

Function 4 – Non-SPMP Intra/Interagency Coordination, Collaboration, and Administration 16

Function 5 – Program Specific Administration 17

Function 6 – SPMP Training 17

Function 7 – Non-SPMP Training 18

Function 8 – SPMP Program Planning and Policy Development 18

Function 9 – Quality Management by Skilled Professional Medical Personnel 19

Function 10 – Non-Program Specific General Administration 19

Function 11 – Other Activities 20

Function 12 – Paid Time Off 21

Federal Financial Participation Examples of Activities for CMS Programs 22

Function 1 – Outreach 22

California Children's Services 22

Child Health and Disability Prevention Program 22

Health Care Program for Children in Foster Care 23

Function 2 – SPMP Administrative Medical Case Management 23

California Children's Services 23

Child Health and Disability Prevention Program 24

Health Care Program for Children in Foster Care 25

Function 3 – SPMP Intra/Interagency Coordination, Collaboration, and Administration 26

California Children's Services 26
Child Health and Disability Prevention Program 26
Health Care Program for Children in Foster Care 27
Function 4 – Non-SPMP Intra/Interagency Coordination, Collaboration, and Administration 28
California Children's Services 28
Child Health and Disability Prevention Program 28
Function 5 – Program Specific Administration 28
California Children's Services 28
Child Health and Disability Prevention Program 29
Health Care Program for Children in Foster Care 30
Function 6 – SPMP Training 31
California Children's Services 31
Child Health and Disability Prevention Program 31
Health Care Program for Children in Foster Care 31
Function 7 – Non-SPMP Training 32
California Children's Services 32
Child Health and Disability Prevention Program 32
Health Care Program for Children in Foster Care 33
Function 8 – SPMP Program Planning and Policy Development 33
California Children's Services 33
Child Health and Disability Prevention Program 33
Health Care Program for Children in Foster Care 34
Function 9 – Quality Management by Skilled Professional Medical Personnel 34
California Children's Services 34
Child Health and Disability Prevention Program 35
Health Care Program for Children in Foster Care 36

Function 10 – Non-Program Specific General Administration 36

California Children's Services, Child Health and Disability Prevention Program, and Health Care Program for Children in Foster Care 36

Function 11 – Other Activities 37

California Children's Services, Child Health and Disability Prevention Program, and Health Care Program for Children in Foster Care 37

Function 12 – Paid Time Off 37

Federal Financial Participation Form and Excel File Instructions 38

Time Study Forms 38

Monthly Form 38

Weekly Form 39

FFP Calculations 39

Time Study Instructions for Enhanced/Nonenhanced Title XIX Medicaid Funding

I. Introduction

The Social Security Act provides for variable federal matching rates for the administrative functions of the Medicaid (Title XIX) program, including a Federal Financial Participation (FFP) rate of 50 percent (nonenhanced) for the majority of expenses necessary to the proper and efficient operation of the program and an FFP rate of 75 percent (enhanced) for expenses of skilled professional medical personnel (SPMP) and their direct clerical support staff necessary for development and administration of a medically sound program. The Medicaid program in California is known as Medi-Cal.

Federal funds may be claimed at:

A. An enhanced rate which is 75 percent of the salaries, benefits, training, and travel expenses for SPMP who meet the federal education and training requirements and perform activities requiring specialized medical knowledge and skill, and for the clerical staff who directly support and are supervised by the SPMP. Contract employees are exempted from claiming the enhanced rate.

B. A nonenhanced rate which is 50 percent of the salaries, benefits, travel, training and other administrative expenses for non-SPMP including, but not limited to, administrators, associate staff, clerical staff not providing direct support to, or supervised by, SPMP, and claims processing staff. Staff hired under contract, including SPMP staff, are to be charged at the nonenhanced rate.

42 Code of Federal Regulations (CFR) Part 432.2, 432.45, 432.50 and 433.15
http://www.access.gpo.gov/nara/cfr/waisidx_00/42cfrv3_00.html

II. Time Study Policy and Instructions for Completion

A. Time Study Requirements Overview

1. The basic documentation required by the federal Centers for Medicare and Medicaid Services, formerly the Health Care Financing Administration (HCFA), to support FFP claiming for costs of administrative support activities must be collected based on an approved time study method.

2. The Systems of Care Division's (SCD) time study is designed to support FFP claiming in a uniform system that allows for the time study to be used by staff working in various CMS programs.

3. Tools for FFP timekeeping including a sample time study form are located in Section 9 – References.

Stipulations for Enhanced FFP and Classifications Eligible to Time Study as SPMP

1. SPMP Stipulations

Staff who meet SPMP qualifications for professional education and training (see page 4) may record time to SPMP (enhanced) functions in performing those duties that require professional medical knowledge and skills, as evidenced by position descriptions, job announcements, or job classifications and when qualified functions per Title 42, Code of Federal Regulations (CFR), Chapter IV, are performed such as, but not limited to:

a. Liaison on medical aspects of the program with providers of services and other agencies that provide medical care,

b. Furnishing expert medical opinions,

c. Reviewing complex physicians' billings,

d. Participating in medical review, or independent professional review team activities,

e. Assessing, through case management activities, the necessity for, and adequacy, of medical care and services.

SCD and local programs have the responsibility to determine whether their staff meet the qualifications and must substantiate the qualifications of SPMP status. The State and local program job specifications must stipulate that the job requires staff from one of the classifications listed below, and the program duty statement for the SPMP must (1) reflect SPMP and non-SPMP activities and (2) specify that the incumbent be from one of the following classifications per Title 42, CFR, Chapter IV:

1) Physicians;

2) Registered Nurses;

3) Dentists; and

4) Other specialized personnel who have professional education and training in the field of medical care.

Examples of other specialized personnel classifications that SCD recognizes as meeting the professional education and training criteria detailed above include but, are not limited to the following:

a) Licensed Clinical Psychologists with a Ph.D. in psychology;

b) Licensed Audiologists certified by the American Speech and Hearing Association;

c) Licensed Physical Therapists;

d) Occupational Therapists registered by the National Registry of American Occupational Therapy Association;

e) Licensed Speech Pathologists;

f) Licensed Clinical Social Workers;

g) Dental Hygienists;

h) Nutritionists with a Bachelor of Science (BS) or Arts (BA) degree in Nutrition or Dietetics and registered with the Commission of Dietetics Registration (RD);

i) Medical Social Workers with a Master's degree in Social Work (MSW) with a specialty in a medical setting;

j) Health Educators with a Master's degree in Public or Community Health Education and graduation from an institution accredited by the American Public Health Association or the Council on Education for Public Health; and

k) Licensed Vocational Nurses with graduation from a **two-year** program.

2. Direct Support Staff Stipulations

Directly supporting clerical staff time may be recorded when performing those clerical job responsibilities that directly support SPMP (Part 432.2, 42 CFR). To qualify, the clerical staff must be directly supervised by a SPMP and must meet the following criteria for directly supporting clerical staff.

"Directly supporting staff," means clerical staff who:

a. Are secretarial, stenographic, copy, file, or record clerks providing direct support to the SPMP, and

b. Provide clerical services directly necessary for carrying out the professional medical responsibilities and functions of the SPMP.

Directly supporting staff are eligible to record SPMP time when, as clerical staff, their position documentation meets the following stipulations:

1) Job requirements are in the direct support of, and under - the direct supervision of SPMP who:

   a). must be immediately responsible for the work performed by the clerical staff, and must directly supervise (immediate first-level supervision) the supporting staff reflected on the organization chart and the performance of the supporting staff's work, and

   b). is responsible for preparing, conducting, and signing the directly supporting staff's performance appraisal as the immediate first-level supervisor, and

2) Civil service job specifications require clerical skills such as typing, filing, or photocopying.

3) Program duty statements reflect clerical functions in direct support of SPMP.

Note: "Directly Supporting Staff" does not include the costs of other subprofessional staff, for example, administrative assistants, statistical clerks, office managers, technicians, accounting clerks, and management assistants not performing clerical functions.

B. Professional Education and Training For SPMP

SPMP are required to have education and training at a professional level in the field of medical care or appropriate medical practice before time can be recorded by those individuals to SPMP functions. "Education and training at professional level" means the completion of a two-year or longer program leading to an academic degree or certificate in a medically related profession. Completion may be demonstrated by possession of a medical license, certificate, or other document issued by a recognized national or state medical licenser 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 Medicaid program is not considered the equivalent of professional training in a field of medical care.

SPMP includes only professionals in the field of medical care that meet the above criteria. SPMP does not include non-medical health professionals such as public administrators, medical budget directors or analysts, lobbyists, or senior managers of public assistance or Medicaid programs.

C. Documentation of Staff and Time

Personnel who prepare time studies for FFP must be in an employee-employer relationship with the State, county/city, or may be contract personnel, and must be involved in activities that are necessary for proper and efficient Medi-Cal program administration. An organization chart, civil service classification/specification, and job duty statement for each position must be on file with the county/city program. If the employee is in a position that requires staffing at the level that meets Medicaid criteria for SPMP and the employee is planning to record time to enhanced functions, a SPMP questionnaire (see page 13) should be used and maintained on file to document the professional education and training.

The organization chart documents the chain of command which can either qualify or eliminate the enhanced reimbursement rate for direct clerical support staff. Employee job specifications for SPMP must reflect health-related duties and, if possible, health-related qualification requirements as well. The job duty statement should be program specific and reflect the appropriate activities with an estimated percentage of time allocated to each activity. Activities described in a catchall category such as "and other duties as required," are considered nonenhanced or General Administrative functions.

It is very important that staff documentation materials be revised when changes occur. All claiming documentation, including the original time study forms, must be kept through the documentation retention period. The documentation retention period is no less than three years after the reimbursement or until the completion of any federal financial audit in progress, whichever time is longer.

Completion of a time study is not required in limited situations. In general, a detailed time study is not required when a person: 1) performs only non-SPMP functions (100 percent of their time); and 2) works for only one program; and 3) is claimed against a single budget. However, all employees must have documentation of time worked on a time certification or employee attendance record. The time certification must identify the hours worked and the paid time away from work, such as sick leave and vacation, and must be signed by the employee and supervisor.

Detailed time studies must be completed, regardless of Medicaid FFP personnel category (SPMP, clerical staff directly supervised by and directly supporting SPMP, or non-SPMP), by those persons who: 1) perform any combination of SPMP, non-SPMP, and/or non-claimable functions; or 2) work for more than one program; or 3) are funded through more than one budget.

The time study must:

1. Utilize the code numbers and function titles as specified and defined by the SCD (see sample form in Section 9 - References).

2. Be completed at the same time either during the first, middle, or last month of each calendar quarter for the fiscal year unless given written

permission by the State to do otherwise, or the following conditions are met.

a. Staff who vacate before or are newly hired after the time study month may time study the month they are available during the quarter.

b. Staff not performing their regular duties/activities for more than two (2) weeks of the time study month due to extended absence, may use the average of previous time studies for that position (more than two) or time study in the next quarter and apply those to the previous quarter with a supplemental invoice.

c. For additional questions, technical assistance from the State should be requested.

3. Reflect actual time spent on the functions for each program and account for all time each workday in the period being studied.

4. Be signed and dated by the employee and the immediate supervisor of the employee under declarations of accuracy. These original time study forms must be retained.

   Time study supportive claiming materials, such as day logs, appointment books, meeting agendas or minutes, and SPMP medical training documentation, must be kept through the retention period.

D. Time Study Function Codes

There are twelve time study functions grouped in four categories: (1) Non-SPMP, (2) SPMP, (3) Non-claimable, and (4) Allocated.

1. **Non-SPMP (nonenhanced) functions** include those activities generally performed by clerical, paraprofessional, supervisory, administrative, and contract personnel. However, these functions may be performed by staff classified as SPMP in which case their time must also be recorded to one of these codes. The non-SPMP code numbers and functions are:

   Code 1: Outreach
   Code 4: Non-SPMP Intra/Interagency Coordination, Collaboration, and Administration
   Code 5: Program Specific Administration
   Code 7: Non-SPMP Training

2. **SPMP (enhanced) functions** include those medically related activities performed only by SPMP and the associated typing, filing, and photocopying activities of medically related materials that are performed by clerical personnel directly supervised (immediate first level) by the SPMP. The SPMP code numbers and functions are:

   Code 2: SPMP Administrative Medical Case Management
   Code 3: SPMP Intra/Interagency Coordination, Collaboration, and Administration
   Code 6: SPMP Training
   Code 8: SPMP Program Planning and Policy Development
   Code 9: Quality Management by Skilled Professional Medical Personnel

   Personnel from a variety of disciplines may qualify as SPMP as determined through the use of the SPMP Questionnaire. Multidisciplinary personnel implementing program responsibilities in a position that requires their professional medical education and training should refer to the general description of the functions and apply the principles articulated in that description to their program specific responsibilities. Some examples of activities related to administrative functions in CMS programs (CCS, CHDP, and HCPCFC) follow on page 22.

3. The **Non-Claimable function** includes those activities and services the federal government does not reimburse or finance under administrative claiming. Examples of these activities include, but are not limited to:

   a. Direct client services that are reimbursed via the Medi-Cal fee-for-service system or managed care contracts;

   b. Services that benefit a specific client such as child care;

   c. Client services funded as targeted case management services; and,

d. Health department programs or services that are not part of supporting the administration of the Medi-Cal program, including but not limited to grant-funded training programs for bioterrorism preparation and mass immunization programs.

The non-claimable code number and function are:

Code 11: Other Activities

4. **Allocated functions** are activities that relate to multiple functions, or are not specific to any identified function due to their general nature such as general staff meetings, computer training, budget development, overtime, compensatory time off, etc. Allocated code numbers and functions are coded to:

Code 10: Non-Program Specific General Administration
Code 12: Paid Time Off

E. Instructions to General Staff Must Specify:

1. **Only** SPMP and clerical staff who qualify as supervised by and supporting the SPMP may record their time under all of the function codes including the **SPMP** function codes.

2. Staff qualifying as non-SPMP only are not to record any time under the SPMP function codes but can utilize all other function codes.

3. Time study participants must:

a. Include on each time study form, their name, time study period (month/year), position/employee number, personnel classification, agency name, etc.

b. Complete the time study form on a daily basis during the time study period.

c. Specify the program for which any SPMP or non-SPMP activities are performed.

d. Record all time worked each day under the appropriate function. "Extra" time that qualifies as overtime and earned compensating/certified time must be recorded under the General Administration function regardless of any other function under which it would have been recorded.

e. Round time recorded under a function to the nearest half-hour unless the employer elects to have time rounded to a smaller increment.

f. Record time for performing necessary paperwork and travel under the function to which it pertains. If that time pertains to multiple

functions or no specific, identifiable function, record the time under General Administration.

g. Clerical staff recording SPMP function time in support of an SPMP should use the same function codes as directed by the SPMP which reflect the SPMP's activities.

h. Record time spent going to, attending, and returning from meetings to the function to which it pertains. The content of a meeting dictates use of the appropriate function code(s). If that time pertains to multiple functions or no specific, identifiable function, record the time under General Administration.

i. Record, under the function Paid Time Off, time spent on vacation, holiday, sick leave, and any other paid time. The exception is the time spent using compensating/certified time earned. Lunch, use of compensating/certified time earned, normal time off, and leave without pay are **not recorded** under any function on a time study.

j. Sign and date the original time study form under a declaration of accuracy and give it to the immediate supervisor as soon as possible following the close of the time study period.

k. All signatures must be original, not photocopies.

Skilled Professional Medical Personnel Quiz

Date: _____

To: _____

From: _____

Re: **Skilled Professional Medical Personnel Questionnaire For Claiming Status**

To determine whether you qualify as Skilled Professional Medical Personnel for recording time worked to enhanced functions of Medi-Cal administration, please complete the following form and return it to the person indicated above no later than _____ as this is very important for our funding. Thank you.

Name: _____

Department: _____

Position Classification: _____

1. Are you a physician licensed to practice medicine in the State of California?

☐ **YES** ☐ **NO**

If **YES**, provide license number (_____), sign this form, and turn it in.

If **NO**, proceed to Question 2.

2. Have you completed an educational program in a health or health-related field?

☐ **YES** ☐ **NO**

If **YES**, list the highest academic degree you received in a health or health-related field, the subject in which it was received, and the name of the college/university where it was earned, and proceed to Question 3.

Academic Degree: _____

Field: _____

College/University: _____

If **NO**, stop, sign this form, and turn it in.

3. Did your educational program last at least two years?

☐ **YES** ☐ **NO**

If **YES**, proceed to Question 4.

If **NO**, stop, sign this form, and turn it in.

4. Did your educational program lead to a California licensure in a medically related profession?

☐ **YES** ☐ **NO**

If **YES**, provide the license type (_____) and number (_____), sign this form, and turn it in.

If **NO**, proceed to Question 5.

5. Did your educational program lead to certification or registration by a health or health-related national or California certifying organization?

☐ **YES** ☐ **NO**

If **YES**, please provide the certification/registration type and number (if appropriate), the name of the certifying organization, sign this form, and turn it in.

Certificate/Registration Type: _____

Certificate/Registration Number: _____

Certifying/Registry Organization: _____

If **NO**, proceed to Question 6.

6. Did part of your educational program involve medical or health-related training including fieldwork (i.e., in the area of health, mental health, or substance abuse)?

☐ **YES** ☐ **NO**

If **YES**, describe the training/fieldwork and sign the form and turn it in.

_____

_____

_____

If **NO**, proceed to Question 7.

7. As a part of your educational program, did you take any courses, which had a medical or health-related focus (e.g., in the area of health, mental health, or substance abuse)?

☐ **YES** ☐ **NO**

If **YES**, list these courses below, sign this form, and turn it in.

_____

_____

If **NO**, sign this form and turn it in.

_____ _____

Signature: Date:

Time Study Function Code Descriptions and General Activities

Function 1 – Outreach

This function is to be used by all staff when performing activities that inform Medi-Cal eligible or potentially eligible individuals, as well as other clients, about health services covered by Medi-Cal and how to access the health programs. Activities include a combination of oral and written informing methods that describe the range of services available through the Medi-Cal program and the benefits of preventive or remedial health care offered by the Medi-Cal program. Examples of administrative activities which are included in the outreach function are:

1. Inform individuals, agencies, and community groups about health programs using oral and written methods.

2. Develop and provide program materials to individuals and their families, community agencies, and health care providers.

3. Inform and assist clients and their families to access program services.

4. Design and carry out strategies that inform high-risk children and their families of health programs that will benefit them.

5. Develop and implement a system for ensuring that clients obtain needed preventive and health services by providing information on accessing transportation and assistance with scheduling of appointments.

Function 2 – SPMP Administrative Medical Case Management

This function is to be used only by SPMP when participating in medical reviews; assessing the necessity for, and types of, medical care associated with medical case management and case coordination activities required by individual Medi-Cal beneficiaries. Examples of activities which are included in this function are:

1. Review the results of health assessments and medical and dental examinations and evaluations needed to coordinate and facilitate the client's care. This activity is not conducted as part of a standard medical examination or consultation and is not a direct service.

2. Assess and review for determining medical eligibility, medical necessity and sources for services required to correct or ameliorate health conditions identified by a medical or dental provider.

3. Provide consultation to professional staff in other agencies about specific medical conditions identified within their client population.

4. Identify eligible, covered medically necessary services required to achieve the goals of the treatment plan and ensure that linkages are made with other providers of care.

5. Provide follow-up contact to assess the client's progress in meeting treatment goals.

6. Participate in case conferences or multi-disciplinary teams to review client needs and treatment plans.

7. Interpret medical guidelines, health assessment results, and medical and dental evaluations, to an individual, a provider, or professional staff of another agency.

8. Provide consultation, separate from a standard medical examination, to clients to assist them in understanding and identifying health problems or conditions and in recognizing the value of preventative and remedial health care as it relates to their medical conditions.

9. Provide technical assistance on clinical protocols, health assessments, and medical and dental benefits.

10. Consult on client-specific appeals relating to medical care issues including expert witness services.

11. Paperwork directly associated with any of the above activities.

12. Travel time directly associated with any of the above activities.

Function 3 – SPMP Intra/Interagency Coordination, Collaboration, and Administration

This function is to be used only by SPMP when performing collaborative activities that involve planning and resource development with other agencies which will improve the cost effectiveness of the health care delivery system and improve availability of medical services. Examples of activities which are included in this function are:

1. Provide technical assistance to other agencies/programs that interface with the medical care needs of clients.

2. Participate in provider meetings and workshops on issues of client health assessment, preventive health services, and medical care and treatment.

3. Develop medical and dental referral resources such as referral directories, round tables, and advisory groups.

4. Assist in health care planning and resource development with other agencies which will improve the access, quality and cost-effectiveness of the health care delivery system and availability of Medi-Cal medical and dental referral sources.

5. Assess the effectiveness of inter-agency coordination in assisting clients to access health care services in a seamless delivery system.

Function 4 – Non-SPMP Intra/Interagency Coordination, Collaboration, and Administration

This function is to be used by non-SPMP staff when performing activities that are related to program planning functions, including collaborative and intra/interagency coordination activities. Examples of activities which are included in this function are:

1. Provide technical assistance and program monitoring to other agencies/programs that interface with Medi-Cal program requirements.

2. Assist in health care planning and resource development with other agencies which will improve the access, quality, and cost effectiveness of the health care delivery system and availability of Medi-Cal medical and dental referral sources.

3. Assess the effectiveness of inter-agency coordination in assisting clients to access health care services in a seamless delivery system.

Function 5 – Program Specific Administration

This function is to be used by all staff when performing activities that are related to program specific administration, which are identifiable and directly charged to the program. Examples of activities which are included in this function are:

1. Develop and implement program administrative policies and fiscal procedures in compliance with Medi-Cal program requirements.

2. Participate in the development, maintenance, and analysis of program management information servicing the Medi-Cal population.

3. Participate in the distribution of Medi-Cal program specific information including procedural manuals and brochures.

4. Prepare responses to appeals on non-medical program issues.

5. Provide general supervision of staff, including supervision of interns and students.

6. Develop budgets and monitor program expenditures.

7. Review of technical literature and research articles.

8. Draft, analyze, and/or review reports, documents, correspondence, and legislation.

9. Direct recruitment, selection and hiring process, perform employee evaluations.

Function 6 – SPMP Training

This function is to be used only when training is provided for or by SPMP and only when the training activities directly relate to the SPMP's performance of specifically allowable SPMP administrative activities. Examples of activities which are included in this function are:

1. Training related to the SPMP's performance of allowable administrative activities to include utilization review of medical services, program planning and policy development, SPMP administrative medical case management, intra/interagency and provider coordination, and quality management.

2. Completing paperwork directly associated with the above activities.

3. Travel time directly associated with the performance of the above activities.

Function 7 – Non-SPMP Training

This function is to be used by all staff when training relates to non-SPMP allowable administrative activities and to the medical care of clients. Examples of activities which are included in this function are:

1. Training related to the performance of administrative activities to include Medi-Cal outreach; non-emergency, non-medical transportation; and Medi-Cal eligibility.

2. Joint orientation and on-going in-service training.

3. Professional training and technical assistance which improves the quality of health assessment, preventive health services, and care.

4. Training which improves the medical knowledge and skill level of skilled professional medical staff providing Medi-Cal services.

5. Completing paperwork directly associated with the above activities.

6. Travel time directly associated with the performance of the above activities.

Function 8 – SPMP Program Planning and Policy Development

This function is to be used only by SPMP and only when performing program planning and policy development activities. The SPMP's tasks must officially involve program planning and policy development, and those tasks must be identified in the employee's position description/duty statement. Examples of activities which are included in this function are:

1. Participate in the development of program direction and annual scope of work, program budget, set goals, objectives, activities, and evaluation tools to measure Medi-Cal program outcomes.

2. Participate in the development of Medi-Cal program standards and procedures for coordinating health-related programs and services.

3. Provide consultation and technical assistance in the design, development, and review of health related professional educational material.

4. Provide technical assistance on practitioner protocols, including the development of uniform policy and procedures on the care and treatment of Medi-Cal clients.

5. Assess and review the capacity of the agency and its providers to deliver medically appropriate health assessment, treatment, and care.

6. Provide ongoing liaison with Medi-Cal providers around issues of treatment, health assessment, preventive health services, medical care, program policy, and regulations.

7. Identify, recruit, and provide technical assistance and support to new Medi-Cal providers.

8. Develop round tables, advisory or work groups of other SPMP to provide Medi-Cal program consultation.

9. Participate in the planning, implementation, and evaluation of services that relate to the Medi-Cal programs.

10. Participate in program workshops and meetings relating to the scope of Medi-Cal program benefits and changes in program management.

11. Participate in the development and review of Medi-Cal health-related regulations, policies, and procedures such as scopes of work, MOUs and other related Medi-Cal health care services, and other health care service standards for total quality management.

Function 9 – Quality Management by Skilled Professional Medical Personnel

This function is to be used only by SPMP and only when performing quality management activities such as monitoring the authorization for medical services (utilization review) process, ongoing program assessment and evaluation, and the development of standards and protocols. Examples of activities which are included in this function are:

1. Conduct periodic review of protocols.

2. Perform peer reviews, medication management and monitoring, and monitoring of the service authorization and re-authorization process.

3. Schedule, coordinate, and conduct medical chart or case reviews for adequacy of assessment, documentation, and appropriate intervention.

4. Schedule, coordinate, and conduct quality assurance activities; evaluate compliance with program standards; and monitor the clinical effectiveness of programs, including Medi-Cal client satisfaction surveys.

5. Evaluate the need for new modalities of medical treatment and care.

6. Assess and review the capacity of the agency and its providers to deliver medically appropriate health assessments, preventive health services and medical care, and respond to appeals on medical quality of care issues.

7. Complete paperwork directly associated with the above activities.

8. Travel time directly associated with the performance of the above activities.

Function 10 – Non-Program Specific General Administration

This function is to be used by all staff when performing non-program specific administrative activities that relate to multiple functions or to no specific, identifiable functions due to the general nature of the activities. It is also to be used to record any break time as well as time that may become overtime or earned compensatory or certified time off. Examples of activities which are included in this function are:

1. Review departmental or unit procedures and rules.

2. Develop and implement program administrative policies and fiscal procedures.

3. Participate in the design, development and review of health related professional educational material.

4. Attend non-program related staff meetings.

5. Provide general supervision of staff, including supervision of interns and students.

6. Develop and provide health promotion activities for agency employees.

7. Provide and attend non-program specific in-service orientations and other staff development activities.

8. Develop budgets and monitor program expenditures.

9. Review of technical literature and research articles.

10. Provide general clerical support.

11. Draft, analyze, and/or review reports, documents, correspondence, and legislation.

12. Direct recruitment, selection and hiring process, perform employee evaluations.

Function 11 – Other Activities

This function is to be used by all staff to record time performing activities that are not specific to the administration of the Medi-Cal program. Examples of activities which are included in this function are:

1. Outreach activities that inform individuals about non-Medi-Cal health programs financed by other federal and State programs.

2. Program planning and policy development activities of non-Medi-Cal programs financed by other federal and State programs.

3. Develop funding proposals that do not benefit the Medi-Cal population.

4. Coordinate or participate in research activities that do not benefit the Medi-Cal population.

5. Write grants for federal funding for services/activities which do not benefit the Medi-Cal population.

6. Participation in health promotion activities for agency employees.

7. Provide client-specific, health related services which can be billed as fee-for-service to Medi-Cal, including Targeted Case Management; another State program; private insurance; the client; or the county health department.

8. Activities otherwise funded through the Medi-Cal Program.

Function 12 – Paid Time Off

This function is to be used by all staff to record usage of paid leave, holiday, vacation, sick leave, etc. Do not record on the time study lunchtime, dock time, absence without pay, or compensatory/certified time off (CTO). CTO shall be recorded under Function 10, Non-Program Specific General Administration, when it is earned.

Federal Financial Participation Examples of Activities for CMS Programs

Function 1 – Outreach

This function is to be used by all staff when performing activities that inform Medi-Cal eligible or potentially eligible individuals, as well as other clients, about health services covered by Medi-Cal and how to access the health programs. Activities include a combination of oral and written informing methods that describe the range of services available through the Medi-Cal program and the benefits of preventive or remedial health care offered by the Medi-Cal program. Examples of administrative activities included in the outreach function are identified below.

California Children's Services

1. Inform individuals, agencies, potential providers, and community groups about the CCS program using written and oral methods.

2. Coordinate and participate in screening programs to facilitate identification of at-risk patient populations that are eligible for program services.

3. Order, maintain, and distribute CCS/CMS program materials to families, community agencies, and health care providers.

4. Determine financial and residential eligibility for CCS, conduct interviews of applicant/client families, including screening potential eligibility for Medi-Cal.

5. Inform and assist applicant/client and family in accessing other Medicaid program services, as related to the client's medical condition, such as Medi-Cal and EPSDT Supplemental Services.

6. Identify barriers and assist the applicant/client, whose primary language is other than English, to secure medical services related to the client's medical condition.

7. Provide translation to assist the applicant/client, whose primary language is other than English.

Child Health and Disability Prevention Program

1. Inform individuals, agencies, potential providers, and community groups about the CHDP program using written and oral methods.

2. Follow up with clients referred from local social service departments including telephone calls, letters, and home visits with respective documentation required on social service referral forms (PM 357).

3. Order, maintain, and distribute program material for outreach purposes.

4. Check with local social service departments for Medi-Cal status and up-to-date client phone numbers and addresses.

5. Inform and assist applicant/client and family with need for support services such as finding assistance to complete an application for health care coverage, scheduling appointments, and obtaining other services.

6. Identify barriers and assist applicants/clients, whose primary language is not English, to secure medical services.

7. Provide translation to assist the applicant/client, whose primary language is other than English.

8. Contact medical and dental providers to schedule appointments for clients and families.

9. Work with other agencies such as churches, homeless shelters, housing authorities, day care providers, hospital discharge planners/emergency rooms, and youth-serving organizations to increase community awareness of preventive health services.

Health Care Program for Children in Foster Care

1. Inform and assist child/youth in foster care and foster care providers with the need to obtain preventive health services within 30 days of placement.

2. Inform and assist child/youth and foster care providers with the need for support services such as finding appropriate resources and scheduling appointments for medical, dental, mental health and developmental services.

3. Promote an understanding of the need to maintain a link to health care services provided through the Child Health and Disability Prevention, Medi-Cal, and Denti-Cal programs.

Function 2 – SPMP Administrative Medical Case Management

This function is to be used only by SPMP when participating in medical reviews; assessing the necessity for, and types of, medical care associated with medical case management and case coordination activities required by individual Medi-Cal beneficiaries. Examples of activities included in this function are identified below.

California Children's Services

Use skilled professional medical expertise to:

1. Determine the medical rationale to ensure timely and appropriate medical follow-up.

2. Collect and interpret information regarding the applicant/client's medical status and his/her needs for medical services; conduct hospital-based utilization review activities to determine number of days for approval; identify resources and referrals needed to support a patient's care in the home for his/her medical condition.

3. Initiate a proactive medical case management plan, including a review of the adequacy and availability of medical services for the applicant/client and participation in medical case management conferences to coordinate medical service needs and program benefits.

4. Assist medical, dental and other health care providers including those not previously enrolled as Medi-Cal/Denti-Cal/CCS providers, to obtain EPSDT Supplemental Services for their clients when needed.

5. Review literature and research articles to determine eligibility and/or benefits relating to a client's specific medical condition.

6. Review complex physician billing and making fee determinations.

7. Provide information on specialized medical program services available to medically high-risk children and their families.

8. Furnish medical opinions on decisions relating to adjudication of administrative appeals based on program medical eligibility and benefit laws, regulations, and policies.

9. Determine estimated cost of medical care for exceptional cases.

10. Determine the authorizations to be issued for medical services and benefits to paneled medical/allied health providers and vendors based on knowledge and application of program standards and county requirements.

Child Health and Disability Prevention Program

Use skilled professional medical expertise to:

1. Determine the medical rationale to ensure timely referral for medical and/or dental health assessments services.

2. Collect and interpret information regarding the applicant/client's health status and his/her needs for preventive health services; explain the significance of actual and suspected medical conditions to clients and their families; identify resources and encourage clients to follow up on medical, dental, nutritional, and mental health conditions found during health assessment screens.

3. Participate in medical case conferencing with other agencies regarding client's medical condition to coordinate medical services needs and program benefits including a review of the adequacy and availability of medical services for the applicant/client.

4. Assist medical, dental, and other health care providers including those not previously enrolled as Medi-Cal/Denti-Cal providers, to obtain EPSDT Supplemental Services for their clients when needed.

5. Review professional literature and research articles to determine eligibility and/or benefits relating to a client's health care services needs and specific medical/health conditions.

6. Review complex physician billing and making fee determinations.

7. Provide information on specialized medical program services available to medically high-risk children and their families.

8. Furnish medical opinions on program standards, based on laws, regulations, and policies.

Health Care Program for Children in Foster Care

Use skilled professional medical expertise to:

1. Inform caseworkers, foster care providers, judicial court officers, health care providers, etc. about the preventive health services and special medical needs of the client and services available through CHDP, CCS, and other agencies to address those needs.

2. Collect and interpret information regarding the client's health status and his/her needs for services to caseworkers, foster care providers, judicial court officers, health care providers; explain the significance of actual and suspected medical conditions to clients, caseworkers, foster care providers and others; identify resources and assist clients, their caseworkers and foster care providers in obtaining comprehensive assessments and treatment services.

3. Evaluate and prioritize the client's medical and health care needs based on information obtained from court interviews of biological parents, medical and school record reviews, and other medical documentation, etc.

4. Consult with the caseworker, foster care provider, and health care provider to develop and update a health plan in the client's case plan.

5. Provide follow-up consultation on changes in health status, service needs, and effectiveness of services provided to promote continuity of care.

6. Collaborate with the caseworker, biological parent and foster care provider to ensure that all necessary medical/health care information is available to those responsible for providing health care for the client, including the Health and Education Passport or its equivalent.

7. Review the client's health plan with the caseworker as needed and at least every six months.

8. Participate in multi-disciplinary team conferences with other members of the foster care team regarding the medical and health care services needs of the clients.

9. Assist medical, dental, mental health, and other health care providers including those not previously enrolled as Medi-Cal/Denti-Cal/CCS providers, to obtain EPSDT Supplemental Services for their clients when needed.

10. Review professional literature and research articles to determine eligibility and/or benefits relating to a client's health care services needs and specific medical/health conditions.

11. Interpret medical information on specialized health services for medically high-risk clients and assist the caseworkers and foster care providers to obtain referrals for necessary services.

12. Interpret the medical, dental, mental health, and developmental needs of the client leaving foster care, consult with the client and caseworker regarding the availability of health care coverage and community resources to meet the client's needs upon emancipation.

13. Consult PHN to PHN regarding the medical and health needs of clients placed outside of their county of jurisdiction or transferred to a new county of jurisdiction.

Function 3 – SPMP Intra/Interagency Coordination, Collaboration, and Administration

This function is to be used only by SPMP when performing collaborative activities that involve planning and resource development with other agencies which will improve the cost effectiveness of the health care delivery system and improve availability of medical services. Examples of activities included in this function are identified below.

California Children's Services

Use skilled professional medical expertise and program knowledge to:

1. Collaborate with physician groups, health department staff (e.g., public health nurses), CHDP, WIC, school nurses, hospital, and managed care professional staff to improve the availability and use of medical services.

2. In counties with managed care plans, assist plans/providers in developing strategies to increase appropriate utilization of medical services for their enrollees.

3. Provide CCS program consultation and technical assistance to the medical provider network, and other health care service providers.

Child Health and Disability Prevention Program

Use skilled professional medical expertise and program knowledge to:

1. Collaborate with physician groups, health department staff (e.g., public health nurses), CHDP, WIC, school nurses, hospital, and managed care professional staff to improve the availability and use of medical services.

2. In counties with managed care plans, assist plans/providers in developing strategies to increase appropriate utilization of medical services for their enrollees.

3. Provide CHDP program and CHDP Gateway consultation and technical assistance to the medical provider network, and other health care service providers.

4. Interpret the medical aspects of CHDP, including the CHDP Health Assessment Guidelines, to recruit and maintain medically qualified providers.

5. Recruit Denti-Cal providers as providers of dental services for the CHDP target population.

6. Participate on child health boards and commissions to appropriately interpret the medical components of the CHDP program.

7. Assure medical input into the development of the health component of Head Start and social services interagency agreement and assure qualified practitioners appropriately provide medically related services.

8. Provide a liaison with public and private schools to assure the delivery of health assessment services to school age children.

Health Care Program for Children in Foster Care

Use skilled professional medical expertise and program knowledge to:

1. Collaborate with caseworkers, medical, dental, mental and developmental health providers, Independent Living Skills Program coordinators, foster care providers, Foster Family Agencies, Group Homes, health department staff (e.g., public health nurses), CHDP, WIC, school nurses, hospital, and managed care professional staff to improve the availability and use of medical services.

2. In counties with managed care plans, assist plans/providers in developing strategies to increase appropriate utilization of medical services for their enrollees who are in foster care.

3. Interpret the health care needs of clients in foster care to the medical provider network, other health care service providers, caseworkers, juvenile court officers, and foster care providers.

4. Evaluate the adequacy, accessibility and availability of the referral network for health care services. Collaborate with CHDP, CCS, and other health services programs to recruit qualified providers.

5. Participate on advisory boards and commissions to interpret the health care services needs of clients in foster care.

6. Assure medical input into the negotiation, implementation, and monitoring of the PHN role and activities as outlined in the HCPCFC Memorandum of Understanding with the local departments of social services and probation.

7. Coordinate and network with other programs/services such as WIC, immunization, oral health, mental health, lead poisoning and injury prevention, Independent Living Skills Program, Transitional Housing program, etc. on behalf of the medical needs of clients in foster care.

8. Participate in coordination activities to develop the medical and health care services role of the public health nursing program in foster care in relation to other agencies such as Regional Centers, Medi-Cal field offices, local education agencies (LEAs), public health agencies (including maternal, child, and adolescent health services), Medi-Cal Managed Care Plans, hospitals, and CCS Special Care Centers.

Function 4 – Non-SPMP Intra/Interagency Coordination, Collaboration, and Administration

This function is to be used by non-SPMP staff when performing activities that are related to program planning functions, including collaborative and intra/interagency coordination activities. Examples of activities included in this function are identified below.

California Children's Services

1. Participate in coordination activities to develop the program in relation to other agencies such as Regional Centers, Medi-Cal field offices, local education agencies, public health agencies (including maternal, child, and adolescent health services), Medi-Cal Managed Care Programs, hospitals, and special care centers.

Child Health and Disability Prevention Program

1. Participate in coordination activities to develop the program in relation to other agencies such as Regional Centers, Medi-Cal field offices, local education agencies, public health agencies (including maternal, child and adolescent health services), Medi-Cal Managed Health Care Programs.

2. Negotiate, implement, and monitor the Interagency Agreement with the local social services department.

3. Coordinate/network with other programs/services such as WIC immunization, oral health, child abuse, and injury prevention.

4. Provide lists of CHDP providers to Head Start/State Preschool programs.

Function 5 – Program Specific Administration

This function is to be used by all staff when performing activities that are related to program specific administration, which are identifiable and directly charged to the program. Examples of activities included in this function are identified below.

California Children's Services

1. Participate in multi-year planning to develop goals, objectives, activities, and evaluation tools in order to measure outcomes.

2. Review CCS data, and analyze and utilize in program-related needs assessments, program planning, and evaluation.

3. Develop, monitor, and revise yearly budgets to implement program plan within program appropriations in accordance with CMS Plan and Fiscal Guidelines.

4. Recruit, orient, supervise, and evaluate personnel responsible for implementing the CCS program according to the Staffing Standards.

5. Assure that CCS funded personnel perform only allowable functions, audit trail is maintained for all expenditures, and staff complete time studies a minimum of one month a quarter and retain on file.

6. Develop and review program standards, regulations, policies, procedures, and health-related educational materials.

7. Develop, maintain, and analyze management information system.

8. Review literature and research articles to apply up-to-date knowledge in delivery of health care services.

9. Analyze and/or review program-related legislation.

10. Formulate and apply program administrative policies.

11. Evaluate fiscal procedures related to the program.

12. Prepare program-related reports, documents, and correspondence.

13. Develop and distribute program specific information including procedure manuals and brochures.

Child Health and Disability Prevention Program

1. Participate in multi-year planning to develop goals, objectives, activities, and evaluation tools in order to measure outcomes.

2. Review CHDP and CHDP Gateway data, and analyze and utilize in program-related needs assessments, program planning, and evaluation.

3. Develop, monitor, and revise yearly budgets to implement program plan within program allocations in accordance with CMS Plan and Fiscal Guidelines.

4. Recruit, orient, supervise, and evaluate personnel responsible for implementing the CHDP program.

5. Assure that CHDP/EPSDT funded personnel perform only allowable functions, audit trail is maintained for all expenditures, and staff complete time studies a minimum of one month a quarter and retain on file.

6. Develop and review program standards, regulations, policies, procedures, health-related educational materials.

7. Develop, maintain, and analyze management information system.

8. Review literature and research articles to apply up-to-date knowledge in delivery of health care services.

9. Analyze and/or review program-related legislation.

10. Formulate and apply program administrative policies.

11. Evaluate fiscal procedures related to the program.

12. Prepare program-related reports, documents, and correspondence.

13. Maintain current list of CHDP medical and dental providers.

14. Develop and distribute program specific information including manuals and brochures.

Health Care Program for Children in Foster Care

1. Participate in multi-year planning to develop goals, objectives, activities, and evaluation tools in order to measure outcomes.

2. Review and use HCPCFC data in program planning and evaluation.

3. Develop, monitor, and revise annual budgets within program appropriations, in accordance with CMS Plan and Fiscal Guidelines.

4. Recruit and evaluate PHN personnel responsible for implementing the HCPCFC program in accordance with the Welfare and Institutions Code, Sec.16501.3 and the HCPCFC Model Scope of Work activities.

5. Assure that HCPCFC funded PHN personnel perform only allowable functions and complete time studies a minimum of one month a quarter. Assure that an audit trail is maintained and all appropriate documentation is retained on file.

6. Develop and review program standards, regulations, policies and procedures.

7. Assure that the Health and Education Passport or its equivalent is present and updated as necessary.

8. Develop and use management information systems for local program planning and evaluation.

9. Evaluate the impact of the PHN on the foster care team and the health status of clients in foster care.

10. Use data systems such as the CWS/CMS to assist with program planning and evaluation.

11. Review literature and research articles relating to foster care systems, services, and special health care needs but not specifically requiring skilled professional medical expertise.

12. Analyze and/or review program-related legislation.

13. Formulate and apply program administrative policies.

14. Evaluate fiscal procedures related to the program.

15. Prepare program-related reports, documents, and correspondence.

16. Maintain a current list of CHDP providers, dental, mental health and specialty providers who will care for clients in foster care

17. Develop and distribute program specific information including brochures and general health services information.

Function 6 – SPMP Training

This function is to be used only when training is provided for or by SPMP and only when the training activities directly relate to the SPMP's performance of specifically allowable SPMP administrative activities. Examples of activities included in this function are identified below.

California Children's Services

Use skilled professional medical expertise and program knowledge to:

1. Develop, conduct, and/or participate in training health care professionals on the program medical eligibility requirements and medical services, including but not limited to, physicians, registered nurses, medical social workers, physical therapists, occupational therapists, and dietitians, including Medi-Cal managed care plan providers.

2. Develop, conduct, and/or participate in county, regional, and state-conducted medical training sessions/meetings and include those Managed Care providers under contract with Medi-Cal.

3. Attend professional education programs relevant to the role of the medical professional and/or to medical administration of the program(s).

Child Health and Disability Prevention Program

Use skilled professional medical expertise and program knowledge to:

1. Develop, conduct, and/or participate in provider in-services and/or workshops and state-conducted medical training sessions/meetings.

2. Attend professional education programs relevant to the role of the medical professional and/or medical administration of the program(s).

Health Care Program for Children in Foster Care

Use skilled professional medical expertise and program knowledge to:

1. Develop, conduct, and/or participate in training health care professionals on the medical/health aspects of the HCPCFC including special health care services needs of the clients in foster care, standards of care, guidelines for best practices, etc.

2. Develop, conduct, and/or participate in county, regional, and state-conducted medical/health training sessions/meetings for caseworkers, juvenile court officers, and foster care providers on issues related to the health care needs of clients in foster care.

3. Attend professional education programs relevant to the role of the medical professional and/or the medical administration of the program.

4. Attend training on reviewing and interpreting health information that can be entered in the CWS/CMS as documentation of medical and health information in the Health and Education Passport or its equivalent.

5. Provide health training and technical assistance to other agencies/programs that interface with the medical, dental, mental and developmental health care needs of the client in foster care.

6. Participate in training/education programs designed to improve the skill level of the individual staff member in meeting and serving the medical and health needs of the client in foster care.

Function 7 – Non-SPMP Training

This function is to be used by all staff when training relates to non-SPMP allowable administrative activities and to the medical care of clients. Examples of activities included in this function are identified below.

California Children's Services

1. Participate in program-required and/or county, regional, and statewide workshops, meetings, and educational sessions relating to the scope of program benefits and changes in program management.

2. Provide training and technical assistance to other agencies/programs that interface with the medical care needs of the applicant/client.

3. Participate in training/education programs to improve the skill level of the individual staff member in meeting and serving the medical needs of the applicant/client.

Child Health and Disability Prevention Program

1. Conduct in-service training for school staff on CHDP documentation requirements in such areas as first grade entry and current eligibility for CHDP services.

2. Orient all appropriate health, welfare, and probation workers on CHDP requirements and services.

3. Provide training to ensure children who may be eligible are informed of CHDP in appropriate language, provided brochures, and asked if medical, dental, and/or support services are wanted, and that their responses are documented.

4. Periodically observe eligibility workers (EWs) during the CHDP informing process, and based on observations, provide annual updated training and informing materials consistent with federal informing requirements.

5. Conduct and attend educational programs relevant to the scope of services administered by the program.

6. Participate in training/education programs to improve the skill level of the individual staff member in meeting and serving the medical needs of the applicant/client.

7. Conduct training sessions for providers on claiming for CHDP services, CHDP program policy and regulations.

Health Care Program for Children in Foster Care

1. Participate in program-required and/or county, regional, and statewide workshops, meetings, and educational sessions relating to the scope of program benefits and changes in program management.

2. Provide program information to caseworkers, juvenile court officers, foster care providers, foster family agencies, group homes, and other service agencies on the public health nursing services available through the HCPCFC.

Function 8 – SPMP Program Planning and Policy Development

This function is to be used only for SPMP and only when performing program planning and policy development activities. The SPMP's tasks must officially involve program planning and policy development, and those tasks must be identified in the employee's position description/duty statement. Examples of activities included in this function are identified below.

California Children's Services

Use skilled professional medical expertise and program knowledge to:

1. Develop medical procedures and protocols for the delivery and coordination of CCS services.

2. Recruit and maintain medical provider resources required to meet the medical needs for the program's population.

3. Inform individual providers and special care center medical staff of medical responsibilities necessary to achieve and maintain CCS panel status.

4. Develop educational resources regarding CCS services and benefits for use by patients/families, providers, and community agencies.

5. Develop and review medically related regulations, policies and procedures, and other health care service standards.

6. Interpret CCS program standards and policy letters to physicians and other health care professionals.

Child Health and Disability Prevention Program

Use skilled professional medical expertise and program knowledge to:

1. Develop and test health education materials related to preventive health services.

2. Develop standards for resolving clinical practice issues.

3. Write medical procedures, and protocols for the delivery and coordination of CHDP services.

4. Draft, analyze, and review medical implications of legislation.

5. Review medical literature and research articles to apply up-to-date knowledge in the delivery of health care services.

6. Develop medical strategies needed to incorporate CHDP preventive services into on-going medical and dental care.

Health Care Program for Children in Foster Care

Use skilled professional medical expertise and program knowledge to:

1. Review medical and social services literature and research articles, requiring medical expertise, with a focus on clinical issues, health care service delivery, and ongoing evaluation of the health care needs of clients in foster care.

2. Develop medical/ health related procedures, protocols, and guidelines for the delivery and coordination of HCPCFC services.

3. Participate in the development and review of medically related policies, procedures, and other health care service standards.

4. Recruit and maintain health care provider resources to meet the medical/health care needs for the program's population.

5. Develop medical/health-related strategies needed to incorporate CHDP, AAP preventive health services into on-going medical, dental, mental health and developmental services.

6. Develop standards and statements of guidance for resolving clinical practice issues.

7. Provide supervision and evaluation of the PHN(s) in the performance of their professional program activities.

8. Review, analyze and develop legislation impacting the medical and health care services for clients in foster care.

Function 9 – Quality Management by Skilled Professional Medical Personnel

This function is to be used only by SPMP and only when performing quality management activities such as monitoring the authorization for medical services (utilization review) process, ongoing program assessment and evaluation, and the development of standards and protocols. Examples of activities included in this function are identified below.

California Children's Services

Use skilled professional medical expertise and program knowledge to:

1. Conduct site reviews and perform other activities necessary to complete the CCS approval process for hospitals, special care centers, and satellite centers.

2. Develop the CCS utilization review teams necessary to carry out the utilization review activities.

3. Identify and implement quality management procedures relating to the medical services aspect of the program that would cover such areas as: authorization of health care services, appropriateness of health care delivery, etc.

4. In those counties with Medi-Cal Managed Care Plans, develop and monitor MOUs with managed care contractors according to the guidelines distributed by the CCS program. Assure that providers caring for children have implemented the tracking and case management processes expressed in the MOU.

5. Conduct medical data analysis to determine adequacy and effectiveness of current standards/practices, identify gaps in services, problems with utilization of resources, need for services/benefits not currently available, etc.

6. Perform concurrent utilization review at acute hospital facilities; ensure the appropriateness/level of care and quality of care provided.

7. Perform county, regional, and state program reviews; evaluate performance, attainment of goals/ objectives, measure outcomes, etc.

8. Develop and utilize medical criteria to review claims, reporting forms, and client charts for the purpose of evaluating the appropriateness and adequacy of medical and allied professional health care.

9. Assess provider qualifications to achieve/ maintain CCS panel status.

10. Develop and utilize criteria to assess services of providers, including medical professional, special care centers, hospitals, and other clinical settings (e.g., MTU, surgicenters).

Child Health and Disability Prevention Program

Use skilled professional medical expertise and program knowledge to:

1. Develop and utilize medical criteria to assess provider qualifications and evidence of quality care.

2. Develop and utilize medical criteria to review claims, reporting forms, and individual medical charts for the purpose of determining appropriateness of medical care.

3. Identify and implement quality management procedures relating to the medical service aspects of the program.

4. Conduct site reviews and chart audits to assure quality exams according to periodicity, calibrated equipment, and appropriately-stored vaccines.

5. Assure that providers caring for children have implemented the follow up to diagnosis and treatment or case management processes expressed in their provider agreement.

6. Review data reports on provider specific assessments of children. Address issues with provider.

7. In those counties with Medi-Cal Managed Care, monitor MOUs with managed care contractors according to the guidelines distributed by the CHDP program.

Health Care Program for Children in Foster Care

Use skilled professional medical expertise and program knowledge to:

1. Conduct joint reviews of case records for documentation of medical, dental and health care services with child welfare services agencies and probation departments.

2. Develop and implement a plan for the evaluation of the impact of the PHN component of the foster care team.

3. Develop and utilize medical criteria to determine evidence of quality care for clients in foster care.

4. Establish baseline data for evaluating the medical, dental and health care services provided to clients in foster care.

Function 10 – Non-Program Specific General Administration

California Children's Services, Child Health and Disability Prevention Program, and Health Care Program for Children in Foster Care

1. Review departmental and unit procedures not related to program administration.

2. Formulate and apply administrative policies.

3. Evaluate fiscal procedures.

4. Develop budgets and monitor use of program funds

5. Prepare reports, documents, and correspondence.

6. Draft, analyze, and/or review legislation.

7. Review literature and research articles.

8. Attend non-program related staff meetings.

9. Direct recruitment, selection, and hiring process - not program specific.

10. Provide and attend non-program specific in-service orientation and other staff development activities.

11. Provide general supervision of staff, including supervision of intern students.

12. Provide general clerical support.

Function 11 – Other Activities

California Children's Services, Child Health and Disability Prevention Program, and Health Care Program for Children in Foster Care

1. Develop funding proposals which do not benefit the Medi-Cal population.

2. Coordinate or participate in research activities which do not benefit the Medi-Cal population.

3. Write grants for federal funding which do not benefit the Medi-Cal population.

4. Participate in health promotion activities for agency employees.

5. Provide related services which can be billed as fee-for-service to Medi-Cal, other State programs, private insurance, the patient, or the county health department, including but not limited to:

    a. Health status monitoring

    b. Direct clinical/treatment services

    c. Individual or group therapy

    d. Developmental assessments

    e. Mental status assessments and examinations

    f. Medical screening services

    g. Counseling services

    h. Targeted case management

    i. Services provided in a Medical Therapy Unit (MTU) such as physical and occupational therapy

Function 12 – Paid Time Off

This function is to be used by all staff to record usage of paid leave, holiday, vacation, sick leave, etc. Do not record on the time study lunchtime, dock time, absence without pay, and use of compensated/certified time off (CTO).

Federal Financial Participation Form and Excel File Instructions

There are two parts to calculating FFP for use in quarterly program invoices:

1. Time study activity recording (through the use of forms)

2. Entering time study data into the FFP calculation file worksheets.

After these steps have been taken the resultant information on the FFP Table from the file can be entered on the quarterly invoice.

Time Study Forms

Two sample forms are included in the FFP file. One captures an entire time study period of one. The other is for use on a weekly basis so each time study period would require 4-5 weekly forms. These specific forms are optional. However, regardless of the time study form that is used, it must contain the following information:

1. Name of staff,

2. Time Study Period,

3. All time the staff is reimbursed for,

4. Clearly identified function codes in 30 minute increments,

5. Each function code identified with a Program code, and

6. Each time study signed by a supervisor-verifying accuracy of the time study.

The following instructions relate to the two sample forms.

Monthly Form

This option utilizes the form entitled **Time Study Survey for FFP Program Claiming**. The Centers for Medicare and Medicaid Services (CMS) has given the states the option of documenting the activities done during a time study month by grouping the functions in one-hour increments and summarizing them on a monthly form. Instructions are as follows:

Step 1 Complete the header information, time study period (Month/Year), employee name, position/employee number, personnel classification, agency name, unit name, and location of employee.

Step 2 Identify the program to be assigned to each letter in the Program Coding Scheme.

Step 3 Enter all the work dates included in the time study month.

Step 4 At the end of each day, summarize the number of hours worked by function and program code (across). Total the time at the bottom of the column and verify that the total documented equals the time actually worked.

Step 5 If using the FFP Calculation file furnished by the Children's Medical Services Branch, go to Option 2, Step 5. If not using the FFP Calculation file, transfer rows totals by program to Summary Information at bottom and group by enhanced, non-enhanced, non-claimable, and allocated costs. Perform necessary calculations and prepare invoice.

Step 6 The supervisor of each staff must sign the time study document, attesting to the accuracy and validity of the time study.

Weekly Form

This option utilizes the form entitled **Weekly Time Study for Federal Financial Participation** and provides a format for each employee to document their program time in 30 minute increments. Employees complete one of these forms for each week in the time study period.

Step 1 Complete the header information; time study period (Month/Year), employee name, job title, and location of employee and time base.

Step 2 Identify the program to be assigned to each letter in the Program Code Scheme and dates.

Step 3 Enter all dates in the time study week.

Step 4 Indicate the time worked identified by function and program code (see example). At the end of the week, total the daily information by program and function code in the Summary Information box. The totals of the Summary Information and daily computations are joined by an arrow and should match.

Step 5 The supervisor of each staff must sign the time study document, attesting to the accuracy and validity of the time study.

FFP Calculations

While the forms to record FFP are optional, the calculations of the appropriate amounts of FFP to require the use of the CMS-FFP Excel file. In order to perform the necessary calculations use the following instructions:

Step 6 Pull up the file named **FFP_CALC** in Microsoft Excel format.

Step 7 The spreadsheet is divided into three worksheets. They are: **Employee Info**, **Enter Data**, and **Report**. Click the tab labeled **Employee Info**.

Line 1 Enter the time study period.

Line 2 Enter the name of the employee name.

Line 3 Enter the employee's job classification.

Line 4 Indicate if this person is a Skilled Medical Professional by erasing either the **Yes** or **No**.

Line 5 Enter the name of each program according to the designation on the staff time study (this may vary person to person).

Line 6 Enter the FFP factor for each program claiming Title XIX matching dollars (for information on determining the Medi-Cal factor, contact your Administrative Consultant).

Step 8 Click on the tab labeled **Enter Data**. If you use the weekly time studies, transfer the information from the Summary Information to the appropriate column in each table. (If you use some other form [such as the monthly form], enter information into the column headed **Manual Entry of Totals**). Note that the allocated functions (10 and 12) are listed on the first table and are not associated with any specific program.

Step 9 Click on the tab labeled **Report**. All information for completing the quarterly invoice is shown on this worksheet. This report should be printed and kept with the time study and supporting documentation in the FFP audit file.

Step 10 The percentages identified on the report are the ones to use for each individual listed on the budget when invoicing.

1	Time Study Period:	
2	Name of Employee:	
3	Classification:	
4	SPMP?:	

5 Enter Salary and Benefit Information Below if you **do not** identify Program hours on daily Time-Cards.

Quarter's Total Salary:	
Quarter's Total Benefits:	

OR

6 Enter Salary and Benefit Information below if you identify Program hours on daily Time-Cards for the entire invoice period.

Program A Salary:	
Program A Benefits:	
Program B Salary:	
Program B Benefits:	
Program C Salary:	
Program C Benefits:	
Program D Salary:	
Program D Benefits:	
Program E Salary:	
Program E Benefits:	
Program F Salary:	
Program F Benefits:	

7 For purposes of claiming federal match, indicate the **average** percentage of clients in the target population for each program who are Medi-Cal eligibles.

Program A:		**Program D:**	
Program B:		**Program E:**	
Program C:		**Program F:**	

Monthly Summary of FFP Time Study Information

This information is entered from the weekly or monthly time study document.

Allocated Functions

Function Code	Week 1	Week 2	Week 3	Week 4	Week 5	Manual Entry of Mo. Totals	Total
10							
12							

Program A

Function Code	Week 1	Week 2	Week 3	Week 4	Week 5	Manual Entry of Mo. Totals	Total
1							
2							
3							
4							
5							
6							
7							
8							
9							
11							

Program B

Function Code	Week 1	Week 2	Week 3	Week 4	Week 5	Manual Entry of Mo. Totals	Total
1							
2							
3							
4							
5							
6							
7							
8							
9							
11							

Program C

Function Code	Week 1	Week 2	Week 3	Week 4	Week 5	Manual Entry of Mo. Totals	Total
1							
2							
3							
4							
5							
6							
7							
8							
9							
11							

Program D

Function Code	Week 1	Week 2	Week 3	Week 4	Week 5	Manual Entry of Mo. Totals	Total
1							
2							
3							
4							
5							
6							
7							
8							
9							
11							

Program E

Function Code	Week 1	Week 2	Week 3	Week 4	Week 5	Manual Entry of Mo. Totals	Total
1							
2							
3							
4							
5							
6							
7							
8							
9							
11							

Program F

Function Code	Week 1	Week 2	Week 3	Week 4	Week 5	Manual Entry of Mo. Totals	Total
1							
2							
3							
4							
5							
6							
7							
8							
9							
11							

FFP Time-Study Calculations

Monthly Summary of Hours by Program

	Program A	Program B	Program C	Program D	Program E	Program F	Allocated Functions	Total Hours By Function
1	0.0	0.0	0.0	0.0	0.0	0.0		0.0
2	0.0	0.0	0.0	0.0	0.0	0.0		0.0
3	0.0	0.0	0.0	0.0	0.0	0.0		0.0
4	0.0	0.0	0.0	0.0	0.0	0.0		0.0
5	0.0	0.0	0.0	0.0	0.0	0.0		0.0
6	0.0	0.0	0.0	0.0	0.0	0.0		0.0
7	0.0	0.0	0.0	0.0	0.0	0.0		0.0
8	0.0	0.0	0.0	0.0	0.0	0.0		0.0
9	0.0	0.0	0.0	0.0	0.0	0.0		0.0
10							0.0	0.0
11	0.0	0.0	0.0	0.0	0.0	0.0		0.0
12							0.0	0.0
Totals	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

	I. TOTAL HOURS from above table	II. PERCENT OF HOURS Col. I / total dist Col. I	III. ALLOCATE PAID TIME OFF HOURS Col. II x Pd time off	IV. TOTAL HOURS Col. I + Col. III	V. PERCENT OF TOTAL IV. Col. IV/ total of Col. IV	VI. PERCENT OF GEN ADMIN	VII. ALLOCATE GEN ADMIN HRS	VIII. TOTAL DIR AND ALLOC HOURS Col. IV+VII	IX. PERCENT TO DISTRIBUTE COSTS Col. VIII/total Col. VIII	X. DISTRIBUTE SALARY Col. IX x Salary	XI. DISTRIBUTE BENEFITS Col. IX x Benefits	XI. DISTRIBUTE SALARY (TS info only)	XI. DISTRIBUTE BENEFITS (TS info only)	IX. PERCENT TO DISTRIBUTE COSTS Col. VIII/total Col. VIII
ENHANCED														
Program A	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Program B	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Program C	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Program D	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Program E	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Program F	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
NON-ENHANCED				0.0		Enh+Non-Enh from Col. V	Col. VI x New Gen admin hrs.							
Program A	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Program B	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Program C	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Program D	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Program E	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Program F	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
NON-CLAIMABLE				0.0		non-claimable from Col. V								
Program A	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Program B	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Program C	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Program D	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Program E	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Program F	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
GENERAL ADMIN	0.0	#DIV/0!	#DIV/0!				#DIV/0!							
TOTAL FOR DISTRIBUTION	0.0	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	New Gen Admin total hrs Col. I + Col. III	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
PAID TIME OFF	0.0		#DIV/0!											
TOTAL HOURS FOR MONTH	0.0													

Time Study Period: January-00
Name of Employee: 0
Classification: 0

The following percentages have been generated for each program:
(For use by agencies **with** daily record of program time for the entire invoice period)

	Enhanced	Non-Enhanced	Not Claimable	Total	Salary	Benefits
Program A	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$0.00	$0.00
Program B	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$0.00	$0.00
Program C	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$0.00	$0.00
Program D	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$0.00	$0.00
Program E	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$0.00	$0.00
Program F	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$0.00	$0.00
Total					$0.00	$0.00

Total time spent in each program:
(For use by agencies **without** daily record of program time for entire invoice period)

	Percentage of time worked in Program	Salary	Benefits
Program A	0.0%	$0.00	$0.00
Program B	0.0%	$0.00	$0.00
Program C	0.0%	$0.00	$0.00
Program D	0.0%	$0.00	$0.00
Program E	0.0%	$0.00	$0.00
Program F	0.0%	$0.00	$0.00
	0.0%	$0.00	$0.00