California School-Based SMAA Manual
SECTION 5
Activity Codes: Descriptions and Examples

Introduction

When a Time Survey Participant (TSP) performs duties related to the proper administration of the California Medi-Cal program, federal funds may be drawn as reimbursement for the appropriate proportion of salary, benefit, and other costs of providing allowable administrative activities and direct medical services. To identify the cost of providing these activities, a time survey must be conducted. The time survey identifies the staff time and subsequent costs spent on performing Medi-Cal administrative activities and direct medical services that are allowable and reimbursable under the Medi-Cal program. The following coding scheme is utilized to determine the appropriate allocation of a TSP's time.

Time Survey Activities and Codes. The table on the following page illustrates whether the code is eligible for reimbursement under the specified school-based program, to what extent the code is allowable, and if the Medi-Cal Percentage must be applied.

> **Application of FFP rate of 50 percent.** Refers to an activity that is allowable under the Medi-Cal program and claimable at the 50-percent FFP rate. Translation related to Medi-Cal Services is claimable at the 75-percent FFP rate (PM/75-percent FFP).

> **Unallowable Activities (U).** Refers to an activity that is unallowable under the school-based Medi-Cal programs, regardless of whether or not the population served includes Medi-Cal-eligible individuals.

> **Total Medi-Cal (TM).** Refers to an activity that is 100-percent allowable under the Medi-Cal program.

> **Proportional Medi-Cal (PM).** Refers to an activity that is allowable under the Medi-Cal program, but for which the allocable share of costs must be determined by applying the discounted or proportional Medi-Cal share (the Medi-Cal percentage). The Medi-Cal share is determined by calculating the ratio of Medi-Cal eligible students to total students.

> **Reallocated Activities (R).** Refers to those general administrative activities performed by time survey participants that must be reallocated across the other activity codes on a *pro rata* basis. These reallocated activities are reported under Code 16. Note that certain functions, such as payroll, maintaining inventories, developing budgets, and executive direction are considered overhead; therefore, they are only allowable through the application of an approved indirect cost rate.

Activity Code	Description	Allowable Program	Allowable Percent FFP
1	School-Related, Educational, and Other Activities	Unallowable	N/A
2A	Direct Medical Services - Billable	Unallowable	N/A
2Z	Direct Medical Services – Non-billable	Unallowable	N/A
3	Non-Medi-Cal Outreach	Unallowable	N/A
4	Medi-Cal Outreach	Administrative	TM/50-percent
5	Facilitating Application for Non-Medi-Cal Programs	Unallowable	N/A
6	Facilitating Medi-Cal Application	Administrative	TM/50-percent
7	Referral, Coordination, and Monitoring of Non-Medi-Cal Services	Unallowable	N/A
8	Referral, Coordination, and Monitoring of Medi-Cal Services	Administrative	PM/50-percent
9	Arranging Transportation for Non-Medi-Cal Services	Unallowable	N/A
10	Arranging Transportation in Support of Medi-Cal Services	Administrative	PM/50 percent
11	Non-Medi-Cal Translation	Unallowable	N/A
12	Translation Related to Medi-Cal Services	Administrative	PM/75-percent
13	Program Planning, Policy Development, and Interagency Coordination Related to Non-Medi-Cal Services	Unallowable	N/A
14	Program Planning, Policy Development, and Interagency Coordination Related to Medi-Cal Services	Administrative	PM/50 percent
15	Medi-Cal Claims Administration, Coordination, and Training	Administrative	TM/50-percent
16	General Administration/ Paid Time Off	Administrative and Direct Services	R
17	Not Working/Not Paid	Unallowable	N/A
18	Invalid Moment/No Response	Unallowable	N/A

CODE 1.   SCHOOL-RELATED, EDUCATIONAL, AND OTHER ACTIVITIES

This code should be used when TSPs perform school-related activities that are not health-related, such as social services, educational services, and teaching services, employment and job training. Examples are in the Code 1 versus Code 16 matrix, in Appendix F. Activities that are specific to education and students, particularly instructional, curriculum and student-focused areas (including attendance reports and all other student records), should be coded here. Included in Code 1 are supervisory activities (as it pertains to students) and travel related to these activities. These activities include the development, coordination, and monitoring of a student's education plan that are not health-related.

   a. Providing classroom instruction (including lesson planning).
   b. Testing, correcting papers.
   c. Compiling attendance reports.
   d. Performing activities that are specific to instructional, curriculum, student-focused areas, including those performed by health providers.
   e. Reviewing the education record for students who are new to the school.
   f. Providing general supervision of students (e.g., playground, lunchroom).
   g. Monitoring student academic achievement.
   h. Providing individualized instruction (e.g., math concepts) to special education students.
   i. Conducting external relations related to school educational issues/matters.
   j. Compiling report cards.
   k. Applying discipline activities.
   l. Performing clerical activities specific to instructional or curriculum areas.
   m. Compiling, preparing, and reviewing reports on textbooks or attendance.
   n. Enrolling new students or obtaining registration information.
   o. Conferring with students or parents about discipline, academic matters, or other school-related issues.
   p. Evaluating curriculum and instructional services, policies, and procedures.
   q. Participating in or presenting training related to curriculum or instruction (e.g., language arts workshop, computer instruction).
   r. Performing clerical activities specific to instructional or curriculum areas.
   s. Participating in or coordinating training that enhances IDEA child find activities.
   t. Developing, coordinating, and monitoring that the IEP is conducted, parental sign-off is obtained, the IEP meetings with the parents are scheduled, and the IEP is completed.
   u. Preparing for and providing behavior management principles to students.

CODE 2.   DIRECT MEDICAL SERVICES

This code is used when a direct medical service is provided to an individual. Direct medical services also include administrative 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, and patient and parent consultations). This code also includes pre- and post-time directly related to providing direct care services when the student is not present, including time to complete all paperwork related to the specific direct care service, such as preparation of progress notes and session notes; review of evaluation testing/observation; planning activities for the patient therapy session; travel to/from the treatment session; or completion of billing activities.

Code 2 may be assigned to a moment submitted by a TSP in either Pool 1 or Pool 2. If a direct medical service is provided by a Pool 2 TSP, it would be assigned to Code 2Z, non-billable direct medical services. For example, a response by a direct service practitioner in Pool 2 that they are assisting with a student therapy session during their random moment, would be coded to Code 2Z.

Code 2A Direct Medical Services

This code includes medically necessary direct medical services billable under the LEA BOP. Refer to the LEA Provider Manual for details on qualified rendering practitioners (Section *loc ed rend*). Examples of Code 2A include:

I.   Assessment services:
  a. The following activities are included in conducting an assessment:
      i.   Review student records, such as cumulative files, health history, and/or medical records.
      ii.   Interview the student and/or parent/guardian.
      iii. Observe the student in the classroom and other appropriate settings.
      iv. Schedule and administer psychosocial tests, developmental tests, and/or physical health assessments. Score and interpret test results, as applicable.
      v.   Write a report to summarize assessment results and recommendations for additional LEA services.
  b. Health screens, including vision, hearing, and other EPSDT screenings

II. Treatment services:
  a. Providing the following therapies:
      i.   Speech-language therapy
      ii.   Occupational therapy
      iii. Physical therapy
      iv. Respiratory therapy
  b. Mental health counseling, including substance abuse counseling and guidance

    c. Assistance with Activities of Daily Living (ADLs) to meet essential personal physical needs, such as dressing, toileting, transfers, positioning, mobility, grooming, use of assistive device and feeding.
    d. Nursing services and school health aide services, including specialized physical health care services such as catheterization, gastric tube feeding and suctioning
    e. Physician services
    f. Optometry services
    g. Audiology services, including hearing checks (fitting/orientation/checking of hearing aid)
    h. Orientation and mobility services (services to low vision or blind students)
    i. Nutritional services

III. <u>Targeted Case Management Services (TCM):</u>
    a. Comprehensive Assessment and Periodic Assessment of Individual Needs:
    b. Development of a Specific Care Plan:
        i. the goals/actions to address the medical, social, educational and service needs,
        ii. Includes meeting with the individual and parents/guardian to establish needs,
        iii. Includes activities for the active participation of the individual to develop those goals, and
        iv. Identifies a course of action to respond to the assessed needs of the individual.
    c. Referral and Related Activities:
        i. Activities that help link the individual with medical, social, educational providers or other programs and services that are capable of providing needed services in the care plan.
    d. Monitoring and Follow-Up Activities:
        i. Activities include making necessary adjustments in the care plan,
        ii. Periodic reviews to be completed at least every six months,
        iii. Activities and contacts to ensure the care plan is implemented to address needs:
           1. Services furnished in accordance with the individuals care plan,
           2. Services in the care plan are adequate, and
           3. Changes in the needs or status of the individual are reflected in the care plan.

Code 2Z.   Direct Medical Services Non-Billable to LEA BOP

This code includes <u>direct medical services, or an extension of a direct medical service, that are non-billable for reimbursement under the LEA BOP</u>. This includes, but is not limited to, the following services:

    a. Emergency CPR treatment and first aid
    b. Behavioral therapy provided by a Behavioral Interventionist for children with Autism Spectrum Disorder (ASD)

c.   Participation in IEP/IFSP Meetings
d.   Training a direct service practitioner on how to conduct a direct service
e.   Supervising a direct service, whether direct or indirect supervision
f.   Filling out LEA BOP administrative forms (not related to a student or service)
g.   Direct Services that are not medically necessary
h.   Direct Services provided by a TSP in Pool 2.

CODE 3.   NON-MEDI-CAL OUTREACH

This code should be used when TSPs perform activities that inform eligible or potentially eligible individuals about non-Medi-Cal social, vocational, and educational programs (including special education). Code 3 should also be used when informing eligible and potential eligible individuals about how to access the program, describing the range of benefits covered and how to obtain enrollment. Both written and oral methods may be used. Include related paperwork, clerical activities, or staff travel required to perform these activities, including initiating and responding to email and voicemail.

a.   Informing families about non-Medi-Cal wellness programs and how to access these programs (excluding EPSDT, Well Baby, or prenatal programs - see Code 4).
b.   Scheduling and promoting activities that educate individuals about the benefits of healthy life styles and healthy practices.
c.   Conducting general health education programs or campaigns addressed to the general population.
d.   Conducting outreach campaigns directed toward encouraging persons to access social, educational, legal, or other services not covered by Medi-Cal.
e.   Assisting in the early identification of children with special medical/mental health needs through various IDEA child find activities.
f.   Outreach activities in support of programs that are funded 100 percent by state general revenue.
g.   Participating in or coordinating training that improves the delivery of services for programs other than Medi-Cal.
h.   Participating in or coordinating training that enhances IDEA child find activities
i.   General preventive health education programs or campaigns addressed to life style changes in the general population (e.g. maintaining healthy teeth and gums, anti-smoking, alcohol abstinence, etc.)

CODE 4.   MEDI-CAL OUTREACH

This code should be used when TSPs perform activities that inform eligible or potentially eligible individuals about Medi-Cal programs and services and how to access them. Activities include: bringing potential eligibles into the Medi-Cal system for the purpose of determining eligibility and related paperwork, clerical activities, or staff travel required to perform these activities (including initiating and responding to email and voicemail). LEAs are only reimbursed when conducting outreach for the populations served by their schools (i.e., students and their parents or guardians). The following are examples of activities that are considered Medi-Cal outreach:

a. Providing information about Medi-Cal covered services and/or CHDP screenings (e.g., dental, vision) in the schools that will help identify medical conditions that can be corrected or improved by services through Medi-Cal.
b. Informing Medi-Cal eligible and potential Medi-Cal eligible children and families about the benefits and availability of services provided by Medi-Cal (including preventive, treatment, and screening), including services provided through the EPSDT program.
c. Informing children and their families on how to effectively access, use, and maintain participation in all health resources under the federal Medi-Cal program.
d. Assisting in the early identification of children who could benefit from the health services provided by Medi-Cal as part of a Medi-Cal outreach campaign. Not claimable are child find activities that are required under Special Education regulations (use Code 3 Non-Medi-Cal Outreach).
e. Contacting pregnant and parenting teenagers about the availability of Medi-Cal prenatal and well-baby care programs and services.
f. Conducting a family planning health education outreach program or campaign if it is targeted specifically to family planning Medi-Cal services that are offered to Medi-Cal eligible individuals.
g. Participating in/or coordinating outreach trainings that improve access to Medi-Cal services.
h. Providing information regarding Medi-Cal managed care programs and health plans to individuals and families and how to access that system.

NOTE: LEAs must submit to DHCS, for approval, all outreach material that provides any information related to activities identified in bullets a-h above. Only distribution of DHCS approved outreach materials shall qualify as an SMAA reimbursable activity. Resource lists that provide contact information for local health facilities do not require DHCS approval, but do qualify for distribution as outreach material. All outreach material must be submitted for approval to the SMAA email box at SMAA@DHCS.CA.GOV. All material will be reviewed for approval within 30 days of submission, and the LEC/LGA will be notified.

Activities that are not considered Medi-Cal outreach under any circumstances are:

- General preventive health education programs or campaigns addressed to life- style changes in the general population (e.g., maintaining healthy teeth and gums, anti-smoking, alcohol abstinence, etc.),
- Outreach campaigns directed toward encouraging persons to access social, educational, legal, or other services not covered by Medi-Cal.

NOTE: These activities would be considered Non-Medi-Cal outreach - See code 3.

CODE 5.   FACILITATING APPLICATION FOR NON-MEDI-CAL PROGRAMS

This code should be used when TSPs inform an individual and/or family about programs such as CalWORKs, Food Stamps, WIC, childcare, legal aid and other social or educational programs, and referring them to the appropriate agency to complete the application. Include related paperwork, clerical activities, or staff travel required to perform these activities, including initiating and responding to email and voicemail.

   a. Explaining the eligibility process for non Medi-Cal programs.
   b. Assisting the individual or family in collecting/gathering information and documents for the non-Medi-Cal program application.
   c. Assisting the individual or family in completing the application.
   d. Developing and verifying initial and continuing eligibility for the National School Lunch Program.
   e. Using client information from Medi-Cal to facilitate the National School Lunch Program application process.

CODE 6.   FACILITATING THE MEDI-CAL APPLICATION

This code should be used when TSPs assist an individual and/or family in becoming eligible for Medi-Cal insurance. Include related, paperwork, clerical activities, or staff travel required to perform these activities, including initiating and responding to email and voicemail. This activity does not include the actual determination of Medi-Cal eligibility.

   a. Verifying an individual's current Medi-Cal eligibility status for the purposes of the Medi-Cal program.
   b. Explaining Medi-Cal eligibility rules and the Medi-Cal eligibility process to prospective applicants.
   c. Assisting individuals or families to complete a Medi-Cal application.
   d. Gathering information related to the application and eligibility determination for an individual, including resource information and transaction processing language information, as a prelude to submitting a formal Medi-Cal insurance application.
   e. Providing necessary forms and packaging all forms in preparation for the Medi-Cal eligibility determination.
   f. Referring an individual or family to the local Medi-Cal eligibility office to complete the application for Medi-Cal insurance.
   g. Assisting the individual or family in collecting/gathering required information and documents for the Medi-Cal/Covered CA insurance application.
   h. Participating as a Medi-Cal eligibility outreach outstation, but does not include determining eligibility.
   i. Using client information gathered from various programs such as the CHDP Program and the Free and Reduced Lunch Program to facilitate the Medi-Cal application process to expand enrollment into Medi-Cal programs and services.

CODE 7.   REFERRAL, COORDINATION, AND MONITORING OF NON-MEDI-CAL SERVICES

This code should be used when TSPs are making referrals for, coordinating, and/or monitoring the delivery of non Medi-Cal services, such as educational services. Include related paperwork, clerical activities, or staff travel required to perform these activities, including initiating and responding to email and voicemail.

a. Making referrals for and coordinating access to social and educational services such as childcare, employment, job training, and housing.

b. Making referrals for, coordinating, and/or monitoring the delivery of scholastic, vocational, and other non-health-related examinations including making referrals to community organizations (i.e. Lions club for glasses). Gathering any information that may be required in advance of these non-Medi-Cal related referrals.

c. Participating in a meeting/discussion to coordinate or review a student's need for scholastic, vocational, and non-health-related services not covered by Medi-Cal.

d. Monitoring and evaluating the non-medical components of the individualized plan as appropriate.

e. Monitoring and evaluating the non-Medi-Cal-covered service components as appropriate.

NOTE: Activities that are an integral part of or an extension of a medical service (e.g., student follow-up, student assessment, student counseling, student education, consultation and student billing activities) are considered direct medical services, and are considered Code 2 activities.

CODE 8.   REFERRAL, COORDINATION, AND MONITORING OF MEDI-CAL SERVICES

This code should be used when TSPs perform referrals for, coordinate, and/or monitor the delivery of Medi-Cal covered services. Include related paperwork, clerical activities, or staff travel necessary to perform these activities, as well as initiating and responding to email and voicemail. Please note, developing, coordinating, and monitoring that the IEP is conducted, parental sign-off is obtained, the IEP meetings with the parents are scheduled, and the IEP is completed should be reported under Code 1. Developing the initial IEP is a part of an education mandate. This includes related activities such as developing the initial IEP goals, determining eligibility for special education, determining the student's placement, and writing the IEP. Referral and coordination for the assessment of IEP services must not be claimed as Medi-Cal administration. Once the IEP meeting is complete and IEP services are established, monitoring and coordination related to those Medi-Cal services is allowable under this code.

   a. Making referrals for and/or coordinating medical or physical examinations and necessary medical/mental health evaluations.
   b. Making referrals for and/or scheduling certain Medi-Cal covered CHDP screens, inter-periodic screens, and appropriate immunizations, but do not include the state-mandated health services (See Section 2 – Medicaid in the School Setting).
   c. Referring students for necessary medical, mental health, or substance abuse services covered by Medi-Cal.
   d. Arranging for any Medi-Cal-covered medical/mental health diagnostic or treatment services that may be required as the result of a specifically identified medical/mental health condition.
   e. Gathering any information that may be required in advance of these referrals.
   f. Providing follow-up contact to ensure that a child has received the prescribed medical/mental health services.
   g. Coordinating the completion of the prescribed services, termination of services, and the referral of the child to other Medi-Cal service providers as may be required to provide continuity of care.
   h. Coordinating the delivery of interdistrict and community-based medical/mental health services for children with special/severe health care needs.
   i. Coordinating medical/mental health service provisions with managed care plans as appropriate.
   j. Providing initial referral assistance to families where Medi-Cal services can be provided.
   k. Identifying and referring adolescents who may be in need of Medi-Cal family planning services
   l. Participating in a meeting/discussion to coordinate or review a student's needs for health-related services covered by Medi-Cal (IEP meetings are not included).
   m. Providing information to other staff on the child's related medical/dental/mental health services and plans.

n. Monitoring and evaluating the Medi-Cal service components identified during an IEP meeting as appropriate.

NOTE: Activities that are an integral part of or an extension of a medical service (e.g., student follow-up, student assessment, student counseling, student education, consultation and student billing activities) are considered direct medical services, and are considered Code 2.

CODE 9.   ARRANGING TRANSPORTATION FOR NON-MEDI-CAL SERVICES

This code should be used when TSPs are assisting an individual to obtain transportation to services <u>not covered</u> by Medi-Cal, or accompanying the individual to services <u>not covered</u> by Medi-Cal. Include related paperwork, clerical activities, or staff travel required to perform these activities, including initiating and responding to email and voicemail.

a. Scheduling or arranging transportation to social, vocational, educational, and/or any other non Medi-Cal services, programs, and activities.
b. Actual cost of transportation is not considered an SMAA activity, only scheduling or arranging transportation is considered SMAA.
c. Arranging medical transportation (such as an ambulance) for school sporting events.

CODE 10.   ARRANGING TRANSPORTATION IN SUPPORT OF MEDI-CAL SERVICES

This code should be used when TSPs are assisting an individual or family to obtain transportation to the site where services covered by Medi-Cal are provided. Activities include related paperwork, clerical activities, including initiating and responding to email and voicemail. This activity includes:

a. Scheduling or arranging transportation to Medi-Cal covered services (Actual cost of transportation is not SMAA).
b. A transportation supervisor and staff time coordinating IEP transportation.
c. Reviewing routes and maps for transportation to or from a Medi-Cal covered service.
d. Troubleshooting early and late pick-ups for transportation to or from a Medi-Cal covered service.

Code 10 does not include the following activities:

a. The costs of the actual transportation service. (Code 2)
b. Activities that contribute to the actual billing of transportation as a medical service such as with the LEA Medi-Cal Billing Option program. (Code 2Z)
c. Accompanying the Medi-Cal eligible individual to Medi-Cal services as an administrative activity. (Code 2Z)
d. Arranging campus security or medical transportation for school sporting events (such as an ambulance). (Code 9)

NOTE: Activities that are an integral part of or an extension of a medical service (e.g., student follow-up, student assessment, student counseling, student education, consultation and student billing activities) are considered direct medical services, and are considered Code 2.

CODE 11.   NON-MEDI-CAL TRANSLATION

This code should be used when TSPs provide translation services for non Medi-Cal activities. Include related paperwork, clerical activities or staff travel required to perform these activities, including initiating and responding to email and voicemail.

a.   Arranging for or providing translation services (oral, written or signing services) that assist the individual to access and understand social, educational, and vocational services.

b.   Arranging for or providing translation services that assist the individual to access and understand the state education or state-mandated health screenings (e.g., vision, hearing, and scoliosis) and general health education outreach campaigns intended for the student population.

CODE 12.   TRANSLATION RELATED TO MEDI-CAL SERVICES

Translation may be allowable as an administrative activity if it is not included and paid for as part of a medical assistance service. However, translation must be provided by a third party translator or by separate employees performing translation functions for the school and it must facilitate access to Medi-Cal covered services. In other words, time samples from Medi-Cal providers who are translating their own work cannot be dual coded as a direct service and translation because they are not a third party translator.
Please note that a school district does not need to have a separate administrative claiming unit for translation.

This code should be used when TSPs perform Medi-Cal translation services. Include related paperwork, clerical activities, or staff travel required to perform these activities, including initiating and responding to email and voicemail.

a.   Arranging for or providing translation services (oral, written, or signing services) that assist the individual to access and understand necessary care or treatment covered by Medi-Cal.

b.   Arranging for or providing translation to student/parent to understand how to access the application process for Medi-Cal.

NOTE: Activities that are an integral part of or an extension of a medical service (e.g., student follow-up, student assessment, student counseling, student education, consultation and student billing activities) are considered direct medical services, and are considered Code 2A activities.

CODE 13. PROGRAM PLANNING, POLICY DEVELOPMENT, AND INTERAGENCY COORDINATION RELATED TO NON-MEDI-CAL SERVICES

This code should be used when TSPs perform collaborative activities with other agencies associated with the development of strategies to improve the coordination and delivery of non-medical/non-mental health services to students and their families. This typically involves large scale collaborative projects which are across schools, school departments within a district, and/or between the school district and outside agencies. Non-medical services may include social, educational, and vocational services. Only TSPs whose position descriptions include program planning, policy development, and interagency coordination can perform this activity. This code should include related, paperwork, clerical activities, or travel required to perform these activities, including initiating and responding to email and voicemail.

a. Identifying gaps or duplication of other non-medical services (e.g., social, vocational, and educational programs) to students and their families, and developing strategies to improve the delivery and coordination of these services.
b. Developing strategies to assess or increase the capacity of non-medical school programs.
c. Monitoring the non-medical delivery systems in schools.
d. Evaluating the need for non-medical services in relation to specific populations or geographic areas.
e. Analyzing non-medical data related to a specific program, population, or geographic area.
f. 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.
g. Defining the scope of each agency's non-medical service in relation to the other.
h. Developing advisory or work groups of professionals to provide consultation and advice regarding the delivery of non-medical services to the school populations.
i. Developing non-medical referral sources.
j. Coordinating with interagency committees to identify, promote, and develop non- medical services in the school system.
k. Developing and processing non-medical MOUs, contracts, and agreements.
l. Developing procedures for tracking families' requests for assistance with non-medical services and the providers of such services.
m. Planning and policy development, interagency coordination for mandated non-medical/dental or mental health services.

CODE 14.   PROGRAM PLANNING, POLICY DEVELOPMENT, AND INTERAGENCY COORDINATION RELATED TO MEDI-CAL SERVICES

This code should be used when TSPs perform activities associated with the development of strategies to improve the coordination and delivery of Medi-Cal covered medical/dental/mental health services to students and their families, and also when performing collaborative activities with other agencies and/or providers. This typically involves large scale collaborative projects which are across schools, school departments within a district, and/or between the school/district and outside agencies. Only TSPs whose position descriptions explicitly include program planning, policy development, and interagency coordination for services related to Medi-Cal may perform this activity. Staff surveying under this code should include related paperwork, clerical activities or travel required to perform these activities, including initiating and responding to email and voicemail.

a. Identifying gaps or duplication of medical/dental/mental health services to students and their families and developing strategies to improve the delivery and coordination of these services.
b. Developing strategies to assess or increase the capacity of non-mandated school medical/dental/mental health programs.
c. Monitoring the medical/mental health delivery systems in schools.
d. Developing procedures for tracking families' requests for assistance with Medi-Cal- covered services and providers. (This does not include the actual tracking of requests for Medi-Cal services).
e. Evaluating the need for Medi-Cal services in relation to specific populations or geographic areas.
f. Analyzing Medi-Cal data related to a specific program, population, or geographic area.
g. Working with other agencies and/or providers that provide Medi-Cal services, to expand access to specific populations of Medi-Cal eligibles, and to improve collaboration around the early identification of medical problems.
h. Defining the scope of each agency's Medi-Cal service in relation to the other.
i. Working with Medi-Cal resources, such as the managed care plans, to make good faith efforts to locate and develop health services referral relationships.
j. Developing advisory or work groups of health professionals to provide consultation and advice regarding the delivery of Medi-Cal care services to the school populations.
k. Developing medical referral sources, such as directories of Medi-Cal providers and managed care plans, which will provide services to targeted population groups such as Medi-Cal and/or CHDP children.
l. Coordinating with interagency committees to identify, promote, and develop Medi-Cal and/or CHDP services in the school system.
m. Negotiating and processing Memorandum of Understanding (MOUs) and special agreements that support interagency coordination to improve the delivery of Medi-Cal services.

n. Participating in or coordinating training that enhances early identification, intervention, screening, and referral of students with special health needs to Medi-Cal services. (This is distinguished from IDEA child find programs.)

CODE 15.   MEDI-CAL CLAIMS ADMINISTRATION, COORDINATION, AND TRAINING

This code should be used for LEA, LEC, and LGA coordinators performing activities that are directly related to Medi-Cal Administrative Activities claims administration and coordination, and training activities. Include related paperwork, clerical activities, or staff travel necessary to perform these activities, including initiating and responding to e-mail and voicemail. Do not code time for direct service-related training or completing LEA BOP forms, which are code 2Z activities.

a. Serving as liaison for regional and local SMAA claiming programs and with the State and Federal Governments on Medi-Cal administration (i.e., LEC/LGA Coordinators or their designees).
b. Monitoring the performance of SMAA claiming programs.
c. Administering SMAA, including overseeing, preparing, compiling, revising, and submitting claims.
d. Training program and subcontractor staff on state, federal, and local requirements for SMAA claiming.
e. Ensuring that SMAA claims do not duplicate Medi-Cal claims for the same activities from other providers.
f. Attending meetings and conferences that involve SMAA.

NOTE: Initial and/or annual claiming for time survey coder training continues to be disallowed.

CODE 16.   GENERAL ADMINISTRATION/PAID TIME OFF

This code should be used for General Administration, and paid time off. General Administration duties are more specific to general administrative/clerical activities related to facilities, district functions and operations. This code should be used by time study participants when performing duties that are not directly assignable to program activities. Including related paperwork, clerical activities, or staff travel to perform these activities.

NOTE: Certain functions, such as payroll, maintaining inventories, developing budgets, executive, 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:

   a. A TSP was selected for a moment, and at that moment, they were responding to their random TSP moment.
   b. General supervision of staff or facilities, and personnel management.
   c. Reviewing non-instructional school policies, procedures, or rules.
   d. Completing personal mileage and expense claims.
   e. Paid time off (i.e. lunch break, vacation or sick time, etc.).
   f. Establishing goals and objectives of health-related programs as part of the school's annual or multi-year plan.
   g. Reviewing school or district procedures and rules.
   h. Attending or facilitating school or unit staff meetings, training, or board meetings.
   i. Providing general supervision of staff, including supervision of student teachers or classroom volunteers, and evaluation of employee performance (does not include supervision of direct medical service practitioners, which is a Code 2Z activity).
   j. Performing administrative or clerical activities related to general building or district functions or operations.
   k. Reviewing technical literature and research articles.
   l. Other general administrative activities of a similar nature as listed above that cannot be specifically identified under other activity codes.

CODE 17.   NOT WORKING/NOT PAID

This code should be used when a TSP responds to a moment and indicates they were not working at the time of the moment and/or on unpaid time off (i.e. unpaid lunch break). This code is also for moments assigned to participants that separated from employment during the quarter, either permanently or temporarily, prior to the moment expiration, and/or the position/moment is vacated and there is no direct replacement. Additionally, this code is used for TSPs that were erroneously included in the TSP universe (i.e. separated from employment prior to the TSP certification). This code shall not count against the compliance rate for the TSP universe.

CODE 18.   INVALID MOMENT/NO RESPONSE

This code should be used when an active TSP fails to provide a response to an assigned moment within the required four student attendance day response time. For TSPs who were on leave but failed to notify their coordinator prior to moment expiration, Code 18 will be initially assigned as a non-response until the TSP's leave status is verified by the LEA coordinator. If the TSP's leave status can be verified as paid leave, the moment is reassigned to Code 16. Moments assigned to Code 18 shall count against the compliance rate for the TSP universe and are the only moments that can be reassigned to achieve a valid sample.