



The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at ***wvOASIS.gov***. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at ***WVPurchasing.gov*** with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

Header 1

List View

**General Information** [Contact](#) [Default Values](#) [Discount](#) [Document Information](#) [Clarification Request](#)

Procurement Folder: 1908567

Procurement Type: Central Master Agreement

Vendor ID: VS0000003308

Legal Name: SIVIC SOLUTIONS GROUP LLC

Alias/DBA:

Total Bid: \$4,077,210.00

Response Date: 07/16/2026

Response Time: 12:00

Responded By User ID: SolutionsSol

First Name: Lisa

Last Name: McDermott

Email: Solutions@solixinc.com

Phone: 973-581-5190

SO Doc Code: CRFQ

SO Dept: 0511

SO Doc ID: BMS2600000003

Published Date: 6/26/26

Close Date: 7/16/26

Close Time: 13:30

Status: Closed

Solicitation Description: SCHOOL BASED HEALTH SERVICES (SBHS)

Total of Header Attachments: 1

Total of All Attachments: 1



Department of Administration  
Purchasing Division  
2019 Washington Street East  
Post Office Box 50130  
Charleston, WV 25305-0130

State of West Virginia  
Solicitation Response

| <b>Proc Folder:</b> 1908567                                          |                              |         |
|----------------------------------------------------------------------|------------------------------|---------|
| <b>Solicitation Description:</b> SCHOOL BASED HEALTH SERVICES (SBHS) |                              |         |
| <b>Proc Type:</b> Central Master Agreement                           |                              |         |
| Solicitation Closes                                                  | Solicitation Response        | Version |
| 2026-07-16 13:30                                                     | SR 0511 ESR07152600000000265 | 1       |

| VENDOR                                    |
|-------------------------------------------|
| VS0000003308<br>SIVIC SOLUTIONS GROUP LLC |

**Solicitation Number:** CRFQ 0511 BMS2600000003

**Total Bid:** 4077210      **Response Date:** 2026-07-16      **Response Time:** 12:00:29

**Comments:**

|                                                                                                             |              |             |
|-------------------------------------------------------------------------------------------------------------|--------------|-------------|
| <b>FOR INFORMATION CONTACT THE BUYER</b><br>Crystal G Hustead<br>(304) 558-2402<br>crystal.g.hustead@wv.gov |              |             |
| <b>Vendor Signature X</b>                                                                                   | <b>FEIN#</b> | <b>DATE</b> |

All offers subject to all terms and conditions contained in this solicitation

| Line | Comm Ln Desc                                         | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|------------------------------------------------------|-----|------------|------------|-----------------------------|
| 1    | Base Year One (1) Mandatory Svc 4.1.1 through 4.1.18 |     |            |            | 651250.00                   |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85100000  |              |               |         |

**Commodity Line Comments:**

**Extended Description:**

Mandatory Services for Base Year One (1) Section 4.1.1 through 4.1.15.10, all-inclusive annual cost. Service from 05/01/2027 to 01/31/2028 (9 months)

| Line | Comm Ln Desc                                                 | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--------------------------------------------------------------|-----|------------|------------|-----------------------------|
| 2    | Optional Renewal Year 1 Mandatory Svc. 4.1.1 through 4.1.18. |     |            |            | 821250.00                   |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85100000  |              |               |         |

**Commodity Line Comments:**

**Extended Description:**

Mandatory Services for Optional Renewal Year One (1) Section 4.1.1 through 4.1.15.10, all-inclusive annual cost. Service from 02/01/2028 to 01/31/2029

| Line | Comm Ln Desc                         | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--------------------------------------|-----|------------|------------|-----------------------------|
| 3    | Start up Costs (4.1.15.9 -4.1.15.10) |     |            |            | 0.00                        |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85100000  |              |               |         |

**Commodity Line Comments:**

**Extended Description:**

ear 1 Start Up Costs Section 4.1.8.9-4.1.8.10-(3 Months)  
Service from 02/01/2027 to 04/30/2028

| Line | Comm Ln Desc                                                 | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--------------------------------------------------------------|-----|------------|------------|-----------------------------|
| 4    | Optional Renewal Year 2 Mandatory Svc. 4.1.1 through 4.1.15. |     |            |            | 872138.00                   |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85100000  |              |               |         |

**Commodity Line Comments:**

**Extended Description:**

Mandatory Services for Optional Renewal Year Two (1) Section 4.1.1 through 4.1.15.10, all-inclusive annual cost. Service from 02/01/2029 to 01/31/2030

| Line | Comm Ln Desc                                                 | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--------------------------------------------------------------|-----|------------|------------|-----------------------------|
| 5    | Optional Renewal Year 3 Mandatory Svc. 4.1.1 through 4.1.15. |     |            |            | 924552.00                   |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85100000  |              |               |         |



**Commodity Line Comments:****Extended Description:**

Mandatory Services for Optional Renewal Year Three (3) Section 4.1.1 through 4.1.15.10, all-inclusive annual cost. Service from 02/01/2030 to 01/31/2031

| Line | Comm Ln Desc                           | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|----------------------------------------|-----|------------|------------|-----------------------------|
| 6    | Add Svc Base Year One (1) - 1000 Hours |     |            |            | 177000.00                   |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85100000  |              |               |         |

**Commodity Line Comments:****Extended Description:**

Additional Services Base Year One (1) Section 4.1.9-4.1.9.2 (Enter Total Cost (Cost Per Hour x1000 estimated hours for bid evaluation.))  
Service from 05/01/2027-01/31/2028 (9 months)

| Line | Comm Ln Desc                                               | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|------------------------------------------------------------|-----|------------|------------|-----------------------------|
| 7    | Add Svc Optional Renewal Year 1-1000 hours (4.1.9-4.1.9.2) |     |            |            | 185000.00                   |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85100000  |              |               |         |

**Commodity Line Comments:****Extended Description:**

Additional Services Optional Renewal Year One (1). Section 4.1.9-4.1.9.2 (Enter Total Cost (Cost Per Hour x1000 estimated hours for bid evaluation.))  
Service from 02/01/2028-01/31/2029.

| Line | Comm Ln Desc                                               | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|------------------------------------------------------------|-----|------------|------------|-----------------------------|
| 8    | Add Svc Optional Renewal Year 2-1000 hours (4.1.9-4.1.9.2) |     |            |            | 195000.00                   |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85100000  |              |               |         |

**Commodity Line Comments:****Extended Description:**

Additional Services Optional Renewal Year Two (2). Section 4.1.9 -4.1.9.2 (Enter Total Cost (Cost Per Hour x1000 estimated hours for bid evaluation.))  
Service from 02/01/2029-01/31/2030.

| Line | Comm Ln Desc                                               | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|------------------------------------------------------------|-----|------------|------------|-----------------------------|
| 9    | Add Svc Optional Renewal Year 3-1000 hours (4.1.9-4.1.9.2) |     |            |            | 205000.00                   |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85100000  |              |               |         |

**Commodity Line Comments:****Extended Description:**

Additional Services Optional Renewal Year Three (3) Section 4.1.9-4.1.9.2 (Enter Total Cost (Cost Per Hour x1000 estimated hours for bid evaluation.))  
Service from 02/01/2030-01/31/2031.

| Line | Comm Ln Desc                              | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|-------------------------------------------|-----|------------|------------|-----------------------------|
| 10   | Pr Yr Settlement-11 BY1 (4.1.10-4.1.10.1) |     |            |            | 11000.00                    |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85100000  |              |               |         |

**Commodity Line Comments:**

**Extended Description:**

Prior year settlement Base Year One (1). Section 4.1.10-4.1.10.1. (Enter Total Cost (Cost Per Settlement x11 estimated settlements for bid evaluation.))  
Service from 02/01/2027-01/31/2028. (12 months)

| Line | Comm Ln Desc                              | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|-------------------------------------------|-----|------------|------------|-----------------------------|
| 11   | Pr Yr Settlement-11 OY1 (4.1.10-4.1.10.1) |     |            |            | 11330.00                    |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85100000  |              |               |         |

**Commodity Line Comments:**

**Extended Description:**

Prior year settlement Optional Renewal Year One (1). Section 4.1.10-4.1.10.1. (Enter Total Cost (Cost Per Settlement x11 estimated settlements for bid evaluation.))  
Service from 02/01/2028-01/31/2029.

| Line | Comm Ln Desc                              | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|-------------------------------------------|-----|------------|------------|-----------------------------|
| 12   | Pr Yr Settlement-11 OY2 (4.1.10-4.1.10.1) |     |            |            | 11670.00                    |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85100000  |              |               |         |

**Commodity Line Comments:**

**Extended Description:**

Prior year settlement Optional Renewal Year Two (2). Section 4.1.10-4.1.10.1. (Enter Total Cost (Cost Per Settlement x11 estimated settlements for bid evaluation.)) Service from 02/01/2029-01/31/2030.

| Line | Comm Ln Desc                              | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|-------------------------------------------|-----|------------|------------|-----------------------------|
| 13   | Pr Yr Settlement-11 OY3 (4.1.10-4.1.10.1) |     |            |            | 12020.00                    |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85100000  |              |               |         |

**Commodity Line Comments:**

**Extended Description:**

Prior year settlement Optional Renewal Year Three (3). Section 4.1.10-4.1.10.1. (Enter Total Cost (Cost Per Settlement x11 estimated settlements for bid evaluation.)) Service from 02/01/2030-01/31/2031.



**SIVIC SOLUTIONS GROUP**  
**A SOLIX COMPANY**

**School Based Health Services  
Request for Proposal #CRFQ BMS2600000003  
July 16, 2026**

**Prepared for:**

Crystal Hustead  
Buyer  
State of West Virginia Purchasing Division  
2019 Washington Street  
East Charleston, WV 25305

**Presented by:**

Eric D. Seguin  
Manager, Sivic Solutions Group, LLC  
President & Chief Executive Officer, Solix, Inc.  
973.581.7676  
Eric.Seguin@solixinc.com

Eric D. Seguin  
Manager, Sivic Solutions Group, LLC  
President & CEO, Solix, Inc.  
973-581-7676  
Eric.Seguin@solixinc.com



10 Lanidex Plaza West  
Suite 300  
Parsippany, NJ 07054  
www.sivicsolutionsgroup.com

July 16, 2026

Ms. Crystal Hustead  
Buyer  
State of West Virginia Purchasing Division  
2019 Washington Street  
East Charleston, WV 25305

Re: RFP No. CRFQ BMS2600000003, School Based Health Services

Dear Ms. Hustead,

State of West Virginia Purchasing Division ("Agency") seeks a qualified partner to deliver School Based Health Services ("SBHS"). With deep experience and unsurpassed program expertise, Sivic Solutions Group, LLC ("SSG") is pleased to present our proven solution that delivers the full scope of services. We are committed to delivering value to Agency while maintaining high-quality customer service and compliant results.

With more than 20 years of experience supporting school-based Medicaid programs, SSG offers an exceptionally qualified team to support the scope of services for Agency. Our proposed staff have successfully worked on similar projects as is evidenced by our references, the longevity of our client contracts, and the fact that SSG has never been issued a Medicaid disallowance by CMS or OIG.

Thank you for your consideration of our proposal. Please do not hesitate to contact me if you have any questions regarding our offer.

Sincerely,

Eric D. Seguin  
Manager, Sivic Solutions Group, LLC  
President & Chief Executive Officer, Solix, Inc.

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## **VENDOR SIGNATURE FORM**

Please see the following page for SSG's vendor signature form.



Department of Administration  
Purchasing Division  
2019 Washington Street East  
Post Office Box 50130  
Charleston, WV 25305-0130

State of West Virginia  
Centralized Request for Quote  
Medical

|                                                             |                            |                         |                                 |
|-------------------------------------------------------------|----------------------------|-------------------------|---------------------------------|
| <b>Proc Folder:</b> 1908567                                 |                            |                         | <b>Reason for Modification:</b> |
| <b>Doc Description:</b> SCHOOL BASED HEALTH SERVICES (SBHS) |                            |                         |                                 |
| <b>Proc Type:</b> Central Master Agreement                  |                            |                         |                                 |
| <b>Date Issued</b>                                          | <b>Solicitation Closes</b> | <b>Solicitation No</b>  | <b>Version</b>                  |
| 2026-06-16                                                  | 2026-07-16 13:30           | CRFQ 0511 BMS2600000003 | 1                               |

|                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------|
| <b>BID RECEIVING LOCATION</b>                                                                                         |
| BID CLERK<br>DEPARTMENT OF ADMINISTRATION<br>PURCHASING DIVISION<br>2019 WASHINGTON ST E<br>CHARLESTON WV 25305<br>US |

|                                                                                                                                    |                         |                       |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------|
| <b>VENDOR</b>                                                                                                                      |                         |                       |
| <b>Vendor Customer Code:</b> VS0000003308                                                                                          |                         |                       |
| <b>Vendor Name :</b> Sivic Solutions Group, LLC                                                                                    |                         |                       |
| <b>Address :</b>                                                                                                                   |                         |                       |
| <b>Street :</b> 10 Lanidex Plaza West                                                                                              |                         |                       |
| <b>City :</b> Parsippany                                                                                                           |                         |                       |
| <b>State :</b> NJ                                                                                                                  | <b>Country :</b> Morris | <b>Zip :</b> 07054    |
| <b>Principal Contact :</b> Eric D. Seguin - Manager, Sivic Solutions Group, LLC - President & Chief Executive Officer, Solix, Inc. |                         |                       |
| <b>Vendor Contact Phone:</b> 973-581-7676                                                                                          |                         | <b>Extension:</b> N/A |

|                                                                 |
|-----------------------------------------------------------------|
| <b>FOR INFORMATION CONTACT THE BUYER</b>                        |
| Crystal G Hustead<br>(304) 558-2402<br>crystal.g.hustead@wv.gov |

|                                                                                                               |                         |                        |
|---------------------------------------------------------------------------------------------------------------|-------------------------|------------------------|
| <b>Vendor Signature X</b>  | <b>FEIN#</b> 16-1555030 | <b>DATE</b> 06/24/2026 |
|---------------------------------------------------------------------------------------------------------------|-------------------------|------------------------|

All offers subject to all terms and conditions contained in this solicitation

## **DESIGNATED CONTACT AND CERTIFICATION AND SIGNATURE**

Please see the following page for SSG's Designated Contact and Certification and Signature.



**DESIGNATED CONTACT:** Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

(Printed Name and Title) Eric D. Seguin - Manager, Sivic Solutions Group, LLC  
President & Chief Executive Officer, Solix, Inc.

(Address) 10 Lanidex Plaza West, Suite 300, Parsippany, NJ 07054

(Phone Number) / (Fax Number) Phone: 973-581-7676 Fax: 973-599-6540

(email address) Eric.Seguin@solixinc.com

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation/Contract in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; that I am authorized by the Vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on Vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

Sivic Solutions Group, LLC

(Company) 

(Signature of Authorized Representative)

Eric D. Seguin - Manager, Sivic Solutions Group, LLC - President & Chief Executive Officer, Solix, Inc. 06/26/2026

(Printed Name and Title of Authorized Representative) (Date)

Phone: 973-581-7676 Fax: 973-599-6540

(Phone Number) (Fax Number)

Eric.Seguin@solixinc.com

(Email Address)

## **ADDENDUM ACKNOWLEDGEMENT FORM**

Please see the following page for SSG's Addendum Acknowledgement Form.

ADDENDUM ACKNOWLEDGEMENT FORM  
SOLICITATION NO.: CRFQ BMS2600000003

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

*(Check the box next to each addendum received)*

- |                                                    |                                          |
|----------------------------------------------------|------------------------------------------|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6  |
| <input type="checkbox"/> Addendum No. 2            | <input type="checkbox"/> Addendum No. 7  |
| <input type="checkbox"/> Addendum No. 3            | <input type="checkbox"/> Addendum No. 8  |
| <input type="checkbox"/> Addendum No. 4            | <input type="checkbox"/> Addendum No. 9  |
| <input type="checkbox"/> Addendum No. 5            | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Sivic Solutions Group, LLC

Company

  
Authorized Signature

06/26/2026

Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

## **ADDENDUM 1**

Please see the following pages for SSG's signed Addendum 1.

All offers subject to all terms and conditions contained in this solicitation

|                                                                                                                  |                         |                        |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------|
| <b>Vendor Signature X</b><br> | <b>FEIN#</b> 16-1555030 | <b>DATE</b> 06/26/2026 |
| <b>FOR INFORMATION CONTACT THE BUYER</b><br>Crystal G Hustead<br>(304) 558-2402<br>crystal.g.hustead@wv.gov      |                         |                        |

|                                                                                      |                                                                                                                                   |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>VENDOR</b>                                                                        |                                                                                                                                   |
| <b>Vendor Customer Code:</b> VS0000003308                                            | <b>Vendor Name:</b> Sivic Solutions Group, LLC                                                                                    |
| <b>Address:</b><br>Street : 10 Lanidex Plaza West<br>City : Parsippany<br>State : NJ | <b>Principal Contact:</b> Eric D. Seguin - Manager, Sivic Solutions Group, LLC - President & Chief Executive Officer, Solix, Inc. |
| <b>Country:</b> Morris                                                               | <b>Zip:</b> 07054                                                                                                                 |
| <b>Vendor Contact Phone:</b> 973-581-7676                                            | <b>Extension:</b> N/A                                                                                                             |

|                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------|
| <b>BID RECEIVING LOCATION</b>                                                                                         |
| BID CLERK<br>DEPARTMENT OF ADMINISTRATION<br>PURCHASING DIVISION<br>2019 WASHINGTON ST E<br>CHARLESTON WV 25305<br>US |

|                               |                                                             |                                                |                                                                                            |
|-------------------------------|-------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>Date Issued</b> 2026-06-26 | <b>Solicitation Closes</b> 2026-07-16 13:30                 | <b>Solicitation No</b> CRFQ 0511 BMS2600000003 | <b>Version</b> 2                                                                           |
| <b>Proc Folder:</b> 1908567   | <b>Doc Description:</b> SCHOOL BASED HEALTH SERVICES (SBHS) | <b>Proc Type:</b> Central Master Agreement     | <b>Reason for Modification:</b><br>ADDENDUM 1<br>TO PROVIDE ANSWERS TO<br>VENDOR QUESTIONS |

|                                                                                       |                                                                                                                                          |                                                                    |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
|  | Department of Administration<br>Purchasing Division<br>2019 Washington Street East<br>Post Office Box 50130<br>Charleston, WV 25305-0130 | State of West Virginia<br>Centralized Request for Quote<br>Medical |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|

**ADDITIONAL INFORMATION**

THE STATE OF WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, THE WEST VIRGINIA DEPARTMENT OF HUMAN SERVICES (DOHS), BUREAU FOR MEDICAL SERVICES (BMS), IS SOLICITING BIDS TO ESTABLISH AN OPEN-END CONTRACT FOR SCHOOL BASED HEALTH SERVICES (SBHS) PER THE ATTACHED DOCUMENTS.

\*\*\*QUESTIONS REGARDING THE SOLICITATION MUST BE SUBMITTED IN WRITING TO CRYSTAL.G.HUSTEAD@WV.GOV PRIOR TO THE QUESTION PERIOD DEADLINE CONTAINED IN THE INSTRUCTIONS TO VENDORS SUBMITTING BIDS\*\*\*

| INVOICE TO                                                                                                 |  |  | SHIP TO                                                                                                    |  |  |
|------------------------------------------------------------------------------------------------------------|--|--|------------------------------------------------------------------------------------------------------------|--|--|
| HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV<br>US |  |  | HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV<br>US |  |  |

| Line | Comm Ln Desc                                         | Qty | Unit Issue | Unit Price | Total Price |
|------|------------------------------------------------------|-----|------------|------------|-------------|
| 1    | Base Year One (1) Mandatory Svc 4.1.1 through 4.1.18 |     |            |            |             |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85100000  |              |               |         |

**Extended Description:**

Mandatory Services for Base Year One (1) Section 4.1.1 through 4.1.15.10, all-inclusive annual cost. Service from 05/01/2027 to 01/31/2028 (9 months)

| INVOICE TO                                                                                                 |  |  | SHIP TO                                                                                                    |  |  |
|------------------------------------------------------------------------------------------------------------|--|--|------------------------------------------------------------------------------------------------------------|--|--|
| HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV<br>US |  |  | HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV<br>US |  |  |

| Line | Comm Ln Desc                                                 | Qty | Unit Issue | Unit Price | Total Price |
|------|--------------------------------------------------------------|-----|------------|------------|-------------|
| 2    | Optional Renewal Year 1 Mandatory Svc. 4.1.1 through 4.1.18. |     |            |            |             |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85100000  |              |               |         |

**Extended Description:**

Mandatory Services for Optional Renewal Year One (1) Section 4.1.1 through 4.1.15.10, all-inclusive annual cost. Service from 02/01/2028 to 01/31/2029

| INVOICE TO                                                                                                 |  | SHIP TO                                                                                                    |  |
|------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|--|
| HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV<br>US |  | HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV<br>US |  |

| Line | Comm Ln Desc                         | Qty | Unit Issue | Unit Price | Total Price |
|------|--------------------------------------|-----|------------|------------|-------------|
| 3    | Start up Costs (4.1.15.9 -4.1.15.10) |     |            |            |             |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85100000  |              |               |         |

**Extended Description:**

ear 1 Start Up Costs Section 4.1.8.9-4.1.8.10-(3 Months)

Service from 02/01/2027 to 04/30/2028

| INVOICE TO                                                                                                 |  | SHIP TO                                                                                                    |  |
|------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|--|
| HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV<br>US |  | HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV<br>US |  |

| Line | Comm Ln Desc                                                 | Qty | Unit Issue | Unit Price | Total Price |
|------|--------------------------------------------------------------|-----|------------|------------|-------------|
| 4    | Optional Renewal Year 2 Mandatory Svc. 4.1.1 through 4.1.15. |     |            |            |             |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85100000  |              |               |         |

**Extended Description:**

Mandatory Services for Optional Renewal Year Two (1) Section 4.1.1 through 4.1.15.10, all-inclusive annual cost. Service from 02/01/2029 to 01/31/2030

| INVOICE TO                                                                                                 |  |  | SHIP TO                                                                                                    |  |  |
|------------------------------------------------------------------------------------------------------------|--|--|------------------------------------------------------------------------------------------------------------|--|--|
| HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV<br>US |  |  | HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV<br>US |  |  |

| Line | Comm Ln Desc                                                 | Qty | Unit Issue | Unit Price | Total Price |
|------|--------------------------------------------------------------|-----|------------|------------|-------------|
| 5    | Optional Renewal Year 3 Mandatory Svc. 4.1.1 through 4.1.15. |     |            |            |             |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85100000  |              |               |         |

**Extended Description:**

Mandatory Services for Optional Renewal Year Three (3) Section 4.1.1 through 4.1.15.10, all-inclusive annual cost. Service from 02/01/2030 to 01/31/2031

| INVOICE TO                                                                                                 |  |  | SHIP TO                                                                                                    |  |  |
|------------------------------------------------------------------------------------------------------------|--|--|------------------------------------------------------------------------------------------------------------|--|--|
| HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV<br>US |  |  | HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV<br>US |  |  |

| Line | Comm Ln Desc                           | Qty | Unit Issue | Unit Price | Total Price |
|------|----------------------------------------|-----|------------|------------|-------------|
| 6    | Add Svc Base Year One (1) - 1000 Hours |     |            |            |             |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85100000  |              |               |         |

**Extended Description:**

Additional Services Base Year One (1) Section 4.1.9-4.1.9.2 (Enter Total Cost (Cost Per Hour x1000 estimated hours for bid evaluation.))  
Service from 05/01/2027-01/31/2028 (9 months)



| INVOICE TO                                                                                                 |  | SHIP TO                                                                                                    |  |
|------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|--|
| HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV<br>US |  | HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV<br>US |  |

| Line | Comm Ln Desc                                                  | Qty | Unit Issue | Unit Price | Total Price |
|------|---------------------------------------------------------------|-----|------------|------------|-------------|
| 7    | Add Svc Optional Renewal Year 1-1000 hours<br>(4.1.9-4.1.9.2) |     |            |            |             |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85100000  |              |               |         |

**Extended Description:**

Additional Services Optional Renewal Year One (1). Section 4.1.9-4.1.9.2 (Enter Total Cost (Cost Per Hour x1000 estimated hours for bid evaluation.))  
Service from 02/01/2028-01/31/2029.

| INVOICE TO                                                                                                 |  | SHIP TO                                                                                                    |  |
|------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|--|
| HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV<br>US |  | HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV<br>US |  |

| Line | Comm Ln Desc                                                  | Qty | Unit Issue | Unit Price | Total Price |
|------|---------------------------------------------------------------|-----|------------|------------|-------------|
| 8    | Add Svc Optional Renewal Year 2-1000 hours<br>(4.1.9-4.1.9.2) |     |            |            |             |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85100000  |              |               |         |

**Extended Description:**

Additional Services Optional Renewal Year Two (2). Section 4.1.9 -4.1.9.2 (Enter Total Cost (Cost Per Hour x1000 estimated hours for bid evaluation.))  
Service from 02/01/2029-01/31/2030.

| INVOICE TO                                                                                                 |  | SHIP TO                                                                                                    |  |
|------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|--|
| HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV<br>US |  | HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV<br>US |  |

| Line | Comm Ln Desc                                               | Qty | Unit Issue | Unit Price | Total Price |
|------|------------------------------------------------------------|-----|------------|------------|-------------|
| 9    | Add Svc Optional Renewal Year 3-1000 hours (4.1.9-4.1.9.2) |     |            |            |             |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85100000  |              |               |         |

**Extended Description:**

Additional Services Optional Renewal Year Three (3) Section 4.1.9-4.1.9.2 (Enter Total Cost (Cost Per Hour x1000 estimated hours for bid evaluation.))  
Service from 02/01/2030-01/31/2031.

| INVOICE TO                                                                                                 |  | SHIP TO                                                                                                    |  |
|------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|--|
| HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV<br>US |  | HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV<br>US |  |

| Line | Comm Ln Desc                              | Qty | Unit Issue | Unit Price | Total Price |
|------|-------------------------------------------|-----|------------|------------|-------------|
| 10   | Pr Yr Settlement-11 BY1 (4.1.10-4.1.10.1) |     |            |            |             |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85100000  |              |               |         |

**Extended Description:**

Prior year settlement Base Year One (1). Section 4.1.10-4.1.10.1. (Enter Total Cost (Cost Per Settlement x11 estimated settlements for bid evaluation.))  
Service from 02/01/2027-01/31/2028. (12 months)

| INVOICE TO                                                                                                 |  | SHIP TO                                                                                                    |  |
|------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|--|
| HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV<br>US |  | HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV<br>US |  |

| Line | Comm Ln Desc                              | Qty | Unit Issue | Unit Price | Total Price |
|------|-------------------------------------------|-----|------------|------------|-------------|
| 11   | Pr Yr Settlement-11 OY1 (4.1.10-4.1.10.1) |     |            |            |             |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85100000  |              |               |         |

**Extended Description:**

Prior year settlement Optional Renewal Year One (1). Section 4.1.10-4.1.10.1. (Enter Total Cost (Cost Per Settlement x11 estimated settlements for bid evaluation.))  
Service from 02/01/2028-01/31/2029.

| INVOICE TO                                                                                                 |  | SHIP TO                                                                                                    |  |
|------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|--|
| HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV<br>US |  | HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV<br>US |  |

| Line | Comm Ln Desc                              | Qty | Unit Issue | Unit Price | Total Price |
|------|-------------------------------------------|-----|------------|------------|-------------|
| 12   | Pr Yr Settlement-11 OY2 (4.1.10-4.1.10.1) |     |            |            |             |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85100000  |              |               |         |

**Extended Description:**

Prior year settlement Optional Renewal Year Two (2). Section 4.1.10-4.1.10.1. (Enter Total Cost (Cost Per Settlement x11 estimated settlements for bid evaluation.)) Service from 02/01/2029-01/31/2030.

| INVOICE TO                                                                                                 |  | SHIP TO                                                                                                    |  |
|------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|--|
| HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV<br>US |  | HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV<br>US |  |

| Line | Comm Ln Desc                              | Qty | Unit Issue | Unit Price | Total Price |
|------|-------------------------------------------|-----|------------|------------|-------------|
| 13   | Pr Yr Settlement-11 OY3 (4.1.10-4.1.10.1) |     |            |            |             |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85100000  |              |               |         |

**Extended Description:**  
 Prior year settlement Optional Renewal Year Three (3). Section 4.1.10-4.1.10.1. (Enter Total Cost (Cost Per Settlement x11 estimated settlements for bid evaluation.)) Service from 02/01/2030-01/31/2031.

| SCHEDULE OF EVENTS |                           |                   |
|--------------------|---------------------------|-------------------|
| <u>Line</u>        | <u>Event</u>              | <u>Event Date</u> |
| 1                  | VENDOR QUESTION DEADLINES | 2026-06-23        |

## SOLICITATION NUMBER: CRFQ BMS2600000003

### Addendum Number: 1

---

The purpose of this addendum is to modify the solicitation identified as (“Solicitation”) to reflect the change(s) identified and described below.

#### **Applicable Addendum Category:**

- ☐ Modify bid opening date and time
- ☐ Modify specifications of product or service being sought
- ☐ Attachment of vendor questions and responses
- ☐ Attachment of pre-bid sign-in sheet
- ☐ Correction of error
- ☐ Other

#### **Description of Modification to Solicitation:**

1. To provide answers to vendor questions

No other changes

**Additional Documentation:** Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

#### **Terms and Conditions:**

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

# ATTACHMENT A

**CRQF BMS2600000003 School-Based Health Services Addendum #1**

|   | Specific Reference        | Question                                                                                                                                                                                                                                                            | Answers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Sections 3.1, 3.2 and 3.3 | Can the Agency provide definitions for the terms “administering and performing” in Section 3.1, “implemented” in Section 3.2, and “development of Medicaid reimbursement strategies” in Section 3.3, to clarify the distinctions among the referenced requirements? | Administering and performing would refer to the operational activities necessary to support and execute the integrity of the SBHS Medicaid program, including system administration (MAC, RMTS, Cost Settlement), provider support, training, documentation support and review, billing, claiming, compliance monitoring, reporting, Local Education Agency and State Department of Education training and support. Development of Medicaid reimbursement strategies refers to providing technical assistance, analysis (cost reporting and settlements), training and recommendations designed to help participating districts understand and maximize Medicaid reimbursement while maintaining compliant with federal and state Medicaid requirements. |
| 2 |                           | What is the initial time period during which the new vendor will be required to operate the RMTS (e.g., July–September 2027)?                                                                                                                                       | The RMTS will run January 2027 until the end of the school year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 3 |                           | What is the initial time period during which the new vendor will be required to calculate the Administrative Claim?                                                                                                                                                 | The initial time period to calculate the Administrative Claim will be January 2027 until the end of the school year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 4 |                           | What is the first school year for which the new vendor will be responsible for calculating the cost report?                                                                                                                                                         | The first day of the school year for which the new vendor will be responsible for calculating the cost report is the 2027 School Year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 5 |                           | Please clarify which of the following applies: (a) Schools are required to use the vendor's Medicaid claiming solution for direct services; or (b) The vendor's solution must be capable of accepting service data from other documentation systems.                | Both A and B. All school districts will be required to utilize the vendor's Medicaid claiming solution for School-Based Health Services documentation, billing, claiming and program administration activities. The vendor must be capable of securely accepting, storing and utilizing daily West Virginia Educational Information System (WVEIS) extracts including RSKEY student identifier and other required student, provider and program data elements. The ability to use RSKEY data is a requirement to support statewide interoperability with WVEIS.                                                                                                                                                                                          |
| 6 |                           | Please identify any State Plan Amendments related to the SBHS program that are (a) currently under CMS review and/or (b) expected to be submitted prior to the anticipated contract award date, including their status and anticipated timelines, if available.     | Currently, there is a State Plan Amendment related to SBHS which is pending submission to CMS. It is anticipated to be submitted prior to contract award. A timeline is not available.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 7 |                           | Will the Agency and/or the selected vendor have access to historical data from the prior vendor to support the calculation of cost settlements?                                                                                                                     | Yes, the vendor will have access to the historical data.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 8 |                           | Can the Agency please provide the evaluation and scoring criteria for this RFP?                                                                                                                                                                                     | Per Section 5.1 Contract Award: The Contract shall be awarded to the Vendor that provides the Contract Services meeting the required specifications for the lowest overall total cost as shown on the Pricing Pages                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: BMS2600000003**

**Instructions:** Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

**Acknowledgment:** I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

**Addendum Numbers Received:**

(Check the box next to each addendum received)

|                                                    |                                          |
|----------------------------------------------------|------------------------------------------|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6  |
| <input type="checkbox"/> Addendum No. 2            | <input type="checkbox"/> Addendum No. 7  |
| <input type="checkbox"/> Addendum No. 3            | <input type="checkbox"/> Addendum No. 8  |
| <input type="checkbox"/> Addendum No. 4            | <input type="checkbox"/> Addendum No. 9  |
| <input type="checkbox"/> Addendum No. 5            | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Sivic Solutions Group, LLC

Company



Authorized Signature

06/26/2026

Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.

Revised 6/8/2012



## INTRODUCING SSG

Sivic Solutions Group, LLC (“SSG”) was founded in 1998 and is a wholly owned subsidiary of Solix, Inc. (“Solix”). SSG is incorporated in the State of New York as a Limited Liability Company.

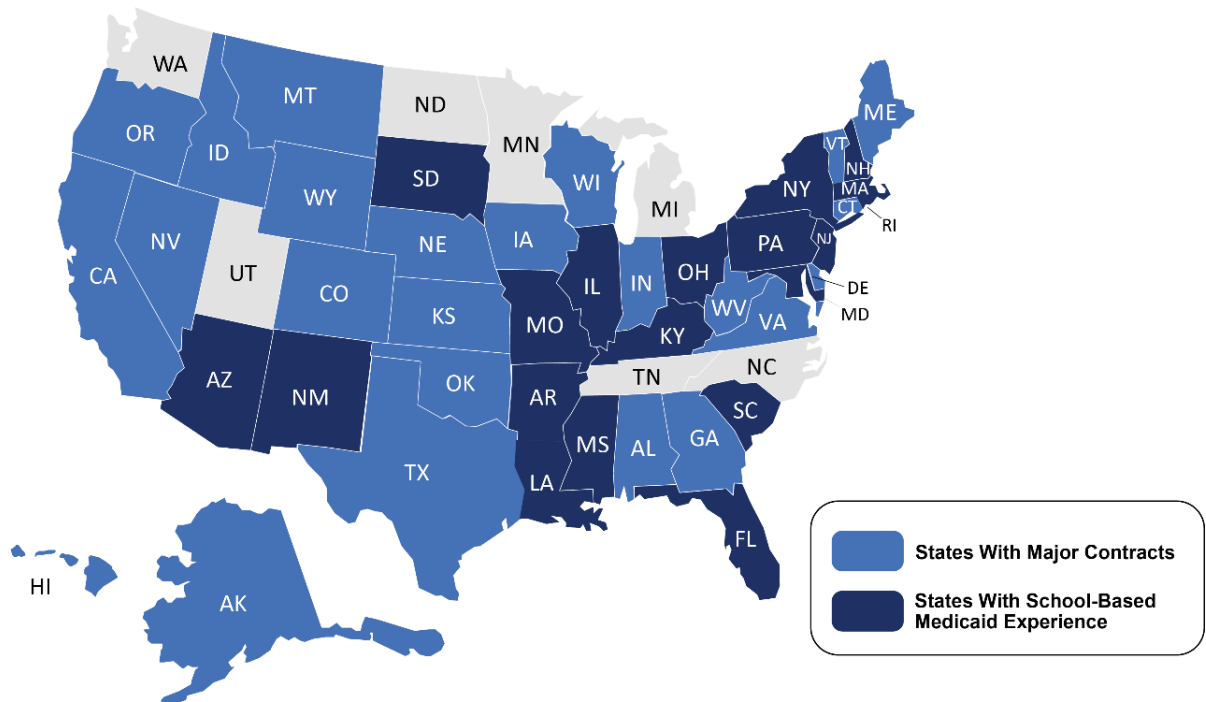
SSG provides consulting and systems services to state health and human service agencies, child welfare agencies, and school districts across the country. SSG is an industry leader in the implementation of technology and web-based business applications for Medicaid and Foster Care Programs.

### Company Footprint

Solix and SSG are fortunate to be valued partners for both public sector and commercial clients across the United States. The map below illustrates our footprint of major client contracts including states where we deliver school-based services.

### Vendor Checklist SSG Hits the Mark

- ✓ Gain Operational Efficiencies and Cost Savings
- ✓ Staffs Project with Experienced Professionals
- ✓ Proven Web-Based CPE System Used Nationwide
- ✓ Track Record of Statewide Implementation & Training
- ✓ Customer Focus and Track Record of Successful School-Based Claiming Projects
- ✓ Best-In-Class Quality Assurance and Monitoring
- ✓ Online System Implementation for RMTS
- ✓ No Federal Disallowances
- ✓ 24/7 Help Desk Support
- ✓ Years of Medicaid-in-Schools Claiming Experience



## SSG Increases Revenue and Provides Best in Class Customer Service

SSG has a proven track record of unparalleled compliance, increasing revenue for school districts, and delivery with a high level of customer services. Each year, SSG processes hundreds of millions in Medicaid claims for school clients. In one state alone, we processed over **\$100 million in administrative claims** in a four-year span.

### Question:

*"The program is operating fine today - why introduce change?"*

### Answer:

*SSG's transition model is designed to preserve existing workflows and revenue continuity while strengthening compliance safeguards, enhancing reporting transparency, and increasing proactive LEA engagement — all while saving the State money.*

Rated NPS  
World  
Class



SSG provides Agency with the best combination of compliance and revenue recovery. Moreover, SSG understands that to achieve these results requires a partnership with our clients and an unwavering commitment to customer service. In fact, using the Net Promoter System to gauge customer satisfaction, SSG is consistently rated by our clients as being “world class” in terms of the level of service that we provide.

### What our clients are saying...

*"Sivic's insight, responsiveness, technical assistance, and hands-on support has been critical to [our] continued success in the area of the federal reimbursements. [Our] invaluable partnership with Sivic has increased Agency capacity and strengthened our claiming infrastructure. Sivic's contribution and commitment to excellence is appreciated."*

*-Large City Child and Family Services Agency*

## Why Choose SSG for RMTS Services

SSG is the best vendor to provide the full scope of services to Agency. We are confident we can bring improvements to your current program and deliver satisfaction to you and your districts. The following highlights some of the ways in which SSG differentiates itself from the competition.

- **Complete End-to-End Program Expertise** – SSG is one of only two firms in the nation with the capability to administer every component of a School-Based Medicaid program under a single contract. Our comprehensive expertise across claiming, RMTS, cost reporting, compliance, training, and audit support provides West Virginia with a highly accountable partner that can seamlessly manage and optimize the entire program.
- **A Proven Partner for Continuous Improvement** – Selecting SSG gives West Virginia the benefit of a qualified alternative that brings fresh ideas, new efficiencies, and proven best practices from school-based Medicaid programs across the country. Rather than simply maintaining existing processes, SSG is committed to identifying opportunities to enhance compliance, improve district satisfaction, and maximize reimbursement outcomes.

- **SSG has achieved 27% growth in MAC revenue across client projects.** Our easy-to-navigate and user-friendly system, e-SivicMACS, provides the necessary reporting and business logic to easily manage the MAC Program for peak performance, and is combined with a best-in-class service staff and training program. We deliver the systems and training that deliver success to our clients.
- **SSG is proud of the fact that we have not had any disallowances by federal or state partners in our Company's history.** There has been a lot of scrutiny on Random Moment Time Study (RMTS) services in the school-based claiming space over the past few years. SSG is proud that after these audits were completed our clients retained 100% of the Medicaid reimbursements they received.
- **SSG offers a record of success performing claiming services for schools and health departments across the country.** SSG works with public entities in Ohio, Nevada, New Mexico, Illinois, Florida, Kentucky, Pennsylvania, Washington DC, New York, New Jersey, Maryland, South Carolina, South Dakota, and others. We are proposing a staff with a combined century of experience and unmatched expertise with Medicaid claiming.
- **SSG presents a track record of success and prodigious value.** SSG will continually seek ways to increase your Medicaid revenue while upholding the highest standards of compliance to ensure you retain those funds to support the critical school-based services provided. We will do this at a competitive price that saves the taxpayers of West Virginia thousands of dollars.
- **SSG staffs projects with experienced personnel.** Some companies champion the experience of their staff, but the client finds far less experienced personnel perform the day-to-day work. This will not be Agency's experience with SSG. We are proud that the entire team assigned to your SBHS is comprised of staff with many years of knowledge about and deep expertise in the school-based Medicaid program.

### 3. QUALIFICATIONS

***3.1 Minimum of three (3) years of professional experience in administering and performing School-Based Administrative Claiming, Cost Reporting and RMTS on a statewide basis. The Vendor shall submit within three business days of request a detailed description of its experience that includes specific examples of prior work performed in a minimum of three (3) separate states, not including West Virginia, that list the following information: name of clients served, narrative description of type of services provided, dates, quality results (CMS acceptance or denial of any aspect of the work product, description of the results of audits of the work product, CMS disallowances (if any), and any other information related to the work product and whether it met with approval). The vendor may include in its response any other information that demonstrates the Vendor's relevant experience. The response shall correlate the components described above with the requirements of this solicitation to indicate specifically which have been successfully achieved (e.g., implemented on time, methodologies and supporting materials accepted by CMS, post-implementation successful operations and acceptance by CMS of resulting claims).***

***3.2 Within three (3) business days of request, the Vendor must provide documentation demonstrating that it has implemented a CMS-approved program in a minimum of three (3) separate states, not including West Virginia, Medicaid programs. The Vendor's response shall include documentation of CMS approval of implemented programs, such as CMS approval letter(s).***

***3.3 Within three (3) business days of request, the vendor must provide documentation demonstrating a minimum of one (1) year experience in development of Medicaid reimbursement strategies. Response shall include detailed description of the types of reimbursement methodologies developed, implemented, and supported in other States, specifically those types of methodologies that support pay for performance or that are tied to quality outcomes. Response shall also describe whether the methodologies were accepted by CMS (i.e., State Plan Amendment) and whether any claims calculated utilizing the developed methodologies have been audited by CMS (and if so the audit outcomes), as well as whether any such claims have been disallowed by CMS.***

*Ssg is one of the only two firms with experience in all areas of this RFP.*

Ssg supports districts across the United States with school-based Medicaid administrative claiming. The longevity of our relationships is a testament to our high-quality professional services, our staff's expertise, and our user-friendly, configurable systems.

### Highlights of Ssg School-Based Medicaid Programs

| State          | Fee for Service/Annual Cost Settlement | Admin. Claiming & RMTS | Training & Oversight | State Plan Support and Consulting |
|----------------|----------------------------------------|------------------------|----------------------|-----------------------------------|
| Arizona        | ✓                                      |                        |                      |                                   |
| Arkansas       |                                        |                        |                      | ✓                                 |
| Florida        | ✓                                      | ✓                      | ✓                    | ✓                                 |
| Illinois       | ✓                                      | ✓                      | ✓                    | ✓                                 |
| Kentucky       | ✓                                      | ✓                      | ✓                    | ✓                                 |
| Louisiana      |                                        | ✓                      | ✓                    |                                   |
| Maryland       | ✓                                      |                        |                      |                                   |
| Mississippi    |                                        | ✓                      | ✓                    | ✓                                 |
| Missouri       |                                        |                        | ✓                    | ✓                                 |
| New Hampshire  | ✓                                      |                        |                      |                                   |
| New Mexico     | ✓                                      |                        | ✓                    | ✓                                 |
| New York       | ✓                                      |                        |                      |                                   |
| Ohio           |                                        | ✓                      | ✓                    | ✓                                 |
| Pennsylvania   | ✓                                      | ✓                      | ✓                    | ✓                                 |
| South Carolina | ✓                                      |                        |                      |                                   |
| South Dakota   |                                        | ✓                      | ✓                    | ✓                                 |
| Washington D.C |                                        | ✓                      | ✓                    |                                   |

## SSG School-Based Medicaid Programs Years of Experience

| Project                                                                                                                                           | Years of Service | Dates of Service |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------|
| Pennsylvania Department of Human Services Direct Service Claiming, Random Moment Time Study, and Medicaid Administrative Claiming                 | 3                | 2023 – Present   |
| Pennsylvania Department of Human Services Cost Settlement                                                                                         | 9                | 2016 – Present   |
| Chicago Public Schools SNAP/Medicaid Time Study                                                                                                   | 12               | 2014 – Present   |
| District of Columbia Public Schools RMTS and Cost Settlement                                                                                      | 10               | 2016 – Present   |
| Florida Medicaid Administrative Claiming                                                                                                          | 11               | 2015 – Present   |
| Ohio Department of Education Random Moment Time Study                                                                                             | 4                | 2022 – Present   |
| Louisiana Department of Health Random Moment Time Study                                                                                           | 0.10             | 2025 – Present   |
| South Dakota Department of Social Services Time Study & MAC                                                                                       | 4                | 2022 – Present   |
| Mississippi Department of Education Random Moment Time Study                                                                                      | 0.9              | 2025 – Present   |
| Kentucky Statewide Schools Time Studies & Medicaid Administrative Claiming                                                                        | 6                | 2014 – 2020      |
| Missouri Department of Social Services Cost Settlement Implementation                                                                             | 5                | 2014 – 2019      |
| New Mexico Cooperative Educational Services Procurement Contract<br>(Serving 50 school districts under this contract for Direct Service Claiming) | 21               | 2005 - Present   |
| Florida Orange County Public Schools                                                                                                              | 17               | 2009 - Present   |
| Baltimore County Public Schools                                                                                                                   | 8                | 2018 - Present   |

## Key Project Details

| Client                                                                                                                                                                                           | 3.1 Administering and Performing                                                                                                                                                                                                                                                                                               | 3.2 Implemented a CMS approved program                                                                                                                                                                                                                                                                                                        | 3.3 Development of Medicaid Reimbursement Strategies                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Pennsylvania Statewide Schools</p> <p>Cost Settlement and QA of Time Study Coding and Direct Services Claims</p> <p>Contacts<br/>Jennifer Furrow<br/>Tel. #: 717-772-6148</p>                 | <ul style="list-style-type: none"> <li>RMTS Operations</li> <li>Quarterly MAC Claims</li> <li>Annual Cost Settlement</li> <li>Direct Service Claiming</li> <li>Oversight and Monitoring of 50 districts each year</li> <li>Training on all aspects of the program</li> <li>Project Management</li> <li>Rate Setting</li> </ul> | <ul style="list-style-type: none"> <li>The Medicaid solution implemented in PA is complaint with the approved SPA</li> </ul>                                                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>Consulting on CMS Grant Award</li> <li>Cost Analysis</li> <li>Claims Analysis</li> <li>Created unique trainings programs includes the use of Learning Management Software tools and Coffee Hours</li> </ul> |
| <p>Ohio Department of Medicaid</p> <p>Statewide Random Moment Time Studies</p> <p><u>Contacts</u><br/>Brittany Miracle<br/>Tel. #: 614.752.5588</p> <p>Hilary Stoll<br/>Tel. #: 614-705-1062</p> | <ul style="list-style-type: none"> <li>RMTS Operations</li> <li>Training on all aspects of the program</li> <li>Project Management</li> </ul>                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>The Medicaid solution implemented in OH is complaint with the approved SPA. (see current SPA in Appendix B)</li> <li>Developed SPA for Expansion of program under the 2023 CMS guidance</li> <li>SPA and Manuals are with CMS for review. See Appendix B for the Plan that is under review.</li> </ul> | <ul style="list-style-type: none"> <li>Developed new procedures for collecting participant and schedule information for RMTS</li> </ul>                                                                                                            |
| <p>South Dakota Department of Social Services</p> <p>School-Based RMTS and MAC</p> <p><u>Contacts</u></p>                                                                                        | <ul style="list-style-type: none"> <li>RMTS Operations</li> <li>Quarterly MAC Claims</li> <li>Training on all aspects of the program</li> <li>Project Management</li> </ul>                                                                                                                                                    | <ul style="list-style-type: none"> <li>The Medicaid solution implemented in SD is complaint with the approved SPA. Implementing an Annual Cost Settlement</li> <li>Drafted SPA</li> </ul>                                                                                                                                                     |                                                                                                                                                                                                                                                    |

| Client                                                                                                                                                                                    | 3.1 Administering and Performing                                                                                                                  | 3.2 Implemented a CMS approved program                                                                                                                                                                                 | 3.3 Development of Medicaid Reimbursement Strategies                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Raegan Winder-Norwick<br/>Tel. #: 605-773-3518</p> <p>Lori Langdeaux<br/>Tel. #: 605-773-3643</p>                                                                                      |                                                                                                                                                   | <ul style="list-style-type: none"> <li>See Appendix C for approved SPA</li> </ul>                                                                                                                                      |                                                                                                                                                                       |
| <p>State of Louisiana Department of Health</p> <p>Random Moment Time Study</p> <p>Contacts<br/>Jackie Cummings<br/>Tel. #: 225-342-7505</p> <p>Yolanda Ellis<br/>Tel. #: 225-342-3930</p> | <ul style="list-style-type: none"> <li>RMTS Operations</li> <li>Training on all aspects of the program</li> </ul>                                 | <ul style="list-style-type: none"> <li>The Medicaid solution implemented in LA is compliant with the approved SPA.</li> <li>Updating the Annual Cost Settlement process and method of cost collection</li> </ul>       | <ul style="list-style-type: none"> <li>Moved to a new electronic method for conducting RMTS</li> </ul>                                                                |
| <p>Mississippi Department of Education</p> <p>Random Moment Time Study</p> <p>Contacts<br/>Kegila Lyles<br/>Tel. #: 601-359-5128</p> <p>Louis King<br/>Tel. #: 601-359-5238</p>           | <ul style="list-style-type: none"> <li>RMTS Operations</li> <li>Quarterly MAC Claiming</li> <li>Training on all aspects of the program</li> </ul> | <ul style="list-style-type: none"> <li>The Medicaid solution implemented in MS is compliant with the approved SPA.</li> <li>Consulting on RMTS Handbook updates to come in line with CMS guidance from 2032</li> </ul> | <ul style="list-style-type: none"> <li>Creation of a tool and process for capturing School Nursing services to obtain additional state funding</li> </ul>             |
| <p>Chicago Public Schools</p> <p>Direct Service Claiming, Both as</p>                                                                                                                     | <ul style="list-style-type: none"> <li>RMTS Operations for SNAP</li> <li>Quarterly MAC Cost QA</li> </ul>                                         | <ul style="list-style-type: none"> <li>The Medicaid solution implemented in IL is compliant with the approved SPA.</li> </ul>                                                                                          | <ul style="list-style-type: none"> <li>Analysis to uncover uncaptured costs related to retirement accounts resulted in millions of revenue to the district</li> </ul> |



| Client                                                                                                                                                                                           | 3.1 Administering and Performing                                                                                                                                                                                                                                                      | 3.2 Implemented a CMS approved program                                                                                        | 3.3 Development of Medicaid Reimbursement Strategies                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Third-Party Administrator and as Direct Services Capture Provider</p> <p>Contacts<br/> Zenja Vaughn<br/> Tel. #: 773-553-1816</p> <p>Sam Reynolds<br/> Tel. #: 773-553-3376</p>               | <ul style="list-style-type: none"> <li>Annual Cost Settlement QA</li> <li>Direct Service Claiming</li> <li>Oversight and Monitoring</li> <li>Training on all aspects of the program</li> <li>Policy Consulting</li> <li>RMTS Quality Assurance</li> <li>Project Management</li> </ul> |                                                                                                                               | <ul style="list-style-type: none"> <li>Developed an enhanced Medicaid Matching process to improve identification of children eligible for Medicaid</li> </ul> |
| <p>District of Columbia Public Schools</p> <p>Time Study and Cost Settlement</p> <p>Contacts<br/> Tessa Haiden<br/> Tel. #: 202-654-6125</p> <p>Claudette Crawford<br/> Tel. #: 202-676-7209</p> | <ul style="list-style-type: none"> <li>RMTS Operations</li> <li>Annual Cost Settlement</li> <li>Direct Service Claiming</li> <li>Oversight and Monitoring of districts each year</li> <li>Training on all aspects of the program</li> <li>Project Management</li> </ul>               | <ul style="list-style-type: none"> <li>The Medicaid solution implemented in DC is compliant with the approved SPA.</li> </ul> | <ul style="list-style-type: none"> <li>Implemented new procedures for capturing costs</li> </ul>                                                              |
| <p>Baltimore County Public Schools</p> <p>Direct Service Claiming</p> <p>Contact<br/> Katina Pearce<br/> Tel. #443-809-9409</p>                                                                  | <ul style="list-style-type: none"> <li>Direct Service Claiming</li> </ul>                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>The Medicaid solution implemented in MD is compliant with the approved SPA.</li> </ul> | <ul style="list-style-type: none"> <li>Detailed RA analysis to look for areas for school to focus to move denied claims to paid claims</li> </ul>             |
| <p>Missouri Department of Social Services</p> <p>Development of a Cost Settlement</p>                                                                                                            |                                                                                                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li>Implementing an Annual Cost Settlement process</li> <li>Drafted SPA</li> </ul>         |                                                                                                                                                               |

| Client                                                                                                      | 3.1 Administering and Performing                                                                                                                                                                                                     | 3.2 Implemented a CMS approved program                                                                                                                                                            | 3.3 Development of Medicaid Reimbursement Strategies                                                                    |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| State Plan Amendment<br><br>(Contract Closed)                                                               |                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>See Appendix D for approved SPA</li> </ul>                                                                                                                 |                                                                                                                         |
| New Mexico CES Contract<br><br>Direct Service Claiming<br><br>Contact<br>David Chavez<br>Tel. #505-344-5470 | <ul style="list-style-type: none"> <li>Direct Service Claiming</li> <li>Training of Districts</li> <li>Project Management</li> <li>QA of Claims</li> </ul>                                                                           | <ul style="list-style-type: none"> <li>The Medicaid solution implemented in NM is complaint with the approved SPA.</li> <li>Consultation on their SPA related to expansion of services</li> </ul> | <ul style="list-style-type: none"> <li>Analyze claims and look for methods to improve revenue</li> </ul>                |
| KY Department of Medicaid<br><br>RMTS and MAC<br><br>(Contract Closed)                                      | <ul style="list-style-type: none"> <li>RMTS Operations</li> <li>Quarterly MAC Claims</li> <li>Oversight and Monitoring of districts each year</li> <li>Training on all aspects of the program</li> <li>Project Management</li> </ul> | <ul style="list-style-type: none"> <li>The Medicaid solution implemented in KY is complaint with the approved SPA.</li> </ul>                                                                     | <ul style="list-style-type: none"> <li>Devised the best method for capturing expanded services in their RMTS</li> </ul> |

***3.4 The Project Manager must have at least three (3) years' professional experience in School Based Administrative Claiming, Cost Reporting and RMTS on a statewide basis.***

**Stephanie O'Connor – Project Manager**

Ms. O'Connor has extensive experience in school-based Medicaid at multiple state government agencies. She has worked with the State of Kentucky to achieve several program milestones such as overseeing initial cost reporting/cost settlement, adding additional services to the School-Based Health Service program, and assisting with the implementation of Free Care. Ms. O'Connor's range of experience and expertise includes state/federal regulatory interpretation and implementation, compliance, auditing, fiscal oversight, training content development, and training instruction.

Ms. O'Connor holds a Bachelor of Arts (BA) degree from Southern New Hampshire University.

## 4. MANDATORY REQUIREMENTS

### 4.1.1 Random Moment Time Study (RMTS)

**4.1.1.1** *The Vendor shall be responsible for developing, implementing, and reporting to the Agency the results of a quarterly, statewide time study that is consistent with State Plan authority and based on a Random Moment Sampling methodology to determine the amount of time and associated costs LEA staff provides in support of the Medicaid SBHS program.*

#### Random Moment Time Study (RMTS) Snapshot

e-SivicsMACS meets all the requested functionality with proven systems and procedures for operating a compliant time study for all cost pools in West Virginia

Used in 12 States

\$0 of OIG Disallowances from Audit Findings

Conduct 110+ Time Studies a quarter

100K+ Participants Loaded Monthly

1,000+ Unique Work Schedules

93% Annual Average Response Rate across all Time Studies

#### REQUIREMENT ALIGNMENT

- ✓ Allows for Multiple Cost Pools
- ✓ Web-based with e-mailed Moments
- ✓ Automated Follow-up Centralized Coding
- ✓ 100% secondary review of moments

#### SOLUTION APPROACH

- ✓ Configured to meet West Virginia SPA
- ✓ Experienced coders
- ✓ Real-Time reporting to monitoring compliance
- ✓ Continuous training opportunities for participants and coordinators

#### AGENCY VALUE

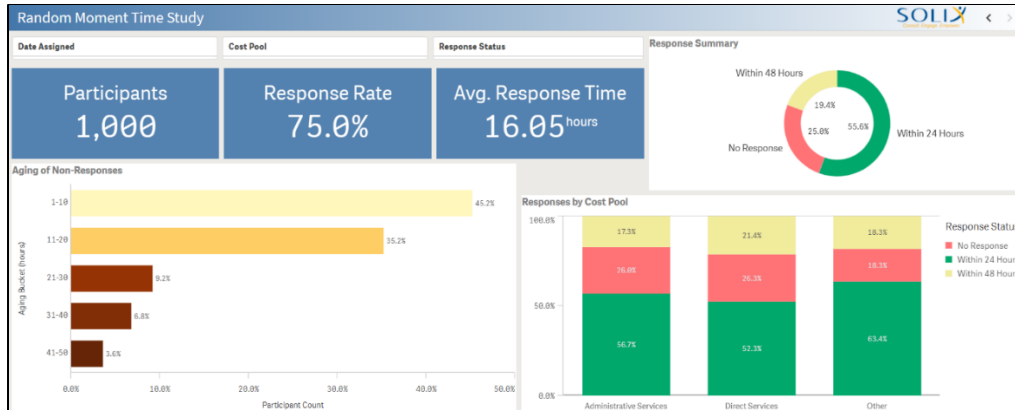
- ✓ Reduce burden on staff through automated processes and intuitive functionality
- ✓ Attain high compliance by ensuring all services meet eligibility criteria before submission
- ✓ Maximize revenue through automated claim submission and maximizing Medicaid eligibility identification

**SSG ADVANTAGE:** e-SivicMACS is built on a simple principle: compliance and revenue should never be in tension. Every element of the system — from moment coding to time study administration — is engineered directly from CMS and West Virginia State Plan guidance, so districts capture every dollar they've earned without carrying audit risk. Due to the system being designed to minimize burden on the people actually doing the work, participation stays high and data stays clean, which is what makes the revenue and compliance outcomes possible in the first place.

*Coding Process and Precision that Protects Revenue and Compliance  
 Built on CMS Compliance, Not Around It*

*SSG provides the Agency added value by validating districts including all eligible staff on their rosters to maximize revenue, while also ensuring that only appropriate staff members are added to the pool to maximize compliance.*

SSG operates RMTS as a controlled, audit-defensible process that protects State revenue, maintains statistical validity, and minimizes burden on LEAs through centralized coding, active participation management, and system-driven controls. e-SivicMACS provides a web-based RMTS system to manage samples, generate moments, email surveys, document LEA time spent conducting Medicaid direct medical and administrative services, and determine if the services are eligible for reimbursement.



### RMTS Compliance Dashboard

SSG will:

- Implement and maintain e-SivicMACS, a statewide RMTS online service;
- Operate four-time studies for the various cost pools;
- Conduct face-to-face and/or web-based training statewide of the program participants in the RMTS process, and be available to conduct additional web-based training sessions as needed;
- Conduct RMTS activities every quarter within the deadlines set by the State;
- Randomly select a sample of staff and moments, using a statistically valid methodology necessary to attain a 95% response rate;
- Generate approximately the required number of moments per staff pool;
- Conduct centralized coding of RMTS responses received from LEAs in accordance with CMS regulations and the State's handbook;
- Promote consistency and accuracy of the RMTS coding requirements with no variations; and
- Communicate with LEAs and the State, within one business day, regarding any delays/problems related to RMTS process.

**Note:** Specifics of the RMTS will be decided in collaboration with the State upon contract award.

## Developing and Implementing RMTS

SSG offers Agency a proven record of successfully conducting RMTS school-based claiming programs. We deliver quality services in RMTS projects across the country for a wide variety of public service agencies. SSG combines the right mix of proven technology and experienced staff to effectively perform the scope of services. In the figure below, we outline the high-level tasks that each key stakeholder group will perform.

*SSG has a solid understanding of the critical elements required to perform a quality RMTS. Our RMTS expertise assures Agency that SSG can quickly stand up a RMTS that is fully compliant with federal and state regulations.*

e-SivicMACS provides a web-based RMTS system to manage samples, generate moments, email surveys, document LEA time spent conducting Medicaid direct medical and administrative services, and determine if the services are eligible for reimbursement.

SSG will conduct quarterly RMTS of the participating LEAs. The results from the RMTS will be used to allocate staff time spent performing Medicaid and non-Medicaid reimbursable activities. To fulfill the RFP requirements and to ensure the highest possible results, SSG will perform the following:

- Implement and maintain e-SivicMACS, a statewide RMTS online system;
- Conduct trainings statewide for the RMTS participants;
- Conduct RMTS activities every quarter within the timeframes set by Agency;
- Randomly select a sample of staff and moments, using a statistically valid methodology necessary to attain the desired confidence level;
- Conduct coding of RMTS responses received from LEAs in accordance with CMS regulations and State requirements;
- Promote consistency and accuracy of the RMTS coding requirements with minimal variations; and
- Communicate with the LEAs and Agency regarding any delays or problems related to the RMTS process.

**Note:** Specifics of the RMTS will be decided in collaboration with Agency upon contract award.

Combining our staff expertise and the functionality of e-SivicMACS, SSG will support all Agency's random moment sampling requirements.

### **Select Employees and Moments**

After the sample pools have been imported into or updated in e-SivicMACS, the random moments for each cost pool are generated separately. For each cost pool, each moment is generated by randomly selecting a participant name and matching them with a randomly selected one minute moment between the start date and end date of the quarter, eliminating the weekends and holidays. If the selected moment is outside the work schedule of the participant, then another one-minute moment is selected after putting back (random selection with replacement) the original moment. This process continues until the moment is within the work schedule of the participant. At the end of the process, we have a valid moment generated. This process will continue until we have the required number of valid moments generated.

Before the random selection of a participant or the one-minute moment, any and all possible participants and one-minute moments are put back into the pool. This process is called random moment generation with replacement, which is a requirement for federal compliance.

Homogeneity is a key element to the determination of the validity of the sample. The test for homogeneity is to review the time study results to determine if any subset of the data is different. In this review, SSG will gain an understanding of the job descriptions of the sampled participant groups and analyze them across the standardized State-defined job descriptions versus the individual LEA's job descriptions. We will also review the inclusion of positions in the incorrect cost pool. e-SivicMACS only allows the approved job codes and positions for the appropriate cost pool.

### ***Distribute and Collect Time Study Participant Responses***

e-SivicMACS sends an email to the selected person with a link to the Web Form, where the participants will provide the time study response. The Web Form includes a series of questions about the person's activity at the time of the selected moment.

#### **Participant e-mail**

The Participant will receive an email with a message similar to the one below

**From:** demo@ssg.com  
**Sent:** Monday, June 10, 2013 2:56 PM  
**To:** ldamon@demo.com  
**Subject:** Immediate Response Needed - Random Moment Survey

Hello Lindsay Damon:

You were selected for random moment sampling at 2:53 PM (EST) on Monday, June 10, 2013.

Employee ID: LDAMON

CLICK ON THIS LINK TO RESPOND TO YOUR MOMENT

[Observation Link](#)

1) To access your random moment, click on the "Observation Link" above.

2) On the initial sign-on screen enter your employee ID, which is provided above.

3) After the random moment is displayed, please select the applicable school from the [drop down](#) menu.

4) For all sample moments, you must provide comments in sufficient detail to document your activity.

5) Click Save and Exit to complete your random moment.

Completion of the random moment is MANDATORY. The form must be completed, even if you were not working during your selected moment.

If you have any questions or difficulty in completing your random moment, please contact your RMTS Coordinator immediately by telephone or email.

Do not respond to this email, but call or email the RMTS Coordinator.

Thank you,  
RMTS Coordinator

Florida Medicaid SDAC - e-SivicMACS

Sign Into Your Account

Employee ID

SSG  
SCHOOL BASED HEALTH SERVICES GROUP

*proprietary.*

**1. Message includes Employee/Participant ID**

**2. Click on link**

**3. Enter Employee/Participant ID Click "Login"**

The participant accesses the system with a single click, enters his/her Employee ID (or other unique ID assigned by their LEA), and quickly responds to several required questions about the tasks performed at that moment in time. Participants are not required to log into the RMTS system. After saving the response, the participant can return to their daily work.

The observation collection screen, illustrated below, is uncluttered and streamlined for easy data entry, minimizing disruption to the participant's important work. A sample completed moment is illustrated below. These survey questions are configurable to Agency's requirements.

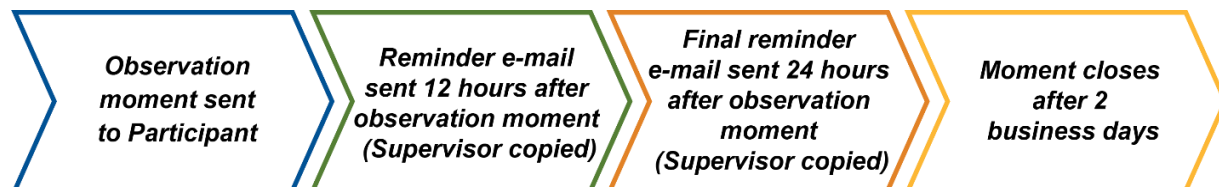
| Sample 2020 Jan-Mar AP Sample                                                                                                                               |                                                                                          | <a href="#">History</a> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------|
| <b>Participant Name</b> _____                                                                                                                               | <b>Moment</b> 1/6/2020 1:42:00 PM                                                        |                         |
| <b>Region</b> _____                                                                                                                                         | <b>Observation Type</b> Electronic                                                       |                         |
|                                                                                                                                                             | <b>Observation ID</b> 120545                                                             |                         |
| <b>Program *</b>                                                                                                                                            | 100 - SCHOOL BASED HEALTH SERVICES PROGRAM                                               |                         |
| <b>Activity *</b>                                                                                                                                           | 1A - Non-Medicaid Outreach                                                               |                         |
| <b>Were you working during sampled moment? *</b>                                                                                                            | Yes, I was working                                                                       |                         |
| <b>Who was with you? *</b>                                                                                                                                  | No one.                                                                                  |                         |
| <b>What were you doing? Please be as specific as possible *</b>                                                                                             | Talking on the phone with a parent who was asking for food assistance for her two girls. |                         |
| <b>Why were you performing this activity? *</b>                                                                                                             | Because the family needs food.                                                           |                         |
| <b>Is this activity regarding a Special Education student? ("Unknown" is not applicable when delivering direct medical service at the time of moment) *</b> | No                                                                                       |                         |
| <b>Is the service you provided part of child's IEP *</b>                                                                                                    | No                                                                                       |                         |
| <b>Comments</b>                                                                                                                                             |                                                                                          |                         |

e-SivicMACS will not allow the participant to open the link for entry of his/her response until the moment time.

If the participant does not complete the form within 24 hours, reminder notifications will be sent, with subsequent reminders sent thereafter, as needed. If the participant does not respond, the link will be locked after the time period defined in the RMTS Implementation Plan. Agency sets the parameters for the timing and number of reminder emails that are sent to the participant. An LEA Supervisor is usually copied on the reminders and reports of incomplete surveys are available.

***Our system is flexible to control the timing and the number of the notifications and reminders to comply with the State's Program Guidebook.***

Below illustrates a typical observation timeline.





## ***Centralized Coding of the Moments***

*With a keen eye on quality and accuracy, SSG's experienced personnel select the appropriate code for each moment.*

Accurate coding of the moments is essential to the success of Agency's RMTS and ensuring you receive the appropriate reimbursement amount. SSG takes several steps, as illustrated below, that are designed to produce a compliant claim that is accepted and paid in a timely manner.

### **SBAC RMTS Program Central Coding**

#### **SSG Utilizes Centralized Coding**

SSG Coders take the participant responses and select the appropriate program and activity code.

#### **Key Factors of Success**

- Having a centralized coder that is familiar with program regulations
- How accurately sampled participants answer the questions on a web-based survey

**RMTS responses that are incomplete or unclear will prompt the SSG coders to send an email or make a phone call to participant requesting additional information.**

## ***Initial Coding***

e-SivicMACS will review the completed moment and select the appropriate activity codes based on the guidelines provided by Agency. We will develop a "Central Coding Guide" with a cross reference between typical responses and the activity to be selected for approval by Agency's Management.

As the e-SivicMACS attempts to identify the appropriate activity code for RMTS responses, some responses will have inadequate or contradictory information. In these cases, the Coder will email the Participant or Medicaid Coordinator, request clarification, and emphasize the importance of responding timely.

## ***SSG Conducts a Secondary Review of Centralized Coding***

To assure accuracy of Agency's claim, an internal review of the coding will be done by a SSG Coder. If there is any discrepancy between the codes selected, the QA Manager will resolve the conflict based on discussion and logic behind the coder's selection.



### ***Provide Assistance in Maintaining High Participation Rates***

Agency requires a response rate for the time study survey of at least 85%. During the quarter, SSG will review the completed time study responses to ensure the number of responses received meets the required statistical validity. SSG will monitor LEA-specific participation rates, notify an LEA when its rate is below the required threshold and assist Agency and the LEA in identifying and resolving the reasons for the non-compliance.

The e-SivicMACS system also offers real-time online reports for RMTS Coordinators to monitor participation. SSG recommends that this report, which identifies moments which have not been responded to, be produced several times.

***4.1.1.2 The Vendor shall be responsible for documenting RMTS procedures and providing the Agency with support for its Time Study Implementation Guide within five (5) business days of request. The Time Study Implementation Guide must be approved by the Agency prior to distribution.***

SSG will document and maintain comprehensive RMTS procedures and, upon Agency request, will provide support for the development, review, and updating of the Time Study Implementation Guide within five (5) business days. Drawing on our extensive experience administering RMTS programs for over eight (8) state Medicaid agencies and school districts nationwide, SSG will help ensure that the Guide accurately reflects program requirements, operational processes, CMS guidance, and industry best practices.

Support may include documenting RMTS methodologies, participant selection processes, coding procedures, quality assurance protocols, training requirements, compliance controls, and reporting procedures. SSG will work collaboratively with the Agency to incorporate program updates, regulatory changes, and operational enhancements into the Guide as needed.

SSG understands that the Time Study Implementation Guide is a key program governance document and will ensure that all draft materials are submitted for Agency review and approval prior to distribution or implementation

## RMTS Implementation Guides

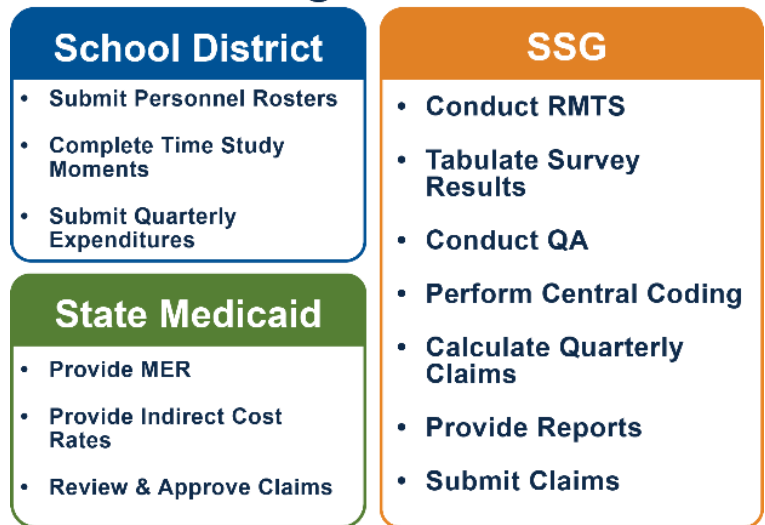
Below are two of SSG's program guides examples:

1. The guide for the LEA staff who are designated RMTS Coordinators; and
2. The guide for Finance users who enter costs and generate the Medicaid claim in e-SivicMACS.

The RMTS guide provides:

- Background of Program;
- Key elements of the RMTS;
- Timelines;
- Step by Step Instructions for entering information in the system;
- Training Information; and
- Best Practices.

## A Winning Collaboration





## **e-SivicMACS**

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### **Coordinator Guide**

### **Random Moment Time Study (RMTS)**

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**[Redacted] Department of Social Services (DSS)**

**Sivic Solutions Group (SSG)**

**Medicaid School Based Claiming (SBC)**

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Version 1.0

September 2022

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#### Websites & Trainings:

- 1) e-SivicMACS RMTS web address: <https://sdmac.ssghosting.com/rms/Login.aspx>

*\*Please note that the 'RMTS Coordinator User Manual' and [REDACTED] Program Dates and Deadlines Table' is also located in the 'Resources' section in the e-SivicMACS RMTS online system.*

- 2) RMTS Coordinator Training Recorded Webinar: <https://attendee.gotowebinar.com/recording/3715780180122799619>

#### Sample RMTS User Manual Contents



**e-SivicMACS**

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## **Medicaid Administrative Claim (MAC) Guide**

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**[Redacted] Department of Social Services (DSS)**

**Sivic Solutions Group (SSG)**

**School Based Medicaid Program (SBMP)**

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Version 1.1

October 2025

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**Websites & Trainings:**

1) e-SivicMACS MAC web address: <https://sdmac.ssghosting.com/rms/Login.aspx>

*\*Please note that the 'Medicaid Administrative Claim (MAC) Guide' and [REDACTED] Program Dates and Deadlines Table' is also located in the 'Resources' section in the e-SivicMACS MAC online system.*

*\*If you are having technical issues or need to remove MAC access/provide access to another person, please contact [sdsupport@sivicsolutionsgroup.com](mailto:sdsupport@sivicsolutionsgroup.com)*

***Table of contents for SSG's MAC User Manual.***



**4.1.1.3        *The Vendor shall not implement changes to the RMTS procedure without prior approval of CMS and the Agency.***

SSG agrees to not implement changes to the RMTS procedure without prior approval of CMS and the Agency.

**4.1.1.4        *The Vendor shall conduct the RMTS on a quarterly basis. Quantified results from the time study will be used to allocate the amount of time staff spent on Medicaid and non-Medicaid reimbursable activities. The results will also be used to calculate costs associated with an Administrative Claim, as well as to calculate the relevant statewide percentages used in the calculation of LEA-specific Direct Services rates. The Vendor will perform these calculations and provide them no later than the 15th of the month following the quarter end.***

SSG will administer the Random Moment Time Study (RMTS) on a quarterly basis and perform all activities necessary to support accurate and compliant time study results. Our approach includes participant management, sample generation, response monitoring, coding, quality assurance review, validation, and reporting to ensure reliable study outcomes.

Using the approved RMTS results, SSG will calculate the statewide percentages necessary to support both Administrative Claiming and Direct Service claiming methodologies. This includes allocation of staff time between Medicaid and non-Medicaid activities, calculation of administrative claiming percentages, and determination of the applicable statewide percentages used in the calculation of LEA-specific direct service rates.

SSG will perform all required calculations, conduct quality assurance reviews to verify accuracy and consistency, and provide the resulting reports and calculations to the Agency no later than the 15th day of the month following the end of each quarter. Leveraging our extensive experience administering statewide RMTS programs, SSG will ensure calculations are completed timely and in accordance with CMS guidance, the West Virginia Medicaid State Plan, and applicable program requirements.

***Tabulate Time Study Results***

Based on the centralized coding process, SSG calculates the activity code percentages and applies them to the cost data submitted by the LEAs. To tabulate final results, the following normalization techniques are applied:

- Redistribution of observations representing general and administrative activities; and
- Elimination of activities that are deemed unallowable for federal claiming purposes.

The result is the calculation of the percentage of time that employees spent performing Medicaid-claimable activities.

### ***Tabulate Time Study Results and Communicate Results to the Agency***

Based on the centralized coding process, SSG calculates the activity code percentages and applies them to the cost data submitted by the LEAs. In order to tabulate final results, the following normalization techniques are applied:

- Redistribution of observations representing general and administrative activities; and
- Elimination of activities that are deemed unallowable for federal claiming purposes.

The result is the calculation of the percentage of time that employees spend performing Medicaid-claimable activities.

All responses and coding are tracked within the system. This includes an audit history that shows everything that happened from the moment generation through coding and tabulation. For example, if a provider is contacted to provide additional information on a moment, the updated information is captured within the system.

***SSG employs experienced RMTS coding staff with WV experience to perform 100% of coding AND 100% QA of all moments.***

### ***Analyze Time Study Trends and Report to Agency***

SSG understands the need to perform a complete, detailed analysis of the time study results on a quarterly basis. It is important to identify trends in time study results and categories of staff that may only rarely perform claimable activities. SSG will analyze the time study results by:

- Activity code;
- Provider category (speech therapist, occupational therapist, etc.); and
- LEA.

SSG will provide trend analysis reports on time study results to Agency. If we identify trends that negatively impact the program, we will make recommendations to Agency for where program changes and improvements can be made. We will analyze response rates by LEA and report any related issues.

|                                                                                         |                        |                  |
|-----------------------------------------------------------------------------------------|------------------------|------------------|
| Department of Medicaid                                                                  |                        |                  |
| QTR Dashboard                                                                           |                        |                  |
| Overall Response Rates                                                                  |                        |                  |
|                                                                                         | Response Count         | Percent of Total |
| Non-Response                                                                            | 1                      | 0.70%            |
| Unpaid Time Off/NLE                                                                     | 21                     | 14.69%           |
| Responses                                                                               | 121                    | 84.62%           |
| <b>Total</b>                                                                            | <b>143</b>             | <b>100.00%</b>   |
|                                                                                         |                        |                  |
| Non Responses/Unpaid Time Off                                                           | 22                     | 15.38%           |
| Responses                                                                               | 121                    | 84.62%           |
| <b>Total</b>                                                                            | <b>143</b>             | <b>100.00%</b>   |
| Raw Activity Responses                                                                  |                        |                  |
| Activity                                                                                | Count of Activity Code | Percent of Total |
| Allocable General Administration                                                        | 54                     | 37.76%           |
| Direct Medical Services - Covered as IEP Services                                       | 44                     | 30.77%           |
| Direct Medical Services - Covered under School Services Plan of Care (not under an IEP) | 5                      | 3.50%            |
| Direct Medical Services - Not Covered as an IEP or School Services Plan of Care         | 2                      | 1.40%            |
| Other Educational and Social Services (Non-Medical Services)                            | 15                     | 10.49%           |
| Program Planning, Development, and Interagency Coordination for Medical Services        | 1                      | 0.70%            |
|                                                                                         |                        |                  |
| Unpaid Time Off/Not Scheduled to Work                                                   | 22                     | 15.38%           |
|                                                                                         |                        |                  |
| <b>Total</b>                                                                            | <b>143</b>             | <b>100.00%</b>   |

#### *Exhibit Quarterly Sample Results*

**4.1.1.5** *Within three (3) business days of request, the Vendor must provide a sampling methodology for the RMTS that is consistent with and complies with the sampling plan criteria delineated in CMS-approved West Virginia SBHS Claiming Guide, revised May 8, 2020, which can be found at: <https://bms.wv.gov/media/25611/download?inline> and any applicable federal rules, which can be found at: <https://www.whitehouse.gov/omb/information-for-agencies/circulars/>. If subsequent guidance(s) is issued by CMS, the Vendor will be responsible for modifications to the sampling methodology to comply with any such changes upon request.*

### **RMTS Sampling Methodology**

SSG will utilize the existing and approved sampling methodology for Agency that satisfies all federal and state requirements and is consistent with your Program Guide.

Throughout the quarter, SSG reviews the completed time studies to ensure the number of responses received meets the threshold for statistical validity. We also review the responses from the summary results of time study responses and compare them with the minimum number of responses required to assure the statistical confidence level is met, with results reported quarterly to Agency.

e-SivicMACS will generate random samples for any Agency-specified period and can easily manage any number of RMTS participant cost pools.

**4.1.1.6        *The Vendor will establish cost pools, at a minimum, for Direct Service Providers, Targeted Case Management Providers, Personal Care Providers and Administrative Service Providers. For the quarter October - December 2025, approximately 4,907 medical and non-medical personnel participated in RMTS.***

### **Cost Pool Development and RMTS Administration**

SSG will establish and maintain the cost pools required to support the School-Based Health Services program, including at a minimum Direct Service Providers, Targeted Case Management Providers, Personal Care Providers, and Administrative Service Providers. SSG will work with the Agency to ensure that participant classifications and cost pool assignments are accurately maintained and reflect applicable program requirements, staffing structures, and claiming methodologies.

Based on the State's reported participation level of approximately 4,907 medical and non-medical personnel during the October–December 2025 quarter, SSG is well positioned to administer a large-scale statewide RMTS program. Our team has extensive experience managing complex RMTS implementations involving multiple provider types, cost pools, and thousands of participants while maintaining compliance with CMS requirements and industry best practices.

SSG will manage the assignment of participants to the appropriate cost pools, support ongoing maintenance of participant lists, perform quality assurance reviews, and ensure that RMTS results are accurately applied to the calculation of administrative claiming, direct service rates, and other program reimbursement methodologies. Through established controls and proven RMTS processes, SSG will help ensure the integrity and reliability of cost pool data and resulting claim calculations.

**4.1.1.7        *The Vendor shall assure that the sample size is statistically valid, and at a minimum, includes a confidence level of ninety-five percent (95%) with a precision level of +/- two percent (2%). The response shall include a description of the sample size determination methodology and calculations used to determine actual sample size that will be used.***

### **Statistical Validity of the Sample Size**

Random Moment Sampling is an allowable substitute for 100% time and effort reporting if it conforms to established principles. The sample size required to produce mandatory levels of precision and confidence is determined initially through application of the following equation:

Where:

n = the sample size

p = maximum anticipated rate of occurrence of the activities being observed

SE = the desired sample precision (sampling error)

z = 4.96, for 95 percent confidence level

An oversampling factor of ten (10) to twenty percent of the calculated sample size is then added in order to compensate for worker transfers, non-compliance and terminations, and the expected occurrence of invalid responses.

The calculation of minimum sample size is based on the highest expected rate of occurrence of any single activity. As long as the maximum occurrence rate does not exceed fifty percent, it is not necessary to increase the sample size to maintain the mandated precision and confidence levels.

In most time studies, the federal Program Support Centers requires at least 2,000 valid observations each quarter, using the following formula, where the highest incidence of occurrence of any activity is thirty percent based on a high estimate of the amount of general administration time in the RMTS.

$$n = \frac{.30(1-.30)}{\left(\frac{.02}{1.96}\right)^2} = 2017$$

After analyzing the RMTS results and determining the fluctuation in the highest incidence of occurrence of any activity, SSG will review the sample size to determine the sample size can be reduced. Oversampling with such a large population will not be a burden on the LEAs as the sampling will be spread through all participating schools, while assuring the sufficient sample size to meet the required precision and confidence levels.

Each quarter, SSG will review the completed time study forms to ensure the minimum number of responses received meets the required statistical validity. The results of this comparison will be reported quarterly to the Agency.

### ***Sample Confidence and Precision***

SSG will utilize the e-SivicMACS system to create statistically valid samples from a universe of eligible participants. The sample will be consistent and comply with the sampling plan referenced in the RMTS Guide (95 percent sample confidence level and +/- 2 percent precision level) and follow the OMB Circular A-87 guide. Our system is designed to be flexible and meet the requirements of multiple States and Clients across the country in following their approved sampling methodologies.

### ***System Tools for Ensuring Statistical Validity of the Sample***

Our system offers excellent tools, including graphical representation of the moments in the sample to ensure that the sample is truly random and is statistically valid and the correct methodology is followed and in compliance with the State and Federal guidelines.

### ***Sample Homogeneity***

Homogeneity of the sample is another key element to the determination of the validity of the samples. For this project, the assumption is that all workers in a sample pool are providing similar services. The test for homogeneity is to review the time study results to determine if any subset of the data is different. This review will also include gaining an understanding of the job descriptions of the sampled participant groups. The subsets could relate to position types or to characteristics of the job duties, or to both factors. Annually, the time sample results will be analyzed by position type, and by participant within position type. Dissimilarities will be reviewed to determine if changes are needed to the sampling methodology.

**4.1.1.8        *The Vendor shall have sample selection procedures, to be approved by the Agency, to randomly select a sample of staff and moments using a statistically valid methodology, including procedures of how Vendor will notify the participants of their selected moment and the timing of the notification via email, including timelines for reminder emails in the event the sampled participant does not respond. Notification procedures shall include capacity to include other staff (e.g., supervisor) on individual notification emails and reminder emails.***

## **Select Employees and Moments**

After the sample pools have been imported into or updated in e-SivicMACS, the random moments for each cost pool are generated separately. For each cost pool, each moment is generated by randomly selecting a participant name and matching them with a randomly selected one minute moment between the start date and end date of the quarter, eliminating the weekends and holidays. If the selected moment is outside the work schedule of the participant, then another one-minute moment is selected after putting back (random selection with replacement) the original moment. This process continues until the moment is within the work schedule of the participant. At the end of the process, we have a valid moment generated. This process will continue until we have the required number of valid moments generated.

Before the random selection of a participant or the one-minute moment, any and all possible participants and one-minute moments are put back into the pool. This process is called random moment generation with replacement, which is a requirement for federal compliance.

Homogeneity is a key element to the determination of the validity of the sample. The test for homogeneity is to review the time study results to determine if any subset of the data is different. In this review, SSG will gain an understanding of the job descriptions of the sampled participant groups and analyze them across the standardized State-defined job descriptions versus the individual LEA's job descriptions. We will also review the inclusion of positions in the incorrect cost pool. e-SivicMACS only allows the approved job codes and positions for the appropriate cost pool.

## Distribute and Collect Time Study Participant Responses

e-SivicMACS sends an email to the selected person with a link to the Web Form, where the participants will provide the time study response. The Web Form includes a series of questions about the person's activity at the time of the selected moment.

### Participant e-mail

The Participant will receive an email with a message similar to the one below

**From:** [demo@ssg.com](mailto:demo@ssg.com)  
**Sent:** Monday, June 10, 2013 2:56 PM  
**To:** [ldamon@demo.com](mailto:ldamon@demo.com)  
**Subject:** Immediate Response Needed - Random Moment Survey

Hello Lindsay Damon:

You were selected for random moment sampling at 2:53 PM (EST) on Monday, June 10, 2013.

Employee ID: LDAMON

CLICK ON THIS LINK TO RESPOND TO YOUR MOMENT

[Observation Link](#)

- 1) To access your random moment, click on the "Observation Link" above.
- 2) On the initial sign-on screen enter your employee ID, which is provided above.
- 3) After the random moment is displayed, please select the applicable school from the [drop down](#) menu.
- 4) For all sample moments, you must provide comments in sufficient detail to document your activity.
- 5) Click Save and Exit to complete your random moment.

Completion of the random moment is MANDATORY. The form must be completed, even if you were not working during your selected moment.

If you have any questions or difficulty in completing your random moment, please contact your RMTS Coordinator immediately by telephone or email.

Do not respond to this email, but call or email the RMTS Coordinator.

Thank you,  
RMTS Coordinator

Florida Medicaid SDAC - e-SivicMACS

Sign Into Your Account

Employee ID

*Proprietary.*

**1. Message includes Employee/Participant ID**

**2. Click on link**

**3. Enter Employee/Participant ID Click "Login"**

The participant accesses the system with a single click, enters his/her Employee ID (or other unique ID assigned by their LEA), and quickly responds to several required questions about the tasks performed at that moment in time. Participants are not required to log into the RMTS system. After saving the response, the participant can return to their daily work.

The observation collection screen, illustrated below, is uncluttered and streamlined for easy data entry, minimizing disruption to the participant's important work. A sample completed moment is illustrated below. These survey questions are configurable to Agency's requirements.



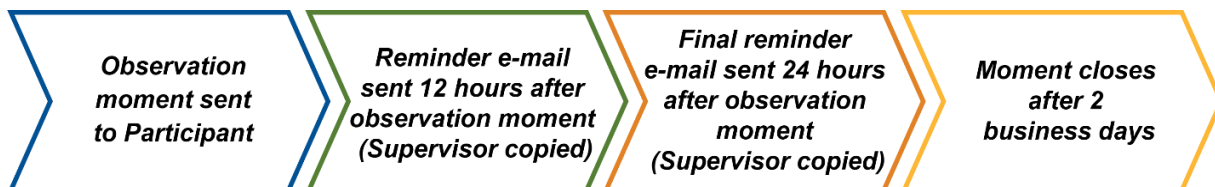
| Sample 2020 Jan-Mar AP Sample                                                                                                                               |                                                                                          | <a href="#">History</a> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------|
| <b>Participant Name</b> [redacted]                                                                                                                          | <b>Moment</b>                                                                            | 1/6/2020 1:42:00 PM     |
| <b>Region</b>                                                                                                                                               | <b>Observation Type</b>                                                                  | Electronic              |
|                                                                                                                                                             | <b>Observation ID</b>                                                                    | 120545                  |
| <b>Program *</b>                                                                                                                                            | 100 - SCHOOL BASED HEALTH SERVICES PROGRAM                                               |                         |
| <b>Activity *</b>                                                                                                                                           | 1A - Non-Medicaid Outreach                                                               |                         |
| <b>Were you working during sampled moment? *</b>                                                                                                            | Yes, I was working                                                                       |                         |
| <b>Who was with you? *</b>                                                                                                                                  | No one.                                                                                  |                         |
| <b>What were you doing? Please be as specific as possible *</b>                                                                                             | Talking on the phone with a parent who was asking for food assistance for her two girls. |                         |
| <b>Why were you performing this activity? *</b>                                                                                                             | Because the family needs food.                                                           |                         |
| <b>Is this activity regarding a Special Education student? ("Unknown" is not applicable when delivering direct medical service at the time of moment) *</b> | No                                                                                       |                         |
| <b>Is the service you provided part of child's IEP *</b>                                                                                                    | No                                                                                       |                         |
| <b>Comments</b>                                                                                                                                             |                                                                                          |                         |

e-SivicMACS will not allow the participant to open the link for entry of his/her response until the moment time.

If the participant does not complete the form within 24 hours, reminder notifications will be sent, with subsequent reminders sent thereafter, as needed. If the participant does not respond, the link will be locked after the time period defined in the RMTS Implementation Plan. Agency sets the parameters for the timing and number of reminder emails that are sent to the participant. An LEA Supervisor is usually copied on the reminders and reports of incomplete surveys are available.

***Our system is flexible to control the timing and the number of the notifications and reminders to comply with the State's Program Guidebook.***

Below illustrates a typical observation timeline.



**4.1.1.9      *The Vendor shall provide for oversampling of moments to ensure sampling objectives are met.***

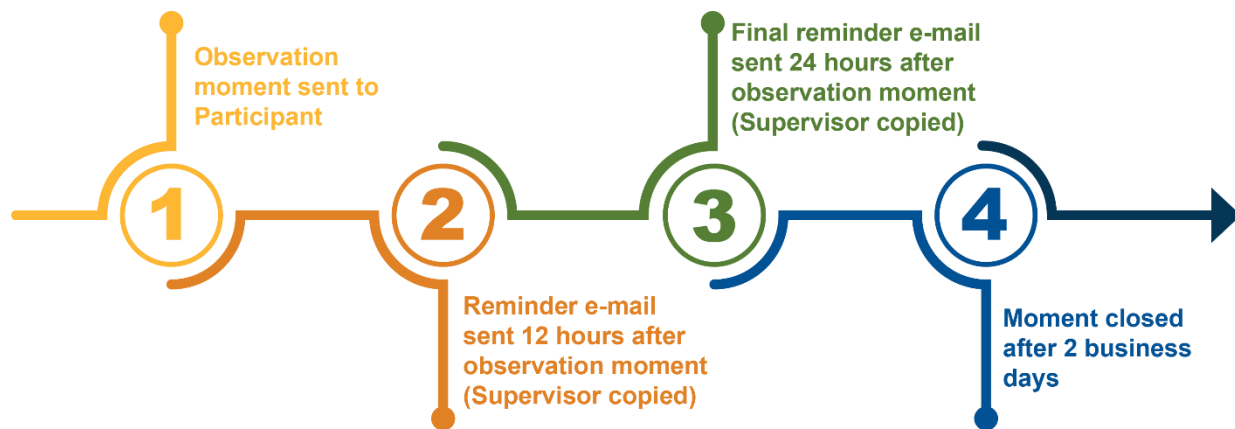
SSG will implement oversampling of Random Moment Time Study (RMTS) moments to ensure all CMS-required sampling objectives are met. Oversampling will be applied to:

- Achieve required response rates and valid moment counts;
- Account for anticipated invalid or non-responsive moments; and
- Maintain CMS-approved confidence and precision levels

All oversampling methodologies will align with CMS-approved statistical standards and the 2023 School-Based Services guidance, ensuring statistically valid results, defensible claiming, and full program compliance.

**4.1.1.10      *The Vendor shall have procedures, to be approved by the Agency, to address non-responsiveness to requested moments.***

SSG has the following process and with the approval of the Agency, we will implement this process in your school-based claiming program. If the participant does not complete the form within 24 hours, reminder notifications will be sent, with subsequent reminders sent thereafter, as needed. The link will be locked three days after the moment time if the participant has still not responded to the observation. **Our system is flexible to control the timing and the number of the notification and reminder emails.** An LEA supervisor is generally copied on the reminders.



**Observation timelines**

**4.1.1.11      *The Vendor shall create a universal sample pool database of LEA staff members eligible to participate in the time studies. The Vendor's sampling methodology must ensure that the universe of sample units is adequately represented to a ninety-five percent (95%) confidence level as described in 4.1.1.7 and provide for oversampling as described in 4.1.1.9.***

### **Universal Sample Pool Development and Statistical Representation**

SSG will establish and maintain a comprehensive universal sample pool database containing all eligible LEA staff members who participate in the Random Moment Time Study (RMTS). The database will be updated regularly to reflect staffing changes, participant eligibility, cost pool assignments, and other program requirements, ensuring the sampling universe remains accurate and current for each quarterly time study.

SSG will utilize a statistically valid sampling methodology designed to ensure the universe of sample units is adequately represented at the required ninety-five percent (95%) confidence level and will incorporate oversampling requirements as specified by the Agency. Our sampling processes include validation of participant rosters, cost pool assignment reviews, sample generation, and quality assurance controls to support the integrity and reliability of time study results.

Leveraging our extensive experience administering large-scale statewide RMTS programs, including programs with thousands of participants across multiple provider classifications, SSG will ensure that sampling methodologies are consistently applied and that sample sizes remain sufficient to support accurate administrative claiming, cost reporting, cost settlement, and direct service rate calculations.

**4.1.1.12      *The Vendor's sampling methodology must include a specification for single source interpretation and coding of all time study participants' activities. This requirement necessitates a process that participants only describe and report their activity at the sample moment. The Vendor will be responsible for coding all moments.***

### **Conduct Centralized Coding and Single-Source Interpretation**

SSG will utilize a centralized coding methodology that ensures all time study moments are interpreted and coded through a single source, consistent with Agency-approved activity code definitions and CMS requirements. Time study participants will only be responsible for describing the activity being performed at the sampled moment, while all activity code selection and assignment will be performed centrally by trained SSG QA Specialists.

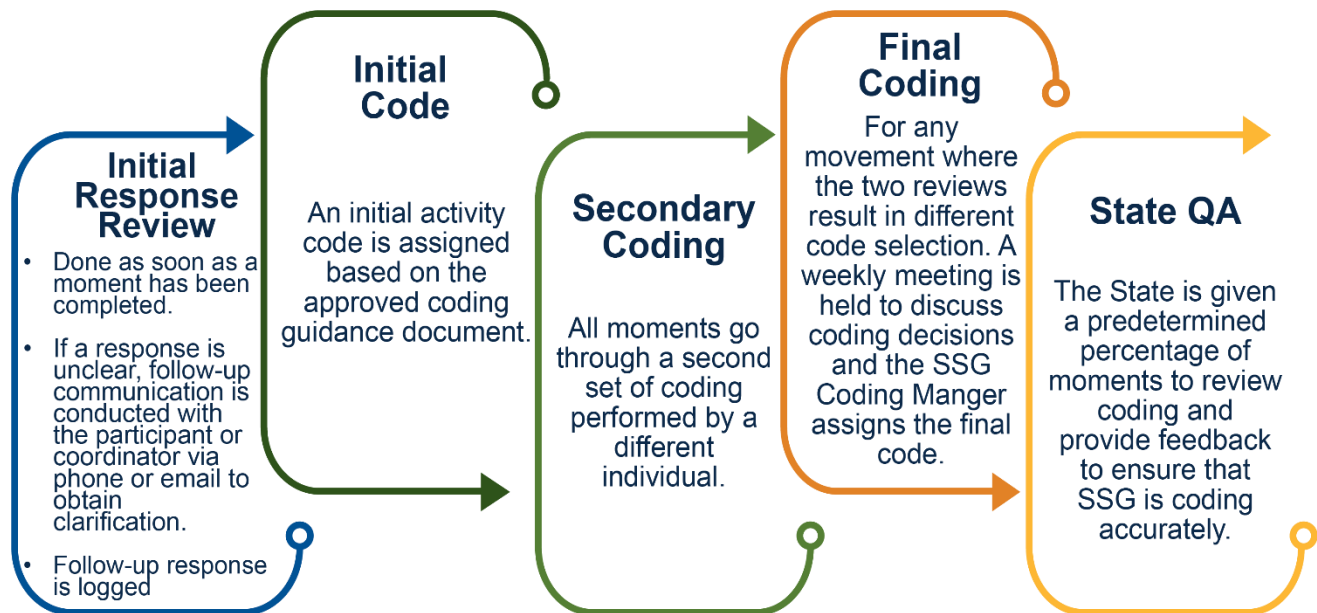
To promote statewide consistency, SSG will develop and maintain a Central Coding Guide that cross-references common participant responses with the appropriate activity codes for Agency review and approval. This guide will serve as the standard reference for all coding staff, ensuring uniform interpretation and application of activity codes across all participating LEAs.

SSG will provide ongoing training and calibration sessions for coding staff to reinforce coding definitions, review complex scenarios, analyze coding trends, and ensure consistent coding practices. When a participant response lacks sufficient detail to accurately assign an activity code, SSG QA Specialists will directly contact the LEA for clarification before finalizing the coding determination. This centralized quality assurance process promotes accurate, consistent, and defensible coding results and supports compliant claiming outcomes.

**4.1.1.13      *The Vendor's methodology must include a specification for primary and secondary review of the sampled moment activity descriptions and assigned codes to ensure coding accuracy and consistency, maintaining a tracking system to document all instances of reported errors in coding and ensuring corrective action is taken when errors are identified. The Vendor will be responsible for conducting follow-up as necessary to ensure proper coding and that data can be used.***

SSG's coding methodology, which is utilized in numerous states across the country, adheres to this comprehensive quality process. Moment responses are reviewed quickly, allowing for follow-up to for any answer that is unclear. Then, each moment is coded according to an established coding guide. All moments are reviewed by at least a second time to validate initial coding. All communication and coding decisions are documented.

Through this multi-level review process, formal error tracking, and proactive follow-up procedures, the Vendor will ensure coding accuracy, consistency, and data integrity, resulting in reliable and defensible time study data suitable for reporting, claiming, and audit purposes.



**4.1.1.14      *The Vendor shall be responsible to maintain each LEA's roster data. Results of roster data will be made available to the Agency in an Excel or .txt format upon request.***

### **Maintain Participant Screen**

SSG will maintain and manage roster data for each participating LEA to support the administration of the Random Moment Time Study (RMTS), claiming activities, and related program functions. Roster information will include participant demographics, job classifications, cost pool assignments, employment status, and other data elements required to support accurate sampling and reimbursement methodologies.

SSG will provide secure, web-based tools that enable LEAs to review, update, and certify roster information throughout the year. Our team will perform validation reviews, monitor roster submissions for completeness and accuracy, and work directly with LEAs to resolve discrepancies, process staffing changes, and ensure participants are assigned to the appropriate cost pools.

To support Agency oversight and reporting needs, SSG will maintain current roster records and make roster data available to the Agency upon request in Microsoft Excel (.xlsx) or text (.txt) format. Through ongoing maintenance and quality assurance procedures, SSG will help ensure that roster data remains accurate, complete, and audit-ready throughout the contract term.

## 4.1.2 Administrative Claiming

### Medicaid Administrative Claiming and Annual Cost Report SNAPSHOT

e-SivicMACS streamlines functionality with proven system for integrating claim components and generating compliant claims on a timely basis

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Used in 7 States<br>(including District of Columbia)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Cost reported by<br>1,000+ School Districts                                                                                                                                                                                                                                                             | 3,500+ quarterly and annual cost report claims calculated a year                                                                                                                                                                                                                                                                                                                                                                            |
| <b>REQUIREMENT ALIGNMENT</b> <ul style="list-style-type: none"> <li>✓ Entry of all allowable costs</li> <li>✓ Ability to make prior quarter claim adjustments</li> <li>✓ All required claim components integrated in a single system</li> <li>✓ Desk Review of all costs entered</li> <li>✓ Built in system edit checks and flagging of data</li> </ul>                                                                                                                                                                                                | <b>SOLUTION APPROACH</b> <ul style="list-style-type: none"> <li>✓ Entry of all allowable costs</li> <li>✓ Communication of timelines for data entry and certification</li> <li>✓ On-site and remote reviews of cost data</li> <li>✓ Implement solution within three months of contract award</li> </ul> | <b>AGENCY VALUE</b> <ul style="list-style-type: none"> <li>✓ System houses all components required for a claim in one place which reduces data entry and toggling between applications</li> <li>✓ Spend your time with students and staff, not in the system</li> <li>✓ SSG prioritizes the needs of the Agency and school districts. West Virginia is not just another client, but will be a valued partner and SSG's priority.</li> </ul> |
| <b>SSG ADVANTAGE:</b> e-SivicMACS eliminates the fragmentation that undermines most Medicaid administrative claiming programs. Quarterly claims, annual cost reports, and audit documentation all live in one system — so nothing gets lost between departments, staff turnover, or state fiscal years. When an audit request comes in, the answer isn't a scramble across five different tools; it's already there, organized and ready. That same continuity is what keeps interim claims and final cost settlements aligned, quarter after quarter. |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>One System, One Source of Truth   Monitoring and Desk Review Happens within the System   Quarterly Compliance and Revenue Generation</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                             |

**4.1.2.1** *The Vendor shall be responsible for using web-based software to collect accurate LEA staff, salaries, and other information, as required by the in CMS-approved West Virginia SBHS Claiming Guide, revised May 8, 2020 (See 4.1.1.5 for reference), to calculate aggregate LEA-specific Administrative Claim information.*

SSG offers Agency and the participating LEAs a flexible, robust and proven e-SivicMACS system. The Web Portal allows for exchange of information between LEAs and SSG and provides access to Agency. This functionality is available through a highly secured HIPAA compliant web-based user interface, accessible using Internet Explorer, Firefox and Safari browsers, without the need for any additional software. The table below provides an overview of the features and functionality of e-SivicMACS.



**4.1.2.2 The Vendor shall be responsible for collecting all allowable expenditure information per the CMS-approved West Virginia SBHS Claiming Guide, revised May 8, 2020, (See 4.1.1.5 for reference), from participating LEAs to compute individual LEAs' Administrative Claims.**

### Collecting Cost Data

As soon as the LEAs can financially close the last quarter in the period, SSG will begin the process of collecting and validating the cost information.

Our system has the functionality to collect and review all the following cost related information:

- Direct Costs (salaries, benefits, contracted costs, federal claimed costs);
- Transportation Staff Costs;
- LEA-wide Costs (allowable allocated costs) including but not limited to Direct Medical and "Transportation Other";
- Tuition payments paid by LEAs to send students to other LEAs or private schools for health-related services. SSG is familiar with the Health-Related Tuition (HRT) percentage used in some states to determine eligible tuition costs in those states where tuition payments are a mix of health, education, and residential expenses; and
- Depreciation of medical and transportation equipment.

The below screenshot provides a sample of the direct expenditure collection, verification, and finalization screen. Each cost category is captured in its own tab, as shown below.

| Job Category                | Participant ID | Employee ID | Type | Last Name | First Name | Quarter  | Salary Amt | Benefit Amt |     |
|-----------------------------|----------------|-------------|------|-----------|------------|----------|------------|-------------|-----|
| Speech Language Patholog... | 5_16153        |             | C    |           |            | OND 2014 | 0.00       | 0.00        |     |
| Speech Language Patholog... | 5_16153        |             | C    |           |            | JFM 2015 | 0.00       | 0.00        |     |
| Speech Language Patholog... | 5_19608        |             | S    |           |            | JFM 2015 | 0.00       | 0.00        |     |
| Speech Language Patholog... | 5_19608        |             | S    |           |            | OND 2014 | 0.00       | 0.00        |     |
| Speech Language Patholog... | 5_19608        |             | S    |           |            | JAS 2014 | 0.00       | 0.00        |     |
| Occupational Therapists     | 5_7513         |             | C    |           |            | JAS 2014 | 0.00       | 0.00        |     |
| Occupational Therapists     | 5_7513         |             | C    |           |            | OND 2014 | 0.00       | 0.00        |     |
| Occupational Therapists     | 5_7513         |             | C    |           |            | JFM 2015 | 0.00       | 0.00        |     |
| Speech Language Patholog... | 5_18006        |             | C    |           |            | JFM 2015 | 0.00       | 0.00        |     |
| Speech Language Patholog... | 5_18006        |             | C    |           |            | OND 2014 | 0.00       | 0.00        |     |
| Speech Language Patholog... | 5_18006        |             | C    |           |            | JAS 2014 | 0.00       | 0.00        |     |
| Speech Language Patholog... | 5_32456        |             | C    |           |            | JFM 2015 | 0.00       | 0.00        |     |
| Page Total:                 |                |             |      |           |            |          | \$0.00     | \$0.00      | \$0 |
| Grand Total:                |                |             |      |           |            |          | \$0.00     | \$0.00      | \$0 |

## An Effective Quality Assurance Process

Our quality assurance (QA) processes rely on implementation of quality checklists, desk reviews, and random sample reviews to achieve the desired results. SSG will review the cost reports to ensure accuracy, completeness, and conformance to State and CMS cost reporting methodologies. An automated component of this review is conducted by our e-SivicMACS system, which performs edit checks to ensure compliance with the State Plan Amendment (SPA). Quality assurance, desk audits, and verifications are conducted by our experienced staff to ensure that the State is following federal regulations.

## Retention of Supporting Documentation

During SSG reviews, we may request additional supporting documentation or explanation for certain costs. e-SivicMACS can centrally house all communication between the Reviewer and the LEA to track the conversations. LEAs have the option of uploading their supporting documentation directly into e-SivicMACS, allowing for enhanced visibility for all stakeholders into the review process. The key elements of the data quality assurance review are illustrated below.



The below screenshots provide samples of the Monitoring and Review screens of e-SivicMACS.

| Fiscal Year* FY 2016-2017 |                                                                                                                                                                         | Contact Information |                                    |                                  |                                                  |                        |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------|----------------------------------|--------------------------------------------------|------------------------|
| LEA* 10                   |                                                                                                                                                                         | Monitoring Outcomes |                                    |                                  |                                                  |                        |
| S.No                      | Category                                                                                                                                                                | Status              |                                    |                                  |                                                  |                        |
| 1                         | <b>Salaried Staff Costs</b><br>Please Provide Supporting Documentation For Salary Staff Cost Information                                                                | Reviewed            | <a href="#">Monitoring Request</a> | <a href="#">Upload Documents</a> | <a href="#">Response/Discussion(03/05 13:34)</a> | <a href="#">Review</a> |
| 2                         | <b>Contracted Staff and Services</b><br>Please Provide Supporting Documentation For Contracted Staff and Services                                                       | Reviewed            | <a href="#">Monitoring Request</a> | <a href="#">Upload Documents</a> | <a href="#">Response/Discussion(03/05 13:34)</a> | <a href="#">Review</a> |
| 3                         | <b>Direct Medical Service Staff - Credentials &amp; Licensing</b><br>Please Provide Supporting Documentation For Direct Medical Service Staff - Credentials & Licensing | Reviewed            | <a href="#">Monitoring Request</a> | <a href="#">Upload Documents</a> | <a href="#">Response/Discussion(03/05 13:35)</a> | <a href="#">Review</a> |
| 4                         | <b>Direct Medical Services Other Costs</b><br>Please Provide Supporting Documentation For Direct Medical Services Other Costs                                           | Reviewed            | <a href="#">Monitoring Request</a> | <a href="#">Upload Documents</a> | <a href="#">Response/Discussion(02/26 14:33)</a> | <a href="#">Review</a> |
| 5                         | <b>IEP Ratio</b><br>Please Provide Supporting Documentation For IEP Ratio                                                                                               | Reviewed            | <a href="#">Monitoring Request</a> | <a href="#">Upload Documents</a> | <a href="#">Response/Discussion(03/06 11:15)</a> | <a href="#">Review</a> |
| 6                         | <b>Tuition Payments</b><br>Please Provide Supporting Documentation For Tuition Payments                                                                                 | Reviewed            | <a href="#">Monitoring Request</a> | <a href="#">Upload Documents</a> | <a href="#">Response/Discussion(03/05 13:40)</a> | <a href="#">Review</a> |

| Salaried Staff Costs                                                                                                                                                                                                                                                                                                           |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>DWhitney - (3/5/2019 1:34:11 PM)<br/>The documentation needed is for 7/1/2016 - 6/30/2017</p> <p>mwhitney - (3/5/2019 1:11:13 PM)<br/>To confirm that the information you would like us to provide is going off the school year and fiscal year is 16-17. All the monitoring request say 7/16-6/17. Please let us know.</p> |  |



**4.1.2.3      The Vendor shall be responsible for developing a standardized, Internet-based system for collection of RMTS information which may include, but not be limited to, collection of LEA staff rosters, adjustments to staff rosters and school calendars.**

### **SSG Experience Conducting Random Moment Time Studies**

*e-SivicMACS, SSG's web-based Medicaid administrative claiming solution is easily configurable to meet Agency requirements to be ready for go-live.*

SSG is an industry leader in the design and implementation of random moment time studies (RMTS), with most SSG Consultants having been engaged with RMTS projects for more than two decades. Our proprietary application, e-SivicMACS, is used by numerous state and local entities across the country to perform time studies, collect cost data, and generate annual cost reports.

This provides Agency with the benefits of the following:

- A proven system;
- A shorter period for system implementation;
- Users will have familiarity with system functions;
- Training can take place earlier in the transition cycle;
- SSG and Agency can focus on ensuring a smooth transition of services.

#### **e-SivicMACS**

- Used in 11 States
- Used by over 17 State Agencies
- Used by over 1,000 Local Agencies and School Districts
- Fully integrates RMTS, Cost Reporting, Cost Reconciliation, and Monitoring

### **Identify LEA Time Study Participants**

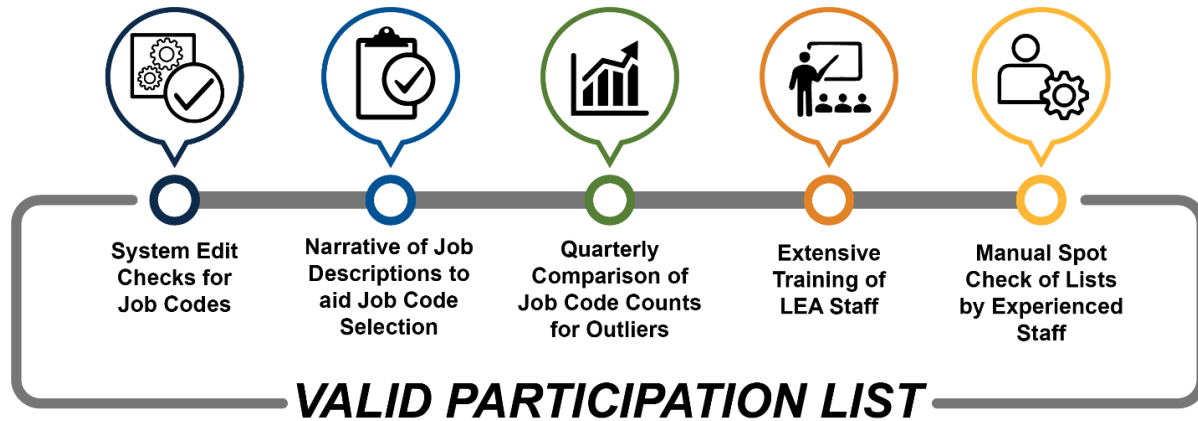
*SSG provides Agency added value by validating districts are including all eligible staff on their rosters to **maximize revenue**, while also ensuring that only appropriate staff members are added to the pool to **maximize compliance**.*

Before the beginning of each quarter, the rosters of employees who will participate in the RMS are collected and updated in e-SivicMACS. With system controls in place, the LEA Medicaid Coordinators have access to manage the rosters only for their district, either manually using the system screen or automatically with the upload of an Excel file. This first substantive activity in the development of a MAC claim and cost settlement is imperative to the selection of appropriate employees and contractual staff to participate in the time study.

***Participant lists can be maintained within the e-SivicMACS system or loaded using a batch method with data from other applications.***

Based on our extensive experience supporting administrative claiming programs, SSG understands that the processes used to identify staff pool lists vary substantially by LEA. It has also been our experience in working with hundreds of LEAs that the skill level of LEA staff responsible for this most important function widely varies. Therefore, it is critical that SSG's processes for creating the sample are sound and applied in a consistent manner.

For instance, some LEAs identify and pull staff from a master employee database by job code without a subsequent review to determine if the job duties performed by these staff include claimable activities, as defined in the State's schools Medicaid policy. In these cases, all eligible staff may not be identified, or the staff identified may be inappropriate for the staff pool. SSG's process to ensure appropriate staff are included in the time study pool is illustrated below.



LEA Coordinators update and certify cost pools directly in e-SivicMACS. With a few clicks, districts can make updates to users and add or remove participants to the upcoming RMTS staff pool list.

Below provides a screenshot of the e-SivicMACS Maintain Provider screen for updating participant information.

The screenshot displays the 'Participant Data --> Maintain Participant' screen. The interface includes a navigation bar with tabs: Master Data, Sample Data, Participant Data, Admin Claim, Cost Settlement, and Reports. The main area is divided into two sections:

- Left Section (Search and List):**
  - Region: --All--
  - Status: Active
  - Advanced Search: Participant ID, Last Name, First Name (with Reset and Search buttons).
  - Table with columns: Region Code, Participant Id, Participant Name.
  - Page: 1 2 3 4 5 6 7 8 9 10 ... Next
- Right Section (Form):**
  - Select a Participant to view the details
  - Region: --Select--
  - Participant ID \*
  - Last Name \*
  - First Name \*
  - Middle Name
  - Suffix
  - not applicable--
  - Phone
  - Extension
  - Fax
  - Email
  - Contact 1 Email \*
  - Contact 2 Email
  - not applicable--
  - Location
  - not applicable--
  - Position
  - Work Schedule \*
  - Status
  - Buttons: Add, Edit, Deactivate, Save, Cancel

## Maintain Participant Screen

SSG separates itself from other vendors by providing a careful and thorough approach to reviewing each staff pool to ensure each pool contains only appropriate staff. We verify that personnel included in the rosters are valid, including their unit, title, fund, and function codes. Staff funded solely by federal or other offset funds must be identified and excluded from the rosters. Once the staff rosters are completed, they become a part of the RMTS sample pool and LEAs are required to only report updates each quarter.

## Load Holiday Calendars and Employee Schedules

SSG's e-SivicMACS system allows for an unlimited number of calendars or work schedules that can be created. The calendars can be assigned at the State or LEA levels, with lower-level calendars taking precedence over higher level calendars. This means, each LEA can have its own calendar and holiday schedule, and each work schedule is unique to each staff member. The work schedules are flexible to accommodate multiple scheduled breaks in any given day.

The Maintain Calendar screen, shown below, is used to identify days that should not be included in RMTS moment generation.

**Master Data --> Maintain Calendar**

Master Data Sample Data Participant Data Reports

Calendar Code \* 2017 State  
Calendar Name \* 2017 State Calendar  
Start Date \* 01/01/2017  
End Date \* 12/31/2017

Start Date \* 07/01/2021  
End Date \* 06/30/2022

| Month   | NonWorking Days                                            |
|---------|------------------------------------------------------------|
| Jul2021 | 1,2,5,6,7,8,9,12,13,14,15,16,19,20,21,22,23,26,27,28,29,30 |
| Aug2021 | 2,3,4,5,6,9,10,11,12,13,16,17,18,19,20                     |
| Sep2021 | 6                                                          |
| Oct2021 |                                                            |
| Nov2021 | 11,25,26                                                   |
| Dec2021 | 20,21,22,23,24,27,28,29,30,31                              |
| Jan2022 | 17                                                         |
| Feb2022 | 21                                                         |
| Mar2022 | 21,22,23,24,25                                             |
| Apr2022 |                                                            |
| May2022 | 30                                                         |
| Jun2022 | 10,13,14,15,16,17,20,21,22,23,24,27,28,29,30               |

**July 2021**

| S  | M  | T  | W  | T  | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    | 1  | 2  | 3  |
| 4  | 5  | 6  | 7  | 8  | 9  | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 |

Today: 01/18/2023

**4.1.2.4 The Vendor shall ensure that the web-based system is populated with all required LEA information for RMTS activities that is necessary to calculate LEA-specific Administrative Claims. The Vendor shall be responsible for implementing the Administrative Claiming Process.**

SSG populates e-SivicMACS with appropriate RMTS activities for an effective administrative claiming process.

**4.1.2.5 The Vendor shall ensure that its data stores, process, and calculation methodologies include the capacity to adjust any prior period or current period data necessary for claim adjustment and/or recalculation.**

e-SivicMACS provides the capability for LEAs to submit adjustments to data prior to their finalization of the cost settlement. After our staff review of the cost settlement, we will generate an initial LEA cost settlement and perform the additional QA checks. If we identify any issues with the reported cost data, we will contact the LEA financial staff and request an upload of the data with corrected changes, which will result in an adjustment to the LEA cost settlement. We will continue to work with LEAs until all the cost settlements are QA checked and finalized.

**e-SivicMACS allows school districts to access original cost reports as well as amended cost reports from within the system.**

Once a LEA cost settlement has undergone Agency approval, the e-SivicMACS system will lock data related to the settlement. Additional adjustments after this point can be made only after approval from the Agency. e-SivicMACS provides the option to enter comments to document the reasons for the adjustment, which will be helpful during federal and state audits.

Acknowledging the inevitability of amendments to certain Cost Reports, our system is equipped to seamlessly manage both the original submission and any subsequent amendments. This capability ensures the integrity and continuity of all associated data elements throughout the amendment process.

Inability to reproduce an original Cost Report submission within a system's database poses significant risks to the state. It undermines data integrity, potentially leading to errors in financial reporting and jeopardizing compliance with regulatory requirements. Therefore, ensuring the accurate replication of original Cost Reports is paramount to safeguarding the state's financial interests and maintaining transparency and accountability in financial management processes.

By maintaining comprehensive records of both the original and amended Cost Reports, our system provides a robust and reliable platform for tracking and managing financial data with precision and efficiency.

Below provides an example of the e-SivicMACS system screen with the ability to track adjustments.

The screenshot displays the e-SivicMACS system interface. At the top, there is a navigation bar with tabs: Dashboard, 1.Salaried/2.Contract Staff (selected), 3.Direct Medical Credentials, 4.Direct Medical Other, 5.IEP/7.Trans Ratio, 6.Tuition, 8.Trans Staff, 9.Trans Other, and Monitoring Complete. Below the navigation bar is a search section with a 'Search' button and input fields for Participant ID, Last Name, First Name, and Job Category (set to '104 - Nurses'). There are also input fields for Employee ID and a dropdown for Type (set to 'Salaried'). Below the search section is a 'Progress' bar with a 'Complete' button and a 'Report Notes' section. At the bottom, there is a table with columns: Job Category, Participant ID, Employee ID, Type, Last Name, First Name, Quarter, Adj Salary Amt, Adj Benefit Amt, Adj Total, Adj Contracted Cost, Adj Federally Funded, and Adj Claimable Amt. The table currently shows 'No Record(s) Found'.

**4.1.2.6        *The Vendor shall maintain LEA-specific information for the Administrative Claim, including, but not limited to, quarterly claim summaries, staffing information supplied by the LEAs, and other pertinent information that the Vendor utilized in calculating the claim along with any relevant documentation, concerning the Administrative Claim, for access by the respective LEA.***

Most of the required claim documentation and supporting detail are stored in e-SivicMACS. SSG will utilize electronic folders for the storage, maintenance, and retrieval of other cost settlement data. All information will be retained for the required record retention period of six years and made available when needed to the Agency and state and federal auditors.

**4.1.2.7        *The Vendor will be responsible for coordinating with and assisting the Agency with the collection and editing of all data from State agencies, including, but not limited to, total enrollment and enrollment of special education students that is necessary to carry out this program and meet School-Based Health Services requirements based on the relevant regulations and CMS guidance. The Vendor will evaluate the collection methods to ensure that all necessary data is collected and stored within timely filing timeframes to meet applicable requirements and comply with the WV State Plan, which can be found at: <https://bms.wv.gov/cms/west-virginia-state-medicaid-plan>.***

SSG recognizes the importance of collection of information from various data sources for the timely and accurate calculation of a Medicaid Administrative Claim. One of the most important data points is the information needed to accurately calculate the Medicaid Eligibility Rate (MER).

SSG will provide standardized data collection templates, submission schedules, and technical assistance to promote completeness, accuracy, and consistency across all data sources.

Moreover, SSG will evaluate and monitor data collection methods to ensure required information is captured efficiently, validated for accuracy, and retained within established timelines necessary to meet timely filing requirements. Data submissions will undergo quality assurance reviews to identify missing, inconsistent, or potentially inaccurate information, and the Vendor will work directly with Agency staff and participating entities to resolve discrepancies.

**4.1.2.8        *The Vendor will be responsible for preparation of financial information used for MAC claiming.***

SSG has demonstrated experience performing large-scale, Medicaid-compliant financial analysis in support of school-based claiming. Our analysis is designed to ensure that Medicaid reimbursement is limited to actual, allowable costs and supported by defensible financial documentation, consistent with CMS requirements.

On a quarterly basis, we perform district-level financial analysis across approximately 527 LEAs for statewide Medicaid school-based programs, reviewing millions of dollars in reported costs and Medicaid interim payments each settlement year. Our financial analysis routinely includes:

- Validation and reconciliation of LEA financial data, including salaries, benefits, contracted service costs, and indirect costs.
- Trend and variance analysis of reimbursement rates, cost per service, and year-over-year cost fluctuations.
- Outlier identification based on reimbursement rate dispersion and abnormal cost patterns.
- Testing of cost allocation methodologies, including application of time study results and cost pools.

These analyses directly support risk-based monitoring and audit planning, including the identification of LEAs recommended for field audit based on financial risk indicators.

**4.1.2.9      *The Vendor will be responsible for any component not previously communicated that is required to support MAC claiming.***

SSG acknowledges we are responsible for any component not previously communicated that is required to support MAC claiming.

### **4.1.3 Direct Service Claiming - Cost Reporting Requirements**

**4.1.3.1      *The Vendor shall be responsible for development and implementation of a CMS approved, web-based cost reporting system that will be based on the State Fiscal Year End (June 30). The cost reporting system must be operational within three (3) months of contract award.***

SSG's e-SivicMACS Cost Reporting system is used by multiple agencies and can be configured to West Virginia's needs quickly. SSG commits to having e-SivicMACS cost reporting system operational within three months of contract award.

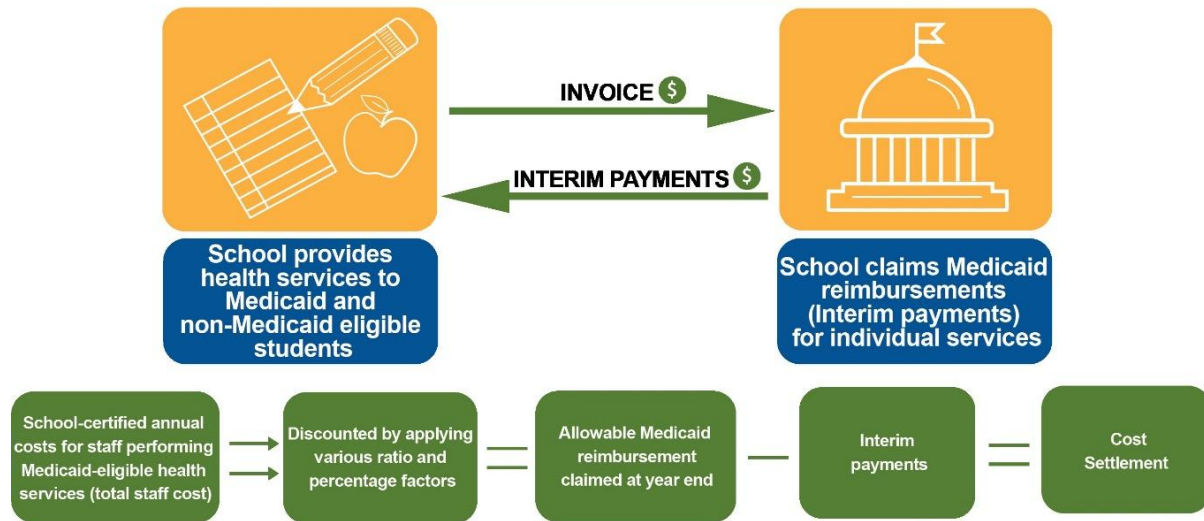
**4.1.3.2      *The Vendor shall be responsible for conducting interim LEA annual cost reconciliation of actual incurred costs to interim Medicaid payments and completing final cost settlement of the difference between actual incurred costs and interim payments. Providers are required to submit an annual cost report on or before December 31st of the same year following the end of the cost reporting period. Interim cost settlement shall be completed on or before June 15\ following the submission of the annual cost report. Final cost settlement will occur within twenty-four (24) months following the submission of the annual cost report.***

### **Approach to the Annual Cost Settlement Process**

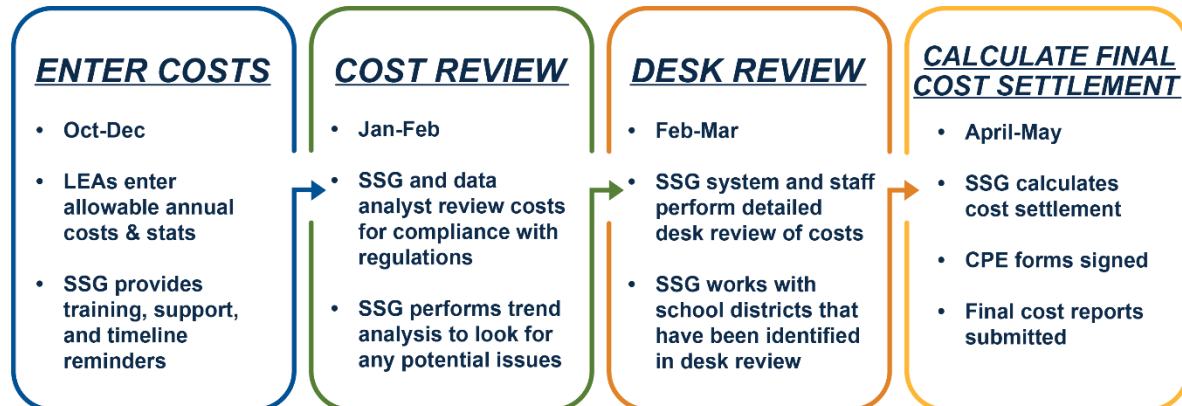
The cost settlement amount for each LEA is developed by comparing the interim payments to the actual cost. As illustrated below, the difference, with the application of the federal government portion of the actual cost, is the cost settlement amount.



## COST SETTLEMENT



An example of the process is illustrated below.



## Enter Costs

SSG will open e-SivicMACS on or about October 1st each year to begin collecting the following annual cost data in accordance with the SPA:

- **Time Study Statistics** – Direct Medical and General Administrative statistics from a random moment time study (RMTS);
- **Cost Data** – includes direct and allocated LEA-wide costs related to staff on the RMTS roster, and transportation costs;
- **Unrestricted Indirect Cost Rate** – the indirect rate specific to an LEA provided by the State Education Department;
- **IEP Medicaid Ratio** – the percentage of the IEP student population with related services who are Medicaid eligible;
- **Specialized Transportation Ratio** – the percentage of students who are receiving transportation services who are IEP students versus all students receiving transportation;
- **One Way Trip Ratio** – allocate specialized transportation costs to the Medicaid Program; and
- **Medicaid Direct Care Services Interim Paid Claims** – the amount of the MMIS-paid claims for the LEA, based on service date, for the cost settlement period.

The system dashboard (sample below) provides an intuitive and graphical display for tracking progress of cost and statistical data entry. The dashboard and data collection screens are easily configured to meet the requirements of the approved SPA and the Cost Reporting Guide.

|    |                                                 |                                                                                                       |
|----|-------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| 1  | <a href="#">Salaried/Contracted Staff Costs</a> | <br>Approved      |
| 2  | <a href="#">Direct Medical Other Costs</a>      | <br>Not Approved  |
| 3  | <a href="#">Transportation Staff Costs</a>      | <br>Not Approved  |
| 4  | <a href="#">Transportation Other Costs</a>      | <br>Approved      |
| 5  | <a href="#">Tuition</a>                         | <br>Approved      |
| 6  | <a href="#">Depreciation</a>                    | <br>Not Loaded    |
| 7  | <a href="#">General Statistical Info</a>        | <br>Not Approved  |
| 8  | <a href="#">Medicaid Payments</a>               | <br>Not Loaded    |
| 9  | <a href="#">Cost Reconciliation</a>             | <br>Not Generated |
| 10 | <a href="#">Cost Settlement Certification</a>   | <br>Not Generated |



As provided in the sample screenshot below, e-SivicMACS contains built-in warnings and edit checks to proactively assist staff with ensuring reported costs are accurate. These warnings are configurable to meet Agency needs. Some examples of built in system warnings include:

- Ten percent (10%) or more increase/decrease in expenditures for the same participant from the same quarter of the prior year;
- Greater than \$40,000 quarterly salary; and
- Benefits are greater than 50% of salary.

**Note: These edits are configurable to the needs of Agency**

| Participant ID | Last Name | First Name | Salary      | Benefits   | Total       | Contracted Labor | Federal Funded | Allowable Expenditures |
|----------------|-----------|------------|-------------|------------|-------------|------------------|----------------|------------------------|
| 09             |           |            | 0.00        | 0.00       | 0.00        | 0.00             | 0.00           | 0.00                   |
| 07             |           |            | 0.00        | 0.00       | 0.00        | 0.00             | 0.00           | 0.00                   |
| 02             |           |            | 0.00        | 0.00       | 0.00        | 0.00             | 0.00           | 0.00                   |
| 01             |           |            | 0.00        | 0.00       | 0.00        | 0.00             | 0.00           | 0.00                   |
| 05             |           |            | 50.00       | 0.00       | 50.00       | 0.00             | 0.00           | 50.00                  |
| 08             |           |            | 10000.00    | 2500.00    | 12500.00    | 0.00             | 0.00           | 12500.00               |
| 06             |           |            | 9999.00     | 2050.00    | 12049.00    | 0.00             | 0.00           | 12049.00               |
| 10             |           |            | 7000.00     | 1500.00    | 8500.00     | 0.00             | 0.00           | 8500.00                |
| 11             |           |            | 9000.00     | 1800.00    | 10800.00    | 0.00             | 0.00           | 10800.00               |
| 03             |           |            | 5000.00     | 995.00     | 5995.00     | 0.00             | 0.00           | 5995.00                |
| 04             |           |            | 500.00      | 225.00     | 725.00      | 0.00             | 0.00           | 725.00                 |
| Page Total:    |           |            | \$42,000.00 | \$9,070.00 | \$51,119.00 | \$0.00           | \$0.00         | \$51,119.00            |
| Grand Total:   |           |            | \$42,000.00 | \$9,070.00 | \$51,119.00 | \$0.00           | \$0.00         | \$51,119.00            |

SSG works closely with school districts to meet the cost entry deadline. This support includes trainings, regular reminder e-mails, and phone call campaigns. SSG is proud of our record of compliance with the cost entry deadlines.

### Cost and Desk Review

#### SSG Desk Performs QA on the Cost Settlements and Create Final LEA Cost Settlement

The SSG Project Team performs extensive analysis of the preliminary cost settlement data for reasonableness and comparison with prior year's cost settlement reports. We will contact the LEAs that have high variances and anomalies in the cost data.

**SSG performs desk review on 100% of cost reports!**

Agency can be confident that SSG's multiple levels of review deliver quality results. Automated system checks are valuable for an initial review of the data submitted but may not flag every anomaly, exposing Agency to risk. SSG proactively addresses this risk and assigns an experienced Review Team and Business Analyst to carefully review costs to identify potential errors. Adding human touch to the process provides assurance for Agency and LEAs that entered costs comply with program requirements.

SSG will submit a final Cost Settlement Summary report for all LEAs that have finalized their cost settlement for Agency's review and approval.

## **Generate Settlement Notification Letters and Pre-filled Certification of Public Expenditures (CPE) Forms to LEAs**

Upon approval of the Summary Cost Settlement report, e-SivicMACS will generate the final CPE Form to each LEA outlining the results of the cost reconciliation, including additional reimbursement to the LEA or payment due to Agency.

The LEA must certify that the CPE amount was spent from non-federal funds and not used as a match for any other program, and that the cost report contains actual costs.

## **Upload Signed Certification of Match Forms to e-SivicMACS**

The signed certification (CPE) forms can be scanned and uploaded back to the e-SivicMACS system for efficient availability to Agency and Auditor review.

## ***Making Adjustment to Cost Settlements***

LEAs can submit adjustments to the collected data directly in e-SivicMACS and prior to finalization of the cost settlement. After our staff review of the cost settlement, we will generate an initial LEA cost settlement and perform the additional QA checks. If we identify any issues with the reported cost data, we will contact the LEA financial staff and request an upload of the data with corrected changes, which will result in an adjustment to the LEA cost settlement. We will continue to work with LEAs until all the cost settlements are QA checked and finalized.

***e-SivicMACS allows school districts to access original cost reports as well as amended cost reports from within the system.***

After Agency's approval of the LEA cost settlement, e-SivicMACS system will lock data related to the settlement. Additional adjustments after this point can be made only after approval from Agency's Management. e-SivicMACS provides comment fields where we document the reasons for any adjustments, which will be helpful during federal and state audits.

Amendments to certain Cost Reports are inevitable, so SSG designed e-SivicMACS to seamlessly manage and track all amendments, ensuring integrity and continuity of all associated data elements throughout the amendment process.

Inability to reproduce an original Cost Report submission within a system's database poses significant risks to the State. It undermines data integrity, potentially leading to errors in financial reporting and jeopardizing compliance with regulatory requirements. Therefore, ensuring the accurate replication of original Cost Reports is paramount to safeguarding the state's financial interests and maintaining transparency and accountability in financial management processes.

By maintaining comprehensive records of both the original and amended Cost Reports, our system provides a robust and reliable platform for tracking and managing financial data with precision and efficiency.

Below provides an example of the e-SivicMACS system screen with the ability to track adjustments.

The screenshot shows the e-SivMACS dashboard with the following tabs: Dashboard, 1.Salaried/2.Contract Staff, 3.Direct Medical Credentials, 4.Direct Medical Other, 5.IEP/7.Trans Ratio, 6.Tuition, 8.Trans Staff, 9.Trans Other, and Monitoring Complete. The '1.Salaried/2.Contract Staff' tab is active. Below the tabs is a search section with fields for Participant ID, Last Name, First Name, Job Category (set to 104 - Nurses), Employee ID, and Type (set to Salaried). Below the search section is a progress bar with a 'Complete' button and a 'Report Notes' field. At the bottom is a table with columns: Job Category, Participant ID, Employee ID, Type, Last Name, First Name, Quarter, Adj Salary Amt, Adj Benefit Amt, Adj Total, Adj Contracted Cost, Adj Federally Funded, and Adj Claimable Amt. The table is currently empty, showing 'No Record(s) Found'.

Use

### Cost Settlement and CPE Upload Screen

The screenshot below provides a sample of the e-SivMACS Cost Settlement Review and CPE Upload screen to calculate, review, and print both preliminary and final Cost Settlement reports and CPE forms.

The “Upload CPE Form” tab is used by the LEAs to upload the final signed CPE forms after the cost settlement is approved by Agency.

The screenshot shows the e-SivMACS Cost Settlement and CPE Upload screen. At the top, there are dropdown menus for 'Fiscal Year' (set to FY 2014-2015) and 'LEA' (set to 2 - [redacted] School District). Below these are two tabs: 'Cost Settlement' and 'Upload CPE Form'. The 'Cost Settlement' tab is active, showing three buttons: '1. Calculate', '2. View Cost Settlement', and '3. View CPE Form'. Below the buttons is a warning message: 'Cost Settlement amount calculated successfully with warnings. 1. Final Cost Settlement amount difference between current and prior fiscal year exceeded the threshold limit.' Below the warning is a large text area labeled 'Comments'. At the bottom, there are fields for 'Calculated By', 'Calculated Date' (9/30/2016 1:39:36 AM), 'Approved By', and 'Approved Date' (9/30/2016 1:39:20 AM). An 'Approve' button is located at the bottom right.

### Create Statewide Cost Settlement Summary Report

At the completion of the reconciliations of interim payments to actual cost, SSG will submit a Summary Report of the cost settlement amounts, broken down by LEA, for Agency’s review and approval. Variances identified and researched will be provided.

### Maintain Cost Settlement Documentation

Most of the required claim documentation and supporting detail are stored in e-SivMACS. SSG will utilize electronic folders for the storage, maintenance, and retrieval of other cost settlement data. All information will be retained for the required record retention period and made available when needed to Agency’s Management and state and federal auditors.

**4.1.3.3      *The Vendor shall be responsible for reviewing data submission by LEA's and comparing to anticipated results (e.g., based on prior period data submissions and any other available data) to determine data accuracy and reasonableness and to follow-up with LEA's and amending specific cost calculations when necessary.***

### ***Details of Our Approach to Complete Data Analysis***

Our proposed review focuses on two key areas: 1.) a statistical analysis of the extent to which school districts are maximizing the reimbursement opportunities; and 2.) a statistical analysis of interim reimbursements compared to final cost settlements.

### ***School District Reimbursement Compared to School District Costs***

Using a representative sample of public school districts and counties, SSG will review all areas including implementation of the 85 percent requirement, development of the Medicaid MER and IEP Ratio, application of indirect costs, CPE processes, and RMTS activity code description and funding. We support the Agency's public school districts and counties in maximizing the opportunities provided through the State's Medicaid program while satisfying all state and federal requirements. This assessment is the first step in developing a more effective and compliant Medicaid claiming program.

| Key Steps in Completing the Cost Study                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ■ From Agency interviews, develop objectives and a plan for conducting the cost study.                                                                                   |
| ■ Document cost study methodology and report template for sign-off by Agency.                                                                                            |
| ■ Review RMTS and CPE Reimbursement processes; identify all areas that may result in under-claiming by school districts.                                                 |
| ■ Review results of school districts indicating total costs, total reimbursement, and total interim claiming.                                                            |
| ■ Analyze results with respect to RMTS reporting patterns, cost report data and desk audit results, indirect costs, and percentages of Medicaid eligible and IEP ratios. |
| ■ Review RMTS activity code descriptions and funding matrix to assure compliance with federal requirements.                                                              |
| ■ Develop initial draft of the report and review with Agency's Project Manager.                                                                                          |
| ■ Send final draft to and review findings and recommendations with Agency's Management.                                                                                  |
| ■ Agency reviews and recommends changes; SSG makes revisions and finalizes.                                                                                              |

After completion of the assessment, SSG will present the findings of the study and our recommendations in a formal report and then in a meeting with Agency's Management. The report will not be finalized until Agency has completed a review and requested changes.

## Key Components of the Assessment

Through the assessment, SSG will provide additional detail regarding the information to be examined and some potential issues, as described in the below table.

| Key Components of the Assessment              |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Treatment of Indirect Costs                   | <ul style="list-style-type: none"> <li>Review sample LEA files to verify application of appropriate indirect rate</li> <li>Verify indirect rate was applied in the correct sequence against the appropriate pool for the last four (4) quarters</li> </ul>    | <ul style="list-style-type: none"> <li>What should be done if an error is detected for a prior period?</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                           |
| Analysis of Cost Report Data                  | <ul style="list-style-type: none"> <li>Review financial data collected and results of desk audits</li> </ul>                                                                                                                                                  | <ul style="list-style-type: none"> <li>Identify districts that are</li> <li>Identify districts that have</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                         |
| Analysis of RMTS Activities Codes and Funding | <ul style="list-style-type: none"> <li>Review the RMTS Implementation Plan; compare to federally approved document</li> <li>Review funding matrix and cost allocation methodology</li> <li>Review sample of centralized coding for the sample LEAs</li> </ul> | <ul style="list-style-type: none"> <li>Identify districts that struggle to have adequate sample of RMTS responses</li> <li>Verify activity descriptions, funding matrix and cost allocation methodology meets federal requirements</li> <li>Specifically examine how the 85 percent (85%) requirement is applied</li> <li>Verify an adequate number of RMTS responses were received for last four (4) quarters</li> <li>Verify that sample LEA claims for last four (4) quarters appropriately used RMTS results</li> </ul> |

## ***Statistical Analysis of Interim Reimbursement Compared to Final Cost Settlement***

SSG will analyze all the LEA's interim reimbursement compared to the final cost settlement. We understand that under the authority of the SPAs and Implementation Guides, Agency must recoup funds from school districts that have been overpaid and the State must distribute the funds to school districts that still have unreimbursed costs.

We understand that the Agency and CMS desire interim reimbursement to be as close as possible to final cost settlement. Our analysis will indicate the variance by each school district, positive and negative, and flag outliers. In situations where the statistical evidence is clear that the interim rates are too high or too low, SSG will recommend new rates that are more appropriate, including the possibility of having multiple rate structures, by type of LEA (urban, rural, size of LEA).

***4.1.3.4 The Vendor shall be responsible for obtaining and providing the Agency with an annual certification, as requested by the Agency, from each LEA of actual incurred allowable costs, including the federal and non-federal share of each expenditure.***

### ***Collecting Cost Data***

An effective cost settlement program for Agency relies heavily on the capabilities of RMTS and financial reporting processes. As soon as the LEAs can financially close the last quarter in the cost settlement period, SSG will begin the process of collecting and validating the cost information.

Our system has the functionality to collect and review all the following cost related information:

- Direct Costs (salaries, benefits, contracted costs, federal claimed costs);
- Transportation Staff Costs;
- LEA-wide Costs (allowable allocated costs) including but not limited to Direct Medical and "Transportation Other";
- Depreciation of medical and transportation equipment.

The below screenshot provides a sample of the direct expenditure collection, verification, and finalization screen. Each cost category is captured in its own tab, as shown below.

| Job Category                | Participant ID | Employee ID | Type | Last Name | First Name | Quarter  | Salary Amt | Benefit Amt |
|-----------------------------|----------------|-------------|------|-----------|------------|----------|------------|-------------|
| Speech Language Patholog... | 5_16153        |             | C    |           |            | OND 2014 | 0.00       | 0.00        |
| Speech Language Patholog... | 5_16153        |             | C    |           |            | JFM 2015 | 0.00       | 0.00        |
| Speech Language Patholog... | 5_19608        |             | S    |           |            | JFM 2015 | 0.00       | 0.00        |
| Speech Language Patholog... | 5_19608        |             | S    |           |            | OND 2014 | 0.00       | 0.00        |
| Speech Language Patholog... | 5_19608        |             | S    |           |            | JAS 2014 | 0.00       | 0.00        |
| Occupational Therapists     | 5_7513         |             | C    |           |            | JAS 2014 | 0.00       | 0.00        |
| Occupational Therapists     | 5_7513         |             | C    |           |            | OND 2014 | 0.00       | 0.00        |
| Occupational Therapists     | 5_7513         |             | C    |           |            | JFM 2015 | 0.00       | 0.00        |
| Speech Language Patholog... | 5_18006        |             | C    |           |            | JFM 2015 | 0.00       | 0.00        |
| Speech Language Patholog... | 5_18006        |             | C    |           |            | OND 2014 | 0.00       | 0.00        |
| Speech Language Patholog... | 5_18006        |             | C    |           |            | JAS 2014 | 0.00       | 0.00        |
| Speech Language Patholog... | 5_32456        |             | C    |           |            | JFM 2015 | 0.00       | 0.00        |
| Page Total:                 |                |             |      |           |            |          | \$0.00     | \$0.00      |
| Grand Total:                |                |             |      |           |            |          | \$0.00     | \$0.00      |

For each cost category, LEAs have two options to maintain direct cost data. Finance Officers can download and populate our Excel template then upload the completed template to e-SivicMACS. For staff costs, data available in the payroll system can be used to directly populate the Excel template. Smaller LEAs may choose to manually enter and maintain cost data in our user-friendly e-SivicMACS cost reporting screens. Reminder emails will be sent immediately before the deadline, with subsequent follow-up communications to ensure that all LEAs submit cost data to generate their cost settlement.

### ***An Effective Quality Assurance Process***

Our quality assurance (QA) processes rely on implementation of quality checklists, desk reviews, and random sample reviews to achieve the desired results. SSG will review the cost reports to ensure accuracy, completeness, and conformance to State and CMS cost reporting methodologies. An automated component of this review is conducted by our e-SivicMACS system, which performs edit checks to ensure compliance with the State Plan Amendment (SPA). Quality assurance, desk audits, and verifications are conducted by our experienced staff to ensure that the State is following federal regulations.

### ***Retention of Supporting Documentation***

During SSG reviews, we may request additional supporting documentation or explanation for certain costs. e-SivicMACS can centrally house all communication between the Reviewer and the LEA to track the conversations. LEAs have the option of uploading their supporting documentation directly into e-SivicMACS, allowing for enhanced visibility for all stakeholders into the review process.

The below screenshots provide samples of the Monitoring and Review screens of e-SivicMACS.



| Fiscal Year* <b>FY 2016-2017</b> |                                                                                                                                                                         | Contact Information |                                    |                                  |                                                  |                        |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------|----------------------------------|--------------------------------------------------|------------------------|
| LEA* <b>11</b>                   |                                                                                                                                                                         | Monitoring Outcomes |                                    |                                  |                                                  |                        |
| S.No                             | Category                                                                                                                                                                | Status              |                                    |                                  |                                                  |                        |
| 1                                | <b>Salaried Staff Costs</b><br>Please Provide Supporting Documentation For Salary Staff Cost Information                                                                | Reviewed            | <a href="#">Monitoring Request</a> | <a href="#">Upload Documents</a> | <a href="#">Response/Discussion(03/05 13:34)</a> | <a href="#">Review</a> |
| 2                                | <b>Contracted Staff and Services</b><br>Please Provide Supporting Documentation For Contracted Staff and Services                                                       | Reviewed            | <a href="#">Monitoring Request</a> | <a href="#">Upload Documents</a> | <a href="#">Response/Discussion(03/05 13:34)</a> | <a href="#">Review</a> |
| 3                                | <b>Direct Medical Service Staff - Credentials &amp; Licensing</b><br>Please Provide Supporting Documentation For Direct Medical Service Staff - Credentials & Licensing | Reviewed            | <a href="#">Monitoring Request</a> | <a href="#">Upload Documents</a> | <a href="#">Response/Discussion(03/05 13:35)</a> | <a href="#">Review</a> |
| 4                                | <b>Direct Medical Services Other Costs</b><br>Please Provide Supporting Documentation For Direct Medical Services Other Costs                                           | Reviewed            | <a href="#">Monitoring Request</a> | <a href="#">Upload Documents</a> | <a href="#">Response/Discussion(02/26 14:33)</a> | <a href="#">Review</a> |
| 5                                | <b>IEP Ratio</b><br>Please Provide Supporting Documentation For IEP Ratio                                                                                               | Reviewed            | <a href="#">Monitoring Request</a> | <a href="#">Upload Documents</a> | <a href="#">Response/Discussion(03/06 11:15)</a> | <a href="#">Review</a> |
| 6                                | <b>Tuition Payments</b><br>Please Provide Supporting Documentation For Tuition Payments                                                                                 | Reviewed            | <a href="#">Monitoring Request</a> | <a href="#">Upload Documents</a> | <a href="#">Response/Discussion(03/05 13:40)</a> | <a href="#">Review</a> |

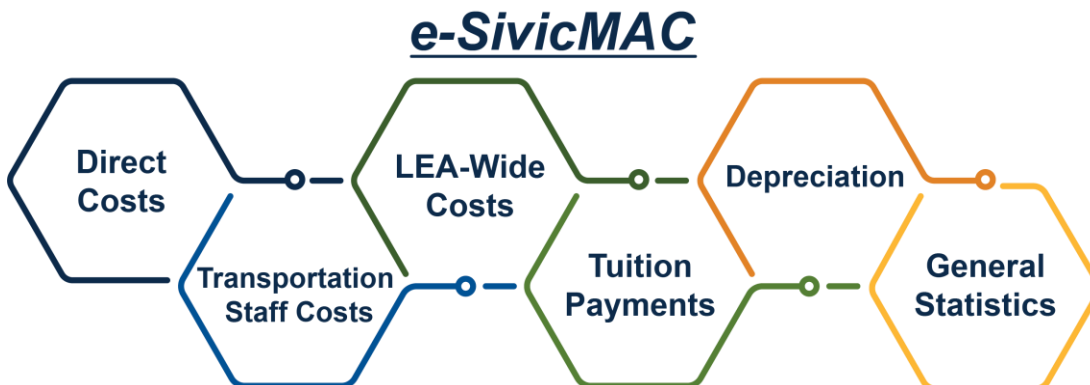
|                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Salaried Staff Costs</b>                                                                                                                                                                                              |
|                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                          |
| DWhitney - (3/5/2019 1:34:11 PM)<br>The documentation needed is for 7/1/2016 - 6/30/2017                                                                                                                                 |
| mhms@wv.gov - (3/5/2019 1:11:13 PM)<br>To confirm that the information you would like us to provide is going off the school year and fiscal year is 16-17. All the monitoring request say 7/16-6/17. Please let us know. |

#### 4.1.3.5 *The Vendor will be responsible for providing the Agency with information needed for payment or recoupment of interim and final cost settlement amounts.*

SSG calculates the difference between the annual interim payments for school districts based on paid direct service claims and each LEA's actual annual costs; the difference is each LEA's cost settlement amount. A description of SSG's cost settlement process is shown below:



#### Collecting Cost Data Necessary for the Annual Cost Settlements





An effective cost settlement program relies heavily on effective RMTS and financial reporting processes. Our e-SivicMACS system is a one-stop application that all stakeholders can access to perform the tasks related to the entire cost settlement. We believe that no other vendor can offer Agency a system that houses all components of the Program, including detailed monitoring within a single integrated application.

## Direct Costs

LEA Finance Officers download the financial data template, which is pre-populated with the position and participant information from the time study. LEAs have two options to maintain direct cost data:

- Populate the downloaded financial data template with participant cost data, and upload back to our e-SivicMACS system; and
- Maintain the direct cost data online using the e-SivicMACS screen.

| Dashboard                       | Salaried/Contracted Staff | Direct Medical Other | Trans Staff | Trans Other | Tuition    | Depreciation | General Stats | Submit for Desk Review |                |       |                 |                  |               |
|---------------------------------|---------------------------|----------------------|-------------|-------------|------------|--------------|---------------|------------------------|----------------|-------|-----------------|------------------|---------------|
| o Search                        |                           |                      |             |             |            |              |               |                        | Imported File: |       |                 |                  |               |
| Position                        | Participant ID            | Hst                  | Employee ID | Type        | Last Name  | First Name   | Quarter       | Salary Amt             | Benefit Amt    | Total | Contracted Cost | Federally Funded | Claimable Amt |
| DSP - Occupational Therapist    | ASheth                    | ⊕                    |             | C           | Anar       | Sheth        | JFM 2024      | 0.00                   | 0.00           | 0.00  | 0.00            | 0.00             | 0.00          |
| DSP - Z Speech Language Path... | MCiccarelli               | ⊕                    |             | S           | Ciccarelli | Megan        | JAS 2023      |                        |                | 0.00  | 0.00            | 0.00             | 0.00          |

## Transportation Costs

Transportation costs will be collected using a separate screen like the Salaried/Contracted Staff Screen. The exception is that the Transportation Staff names can be added as new records and the cost data recorded for them. This data can also be uploaded using an Excel spreadsheet.

Dashboard

Salaried/Contracted Staff

Direct Medical Other

Trans Staff

Trans Other

Tuition

Depreciation

General Stats

Submit for Desk Review

Search

Imported File:

Service Type

Expense Type

--All--

Reset

Search

| Service Type                     | Expense Type                        | Expense Amount | Federally Funded | Claimable Amt |   |
|----------------------------------|-------------------------------------|----------------|------------------|---------------|---|
| Not Only Specialized Transpor... | Maintenance and Repairs             | 0.00           | 0.00             | 0.00          | ! |
| Not Only Specialized Transpor... | Fuel and Oil                        | 0.00           | 0.00             | 0.00          | ! |
| Not Only Specialized Transpor... | Lease/Rental                        | 0.00           | 0.00             | 0.00          | ! |
| Not Only Specialized Transpor... | Insurance                           | 0.00           | 0.00             | 0.00          | ! |
| Not Only Specialized Transpor... | Contract - Transportation Services  | 0.00           | 0.00             | 0.00          | ! |
| Not Only Specialized Transpor... | Contract - Transportation Equipment | 0.00           | 0.00             | 0.00          | ! |
| Only Specialized Transportati... | Maintenance and Repairs             | 0.00           | 0.00             | 0.00          | ! |
| Only Specialized Transportati... | Fuel and Oil                        | 0.00           | 0.00             | 0.00          | ! |
| Only Specialized Transportati... | Lease/Rental                        | 0.00           | 0.00             | 0.00          | ! |

## LEA-wide Direct Costs

e-SivicMACS offers the functionality to capture LEA-wide costs using a similar screen focusing on the allowable costs that can be allocated based on the direct costs of the participants. These costs cannot include the general and administrative costs that are used to calculate the Indirect Cost Rate (ICR).

|              |                           |                      |             |             |         |              |                |
|--------------|---------------------------|----------------------|-------------|-------------|---------|--------------|----------------|
| Dashboard    | Salaried/Contracted Staff | Direct Medical Other | Trans Staff | Trans Other | Tuition | Depreciation | General Stats  |
| Search       |                           |                      |             |             |         |              | Imported File: |
| Service Type | <input type="text"/>      |                      |             |             |         |              |                |
| Expense Type | --All--                   |                      |             |             |         |              |                |

| Service Type                     | Expense Type                     | Expense Amount | Federally Funded | Claimable Amt |   |
|----------------------------------|----------------------------------|----------------|------------------|---------------|---|
| Assistive Technology Devices     | Materials and Supplies           | 0.00           | 0.00             | 0.00          | ! |
| Assistive Technology Devices     | Health-related Purchased Serv... | 0.00           | 0.00             | 0.00          | ! |
| DSP - Audiology Services         | Materials and Supplies           | 0.00           | 0.00             | 0.00          | ! |
| DSP - Audiology Services         | Health-related Purchased Serv... | 0.00           | 0.00             | 0.00          | ! |
| DSP - Hearing-Impaired Serv...   | Materials and Supplies           | 0.00           | 0.00             | 0.00          | ! |
| DSP - Hearing-Impaired Serv...   | Health-related Purchased Serv... | 0.00           | 0.00             | 0.00          | ! |
| DSP - Nurse Practitioner Serv... | Materials and Supplies           | 0.00           | 0.00             | 0.00          | ! |
| DSP - Nurse Practitioner Serv... | Health-related Purchased Serv... | 0.00           | 0.00             | 0.00          | ! |
| DSP - Nursing Services           | Materials and Supplies           | 0.00           | 0.00             | 0.00          | ! |

## Depreciation

e-SivMACS offers the functionality to capture depreciation costs for direct medical equipment and transportation equipment. Our system also offers the functionality to maintain the LEA-wide costs using the online screen or using the Excel template and upload functionality of the system.

## Method of Conducting Annual Cost Studies

A detailed description of the SSG cost settlement process follows. The main elements of a LEA-specific cost settlement process are all cost allocation components, as follows:

- **Time Study Statistics** – From the RMTS;
- **Cost Data** – Includes direct and allocated LEA-wide costs related to staff on RMTS roster, and transportation costs;
- **Indirect Rate** – Indirect rate specific to an LEA provided by the State Education Department;
- **IEP Medicaid Ratio** – the percentage of the IEP student population with related services who are Medicaid eligible;
- **Specialized Transportation Ratio** – Percentage of IEP students who are receiving transportation services versus all students receiving transportation;
- **One-way Trip Ratio** – Specialized transportation costs allocated to Medicaid Program; and
- **Medicaid DCS Paid Claims** – Amount of the MMIS-paid claims for the LEA based on service date, for the cost settlement period.

| Line#                 | IEP Ratio /Indirect Rate                                                                                                                                                                                                                                        |                                                                           |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 1                     | Total Medicaid Special Education Students with a SBAP Reimbursable Related Service in their IEP (populated by LEA)                                                                                                                                              | <input type="text"/>                                                      |
| 2                     | Total Special Education Students with a SBAP Reimbursable Related Service in their IEP (populated by LEA)                                                                                                                                                       | <input type="text"/>                                                      |
| 3                     | IEP RATIO                                                                                                                                                                                                                                                       | <input type="text"/>                                                      |
| 4                     | UNRESTRICTED INDIRECT COST RATE                                                                                                                                                                                                                                 | <input type="text"/>                                                      |
| <b>Transportation</b> |                                                                                                                                                                                                                                                                 |                                                                           |
| 5                     | Total Number of Special Education Students with Specialized Transportation Services Documented in their IEP (populated by LEA)                                                                                                                                  | <input type="text"/>                                                      |
| 6                     | Total Number of ALL Students Receiving Transportation Services (populated by LEA)                                                                                                                                                                               | <input type="text"/>                                                      |
| 7                     | SPECIALIZED TRANSPORTATION RATIO                                                                                                                                                                                                                                | <input type="text"/>                                                      |
| 8                     | Total Number of Paid One-Way Trips for Medicaid Special Education Students with Specialized Transportation Services Documented in their IEP (populated by SSG, based on paid claims data – TO BE USED IN FINAL COST SETTLEMENT CALCULATION)                     | <input type="text"/>                                                      |
| 9                     | Estimated Number of Paid One-Way Trips for Medicaid Special Education Students with Specialized Transportation Services Documented in their IEP (populated by LEA, based on estimated paid claims data – TO BE USED ONLY FOR DRAFT COST SETTLEMENT CALCULATION) | <input type="text"/>                                                      |
| 10                    | Total Number of One-Way Trips for Special Education Students with Specialized Transportation Services Documented in their IEP (populated by LEA)                                                                                                                | <input type="text"/>                                                      |
| 11                    | ONE WAY TRIP RATIO                                                                                                                                                                                                                                              | <input type="text"/>                                                      |
|                       |                                                                                                                                                                                                                                                                 | <input type="button" value="Save"/> <input type="button" value="Cancel"/> |

### **Medicaid Direct Care Service (DCS) Paid Claims**

The first step is taking the “interim” DCS payments and comparing these payments to the actual Medicaid-eligible costs. The remainder of this section provides an overview of the development of preliminary cost settlements by LEA staff and the reporting of the cost settlements to Agency including:

- Preliminary Cost Settlement Screen Available to LEAs;
- Agency and SSG Tracking of LEA Cost Settlement Development; and
- Steps to Develop and Report on the Final Cost Settlements.

The data from these sources, after undergoing a comprehensive quality control process, is used to calculate the cost settlement amount for a LEA, which results in an additional Medicaid claim if the cost settlement is a positive amount or a credit against future Program payments, or a direct payment to Agency, if the amount is a negative. The documentation from this process includes all of the input data and the quality control results from a review of the data.

### **Preliminary Cost Settlement Screen Available to LEAs**

A cost settlement summary report can be generated online, real-time by LEA staff. SSG staff members have extensive experience working with clients across the country assisting with the schools Cost Reporting and Settlement Claim process. We will work with Agency’s Management Team to make any required changes to the Cost Settlement Report to meet the requirements of Agency. We will also store and provide access to detailed data that supports the cost settlement. The LEA staff can generate a preliminary report, but this report and the CPE form generated by the system will show a “DRAFT” watermark until the cost settlement data is finalized and approved by Agency’s Management.

### ***Mock Cost Reports and Cost Benefit Analysis***

SSG understands the value in school districts being able to see the potential revenue or payback that might come from their annual cost report prior to the final approval of the CPE form. In addition, districts will often run simulations to measure the impact of changes in key inputs such as costs or general statistics used in the cost settlement calculation. As a result of this understanding, we have a built in cost settlement mock report that can be run from within the system. This entire cost settlement workbook is downloaded into an Excel sheet with the click of a button.

### ***LEA Sign-off of Preliminary Cost Settlement***

Earlier, we referenced a sample Cost Settlement Summary report that can be generated online, real-time by LEA staff. During this initial step, the LEA reviews the RMTS data, LEA cost data, indirect rate, and interim MMIS data to ensure their accuracy. Upon satisfaction of the accuracy of the preliminary cost settlement, the LEA changes the status to designate their sign-off.

### ***SSG Desk Review/QA the Cost Settlements and Create Final LEA Cost Settlement***

The SSG Project Team will conduct QA and desk reviews of the preliminary cost settlement data submitted by the LEAs. During this process, extensive analysis is performed for reasonableness and comparison with prior year's cost settlement reports. We will contact the LEAs that have high variances and anomalies in the cost data. SSG will submit to Agency a final Cost Settlement Summary report for all LEAs that have finalized their cost settlement for Agency's review and approval.

### ***Provide LEAs an Opportunity to Dispute Cost Settlements***

After notifying LEAs that their final Summary Cost Settlement Report is available, the LEAs could be provided a specified period of time to question how the cost settlement was developed and send an official notice of appeal to Agency. SSG will provide answers to LEA questions, and support Agency in their review of appeals that are submitted.

### ***Generate Settlement Notification Letters and Pre-filled CPE Forms to LEAs***

After Agency approves the Summary Cost Settlement Report, e-SivicMACS will generate the final CPE Form (eliminating the "DRAFT" watermark) for each LEA, outlining the results of the cost reconciliation, including whether the LEA will receive additional reimbursement or will need to pay the State. Upon receipt of the final cost settlement, the LEA must certify that the CPE amount was spent from non-federal funds and not used as match for any other program, and that the cost report contains actual costs.

### ***Upload Signed Certification of Match Forms to e-SivicMACS***

The signed certification (CPE) forms can be scanned and uploaded back to e-SivicMACS system, which eliminates the paper handling process and ensures the documentation is available online for Agency's and auditor's review.

## ***Making Adjustment to Cost Settlements***

e-SivicMACS provides the capability for LEAs to submit adjustments to data prior to their finalization of the cost settlement. After our staff reviews the cost settlement, we will generate an initial LEA cost settlement and perform the additional QA checks. If we identify any issues with the reported cost data, we will contact the LEA financial staff and request an upload of the data with corrected changes, which will result in an adjustment to the LEA cost settlement. We will continue to work with LEAs until all the cost settlements are QA checked and finalized.

The screenshot displays the 'Cost Settlement' interface in e-SivicMACS. At the top, there are dropdown menus for 'Fiscal Year\*' (set to 'FY 2014-2015') and 'LEA\*'. Below these are two tabs: 'Cost Settlement' (active) and 'Upload CPE Form'. The 'Cost Settlement' tab contains three sub-tabs: '1. Calculate' (active), '2. View Cost Settlement', and '3. View CPE Form'. A yellow warning icon is present next to the text 'Cost Settlement amount calculated successfully with warnings.' Below this, a list item states: '1. Final Cost Settlement amount difference between current and prior fiscal year exceeded the threshold limit.' A large text area labeled 'Comments' is provided for input. At the bottom, there are fields for 'Calculated By' (SSGADM), 'Calculated Date' (9/30/2016 1:39:36 AM), 'Approved By' (SSGADM), and 'Approved Date' (9/30/2016 1:39:20 AM). An 'Approve' button is located at the bottom right.

## ***Cost Settlement Review and CPE Upload***

Once an LEA cost settlement has received Agency's approval, the system will lock data related to the settlement. Additional adjustments can be made only after approval from Agency's Management Team. Our system provides the option to enter comments to document the reasons for the adjustment, which will be helpful during federal and state audits.

## ***Use Cost Settlement and CPE Upload Screen***

The e-SivicMACS screen is used to calculate, review, and print both preliminary and final Cost Settlement Reports and CPE forms. The "Upload CPE Form" Tab is used by the LEAs to upload final signed CPE forms after the cost settlement is approved by Agency.

## ***Create Statewide Cost Settlement Summary Report***

At the completion of the reconciliations of interim payments to actual cost, we will submit a summary report of the cost settlement amounts, broken down by LEA, for Agency's review and approval. Variances identified and researched will be provided.



## **Cost Settlement Claim Report**

The claim calculations in the development of the claim report are transparent and will be clearly presented to Agency's and LEA's Management. SSG offers Agency a proven system for capturing school district costs and statistics for the cost settlement process. Moreover, SSG has proven track record of performing detail quality reviews that result in fully compliance cost reports at the end of each year.

**4.1.3.6        *The Vendor will be responsible for calculating and providing the Agency with interim payment rates that will be paid by the West Virginia Medicaid program for each SBHS service for each LEA on an annual basis following cost report reconciliation.***

### **Calculate Revised Interim Rates**

After cost settlements are finalized, the costs, by type of service, will be divided by total service hours for staff in the RMTS roster and for contract staff dedicated to performing direct services to develop an updated interim rate for each type of service. These rates will be compared to the prior year's interim rates and checked for reasonability. After completing the interim rates for all LEAs, SSG will present a report to the Agency detailing the increases and decreases of each LEA, for approval and inclusion in the State MMIS system for payment of prospective Fee for Service payments. SSG has experience in nearly 15 projects in schools and child welfare agencies which involved the development of Medicaid rates by collecting provider costs and utilization, with the subsequent development of a rate per unit

### **Performing Rate Settings**

SSG has experience performing annual rate setting using annual cost settlement data and rate setting forecasting in very large projects, such as the Commonwealth of Pennsylvania and Chicago Public Schools. We will leverage this experience to effectively support the Agency.

As part of the cost reconciliation/cost settlement process, each LEA submits an annual cost report, with SSG developing a LEA-specific IEP Medicaid eligibility ratio and a transportation ratio. The final calculated costs can be broken down by service type (OT, PT, etc.) since a cost settlement can only be completed if direct service claims were submitted by that type of provider. With this data, SSG develops the interim rates by provider type that the Agency will use for the upcoming year.

The process begins after all direct service costs for a LEA are finalized as part of the cost reconciliation/cost settlement process. For each provider type, the cost as identified by this process are divided by the number of service hours for staff in the RMTS roster and contract staff who are 100% dedicated to performing direct services, to calculate updated interim rates. After developing the updated interim rates, SSG will present the data to the Department for approval, with an outlier analysis.



After interim rates are calculated, SSG performs outlier analysis on the rates. With the requested +/- standard deviation, and assuming a bell curve distribution, it is expected that approximately five percent of the LEAs could have outlier rates. Outliers may be caused by any number of reasons, including human error in the data and extreme differences in LEA policies, including caseload size and staff salaries. We will also examine the distribution of outlier data to examine whether it represents a bell curve distribution or a more unusual distribution, such as having many rates distributed at either the extreme high or low end.

During our discussion with the “outlier” LEAs, we will assess whether the “best practices” or “unusual practices” can be identified. Best practices that are identified will be further examined and after analysis and summarization, reported to the Agency. Practices that are considered not productive will also be analyzed, with recommended actions developed, and, after the Department’s approval, provided to the LEA.

SSG has extensive experience setting rates in numerous states. Once the rates are approved by the Department, we send notification to all LEAs that their rates are calculated. LEAs are able to access their rates from directly within the e-SivicMACS system.

**4.1.3.7        *The Vendor will be responsible for obtaining on a quarterly basis, Certification of Public Expenditure (CPE) from each LEA. Certification forms must be submitted to the Agency no later than the 15th of the month following the end of the quarter.***

After the Agency approves the final MAC Claim, an email communication is sent to all LEAs to indicate that the system is ready for submission of CPE forms.

The LEA must certify that the CPE amount was spent from non-federal funds and not used as a match for any other program, and that the MAC claim submitted contains actual costs. The LEA generates the final Claim Invoice Report and the Certification of Public Expenditure (CPE) form online by logging into the system.

After all the CPE forms are received, e-SivicMACS can generate the final claim by LEA in the format specified by the Agency to be uploaded to the State system.



**4.1.3.8        *The Vendor will be responsible for collecting an annual non-restricted indirect cost rate (ICR) from each LEA. The Vendor will be responsible for the collection of any item that was not included in the Vendor's cost report or other data collection tools that subsequently are identified as required to complete cost settlement. The Vendor will be responsible for any such omissions and ensuring that all information that is required to comply with the WV State Plan, CMS guidance related to SBHS, and applicable regulations have been collected and is documented accordingly. Reference to WV State Plan can be found on 4.1.2.7.***

SSG will collect and maintain the annual unrestricted indirect cost rate (ICR) for each participating LEA and incorporate the approved rates into the cost reporting and cost settlement processes, as applicable. SSG will establish standardized collection procedures, validation checks, and submission timelines to promote timely, complete, and accurate reporting.

In addition to collecting required cost report data, SSG will monitor cost settlement requirements and identify any additional information needed to complete the settlement process. If required data elements were not originally captured through the cost report or other collection tools, SSG will work directly with LEAs and the Agency to obtain, validate, and document the necessary information.

SSG will employ quality assurance procedures throughout the cost reporting and cost settlement lifecycle to help ensure that all required financial, statistical, enrollment, and supporting data have been collected and appropriately documented. Leveraging our extensive experience administering school-based Medicaid cost reporting and cost settlement programs, SSG will help ensure compliance with the West Virginia Medicaid State Plan, CMS School-Based Health Services guidance, and applicable state and federal requirements while maintaining complete and auditable program records.

SSG will collect and maintain the annual unrestricted indirect cost rate (ICR) for each participating LEA and incorporate the approved rates into the cost settlement process as required. The Vendor will establish procedures and timelines to ensure timely collection, validation, and documentation of all ICR data. Often times, this rate is collected from another state Agency. SSG is able to obtain the information from LEAs or State Agency's prior to calculating the claim.

In addition, SSG will be responsible for identifying, collecting, and documenting any data elements not originally captured through the cost report or other data collection tools that are subsequently determined to be necessary for completion of cost settlement. The Vendor will proactively work with LEAs and the Agency to obtain missing or additional information and ensure all required data is complete, accurate, and auditable.

SSG assumes responsibility for addressing any data omissions and will implement quality assurance procedures to verify that all information necessary to support cost settlement has been collected and documented in accordance with the West Virginia Medicaid State Plan, CMS School-Based Health Services guidance, and all applicable state and federal regulations. SSG will maintain supporting documentation and follow-up processes to ensure compliance and facilitate audit readiness.

**4.1.3.9      *The Vendor will be responsible for assisting the Agency in monitoring the time study and MAC program to ensure compliance with federal requirements (See 4.1.1.5 for reference). The areas of review include, but are not limited to: Participant List/Roster to ensure only eligible categories of staff are reported on the participant list based on the approved RMTS categories in the implementation plan; RMTS Time Study which includes sampling methodology, actual sample and time study results; RMTS Central Coding,- review at a minimum of five percent (5%) sample per quarter of the completed coding; Compliance with Training requirements and Financial Reporting to ensure that costs are only reported for eligible cost categories and meet reporting requirements.***

## **Quality Assurance of the Medicaid Administrative Claim**

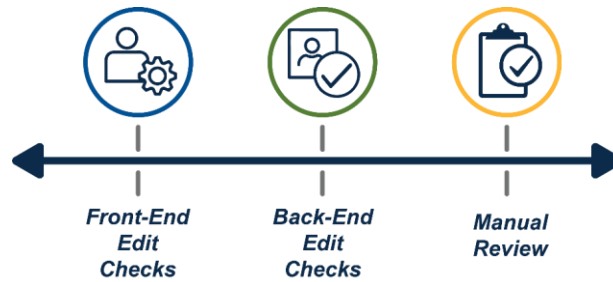
Prior to generating a claim for administrative activities, e-SivicMACS performs a series of automated edit checks to ensure LEA eligibility and data accuracy. These front-end validations include, but are not limited to:

- Verification of the LEA's eligibility to participate in the MAC;
- Validation of the RMTS percentage; and
- Review of general program and participation statistics.

Once eligibility has been confirmed, the claim undergoes additional system-generated edit checks and a comprehensive review by experienced program staff before submission.

In addition, each quarter, all costs submitted through the system are subjected to a structured desk review process. These reviews include a series of edit checks designed to ensure compliance, accuracy, and completeness and are categorized as follows:

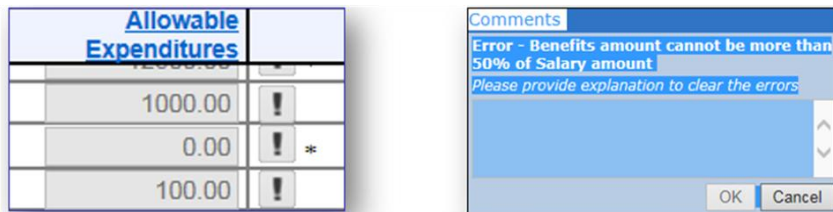
- **Front-End Edit Checks** – Automated validations performed during data entry and claim development;
- **Back-End Edit Checks** – System-generated reviews conducted prior to claim submission; and
- **Manual Review** – Detailed examination by experienced program staff to verify data integrity, compliance, and claim accuracy.



## SSG's Desk Review Process

### Front-end Edit Checks

When a user enters data into the system there are edit checks that are run to provide either a hard stop or a soft warning. These edit checks allow the user to catch any potential data entry errors at the start of the process. Examples of a hard stop are when a user tried to enter salary information for an individual identified as a contractor. An example of a soft warning takes place when the benefits entered for staff member are higher than the salary. In this case, the user must enter a note explaining the issue in order to save the data into the system.



*This is an example of a “soft” system edit check for benefits being greater than salary. The LEA can provide an explanation as to why this data is accurate.*

### Back-end Edit Checks

The system has a series of thresholds built into the application for every cost and statistic built into the system. Most of these thresholds compare historical values to the newly entered value. If there is an increase that exceeds the allowable threshold, then a desk review flag is generated. For example, if total salaries in Q2 were 50% higher than in Q1, a desk review flag would be generated. There are also flags for values that exceed a given figure. For example, a salary above \$10,000 in a quarter would be flagged for review.

### Manual Review

SSG's staff also do a review of the comments that were added by districts during the front-end check to make sure that the explanation makes sense and adheres to program policy. Staff also performs spot checks of data based on factors such as:

- Historical knowledge of districts who have had issues with properly entering cost data;
- Comments that state that position is 100% federally funded (explaining no costs, but alert that staff person should not be in RMTS; and
- Reviewing costs for targeted position types.

## **Notification and Correction**

The LEAs are notified of these flags before the final administrative claim can be generated. Once notified, LEAs can either indicate that the data is accurate and provide supporting documentation or go in and make necessary corrections. Notification is done no longer than five business days from the desk review finding, and LEAs are given a specific amount of time to make the correction and provide support.

## **Reporting**

Quarterly before the claim is run, SSG provides Agency with a detailed report showing:

- Which LEAs had flags;
- What the flag(s) were for;
- The outcome of the correction or supporting documentation.

With the knowledge that all costs are accurate, SSG will then produce the mainly administrative claim.

**4.1.3.10      *The Vendor will assist the Agency with monitoring of all LEA's at least once every three (3) years. Monitoring will consist of either on-site or desk review, or a combination of both. The goal of the monitoring will be to ensure that the LEA's are maintaining appropriate documentation as required by CMS (e.g., in the event of CMS audit the LEA's would be able to provide documentation to support data submitted and utilized in the RMTS, cost report and administrative claiming).***

## **Monitoring Process**

To meet Agency's project objectives, SSG will perform all necessary reviews of the cost materials submitted by school districts, ensuring the integrity of the MAC process at the district level. Twice each year, we will conduct monitoring reviews of ten school districts to ensure the integrity of the SBS process at the district level. Also, SSG will perform all necessary reviews of the materials submitted by school districts.

SSG will assist Agency in assuring LEA compliance with Medicaid requirements by conducting quality assurance reviews of LEA documentation. Our assistance will include the development of a state-specific procedural handbook that will guide the review. The reviews will be conducted by the SSG Team, who will provide results of the reviews, analysis of results to identify systemic problems, and possible policy and procedural recommendations.

The reviews will include all aspects of Medicaid claiming, including:

- Random moment time study;
- Medicaid administrative claiming (MAC); and
- Cost settlement.

## **Overall Review Process**

The reviews need to be thorough and objective, but done in a cordial, cooperative manner, giving the LEAs every opportunity to ask questions, express concerns, and present additional information within a two-week period after the review. Based on our experience, we would expect that the reviews would involve the following process:

- SSG will randomly select schools for detailed review;
- SSG will send a Agency-certified letter to the LEA and follow up with a phone call to ensure that the LEA is prepared for the review team;
- SSG will provide the LEA a list of information that the LEA needs to have available for the review, including:
  - IEPs;
  - Student attendance records;
  - Parental consents;
  - Provider licensure information;
  - Documentation of direct services provided, including clinical notes;
  - RMTS roster submission;
  - Financial records to support the cost pool upload; and
  - Certification of public expenditure backup.
- At the beginning of the review, SSG's staff will have a pre-review meeting with LEA management, review the material being provided by the LEA, discuss how the review will be conducted, the reason for the review, and the content of the report that will be produced and made available to the LEA;
- During the review, SSG and LEA staff will interact actively to answer questions, identify gaps in requested information and discuss problems found during the review; and
- During the exit interview, SSG will summarize the finding, provide the LEA an opportunity to provide additional information within a two-week period, and answer any questions. If a corrective action plan is necessary, the content and purpose of the plan will be discussed.

## **Scope of the Reviews**

SSG will work with Agency's management to review the requirements and obtain approval before the review tool is implemented. Although this discussion with Agency's management will identify all required review topics, we expect that the following areas would be covered.

## ***RMTS***

- Verification of the accuracy and completeness of the RMTS roster;
- Verification that staff who are paid 100 percent (100%) from federal or non-LEA funds are excluded from the roster;
- Review of RMTS non-responses, with data reported from the e-SivicMACS system on the staff who have consistently not responded; and
- Verification that new RMTS participants have reviewed the training material on e-SivicMACS or was trained by a LEA Coordinator.

## ***Medicaid Administrative Claiming***

- Verification that salary cost are for staff included in the roster;
- Review of other costs (materials, supplies, etc.) compared to payroll costs;
- Verification that the quarterly cost reports match with data in the LEA's financial system, and that the trend of yearly cost is reasonable;
- Verification of the accuracy of the indirect cost rate and the Medicaid Eligibility Rate used in the MAC claim, and that the trends of this data are reasonable; and
- Verification that all federal and non-Medicaid reimbursable funds are removed from the claim.

## ***Cost Settlement***

- Verification that costs are not 100% federally funded;
- Ensure that district has costs for reimbursement;
- Review of other costs (materials, supplies, etc.) are on the approved list; and
- That all allowable costs have a payment for that service type during the school year.

## ***General***

- Validity of the process used to verify Certification of Expenditure;
- Assure the accuracy and completeness of SSG training and technical assistance provided to LEAs;
- Determine LEA attendance at training sessions and assess the understanding of training materials and information;
- Review of data outliers to verify accuracy of the data; and
- Verification that LEAs have kept documentation to support the claims, including quarterly roster submissions, ICR, MER and IEP rates, and cost.

After each review, a Compliance Review report will be produced and a letter from Agency to the LEA developed. Significant compliance problems will be immediately communicated to Agency.





## 4.1.4 Documentation System and Billing Services

**4.1.4.1** *The Vendor shall have detailed knowledge of Medicaid's federal and State regulations and requirements relating to all facets of the practice of school-based medical services and administrative billing and payment. The Vendor's overall solution must utilize techniques and procedures which provide accurate Medicaid-approved billing for school-based services. The Vendor shall be HIPAA (Heath Insurance Portability and Accountability Act) and FERPA (Family Education Rights and Privacy Act) compliant in all areas of information sharing, claims processing and overall procedural functions.*

### Fee For Service (FFS) Claiming SNAPSHOT

MAXCapture meets all the requested functionality with a proven user-friendly application that both providers can use to manage their daily-work and Administrators can use to monitor program compliance and revenue recovery

|                                         |                         |                                          |                                       |                                            |
|-----------------------------------------|-------------------------|------------------------------------------|---------------------------------------|--------------------------------------------|
| <b>22+ Years of Claiming Experience</b> | <b>Used by 9 States</b> | <b>Operated in 600+ School Districts</b> | <b>500K+ Claims Submitted Monthly</b> | <b>\$3M+ Paid Claims processed monthly</b> |
|-----------------------------------------|-------------------------|------------------------------------------|---------------------------------------|--------------------------------------------|

| REQUIREMENT ALIGNMENT                                                                                                                                                                                                                                                                                                                                                                                  | SOLUTION APPROACH                                                                                                                                                                                                                                                                                                                  | AGENCY VALUE                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>✓ Allows for Medicaid Eligibility Checks</li> <li>✓ Services can be directly entered into the system or upload from other applications</li> <li>✓ Generates claims based on Federal and State Regulations</li> <li>✓ Easy to use for Provider Documentation of Services</li> <li>✓ Administrators have service and claiming data at their fingertips</li> </ul> | <ul style="list-style-type: none"> <li>✓ Configure the solution to West Virginia requirements</li> <li>✓ Quickly implement MAXCapture to mitigate service entry disruption</li> <li>✓ Frequent eligibility checks and claim submission</li> <li>✓ Continuous training opportunities to for providers and administrators</li> </ul> | <ul style="list-style-type: none"> <li>✓ Reduce burden on staff through automated process and intuitive functionality</li> <li>✓ Attain high compliance by ensuring all services meet eligibility criteria before submission</li> <li>✓ Maximize revenue through automated claim submissions and maximizing Medicaid eligibility identification</li> </ul> | <p><i>"MAXCapture is the best! Its clean layout makes it very intuitive and easy to use. Our providers especially love the Calendar module. Support from SSG staff is unparalleled--quick responses and clear direction!"</i></p> <p><b>M. Whittam, Medicaid Coordinator, Rio Rancho Public Schools</b></p> |

**SSG ADVANTAGE:** MAXCapture isn't just a lower-cost way to claim Medicaid dollars — it's a system built to protect what states and districts have already earned. Where other vendors treat compliance as a checkbox and districts as an afterthought, SSG designs for audit defensibility from the ground up, minimizes burden on the school staff who actually do the work, and guarantees continuity through the highest-risk moment in any program's life: the transition itself.

**Proven Expertise | CMS-Compliant & Audit Ready | Technology-Enabled Efficiency**

SSG staff have extensive experience in working with Medicaid officials, both from the Centers for Medicare and Medicaid Services (CMS), as well as State Medicaid agencies.

To maintain the integrity of the Agency's program, it is critical to start with a clear understanding of the rules; followed by the effective communication of the federal and State rules to school staff through guidance documents and periodic trainings.



## Federal Rules

Our Consulting staff members possess decades of experience with Medicaid rules. Our work involving Medicaid school-based billing requires that we have a complete understanding of, and compliance with, the federal rules for Medicaid and Individuals with Disabilities Education Act (IDEA), as well as related laws such as HIPAA, FERPA, and the federal grants management rules addressed in the Super Circular (formerly known as OMB A-87).

***SSG's Education Services staff attend and present at numerous national conferences throughout the year such as NAME, CASE, and NASDE. These conferences and organizations provide updates on national trends and legislative changes taking place in school-based claiming.***

Federal guidelines were first issued in 1997 by CMS in the *Medicaid and School Health: A Technical Assistance Guide*. In 2003 CMS published the *Medicaid School-Based Administrative Claiming Guide*. Over the years, CMS has provided additional guidance through *State Medicaid Director Letters*, presentations at national conferences, and in negotiations with individual states. Additional information on school-based billing issues can be found in federal OIG audits and Departmental Appeals Board (DAB) Decisions.

We understand the importance of remaining current on federal and state Medicaid regulations and guidelines to ensure compliance in direct services claiming. Through Company research, contacts with other states and participation in state and national advocacy organizations for school Medicaid claiming programs, SSG closely monitors changes in state and federal regulations, best practices, and audit findings that may have an impact on school-based Medicaid claiming.

In managing Medicaid school-based projects, SSG's foundation is to comply with federal rules governing what is claimable or not claimable under Medicaid. Among the authorities for determining allowable activities and costs are the CMS guidance documents including the *Medicaid School-Based Administrative Claiming Guide*, as well as additional guidance that CMS distributes via State Medicaid Director Letters, and at conferences such as the National Association of Medicaid in Education (NAME) where SSG has been an active sponsor and participant for many years.

## State Rules

Knowing that it is critical for Agency to be current on changes to the Medicaid in schools program, SSG will stay apprised of state and federal changes and collaborate closely with State leadership on any updates that need to be implemented.

### **Question:**

***"Does SSG truly understand West Virginia's SBHS environment?"***

### **Answer:**

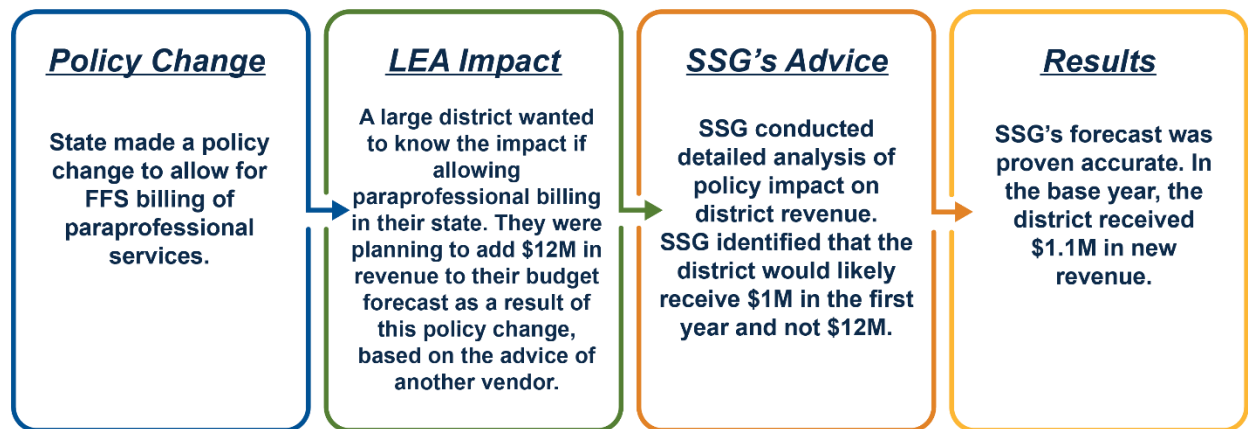
***SSG's statewide school-based Medicaid experience across the country positions us to operate with WV's regulatory, fiscal, and inter-agency framework.***

We know that emphasis on compliance with federal and state rules is the most effective way to ensure sustainable and consistent Medicaid claiming. Our experience indicates that this approach requires a multi-pronged strategy including a thorough understanding of the rules, clear and consistent communications with school and state stakeholders, and ongoing training combined with periodic audits. SSG's emphasis on compliance and our approach to ensuring compliance is a major factor in our track record of high client satisfaction and no Medicaid disallowances.

SSG advises Districts on pending legislation and policy or regulation changes related to school health services and administrative claims billing. We routinely and proactively advise clients on the impact of recent legislative and/or regulatory changes and the direction of OIG audits.

When notices become available, such as revised requirements for Fee-for-Service (FFS) or Medicaid Administrative Claiming (MAC) Guides, SSG disseminates the notice and schedules a meeting to discuss the potential impact and conducts ongoing work sessions to develop new business processes or systems changes.

For these notices and others, we provided our clients with information about current regulations, potential impact of the changes and examples of successful SPA submissions in other states, if an SPA is required. A real-world example of some of the policy advice that SSG provides clients is detailed in the case study below.



It is critical to your compliance with federal and State Medicaid rules that you always have the most current, correct information available. SSG becomes your partner in navigating the rules around school-based claiming and upholding program compliance.

**4.1.4.2      *The Centers for Medicare and Medicaid Services (CMS) established a recognized set of codes under HIPAA. The HCPCS (Ancillary Services/ Procedures), CPT-4 (Physicians Procedures), CDT (Dental Terminology), ICD-9 (Diagnosis and Hospital Inpatient Procedures), ICD-10 (as of October 1, 2015) and NDC (National Drug Codes) codes are the adopted code sets for procedures, diagnoses, and drugs.***

SSG is familiar with the requirements and are fully compliant with HIPAA codes.

**4.1.4.3** *HIPAA Administrative Simplification Transaction and Code Set Standards require adherence to the content and format requirements for transactions. There are certain standard transactions required for Electronic Data Interchange (EDI) of health care data. Additional information on HIPAA is available at: <http://www.Medicaid.gov>.*

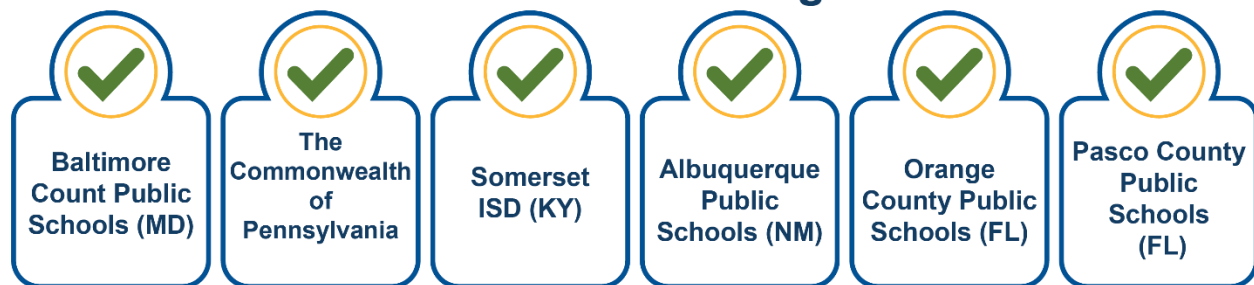
SSG fully adheres to the HIPAA content and format requirements for transactions.

**4.1.4.4** *The Vendor shall only file SBHS claims for registered students that are Medicaid-eligible and for services that are included in the student's Individualized Education Plan (IEP) or other approved plans of care. The service must be provided by a qualified provider in compliance with the Medicaid State Plan and/or federal requirements. Services covered in the Medicaid State Plan for LEAs include, but are not limited to nursing services, physical therapy, occupational therapy, speech/ language services, audiology, psychological counseling, evaluations and specialized transportation. Adequate supporting documentation, in a form ready for review, of provider qualifications and the provision of covered services, must be maintained.*

*SSG has supported states and LEAs for more than 25 years by implementing compliant, auditable methodologies that ensure Medicaid eligibility percentages are calculated accurately, consistently, and in alignment with CMS guidance and state policy.*

SSG recognizes the challenge schools and providers face to ensure that all eligible students are included in their Medicaid claims. SSG has extensive experience supporting Medicaid eligibility verification processes for school-based claiming programs and understands the critical role accurate eligibility data plays in RMTS, administrative claiming, and annual cost reporting. To support the State in its goal of maximizing your Medicaid reimbursements, we offer a streamlined, electronic workflow to support eligibility matching.

## SSG Performs Monthly Medicaid Eligibility Checks for the Following Clients



SSG combines our vast expertise in Medicaid eligibility verification with our technical proficiency to develop a web portal to deliver an automated Medicaid eligibility matching solution that enables LEAs to securely submit student enrollment data for designated quarterly “snapshot” dates. The solution is designed to support LEA responsibility for eligibility matching while significantly reducing manual effort, risks associated with data handling, and processing time.

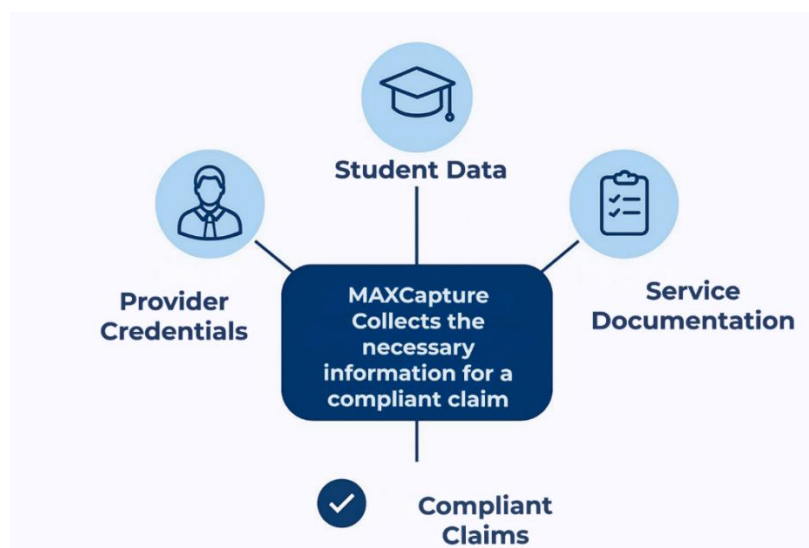
Our secure, front-end web portals will allow school districts to safely upload student enrollment files using encrypted transmission. These portals include built-in validations to confirm file structure, required data elements, and data quality prior to processing, reducing downstream errors and rework.

The system applies state-approved matching logic against statewide Medicaid eligibility data to determine each student's eligibility status as of the approved snapshot date(s). The result is a clear, auditable eligibility report, including LEA-level Medicaid eligibility percentages for use in quarterly RMTS administrative claiming and annual medical services cost reporting. LEAs will have access to the portal to review results and certify submissions, while the State retains visibility into processing status, outcomes, and summary reporting across all participating LEAs.

SSG's approach emphasizes automation, consistency, and audit readiness. All eligibility files, match results, and certifications are retained in the system with full audit trails, ensuring West Virginia and its LEAs can readily support claims during state or federal reviews. By combining proven program expertise with secure, user-friendly technology, SSG enables Agency to improve data quality, reduce administrative burden, and ensure accurate and defensible Medicaid eligibility determinations statewide.

### **Compliant Claims**

SSG provides a fully integrated system that supports the documentation, validation, and submission of Medicaid-compliant School-Based Health Services (SBHS) claims in accordance with CMS and West Virginia Medicaid policy. MAXCapture is designed to collect and organize all required data elements related to students, providers, and services, ensuring that claims are submitted only for Medicaid-eligible students and that services align with IEPs or other approved plans of care. As illustrated below, MAXCapture serves as the central system of record, applying system controls and validation checks to support accurate, compliant, and audit-ready Medicaid claims.



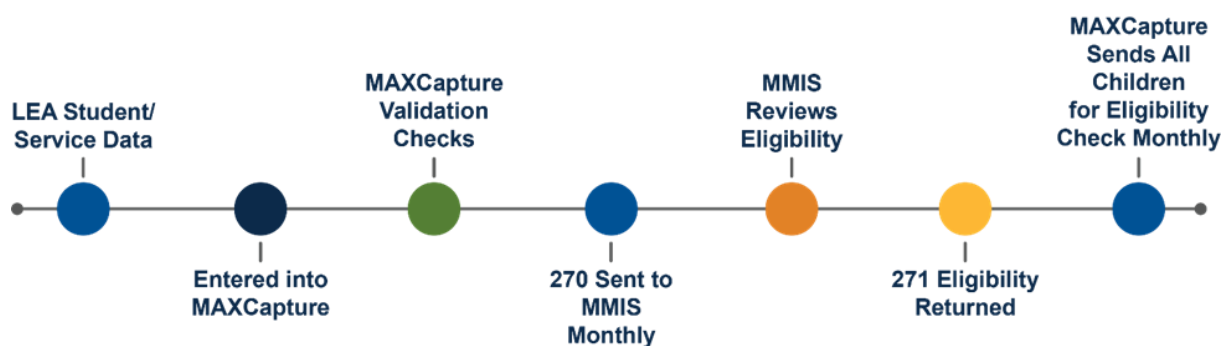
**4.1.5 System Overview** *The Medicaid Module Solution will integrate and use the data available to process Medicaid claims for children. The system will guide the personnel through the maze of Medicaid regulations, minimizing the possibility of violating laws and regulations, but maximizing legitimate reimbursements. The Medicaid Module must be efficient and constantly kept up to date with changing Medicaid laws. The system must capture all fields of service documentation required for Medicaid claiming. The web-based application must be available to all LEAs and allow them system access. Staff shall be able to document medical services provided to all students they serve regardless of Medicaid status. District administrators must have access to review records documented by all providers within the system. The vendor must host and maintain the system. The claims must be processed without users having to use the services of a third party and without adding additional staff.*

## Medicaid Eligibility Checks

SSG will perform regulation Medicaid eligibility checks to make sure that districts are maximizing their revenue by submitting claims for all students who are Medicaid eligible. Districts can use SSG to load students and check insurance coverage. SSG will only submit claims for those children found to be Medicaid eligible. The eligibility information found during the process is stored in MAXCapture and used as part of the claiming process.

MAXCapture leverages automated Medicaid eligibility verification using HIPAA-compliant 270/271 transactions to validate student Medicaid enrollment for specified audit dates, ensuring accuracy and consistency in reported results. Solix will provide the State with clean, well-documented findings, proactive status updates, and early identification of potential risks to deadlines.

This approach—successfully implemented in multiple states—reduces administrative burden on LEAs, supports corrective action requirements, and ensures audit-ready, defensible enrollment verification outcomes.



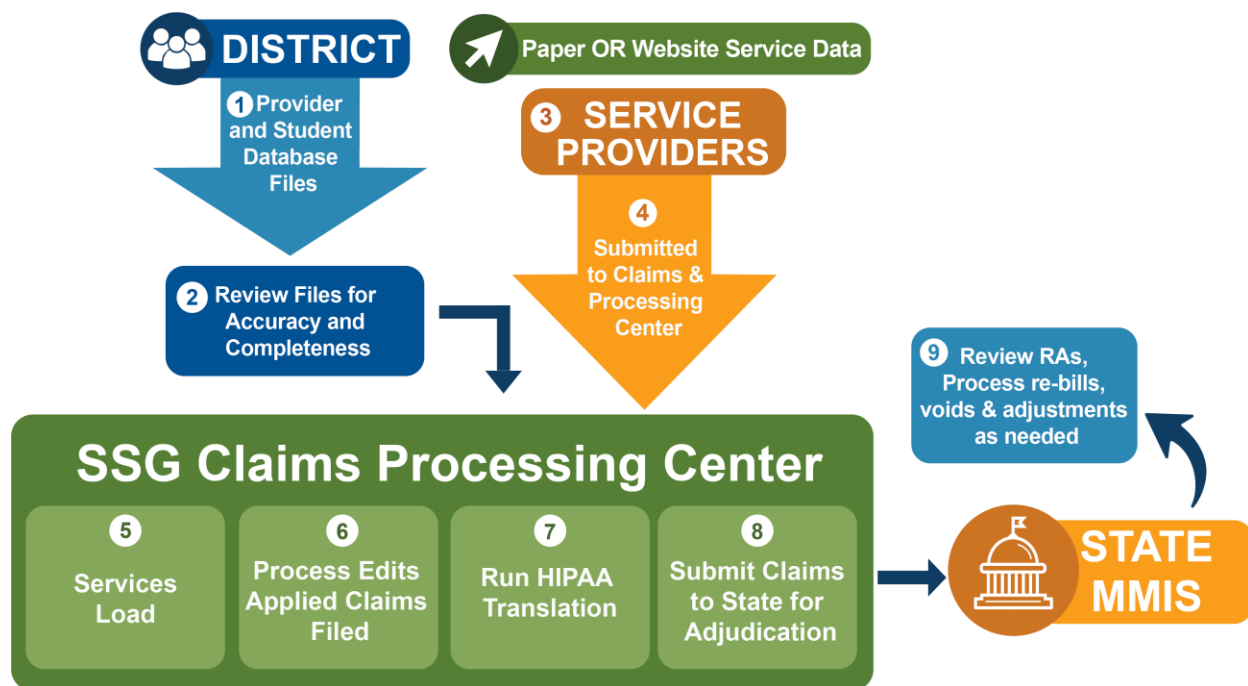
*The 270/271 Medicaid eligibility matching process*

## Business Process for School-based Medicaid Claiming

*SSG is experienced with claims submission of **both** health services delivered as a result of inclusion on an IEP as well as those services found on 504 and other care plans.*

SSG offers a comprehensive school-based Medicaid billing and documentation solution that includes claims submission, billing, and reporting services. Our extensive experience includes myriad school-based Medicaid fee-for-service (FFS) claiming projects using our proprietary system, MAXCapture. The power of MAXCapture is in its ability to integrate with the District's relevant school, student, service, and provider data to offer comprehensive reporting, data matching, and data analysis. It is a true district management and tracking product through which your Medicaid claims and reports can be submitted

The diagram below provides an overview of the business process flow for direct service claiming.



MAXCapture eases the burden on Agency in efficiently preparing and submitting accurate Medicaid claims. The user-friendly process, illustrated above, is described in the following bullets:

- **Step 1: Provider and Student Database Files Submitted:** Agency submits the student and provider data derived from Agency's IEP direct database and school district systems. The data is acceptable in any of the Microsoft Excel, standard ASCII text, Microsoft Access, and XML data formats. This data can also be imported directly from Agency's IEP database or from the Student Management System (SMS).



- **Step 2: Review Files for Accuracy and Completeness:** SSG's Claim Operations Team reviews the data files for accuracy and performs routine quality assurance (QA) checks, based on program requirements that meet State and Federal Medicaid rules. Quality data is loaded and updated to the corresponding data tables for students and providers. Depending upon the District's preference, either the complete list of student data is updated and available to the providers for service data entry or Medicaid eligible student data is updated for service entry. After the data update, new students and providers rosters will be available and ready for service data entry by providers.
- **Step 3: Services Entered into the Web-based MAXCapture System:** Agency's service providers use unique usernames and passwords to log into our web-based MAXCapture system to document the services provided. MAXCapture offers extensive functionality to minimize errors and improve the productivity of the providers. The features include, but are not limited to, Provider Licensure, Supervisor Approvals, streamlined service entry for Group Therapy sessions, Copy Previous Service, Hold Services from Billing, and intelligent drop-down values depending on the previously selected fields by the provider.
- **Step 4: Services Submitted to the Claims Processing Center:** Claims entered into MAXCapture by the providers are processed in batches at predefined intervals. During the claim processing cycle, the services that are marked as "Ready for Billing" are selected and loaded into our Claims Processing module, are updated to the status of "Submitted for Billing," and are locked for editing. Our Claim Operations Team performs QA validation checks to maintain the integrity and audit history of the data.
- **Step 5: Process Edits and Generate Claims:** Our MAXCapture Claims Processing module will process all State and Agency-specific business rules based on the Medicaid State Plan before generating valid claims. If a claim is denied for processing because the child is not Medicaid eligible for the time period, these claims are "suspended" and resubmitted during subsequent processing in case eligibility has changed. This feature ensures the maximum level of claiming while not requiring any resubmission or manual intervention.
- **Step 6: Run HIPAA Translation:** The valid claims are converted into HIPAA-compliant 837P format based on the State's Medicaid HIPAA manual.
- **Step 7: Submit Claims to State MMIS for Adjudication:** The 837P formatted claims generated in the above step are submitted to the State MMIS. We process the 997 files and update the status of claims in our system accordingly. If the file is rejected, we review the reason, correct the issue, and resubmit the entire batch of claims. **SSG maintains an acceptance rate of 99.9%.**
- **Step 8: Review Remittance Advices (RA), Process Re-bills, Voids and Adjustments:** CLIENT'S STATE MMIS processes claims submitted via the State Medicaid website and completes the adjudication process during the weekend cycle. We receive the electronic remittance advice (HIPAA transaction 835) the next business day after the adjudication process. When the adjudication process is complete, we receive the Electronic RA (HIPAA transaction 835 RA) the next business day. The Claim Reconciliation module of our system processes the RA and updates the corresponding claims with the payment, denial, or adjustment information and the appropriate reason codes. Balancing and control procedures are employed to ensure that claims submitted and accepted by the MMIS have been processed and posted accurately.

**Question:**

***“How will the State be protected from future audit vulnerabilities?”***

**Answer:**

*SSG’s RMTS design adheres strictly to federal statistical standards, includes documented sampling protocols, and incorporates centralized QA review prior to claim generation to mitigate audit exposure.*

Agency may have specific requirements for Medicaid claiming and service entry. During contract implementation, SSG will collaborate with you to configure the system to meet your requirements and State Medicaid regulations.

## Maximize Claims

SSG offers Providers effective training and a user-friendly system to accurately capture services and maximize claim reimbursement for Agency.

It has been our experience that the greatest impediment to maximizing claiming is the willing cooperation of the service providers, who are instrumental in a district’s ability to document the claim services. We successfully assist school districts across the United States with overcoming this hurdle and receive maximal reimbursements.

Gaining the cooperation of the provider staff can be addressed by a combination of efficiencies and incentives. We have worked with our clients to continually refine MAXCapture to provide a user-friendly system that minimizes the need for duplicate data entry. We collaborate directly with the providers to understand their needs and processes so we can deliver a system that is intuitive and supports accurate data entry. SSG’s emphasis on simplifying electronic service capture and our approach to ensuring compliance is a major factor in our track record of maximizing claims with no Medicaid disallowances for our clients.

### MAXCapture Supports Our Clients in Maximizing Reimbursements

#### Ease of Entry of Services

User feedback directly impacts our system design and enhancements around usability and accurate service capture. Key features include:

- Drop-down data values for easy data entry
- Pre-fill fields based on the previously selected data fields to reduce keying
- Copy previous service records eliminates duplicate entry
- Service types and codes presented in “common English” supports intuitive selection
- Calendar control date selection for faster and more accurate entry of dates
- Multiple service entry for group therapy sessions - multiple students served at the same time, by the same therapist, and receiving the same service

#### Web-based Service Capture Process

School districts across the country prefer to manage their schedules and services using MAXCapture. It is easy to use and offers flexible options for quick data entry. MAXCapture’s reporting and documentation features offers the functionality to store and retrieve records from one central source for audit and analysis purposes.



#### 4.1.6 Medicaid Eligibility

***The Vendor shall develop, operate and maintain a process to identify Medicaid-eligible students and provide feedback to the LEAs on Medicaid eligibility status. The Vendor shall provide Medicaid beneficiary numbers when known, verify Medicaid eligibility, and provide third- party liability information if available. The Vendor shall provide to the LEAs, on a monthly basis, one updated list of Medicaid-eligible students. The first complete list of Medicaid-eligible students shall be operational under the Vendor within ninety (90) calendar days of the contract effective date.***

SSG will develop, operate, and maintain a process to identify Medicaid-eligible students and provide participating LEAs with timely and accurate eligibility information to support School-Based Health Services program administration and claiming activities. Leveraging our extensive experience supporting Medicaid eligibility and school-based claiming programs, SSG will implement established procedures to securely obtain, verify, and manage Medicaid eligibility information in accordance with state and federal requirements.

SSG will provide LEAs with monthly updated rosters identifying Medicaid-eligible students and, when available, will provide Medicaid beneficiary identification numbers, eligibility verification results, and third-party liability information. These updates will assist LEAs in identifying eligible students, supporting program administration, and improving claiming accuracy.

SSG will implement quality assurance processes to validate eligibility data, resolve discrepancies, and monitor the completeness and timeliness of information provided to LEAs. The initial comprehensive list of Medicaid-eligible students will be operational within ninety (90) calendar days of the contract effective date, with ongoing monthly updates provided thereafter.

Through automated data management tools, secure reporting processes, and ongoing coordination with the Agency and LEAs, SSG will help ensure that eligibility information remains current, accurate, and readily available to support reimbursement, reporting, and compliance requirements.

### **Detailed Medicaid Matching Workflow**

- Receive provider and student data to create a claiming database.
- Monthly Medicaid eligibility of students is determined using a 270/271 protocol. MAXCapture exports required student data into HIPAA-compliant transactions and submits a “270” file to the State MMIS for automated verification of Medicaid eligibility. The Medicaid system returns a “271” file, which is used to update the student Medicaid eligibility status in MAXCapture.
- SSG’s electronic submission process identifies Medicaid-eligible children, reducing under-reporting and loss of Medicaid reimbursements.
- The system performs checks to submit only compliant claims based on the approved State Plan Amendment and Medicaid guidelines.
- MAXCapture integrates all relevant school, student, service, and provider data for comprehensive reporting, data matching, and analysis, eliminating redundant data entry.

#### **4.1.7 Student Eligibility**

***The Vendor shall develop, operate and maintain a web-based student eligibility database to submit names for verification and identification as Medicaid eligible. The Vendor shall provide technical assistance to each participating LEA for obtaining parental consent, to provide full registration of students, to facilitate and streamline the documentation of services, to verify the credentials of providers and to assist in the use of the general claims processing system. The Vendor shall provide electronic submission of data within the participating LEAs. The system shall provide, to the LEAs, options for organizing the claims process able to be coded for one central district location and/ or coded for each school within the district. The student eligibility database shall be operational under the new Vendor within ninety (90) calendar days of the contract effective date.***

MAXCapture delivers functionality for the complete claiming process, encompassing service capture, reporting, and claim development. MAXCapture allows for multiple data capture methods from various data sources with all data consolidated in our claiming module. The strength of our system is the flexibility and configurability of the system screens and business rules to easily meet the District’s unique requirements.

## MAXCapture Overview

The following highlights the features of MAXCapture that will add value for the District's staff in accurately and efficiently processing Medicaid claims, while maximizing your reimbursements:

The screenshot shows the MAXCapture Home dashboard. At the top, it says "School Based Service Capture - Demo School District" and "Home". There is a navigation bar with links: Security, Admin, Master Data, Data Entry, File Transfer, and Reports. On the right, there is a "Help Desk" section with "Toll-Free" and "Email" links. The main content area is divided into several sections:

- Welcome Aaron**: A personalized greeting.
- Your Account**: A summary of account statistics.

| Account Item                         | Count |
|--------------------------------------|-------|
| No. of Students in Roster            | 1     |
| No. of Providers in Roster           | 0     |
| No. of Services on Hold              | 0     |
| No. of Services Pending for Approval | 0     |
- System Alerts**: A table of alerts with columns for Priority, Alert Name, As of, Count, and a View link.

| Priority | Alert Name                                          | As of      | Count | View                 |
|----------|-----------------------------------------------------|------------|-------|----------------------|
| Red      | IEPs expired only in last 60 days                   | 09/10/2025 | 7     | <a href="#">View</a> |
| Red      | Medical Authorizations expired only in last 60 days | 09/10/2025 | 8     | <a href="#">View</a> |
| Red      | Provider Licenses expired only in last 60 days      | 09/10/2025 | 13    | <a href="#">View</a> |
| Red      | Services pending for approval                       | 09/10/2025 | 909   | <a href="#">View</a> |
| Yellow   | IEPs expiring in next 30 days                       | 09/10/2025 | 2     | <a href="#">View</a> |
- Resources**: A list of links to various resources.

| Resource                                    | View                 |
|---------------------------------------------|----------------------|
| License Types and Credentials               | <a href="#">View</a> |
| Disability Codes to ICD10 Crosswalk         | <a href="#">View</a> |
| Responsible Districts                       | <a href="#">View</a> |
| MAXCapture Training Videos                  | <a href="#">View</a> |
| MAXCapture User Guide - Provider/Supervisor | <a href="#">View</a> |
| MAXCapture User Guide - ACCESS Coordinator  | <a href="#">View</a> |
| MAXCapture Reports                          | <a href="#">View</a> |
| Upload Data Templates                       | <a href="#">View</a> |
- Notices**: A list of notices with columns for Priority and Message.

| Priority | Message                                                                                                                                  |
|----------|------------------------------------------------------------------------------------------------------------------------------------------|
| Yellow   | Supported browsers for this site are IE 11 or Microsoft Edge (PC)/Safari (MAC)/Firefox/Chrome and for iPad, iOS 9.0 or earlier versions. |
| Yellow   | Please disable any popup blockers for this site to get log out warning message.                                                          |

- Prepare, submit, and track claims. MAXCapture generates the Medicaid direct services claims for Medicaid-eligible students receiving special education services and submits the claims electronically in HIPAA-compliant formats.
- Report the status of all claims. With the claim processing and reprocessing centralized within MAXCapture, we can easily report on the status of all claims, including those that are resubmitted for payment.

The screenshot shows the "Data Entry --> Service Capture" form. It has a navigation bar with links: Security, Admin, Master Data, Data Entry, File Transfer, and Reports. The form contains several fields and a dropdown menu:

- Svc Date \***: A date field with a "mm/dd/yyyy" format.
- Check if Make-up Session**: A checkbox.
- Svc Type \***: A dropdown menu with a list of service types.
- Svc Code \***: A dropdown menu.
- Group Size**: A text field.
- Therapy Method \***: A dropdown menu.
- Therapy Method2**: A dropdown menu.
- Diag Code \***: A dropdown menu.
- From Time \***: A time field.
- To Time \***: A time field.
- Place of Svc \***: A dropdown menu.
- Progress \***: A dropdown menu.
- Description of Service including Medication Name and Dosage (if applicable) \***: A text area.
- Supr Notes**: A text area.
- Save**, **Cancel**, and **Add Service** buttons.

- Analyze denied claims. Our claim reports provide the information we need to analyze the reason for denied claims, such as processing errors. With this information, we can correct those claims that are correctible and resubmit them for payment.
- Track the complete history of each claim from creation and submission to payment, denial, adjustment, or recoupment. When claims denied by the State Medicaid Management Information System (MMIS) are re-billed, MAXCapture provides an audit trail to tie the rebilled claim to the original claim.
- Access online, real-time reports. MAXCapture's enhanced reporting options allow authorized users to generate reports based on multiple selection criteria and provide the ability for the District to run ad hoc reports. Reports are available on-screen in graphical format or exported to PDF or Microsoft Excel.
- Suspend, rather than reject, claims to maximize claiming for the District. A claim that is deemed ineligible and therefore denied will be automatically resubmitted in the next processing cycle. For example, if a student is not Medicaid eligible in the time period of the claim, it will be resubmitted in the subsequent process and if the student's eligibility has changed, the suspended claim is released.
- Capture comprehensive audit trail. MAXCapture tracks the date of service entry and the user who changed the log. Solix provides the MAXCapture data to assist the District during a federal or State audit. At the District's option, Solix will participate in the audit conference, allowing us the opportunity to dispute deficiencies and provide additional supporting documentation to support your actions.
- User-friendly interface for efficient data entry. We understand providers will not use a system that is difficult to navigate. Solix has streamlined our interface to allow efficient data entry and intuitive navigation. MAXCapture provides the following key features that encourage the use of our system, decrease paper processing, and increases data accuracy for maximum revenue reimbursement:
  - Drop-down data values, to streamline data entry and reduce errors;
  - Data pre-fill based on the previously selected data fields, to reduce manual entry;
  - Electronic signatures for service providers and designated the District staff;
  - Ability to copy previous service records, to eliminate duplicate entry;
  - Intuitive service types and codes, instead of complex procedure codes and modifiers;
  - Calendar control date selection to allow for quicker and more accurate entry of dates; and
  - Multiple service entry for group therapy sessions to increase efficiency

#### 4.1.8 Electronic Claim Submission

***The Vendor is required to submit data electronically. The Vendor shall be HIPAA compliant in all areas of information sharing, claims processing and overall procedural functions.***

**4.1.8.1        *The Vendor shall provide the personnel necessary to develop, operate and maintain an electronic submission of data that meets the DHS requirements to prepare federal fund claims, including providing claims data in a form or manner required by State or federal fiscal intermediaries.***

SSG will provide qualified personnel and technical resources necessary to develop, operate, support, and maintain a secure electronic data submission process that meets all DHS requirements for the preparation and submission of federal fund claims. The solution will facilitate the accurate collection, validation, storage, and transmission of claims-related data required for School-Based Health Services reimbursement.

SSG will ensure that all claims data is formatted, validated, and submitted in accordance with applicable state and federal requirements, including any specifications established by DHS, CMS, or designated fiscal intermediaries. SSG will maintain system functionality, implement ongoing quality assurance controls, and provide timely updates as requirements change.

SSG will also provide claims and supporting data in any form, format, or manner required by the State, federal partners, or fiscal intermediaries to support claim preparation, submission, reconciliation, audit activities, and federal financial participation reporting. System maintenance and operational support will be performed continuously to ensure data integrity, security, compliance, and uninterrupted claims processing.

**4.1.8.2        *The State's Medicaid Provider Manual is also available at:***  
***<https://bms.wv.gov/providers/policv-manuals>.***

SSG understands.

**4.1.8.3        *The Vendor shall provide a claims processing system that includes, but is not limited to, the following requirements:***

SSG details the capabilities and functionality of our claims processing system in the following sections.

**4.1.8.4      *Provide a web-based registration system to register students and provide an electronic option for the submission of names to be registered and identified as Medicaid eligible, along with providing options for each LEA to organize the claims to be process coded for one central district location and/ or coded for each school within the district;***

The power of MAXCapture lies in its integration of all relevant school, student, service, and provider data to allow for comprehensive reporting, data matching, and data analysis, and to eliminate the need for redundant data entry. MAXCapture supports data exchange using Web Services technology for online real-time interface or secure File Transfer Protocol (FTP) for batch data exchange. We can also access Agency's systems databases using a secure Virtual Private Network (VPN) connection or Web Services technology.

We will access and reference the data required for Medicaid claim generation, which includes but is not limited to the following:

- Provider licensure information
- Individual student IEP data
- Service delivery model specifications
- School calendars

The exchange of data will be tested manually during the system implementation phase and after successful completion of the testing, the data exchange will be automated through the generation of scripts.

SSG has successfully integrated our web-based systems with districts in multiple states using open technology (i.e., Web Services, Open API). We are confident in our ability to interface with the Agency's internal systems to support electronic data transfer into MAXCapture.

**4.1.8.5      *Provide each participating LEA with separate and secure website credentials that meet HIPAA and FERPA requirements;***

SSG applies robust and flexible security controls to protect our clients' sensitive information to the level of objects and data elements. Our systems use role-based security, ensuring access to client data and sensitive Personally Identifiable Information (PII) is restricted to authorized users and delineated by their roles and functions. For example, only the Agency Medicaid Coordinator will have visibility to the student Medicaid Identification Number. Common roles in our system include: Provider, Supervisor, View Only, and Reports Only. Additional roles are easily configured and added as needed by Agency.

**4.1.8.6        *Provide the ability to compare student list(s) obtained from the LEAs against the Medicaid eligible list from the State before uploading it for the LEAs to assign services and providers;***

SSG's MAXCapture system includes functionality to compare student information submitted by participating LEAs against Medicaid eligibility data received from the State prior to making students available for service assignment and claiming activities. This process helps ensure that student eligibility information is accurate and validated before services and providers are associated with student records.

Using the results of Medicaid eligibility verification transactions, MAXCapture compares eligibility data returned from the State with information entered by school personnel. When discrepancies are identified between the two data sources, the system generates exception reports that allow district staff to review the conflicting information and determine which data elements should be used within the system.

This validation process helps improve data accuracy, reduces eligibility-related claiming errors, and ensures that LEAs have the information necessary to correctly assign services and providers. By providing districts with clear discrepancy reporting and resolution tools, SSG supports accurate student records, streamlined claims administration, and increased program integrity.

**4.1.8.7        *Provide the ability to capture provider information with adequate supporting documentation including, but not limited to:***

**4.1.8.7.1        *Qualifications, certifications and licensures;***

**4.1.8.7.2        *Covered service(s);***

**4.1.8.7.3        *The verification that service(s) was provided by a qualified provider.***

MAXCapture provides comprehensive functionality to capture, maintain, and validate provider information required to support Medicaid claiming for services delivered to eligible students, including students with an Individualized Education Program (IEP) or Section 504 Plan, as applicable under program requirements.

The system maintains detailed provider profiles that include qualifications, certifications, professional licenses, credential effective dates, and covered services authorized for each provider type.

MAXCapture also links provider credentials and qualifications to service documentation and claiming activities. When services are documented for a Medicaid-eligible student, the system associates the service record with the provider who delivered the service and verifies that the provider is authorized and qualified to perform the claimed service. This validation process helps ensure that only services furnished by appropriately credentialed providers are included in claims submissions.

In addition, MAXCapture supports the collection and management of student information required for claiming, including eligibility status, service plans, provider assignments, and service documentation. By integrating student, provider, and service data within a single workflow, the system helps LEAs document that services were provided to eligible students by qualified providers and supports the compliance requirements associated with Medicaid reimbursement.

This functionality strengthens program integrity, improves documentation quality, and provides LEAs with the tools needed to support accurate and auditable Medicaid claims.

**Master Data**

My Caseload My Services Reports Master Data

Benton Community School District  
 Coordinator DEMO  
[My Profile](#) | [Log Out](#)

**Maintain Provider > License**

Provider ID: BB1111 Provider Last Name: Test

**License Information**

|      | License Source                    | License Type                        | License School   | Start Date | End Date   | License Number | Status | Service Approval Required? |
|------|-----------------------------------|-------------------------------------|------------------|------------|------------|----------------|--------|----------------------------|
| Edit | <input type="checkbox"/> Medicaid | Adaptive Physical Education Teacher | School Name Here | 03-15-2024 | 03-15-2025 | 789456782      | Active | No                         |

[Back to Search](#) [Add](#) [Delete](#)

*Example of the Maintain Provider License Screen*

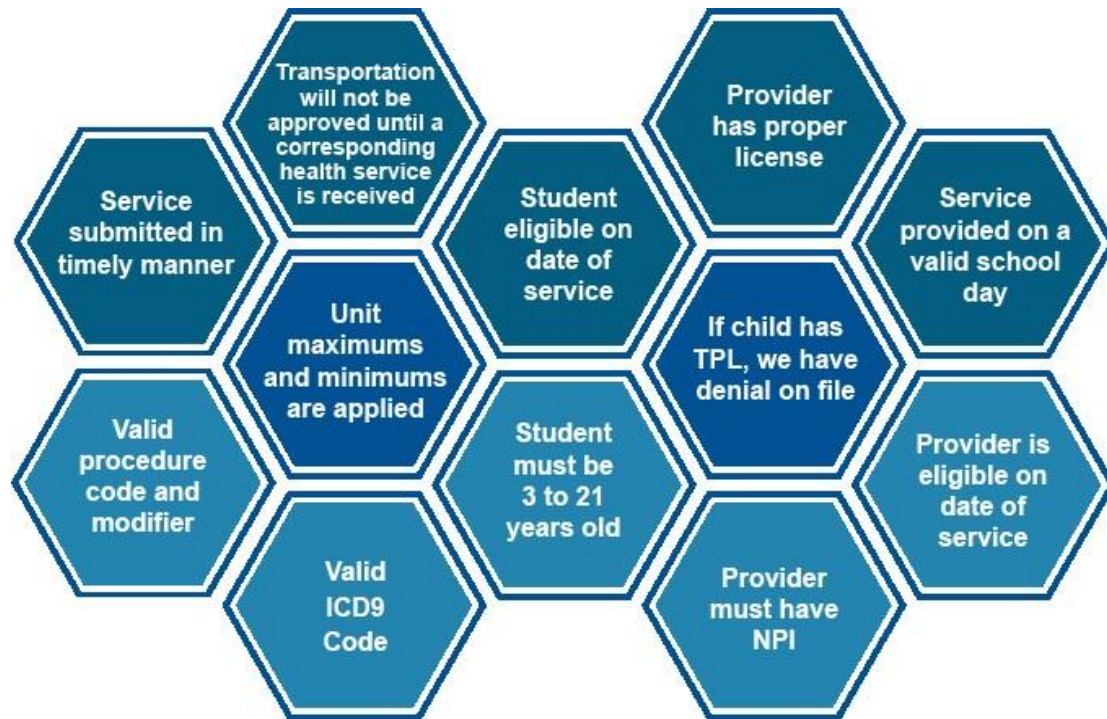
## Built-in System Checks

SSG will collaborate with the Agency to ensure all rules for claiming direct service claims are in place prior to submission. We will obtain sign-off of the requirements and perform extensive testing of all claiming rules prior to going live with the system. Below are some of the basic rules that the system will use before approving a claim for payment.

**Question:**  
 “How will underperforming LEAs be supported without punitive escalation?”

**Answer:**  
 SSG prioritizes collaborative performance improvement through targeted outreach, data-informed coaching, and structured technical assistance.





**4.1.8.8** *While capturing the student and provider information, require the user to update service documentation, including:*

**4.1.8.8.1** *Parental consent;*

**4.1.8.8.2** *IEP implementation dates;*

**4.1.8.8.3** *Physician authorization dates; and*

**4.1.8.8.4** *Service provider certifications and licensures;*

MAXCapture is designed to capture and maintain the student, provider, and service documentation necessary to support Medicaid reimbursement and program compliance. As users enter or update student and provider information, the system incorporates validation and tracking tools that help ensure required documentation is collected, maintained, and available prior to claim submission.

For students receiving services under an Individualized Education Program (IEP) or other qualifying service plan, MAXCapture tracks key compliance dates and supporting documentation, including parental consent status, IEP implementation dates, physician authorization dates when required, and provider certifications and licensures. The system can be configured to alert users when required documentation is missing, expiring, or requires renewal, helping LEAs maintain complete and compliant records.

MAXCapture also maintains provider credential information and links provider qualifications to service delivery records, ensuring that claims are supported by documentation demonstrating that services were provided by appropriately qualified and authorized providers. By integrating student records, provider information, and service documentation within a single platform, MAXCapture helps LEAs streamline documentation management, support audit readiness, and improve the accuracy and compliance of Medicaid claims submissions.

**4.1.8.9      *Provide the ability to distinguish between Medicaid approved/ covered (Direct Services or IEP Meetings/ Evaluation Services) services and non-Medicaid approved services, which may include guidance counselors, Learning Disabilities Teacher Consultants (LDTCs) for district use only. Only Medicaid-approved services will be billed through the system;***

MAXCapture provides configurable service management functionality that enables LEAs to distinguish between Medicaid-covered services and non-Medicaid services at the time services are documented and maintained within the system. Service codes, provider types, and claiming rules are established within the system to identify services that are eligible for Medicaid reimbursement, including approved direct services, evaluations, assessments, and other covered activities, as defined by program requirements.

The system allows LEAs to document both Medicaid-covered and non-covered services for operational and recordkeeping purposes while maintaining clear distinctions between the two. Service types that are not eligible for Medicaid reimbursement, such as activities performed by guidance counselors, Learning Disabilities Teacher Consultants (LDTCs), or other non-covered providers, can be tracked within the system but are excluded from Medicaid claiming workflows.

MAXCapture applies system edits and business rules to ensure that only Medicaid-approved services provided by qualified providers are eligible for claim generation and submission. This functionality helps prevent inadvertent claiming of non-covered services, improves program compliance, and provides LEAs with greater visibility into both reimbursable and non-reimbursable student service activities.

By separating service documentation from claiming eligibility and applying automated validation controls, MAXCapture helps ensure that only Medicaid-covered services are billed through the system while allowing districts to maintain comprehensive student service records.

**4.1.8.10      *Provide the ability to allow LEA(s) to both add individual provider(s), student(s) and school(s) information if needed and perform file uploads to update records;***

MAXCapture provides the required functionality to maintain provider and student data as described below.

**4.1.8.11 Provide the ability for the service provider to have access to those students assigned to them and the students' individualized recommended services;**

Providers are able to manage their caseload directly from within MAXCapture.

**Maintain Provider Roster Screen**

Providers' rosters allow easy access to students on their caseload. Names of Medicaid-enrolled students are shown in **bold** font and have an asterisk (\*). Students currently on the service provider's roster are highlighted in **red**.

**SSG**  
SIVIC SOLUTIONS GROUP  
A SOLIX COMPANY

**Benton Community School District**  
**Coordinator DEMO**  
[My Profile](#) | [Log Out](#)

**My Caseload**

**Maintain Provider Roster**

Copy Provider Roster

Maintain Provider Personal Information Location License

Maintain Supervisor Roster

Maintain Student Roster

Maintain Student Demographics IEP Authorization Parental Consent

**Need help?**  
Contact our support team at: 877-916-3222 or by email

**Student Added!**

**Maintain Provider Roster**

**Select Students**

Provider:

First Name

Last Name

Student ID

School Code

School Name

Status

**My Roster** [PDF](#) [XLS](#)

**Search**

First Name  Last Name  Student ID

School Code  School Name  Status

[Search](#) [Reset](#)

| <input type="checkbox"/> | Student ID                          | Full Name  | IT                     | ICD-10     | DOB        | Gender | School     |
|--------------------------|-------------------------------------|------------|------------------------|------------|------------|--------|------------|
| <a href="#">Edit</a>     | <input type="checkbox"/>            | 1039482716 | <b>Bennett, Olivia</b> | 1039482716 | 03-15-2016 | Female | 2842 Goals |
| <a href="#">Edit</a>     | <input checked="" type="checkbox"/> | 1039482716 | <b>Carter, Liam</b>    | 1039482716 | 03-15-2016 | Male   | 2842 Goals |
| <a href="#">Edit</a>     | <input type="checkbox"/>            | 1039482716 | <b>Delgado, Lucas</b>  | 1039482716 | 03-15-2016 | Female | 2842 Goals |
| <a href="#">Edit</a>     | <input type="checkbox"/>            | 1039482716 | <b>Bennett, Olivia</b> | 1039482716 | 03-15-2016 | Male   | 2842 Goals |
| <a href="#">Edit</a>     | <input type="checkbox"/>            | 1039482716 | <b>Carter, Liam</b>    | 1039482716 | 03-15-2016 | Female | 2842 Goals |
| <a href="#">Edit</a>     | <input type="checkbox"/>            | 1039482716 | <b>Delgado, Lucas</b>  | 1039482716 | 03-15-2016 | Male   | 2842 Goals |
| <a href="#">Edit</a>     | <input type="checkbox"/>            | 1039482716 | <b>Bennett, Olivia</b> | 1039482716 | 03-15-2016 | Male   | 2842 Goals |
| <a href="#">Edit</a>     | <input type="checkbox"/>            | 1039482716 | <b>Carter, Liam</b>    | 1039482716 | 03-15-2016 | Female | 2842 Goals |

Providers can easily schedule services for their day and document those services from within the system.



**4.1.8.12 Since there are "private contracted" IEP systems utilized in WV LEAs, provide a claims processing system capable of coordinating with the private contracted vendor(s) to provide standardized and accurate data that is uploaded in the claims processing system within five (5) business days;**

MAXCapture allows for an easy-to-use method for LEAs to load services for monthly claiming. The system performs a series of checks upon file load that will instantly notify LEAs if there are any issues in the file that would prevent claim submission. Upon submission of services, LEAs can view their claims data through our reporting tool. With this tool, LEAs can easily view claim information, create their own reports, and share information with LEA leadership.



**Dashboard showing claim units received, bill, and paid for an LEA.**

Once file is loaded, the services are run through a multitude of edits checks before an electronic claim file is generated. LEAs will have visibility into:

- Services that failed to be submitted for payment
  - Including reason for failure
- Denied claims
  - Including denial reason
- Paid claims

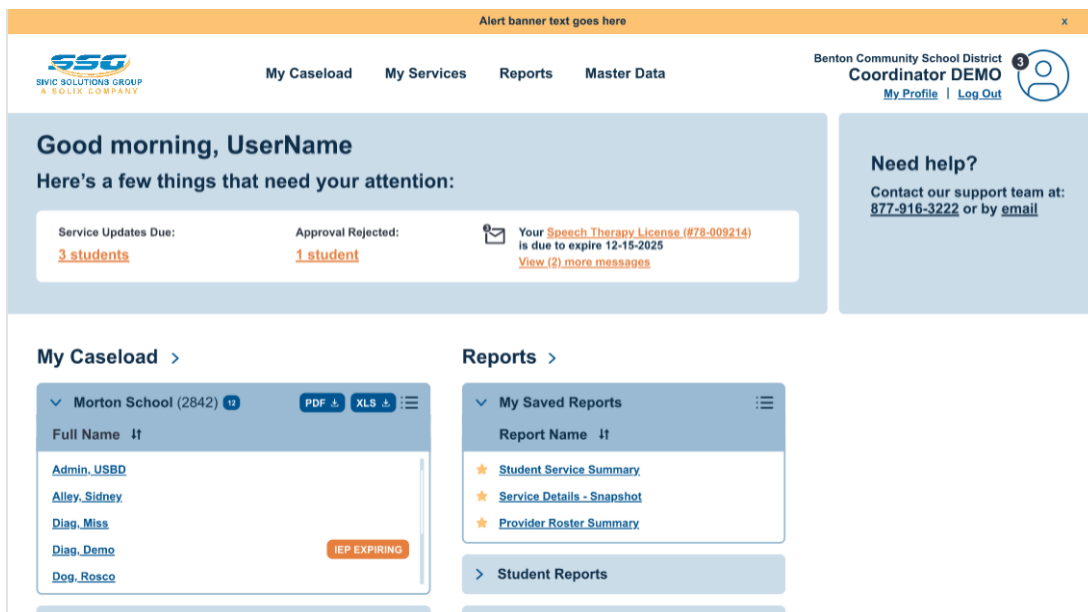
**4.1.8.13 Provide the ability to inform LEAs and providers if the required supporting documents for students or service providers are not received, or current, in accordance with applicable regulations, as determined by the State Program Manager;**

MAXCapture has built in alerts that display on the home screen upon logging in when certain criteria are at risk for expiring or do not exist. Some of these alerts include:

- IEP Set to Expire
- IEP Expired
- Services Are Awaiting Approval
- License Date is About to Expire or has Expired

## Home Screen

MAXCapture's home screen provides users with a centralized dashboard to see any tasks needing attention and to a path to quickly access students on their caseload or view reports.



**4.1.8.14 Provide the ability to regularly maintain the system in compliance with State and federal regulations on a real-time basis. Protect any Personally Identifiable Information.**

Maintaining the confidentiality and security of your data is one of our highest priorities. Data security is maintained both through established and strictly enforced policies, procedures, and controls that are implemented and managed by SSG's parent company, Solix' Information Technology department, Operations Management, and the Compliance Office. Solix' security program is based on laws, regulations and best practices for the programs we administer.

Solix uses several mechanisms to safeguard proprietary information including physical and data access controls, signed non-disclosure agreements with each Solix employee, contractual agreements, and employee education and awareness training to ensure that Program data is protected from unauthorized disclosure.

Upon request, Solix will make available to Agency, or your authorized employees, any and all Program-related information. Solix will deny any request from other parties for confidential information and will refer all such parties to you.

The following provides an overview of Solix' security controls in place protecting our clients' information.

| Area: Policies & Procedures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ADMINISTRATIVE SAFEGUARDS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p><b>Risk Assessment:</b> The Corporate Compliance Office conducts annual legal, regulatory and contractual risk assessments. Identified risks are categorized, and risk mitigation plans are implemented to address these risks.</p> <p>Additional safeguards will be implemented if required by new regulations or by the customer to further enhance the security, availability and integrity of information for the program.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p><b>Policies, Procedures &amp; Standards:</b> Solix' Information Security Framework consists of a comprehensive suite of policies and procedures encompassing security, privacy, ethics, business continuity and disaster recovery, incident response, and record retention. These policies and procedures promote and help to ensure compliance with laws, regulations, industry standards, best practices, and customer program security requirements.</p> <p>At the operational and departmental levels, policies and procedures define practices and controls for security requirements such as but not limited to: separation of duties; enforcing the principle of least privilege; user identification, authentication and access; change control; data backups; encryption and key management; log reviews; patch management; and vulnerability scanning.</p> |



Policies and procedures are reviewed and updated annually or whenever there are changes to applicable laws, regulations, customer contract requirements, and to reflect significant changes in industry standards.

**Workforce Security:** All Solix personnel must sign a non-disclosure/confidentiality agreement on or before their first day of employment at or assignment to Solix.

Solix has contracted with a third party to conduct pre-employment verification, background checks, and criminal records checks for the seven-year period prior to employment or assignment at Solix. Drug testing of all employees and contingent workers is conducted by a third-party prior to on-boarding.

For programs subject to HIPAA, only individuals requiring access to personal health information (PHI) will be authorized to access PHI. Access is revoked upon an authorized individual's termination or transfer from the project.

## EDUCATION & TRAINING

**Security Incidents:** Solix' *Information & Computer Security Incident Response Plan* defines the policy, procedures, and responsibilities for managing security incidents. Solix regularly monitors security bulletins for risk information and trends.

Security incidents are reported to the Incident Response Team Leader and managed to resolution by the Incident Response Team.

**Business Continuity:** Solix' Business Continuity Plan and Disaster Recovery Plan are designed to ensure that Solix operations continue in the event of an accident, disaster, emergency, or disruption of business operations. Our BCP includes: a designated crisis management team with defined leadership and staff emergency roles; communication protocols for contacting emergency personnel, customers, stakeholders, and the Solix workforce; secure access technology to enable staff to work remotely if necessary; a separate co-location for system recovery in Dallas, Texas; recovery system procedures; seamless management of program telephone lines; and staff relocation to alternate facilities, if necessary.

Solix' data centers locations are equipped with backup generator power, fire suppression and environmental automated monitoring.

## DISASTER RECOVERY

**Monitoring:** IT monitors alerts, logs, and activity to identify non-compliant activities.

IT and Corporate Compliance monitor security bulletins for control updates and/or enhancements. Solix' internal auditors and compliance personnel audit and monitor security,



including conducting periodic “walkthroughs” of Solix facilities to verify that staff is conforming to our security policies.

**Enforcement:** Any person who willfully violates Solix’ policies, procedures and standards of conduct will be disciplined, up to and including termination of assignment or employment.

### **PHYSICAL SAFEGUARDS**

**Facility Access:** Access to the building and/or restricted areas within the building are controlled using an electronic access control system. The system records successful and failed entries through all entry points.

Entry into the Solix facility by employees and contingent workers is prohibited without the use of employer-issued electronic access cards. Access cards are promptly deactivated upon termination from Solix.

Visitors are required to sign in upon arrival to a Solix facility. A Visitor badge will be issued and must be displayed throughout the visit. At the completion of their visit, each visitor must sign out and return their Visitor badge. All entry/exit points in the building or restricted area are monitored by a surveillance system.

A security guard monitors the facility and entrance to the facilities in Solix’ Parsippany, NJ location during regular business hours.

**Data Center Restricted Access:** Solix’ Parsippany NJ computer server center is located off-site in a secure co-location. Access is restricted to authorized personnel using dual entry credentials.

Solix’ contact center computer rooms are locked at all times with access restricted by dual entry credentials issued to select IT personnel.

**Hardcopy Data Security:** All PHI, personal identifying information (PII) and confidential hardcopy data are securely locked away when not in use.

**Workstation Security:** Only authorized users have access to Solix’ network and workstations. Only authorized personnel are assigned Solix-owned laptops to perform their Solix responsibilities both on-site and at remote locations. Use of personal laptops to access Solix networks is strictly limited, if not prohibited in most circumstances. All Solix laptops are equipped with full disk encryption.

Solix laptops and desktops run Windows 11 operating systems. User restrictions and access control policies are strictly enforced using Group Policy Objects (GPO) in Microsoft Active Directory. Active Directory enforces the use of strong passwords as well as requiring users to change their passwords every 90 days.

All Solix laptops, desktop computers, and servers are deployed with a security and patch manager that includes anti-virus/anti-spyware engines, which are updated automatically to protect against viruses and other vulnerabilities.

**Device and Media Controls:** Active directory group policy settings prevent the copying of data to USB tokens or USB hard drives and CD/DVDs, which is a major source of data loss from workstations.

Laptops are configured with encrypted whole drives to protect data if a laptop is lost or stolen.

**Secure Disposal of Data and Media:** Solix securely shreds hardcopy data and shreds or overwrites digital data and media. Solix' *Disposal of Devices and Media Policy* conforms to the National Institute of Standards and Technology (NIST) Special Publication 800-53, Rev4, *Security and Privacy Controls for Federal Information Systems and Organizations*, MP-6 Media Sanitization controls; and NIST SP 800-88, *Guidelines for Media Sanitization*.

## TECHNICAL SAFEGUARDS

**Access Controls:** User restrictions and access control policies are strictly enforced using Group Policy Objects (GPO) in Microsoft Active Directory. All authorized users are required to use two-factor authentication to access Solix network and application systems. Solix implements strong password guidelines (12 characters - a combination of upper- and lower-case letters, numbers and special characters). Passwords expire after 90 days, and re-use of passwords is prohibited for 12 iterations. User accounts are intruder-locked after five failed logon attempts; Solix IT Support is required to unlock an account after proper user identification and authorization is provided.

Application systems are managed through a role-based security model by which users are granted only the level of access required to perform their employment responsibilities.

User access to network systems and/or customer applications is disabled promptly upon termination from Solix or transfer from a customer program. Solix performs quarterly reviews of personnel account access and permissions to ensure accuracy of user access rights.

**Data Backups:** Solix currently uses Azure Recovery Vault services and database management plans for data and virtual machine backups, thereby ensuring the lowest RTO and RPO levels. Retention policies for Azure recovery vault and automation jobs across different application tiers ensure the necessary recovery ability and availability options. The real-time replication of data prevents loss of data as a result of midday catastrophic events.

**Secure Transmission:** Solix is currently using HTTPS, SFTP, FTPS, Digital Certificates, Web Services and VPNs to exchange data. Solix works with its partners to understand the level of security necessary and what the partner can implement.

**Network Firewalls:** The Solix network utilizes state-of-the-art firewall technology to prevent unauthorized access to corporate resources. Firewalls are configured in failover mode using

Network Address Translation (NAT) to ensure redundancy of access and security. The NAT conceals the IP addresses of the machines behind the firewalls to prevent external devices from initiating connections to internal networked machines.

Solix network(s) and applications residing in the cloud comply with cloud service providers' firewall specifications and features so as to permit network system interface.

**Demilitarized Zone:** Demilitarized Zone (DMZ) network segments separate the Corporate Local Area Network (LAN) and data from the Internet.

**Intrusion Detection / Prevention:** Solix utilizes a Cisco Intrusion Detection/Prevention system (IDS/IPS) to detect and protect against external threats to the corporate network. The IDS/IPS identifies malicious activities, logs the activity and, depending on the severity, will automatically block/stop activity. The system also alerts our network engineering staff to ensure the activity is investigated immediately.

**Network and Application Vulnerability Tests:** Internal network vulnerability scans are performed quarterly by an independent third party.

A Network Vulnerability Risk Assessment, including penetration testing, is performed annually by an independent, ASV- and QSA-certified security vendor.

A Web Application Vulnerability Risk Assessment is performed annually.

Vulnerabilities are patched in accordance with Solix' *Patch Management Policy*.

**Patch Management:** Solix reviews any critical updates, patches, or advisories immediately and applies patches based on criticality in accordance with Solix' *Patch Management Policy*.

**4.1.8.15      *Provide the ability to communicate all modifications and changes to coding the system to the State Program Manager, with an explanation of why such changes are applicable to the processing, before the modifications or changes take effect;***

SSG will maintain a formal change management process to ensure the State Program Manager is notified of all modifications, enhancements, updates, or changes affecting coding logic, coding methodology, system functionality, business rules, or claims processing. Written notification will be provided prior to implementation and will include:

- A detailed description of the proposed change.
- The reason for the modification and its operational or regulatory basis.
- The anticipated impact on coding, processing, reporting, or claiming activities.
- The planned implementation date.
- Any required actions, testing, or training associated with the change.

SSG will work collaboratively with the State Program Manager to review proposed changes and address questions or concerns before implementation. No material change affecting coding or claims processing will be placed into production without prior communication to the State Program Manager. Documentation of all approved changes will be maintained to support program oversight, transparency, and audit readiness.

**4.1.8.16      *Provide the ability to retain student data (including supporting documents) and make it available when requested. Host the data in a private cloud, which is secure and hosted in the United States. Transmit the data securely and in a file format that has been approved by the State Program Manager;***

SSG retains student data in compliance with contractual requirements. All data is retained within the United States and transmitted securely.

**4.1.8.17      *Provide the ability for the information to be up to date before claims are submitted.***

SSG's Claim Operations Team reviews the data files for accuracy and performs routine quality assurance (QA) checks, based on program requirements that meet State and Federal Medicaid rules. Quality data is loaded and updated to the corresponding data tables for students and providers. Depending upon the District's preference, either the complete list of student data is updated and available to the providers for service data entry or Medicaid eligible student data is updated for service entry. After the data update, new students and providers rosters will be available and ready for service data entry by providers.

#### 4.1.9 Remittance Advice

***The Vendor shall accept and process a Remittance Advice (RA) file on a monthly basis. The RA file is an electronic HIPAA-compliant ASC X12N 835 file and contains all SEMI claims submitted for the reported month and their dispositions. The Vendor shall address the pending and denied claims identified on the RA file, research the error(s), and re-submit the corrected claims as required by the DoHS. The Vendor shall provide a copy of the applicable RA section to each service provider on a quarterly basis.***

*SSG ensures accurate and timely remittance processing through disciplined QA controls and automated claim reprocessing that reduces denials and minimizes administrative burden on LEAs.*

SSG accepts and processes HIPAA-compliant remittance advice (RA) files on a monthly basis and performs multiple quality assurance checks to ensure all submitted SBHS claims are fully accounted for and accurately reflected in State reporting. These controls support SSG's timely filing commitment by enabling early identification and resolution of pended or denied claims well in advance of the September 30 submission deadline.

***SSG processes  
over 7 million  
RAs a year for  
our clients.***

For claims identified as pended or denied, SSG researches the underlying error(s) and supports LEAs in making required corrections in accordance with Agency requirements. MAXCapture includes automated claim reprocessing functionality: when a denial is attributable to correctable data and the LEA completes the correction, the system automatically reprocesses and resubmits the claim without requiring re-entry of the original service. This automation accelerates resubmissions, reduces the risk of missed filing deadlines, and significantly lowers administrative effort for LEAs.

**Remittance Advice Summary Report by Service Category** provides claim counts and the claims submitted, with paid amounts by service category (e.g. OT, PT, Speech), and by individual provider. This report is useful for the review of revenues recovered by providers and by service category. The screenshot below provides a sample *Remittance Advice Summary Report by Service Category*.

Report Number: XXX-011-01

XXXXXX Schools  
RA By Service Category Summary For Paid Dates 06/01/2008 - 06/30/2008

|                               |          | Clamore           |                   |               |               |
|-------------------------------|----------|-------------------|-------------------|---------------|---------------|
|                               |          | Billed Claims     | Paid Claims       | Credits       | Adjustments   |
| <b>Service Category : OT</b>  |          |                   |                   |               |               |
| 97003                         | OT Eval  | 10                | 10                | 0             | 0             |
|                               |          | \$485.00          | \$275.60          | \$0.00        | \$0.00        |
| 97150GO                       | OT Grp   | 170               | 155               | 0             | 0             |
|                               |          | \$1,049.40        | \$545.81          | \$0.00        | \$0.00        |
| 97150UC                       | COTA Grp | 7                 | 7                 | 0             | 0             |
|                               |          | \$39.00           | \$22.19           | \$0.00        | \$0.00        |
| 97530                         | OT Ind   | 107               | 102               | 0             | 0             |
|                               |          | \$3,461.88        | \$1,890.27        | \$0.00        | \$0.00        |
| 97530HM                       | COTA Ind | 12                | 12                | 0             | 0             |
|                               |          | \$325.92          | \$185.27          | \$0.00        | \$0.00        |
| <b>Service Category Total</b> |          | <b>306</b>        | <b>286</b>        | <b>0</b>      | <b>0</b>      |
|                               |          | <b>\$5,361.20</b> | <b>\$2,919.14</b> | <b>\$0.00</b> | <b>\$0.00</b> |
| <b>Service Category : PT</b>  |          |                   |                   |               |               |
| 97001                         | PT Eval  | 3                 | 3                 | 0             | 0             |
|                               |          | \$145.50          | \$82.68           | \$0.00        | \$0.00        |
| 97110                         | PT Ind   | 22                | 22                | 0             | 0             |
|                               |          | \$814.56          | \$482.93          | \$0.00        | \$0.00        |
| 97150                         | PT Grp   | 12                | 12                | 0             | 0             |
|                               |          | \$79.20           | \$45.00           | \$0.00        | \$0.00        |
| <b>Service Category Total</b> |          | <b>37</b>         | <b>37</b>         | <b>0</b>      | <b>0</b>      |
|                               |          | <b>\$1,039.26</b> | <b>\$590.61</b>   | <b>\$0.00</b> | <b>\$0.00</b> |
| <b>Service Category : ST</b>  |          |                   |                   |               |               |

July 01, 2008 4:36 pm

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*Remittance Advice Summary Report by Service Category shows a sample report using test data.*

**Remittance Advice Denial Summary Report by Reason Code** provides a summary of claims that have been denied by Medicaid, grouped by denial reason. Critical in assisting with your revenue maximization efforts, this report is used to review the denial reason codes, correct the service data and resubmit claims for payment. The screenshot below provides a sample *Remittance Advice Denial Summary Report by Reason Code*.

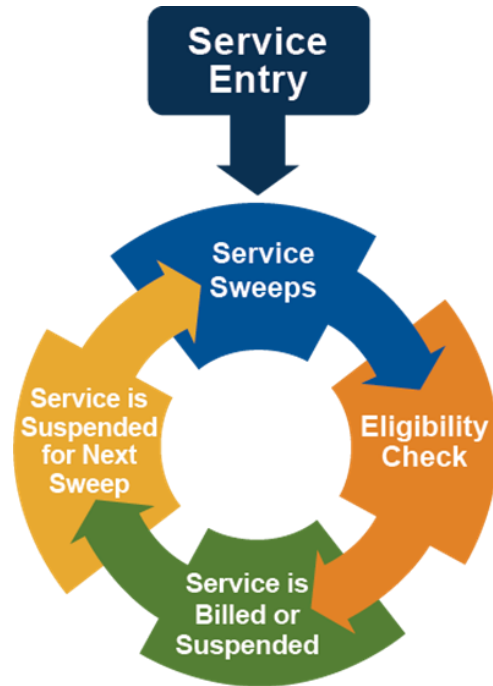
| <b>Report Number: XXX-042-01</b>                                                                                                           |                          |              |                  |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------|------------------|--------------------|
| <p align="center"><b>XXXXXX Schools</b><br/> <b>RA Denial Summary Report</b><br/> <b>For RA Date between 06/01/2008 and 06/30/2008</b></p> |                          |              |                  |                    |
| District                                                                                                                                   | Denial Code <sup>a</sup> | Claim Count  | Units Count      | Billed Amount      |
| 000000                                                                                                                                     | 16                       | 20           | 37.0             | \$190.45           |
|                                                                                                                                            | 45                       | 54           | 93.0             | \$524.01           |
|                                                                                                                                            | A1                       | 1            | 2.0              | \$33.94            |
|                                                                                                                                            | M086                     | 1            | 2.0              | \$33.94            |
|                                                                                                                                            | MA64                     | 20           | 37.0             | \$190.45           |
|                                                                                                                                            | <b>District Total</b>    | <b>78</b>    | <b>132.0</b>     | <b>\$748.40</b>    |
| 000001                                                                                                                                     | 16                       | 275          | 726.0            | \$6,310.60         |
|                                                                                                                                            | 177                      | 172          | 397.0            | \$1,814.43         |
|                                                                                                                                            | 31                       | 17           | 68.0             | \$224.40           |
|                                                                                                                                            | 35                       | 17           | 102.0            | \$418.62           |
|                                                                                                                                            | 45                       | 3,077        | 7,149.0          | \$85,618.11        |
|                                                                                                                                            | 9                        | 4            | 73.0             | \$350.40           |
|                                                                                                                                            | A1                       | 64           | 184.0            | \$716.56           |
|                                                                                                                                            | M086                     | 64           | 184.0            | \$716.56           |
|                                                                                                                                            | MA64                     | 292          | 794.0            | \$6,565.00         |
|                                                                                                                                            | <b>District Total</b>    | <b>3,626</b> | <b>8,999.0</b>   | <b>\$98,483.12</b> |
| 000002                                                                                                                                     | 16                       | 230          | 478.0            | \$3,131.88         |
|                                                                                                                                            | 177                      | 273          | 545.0            | \$2,490.38         |
|                                                                                                                                            | 31                       | 90           | 178.0            | \$587.30           |
|                                                                                                                                            | 45                       | 812          | 1,649.0          | \$8,325.36         |
|                                                                                                                                            | 6                        | 11           | 22.0             | \$72.60            |
|                                                                                                                                            | MA64                     | 329          | 656.0            | \$3,718.98         |
|                                                                                                                                            | <b>District Total</b>    | <b>1,425</b> | <b>2,872.0</b>   | <b>\$14,607.32</b> |
| 000003                                                                                                                                     | 16                       | 13           | 42.0             | \$537.30           |
|                                                                                                                                            | MA64                     | 13           | 42.0             | \$537.30           |
|                                                                                                                                            | <b>District Total</b>    | <b>13</b>    | <b>42.0</b>      | <b>\$537.30</b>    |
| 000004                                                                                                                                     | 45                       | 308          | 616.0            | \$3,382.04         |
|                                                                                                                                            | <b>District Total</b>    | <b>308</b>   | <b>616.0</b>     | <b>\$3,382.04</b>  |
| 000005                                                                                                                                     | 16                       | 120          | 241.0            | \$1,545.79         |
|                                                                                                                                            | 177                      | 51           | 118.0            | \$716.86           |
|                                                                                                                                            | 31                       | 32           | 68.0             | \$707.20           |
|                                                                                                                                            | 45                       | 1,264        | 2,536.0          | \$12,295.06        |
|                                                                                                                                            | A1                       | 2            | 4.0              | \$40.54            |
|                                                                                                                                            | M086                     | 10           | 20.0             | \$312.06           |
|                                                                                                                                            | MA64                     | 144          | 293.0            | \$1,581.47         |
| <p><sup>a</sup>Note: Denial Reason Descriptions given at end of Report</p>                                                                 |                          |              |                  |                    |
|                                                                                                                                            |                          |              | Date: 07/01/2008 | Page 1 of 4        |

*Remittance Advice Denial Summary Report by Reason Code shows a sample page with test data.*

Given the complexity of the Medicaid program, it is common for claims to be denied, even when applying high-quality data entry and billing processes and procedures. In processing claims for Agency, SSG will apply understanding of and experience with Medicaid to proactively take the following steps:

- Evaluate claim denials;
- Identify and attempt to correct any discrepancies in the payment of claims;
- Assess denial codes to determine if any Medicaid processing errors have occurred; and
- Determine whether the denied claims can be corrected and resubmitted for processing.

SSG designed MAXCapture to manage denied claims in a way that ensures any eligible services from the future and past are billed and all service requirements are applied accurately based on service date. When a potential error is identified, the claim is suspended rather than rejected, reducing the need for re-entry of data by service providers. For example, if a claim is denied because the child is not Medicaid eligible for the time period, the claim is “suspended” by the system. MAXCapture automatically resubmits the claim during subsequent processing so that if the eligibility is changed, the suspended claim is released. This feature of the system ensures the maximum level of claiming without manual intervention.



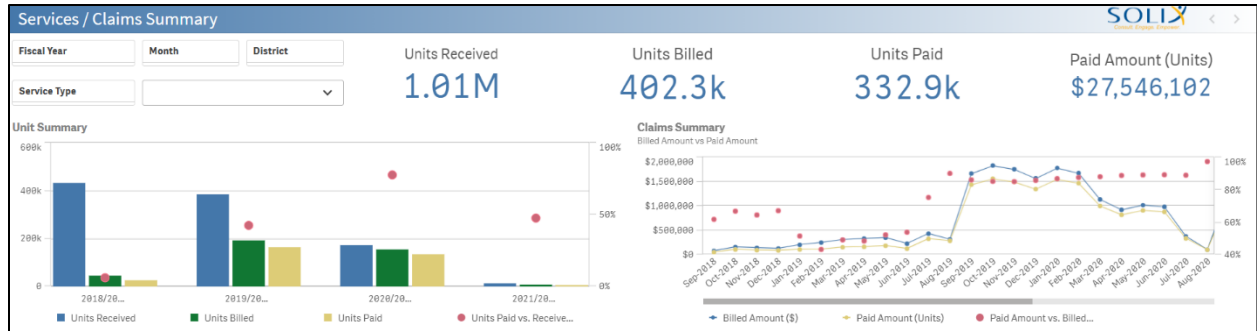
With the entire claim processing and reprocessing managed within MAXCapture, we can provide you with reports on the status of all claims, including those that are resubmitted for payment.

West Virginia stakeholders will have access to the following detailed reports around claim submission as well as failures and denials. These reports do not merely show information, but they provide actionable data to maximize revenue:

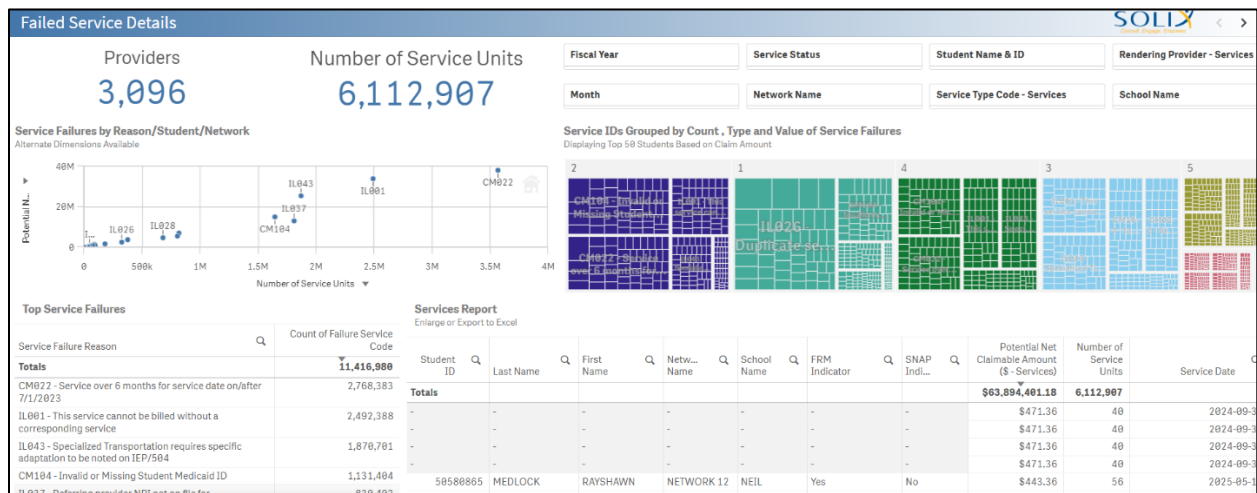
- Revenue detail from direct service claims;
- Services that failed to be claimed due to missing data elements such as parental consent; and
- Services that were denied by Medicaid.



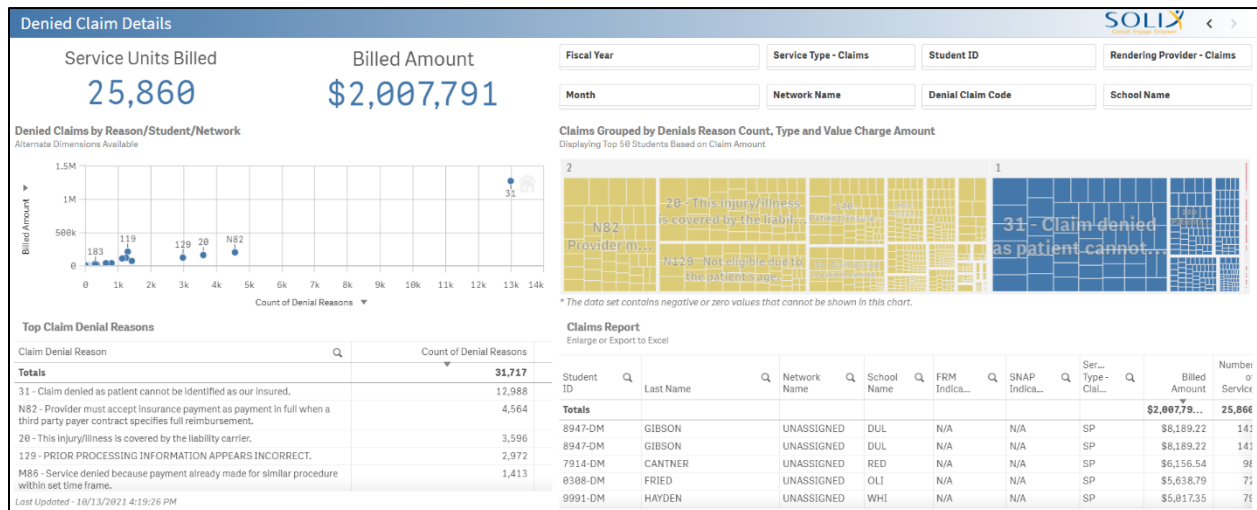
State of West Virginia Purchasing Division  
School Based Health Services  
Proposal



**Remittance Advice (RA) Summary Report**



**Services that failed to be claimed, which allows for action to be taken to resubmit claims**



**Denied Claims Details Reporting Dashboard**

#### 4.1.10 System Requirements

***4.1.10 The system and the data shall be hosted by the Vendor for the term of the contract. As part of the contract, the Vendor shall provide on-going maintenance (data back-up, disaster recovery, system debugging, etc.) and software upgrades as needed to remain in compliance with federal and State regulations is available at <https://www.medicaid.gov/Medicaid/spa/downloads/WV-21-0001.pdf> and <https://bms.wv.gov/chapter-538-school-based-health-services> . The Vendor shall ensure that the system is available twenty-four (24) hours, seven (7) days each week, except during the State Program Manager-approved and published scheduled maintenance period.***

***The Vendor shall perform the maintenance on the system during weekends and non-submission periods, when the impact on business operations is minimal. The Vendor shall provide a minimum of forty-eight (48) hours' notice communicated to stakeholders, as determined by the State Program Manager, prior to beginning systems maintenance work. In addition, any maintenance notices shall be distributed to users and displayed on the web portal. The Vendor shall provide an infrastructure that once implemented by the Vendor handles large user volume without data interruption or slowness.***

***SSG delivers a secure, highly available, and scalable hosting environment purpose-built for statewide SBHS and MAC programs, with proven capacity, disciplined maintenance practices, and minimal impact to school operations.***

#### System Hosting, Availability, and Scalability

SSG will host the system and all associated data for the full term of the contract and provide comprehensive ongoing maintenance, including data backup, disaster recovery, system monitoring, debugging, and software upgrades required to remain compliant with all federal and State regulations. SSG will monitor changes to CMS guidance, the West Virginia Medicaid State Plan, and applicable SBHS regulations and will implement software enhancements, configuration changes, and system updates as necessary to maintain compliance.

The system will be available 24 hours per day, seven days per week, excluding SCM-approved and published maintenance windows. To minimize operational impact, SSG will perform scheduled maintenance during weekends and non-submission periods whenever practicable and will provide a minimum of 48 hours' advance notice. Maintenance notifications will be communicated to SCM-designated stakeholders, distributed to users, and prominently displayed within the web portal.

**Question:**

***“Is this technology sufficiently modern and secure?”***

**Answer:**

***SSG prioritizes secure U.S.-hosted cloud architecture, role-based access controls, embedded compliance validation, and controlled enhancement releases to ensure stability, security, and continuous improvement.***

SSG's hosting infrastructure is designed to support large statewide implementations with high concurrent user volumes without material interruption or performance degradation. System performance, uptime, and capacity are continuously monitored to ensure consistent responsiveness as usage grows.

This approach ensures high system availability, predictable maintenance, and a stable platform that supports uninterrupted claiming, reporting, and program operations throughout the contract term.

SSG performs routine system and database backups and maintains recovery procedures designed to protect program data and support business continuity.

## **System Maintenance**

SSG provides software upgrades and patches once or twice a year for MAXCapture. We generally plan and implement major upgrades to the product during the summer, when the schools are closed. Our training curriculum highlights the changes and enhancements to the product functionality. We post Release Notes on the provider “Home Page” to communicate recent and projected product changes. All revised training materials and user guides are updated and posted to the home page.

All product upgrades, patches and fixes are thoroughly tested in our development and test environments before they are implemented in the production system. We follow best practice Software Development Life Cycle (SDLC) procedures to perform upgrades and maintain the MAXCapture product. We stand behind our product functionality and ease of use and provide the best support for the user community to assist Agency in maximizing the Medicaid Federal revenue.

We conduct a user group meeting associated with the annual training and invite all interested system users. During these meetings, we gather important feedback from our users regarding how we can enhance the product functionality and ease of use.

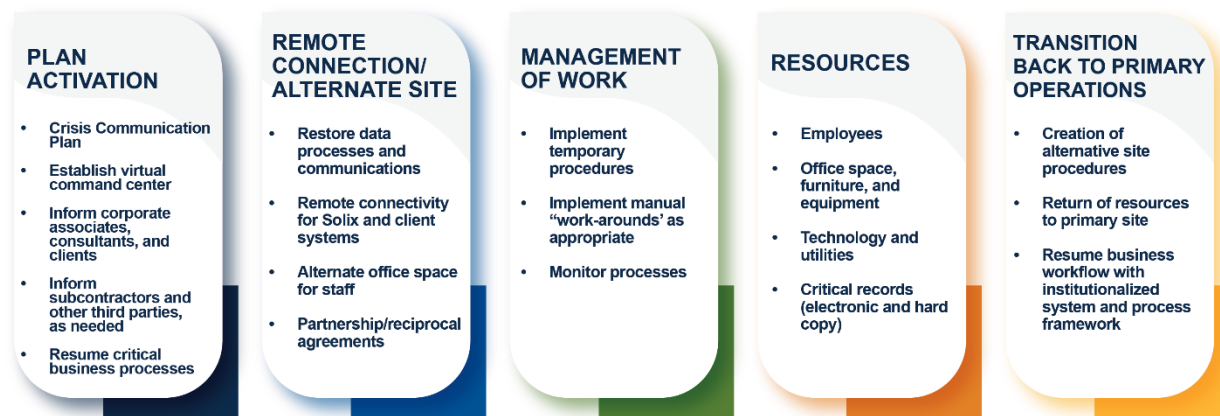
## **Disaster Recovery**

SSG understands the impact different disasters or emergencies, such as storms, blizzards, earthquakes, fires, floods, epidemics, and illnesses, can have on our clients' operations. With this in mind, we evaluate the disaster recovery solutions that are best suited to address those situations deemed most likely for our locations.

SSG is based in Utica, NY, with our parent company, Solix, based in Parsippany, New Jersey, and additional office locations in Killeen, TX. SSG's parent company, Solix, has a comprehensive Disaster Recovery Plan which covers all operations and ensures that critical business functions will continue in the event of a disruption during any unanticipated event that might otherwise affect the delivery of services to our customers. In addition to backup and storage needs, the Plan addresses disaster recovery and security of all systems.

A disaster recovery plan is most effective if it is reviewed and tested at regular intervals. SSG establishes a timetable for regular review of our plan, including review of named resources and established procedures, to ensure it is updated to reflect any organizational and functional changes to mission-critical operations. In addition, SSG uses our disaster recovery procedures and checklist to annually test our disaster recovery plan. If areas are found deficient during the test, SSG reviews the deficiency and implements a corrective action, which is then subject to a retest. SSG uses a change control system used to document changes to the plan and to monitor progress toward implementing plan improvements.

### **Executive & Management Teams - Impact Analysis**



### **Annual Testing**

All individuals having responsibility in recovering or assisting in the recovery of critical business functions have been educated on their roles, responsibilities, and procedures and have received and reviewed the Plan. We have the plans, processes, and procedures in place to minimize the impact on our clients in the case of a disaster or emergency event.

### **HIPAA and FERPA Compliance**

SSG understands the impact of FERPA and Medicaid-required data security and privacy provisions on data management and processing activities. We have implemented these regulations across a myriad of projects involving information systems, data processing operations, and systems development. Our Software Development and Operations Center has standard operating procedures and processes. They have implemented measures within the technical infrastructure that enable us to meet our clients' requirements for secure data management, confidentiality, and the protection of individually identifiable health and educational information.

Our systems are specifically designed to ensure that access to student information is rigorously protected, while making it simple for the State to customize specific security settings so that staff can see the information they need. These systems are HIPAA security compliant including the usage of SSL security certificates with 256-bit encryption and automated time-out and disconnection of sessions that are left open for more than a preset amount of time (15 minutes is our recommended setting).

SSG manages numerous applications in our Development Center that process sensitive and confidential records for education services clients. Our comprehensive security approach safeguards mission-critical and confidential data from alteration, loss, theft, destruction, and breach of confidentiality. Our security protocols meet federal and state guidelines for security, confidentiality, and auditing, including FERPA. We are committed to maintaining a safe and secure data processing environment for our clients.

### ***SOC2 Type II Compliant***

SSG is SOC 2 Type II compliant. Solix engages our external audit firm, Withum Smith+Brown, PC to conduct a service organization audit for security, availability, processing integrity, and confidentiality every year.

### ***Encryption***

In accordance with our standard practices, we encrypt confidential data using industry recognized technologies such as 128- or 256-bit key whenever a project involves data transport over open networks such as the Internet. In these instances, we often rely on the Advanced Encryption Standard (AES) or PGP encryption technology. When properly implemented along with other components of our overall data security protocols, these technologies permit a very high degree of cryptographic data security.

We utilize WinZip version 9.0 or higher with 128-bit encryption for all file transfers to and from our FTP servers. Firewalls are in place to protect the network perimeter of our data center. Also, our internal network is securely designed with multiple DMZs separated by firewalls to isolate traffic

The SSG Team will not transmit any personally identifiable contract data in non-secure transmissions over the Internet or any wireless communication device, unless the contract data is "de-identified" in accordance with HIPAA Security Rule at 45 CFR Section 164.514(b)(2) or encrypted in accordance with industry standards.

### ***Physical Security of Our Data Center***

SSG has a robust security program that includes a comprehensive set of policies, procedures, and controls that are implemented and managed by our Information Technology, Operations Management, and Compliance Office departments. Solix' security program is based on laws, regulations, and best practices for the businesses we administer. SSG manages compliance through the use of policies and procedures, internal controls, awareness and training, and monitoring and auditing.

#### 4.1.11 Training

***The Vendor shall be responsible for training LEAs on all aspects of the SBHS Program, as described in this solicitation, at no additional cost. Telephone training and web-based training shall be compatible with the most recent State of WV updates (e.g., Internet Explorer, Google Chrome, or equal) and comply with any applicable policies of the WVDoHS Management Information Systems (MIS) or WV Office of Technology, which can be found at: <https://technology.wv.gov/policy-governance/ot-policies>.***

***4.1.11.1 Training for RMTS: The Vendor will create, distribute, and present a complete RMTS training program to LEA's, which must be prior approved by the Agency. This training is necessary for the initial and ongoing implementation of the statewide RMTS. In addition, telephone training, as requested, and web-based training modules shall be developed and provided by the Vendor. Any aspects of the RMTS that are not covered in the Vendor's training programs, and which are requested by the LEA or the Agency, shall also be made available to the LEA staff. The initial training must be provided at mutually agreed-upon state-on-wide sites, in person, selected by the Agency or when a significant change in procedure or process is identified.***

Time study participants, their supervisors, and RMTS Coordinators will receive focused training related to the systems and processes for conducting an effective time study. RMTS training materials support the importance of timely and accurate time study responses and the quality assurance efforts to ensure accurate RMTS entries.

The table below presents the module content of the training resources related to the quarterly random moment time study.



| Training Module  | Audience                                                                                                               | Frequency                                                                     | Module Content                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RMTS Coordinator | <ul style="list-style-type: none"> <li>The school &amp; county staff responsible for administering the RMTS</li> </ul> | <ul style="list-style-type: none"> <li>Minimum of one each quarter</li> </ul> | <u>RMTS overview</u> <ul style="list-style-type: none"> <li>General RMTS design</li> <li>Entry of staff pool lists</li> <li>Examples of both good and poor responses for observation moments</li> </ul> How to update <ul style="list-style-type: none"> <li>Participants in the RMTS</li> <li>Staff roster reporting</li> <li>Work schedule reporting</li> </ul> <u>Program support</u> <ul style="list-style-type: none"> <li>Written program updates</li> <li>Quality control reviews around quarterly reporting</li> </ul> |
| RMTS Participant | <ul style="list-style-type: none"> <li>The school staff that are eligible to participate in the RMTS</li> </ul>        | <ul style="list-style-type: none"> <li>Minimum of one each quarter</li> </ul> | <u>RMTS overview</u> <ul style="list-style-type: none"> <li>What is RMTS</li> <li>Why are you being asked to participate</li> </ul> <u>How to update</u> <ul style="list-style-type: none"> <li>Find your moment link</li> <li>Respond to moment</li> </ul>                                                                                                                                                                                                                                                                    |
| RMTS Monitoring  | <ul style="list-style-type: none"> <li>District Coordinators and State Staff</li> </ul>                                | <ul style="list-style-type: none"> <li>Minimum of one each quarter</li> </ul> | <u>RMTS Monitoring Reports</u> <ul style="list-style-type: none"> <li>How to use system reports to monitor LEA participation in the time study</li> </ul>                                                                                                                                                                                                                                                                                                                                                                      |

**4.1.11.2 Training for Administrative Claim: The Vendor will create, distribute, and present a complete Administrative Claim training program, which must be prior approved by the Agency. This training is necessary for the initial and ongoing implementation of Administrative Claiming based on results of the statewide RMTS. In addition, telephone training, as requested, and web-based training modules shall be developed and provided by the Vendor. Additional training, as requested by the LEA or the Agency, shall also be made available to the LEA staff. The initial training must be provided at mutually agreed-upon state-wide sites, in person, selected by the Agency or when a significant change in procedure or process is identified.**

An effective cost settlement process requires that the participating school districts and counties understand the rationale for performing cost settlement, what costs are allowable, where to locate these costs, what supporting documentation is needed, and how to enter costs into the e-SivicMACS system. The goal of this training is for participants to have a clear understanding as to what costs can be claimed for cost settlement and how the process of cost settlement operates.

The table below highlights the Quarterly MAC Training Curriculum.

| Training Module     | Audience                                                                                                                                | Frequency                                                                     | Module Content                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Quarterly MAC claim | <ul style="list-style-type: none"> <li>The school &amp; country staff responsible for administering the quarterly MAC claims</li> </ul> | <ul style="list-style-type: none"> <li>Minimum of one each quarter</li> </ul> | <p><u>MAC overview</u></p> <ul style="list-style-type: none"> <li>Overview of MAC</li> <li>Review of allowable costs and where to locate</li> </ul> <p><u>How to update</u></p> <ul style="list-style-type: none"> <li>Cost entry</li> <li>Certification</li> </ul> <p><u>Program support</u></p> <ul style="list-style-type: none"> <li>Help guides</li> <li>Training materials</li> </ul> |

**4.1.11.3 Training for Direct Service Program and Cost Reporting: The Vendor shall provide training and technical assistance to the LEAs on the Agency program policies and regulations relative to Cost Reporting requirements. The training shall include, at a minimum, covered services, cost reporting submission and certification procedures, and must be approved prior by the Agency. After the initial training, the Vendor shall provide on-going training either via telephone and/or through a web-based training program no less than on an annual basis, as developed by the Vendor and prior approved by the Agency. The initial training must be provided at schedule established by the Agency or when a significant change in procedure or process is identified.**

SSG recognizes that effective training is critical to program compliance, accurate claiming, and successful cost settlement outcomes. We will provide comprehensive, Agency-approved training and technical assistance to LEAs and participating staff on all aspects of direct service claiming and cost reporting. Our approach combines live instruction, web-based training, recorded resources, technical assistance, and ongoing support to ensure participants understand program requirements, documentation standards, claiming procedures, and cost reporting responsibilities. Training will be delivered at a frequency that promotes program success and will be updated as needed to reflect changes in Agency policy, CMS guidance, or program operations.

The table below highlights the Direct Service and Annual Cost Settlement Training Curriculum, including a high-level summary of the module content related to the annual cost report.



| Training Module                  | Audience                                                                                                                           | Frequency                                                                                                                 | Module Content                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Direct service claiming          | <ul style="list-style-type: none"> <li>Service providers</li> <li>Supervisors</li> <li>County and school administrators</li> </ul> | <ul style="list-style-type: none"> <li>Minimum of one each month</li> </ul>                                               | <u>Direct service overview</u> <ul style="list-style-type: none"> <li>Overview of direct service claiming</li> <li>Focus on system functionality</li> <li>Review of the required elements of a claim</li> </ul> How to update <ul style="list-style-type: none"> <li>Service entry</li> <li>Review and approval of services</li> <li>Transportation claiming</li> </ul> Program support <ul style="list-style-type: none"> <li>Recorded training</li> <li>Help guides</li> <li>Training materials</li> </ul>                                                                                                                                                                                                                        |
| Cost settlement program overview | <ul style="list-style-type: none"> <li>Finance staff and those responsible for finding and entering program costs</li> </ul>       | <ul style="list-style-type: none"> <li>Minimum of four each year</li> <li>Start a month before cost report due</li> </ul> | <u>Cost report overview</u> <ul style="list-style-type: none"> <li>Review of what the cost settlement process is</li> <li>What costs are allowable</li> <li>What data is needed</li> <li>Focus on the details of what is required to claim transportation costs</li> <li>Detailed review of how to gather required statistics for things like the Medicaid eligibility ratio and one-way trip ratio</li> </ul> How to <ul style="list-style-type: none"> <li>How to enter costs data into the system</li> <li>Completing CPE forms</li> <li>Quality assurance process</li> </ul> <u>Finding data</u> <ul style="list-style-type: none"> <li>Where to locate costs</li> </ul> What type of support documentation for costs is needed |
| Cost Report Documentation        | <ul style="list-style-type: none"> <li>Finance Staff</li> </ul>                                                                    | <ul style="list-style-type: none"> <li>Three Per Year</li> </ul>                                                          | <u>Documentation of Costs</u> <ul style="list-style-type: none"> <li>Best Practices for storing cost data prior to annual cost report</li> <li>Review of type of documentation you will want to have on hand</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

**4.1.11.5 The Vendor shall provide the Agency a training plan within ten (10) business days of contract award that fully describes the training approach for each of the above referenced tasks in 4.1.4 and all sub-components therein.**

**SSG agrees to provide a training plan within 10 business days of the contract award. Development of an Effective Training Plan**

Development of an effective Training Plan is key to maximizing program revenues and maintaining compliance. The Training Plan will outline the objectives, needs, methodology, strategy, and curriculum with the activities needed to support planning and development of training materials, coordination of training schedules, and other training-related tasks.

**Question:**

**"Will districts struggle with a new system?"**

**Answer:**

**SSG provides structured onboarding, role-based training modules, monthly refresher sessions, and on-demand video resources to assist with an intuitive system.**

The following table provides the proposed contents and the process of developing the Training Work Plan.

| What                                                                                                                                                                                          | How                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Project kickoff to review SSG training plan templates and checklist; identify points of contact and responsible parties                                                                       | Meeting                                                                                             |
| Finalize training work plan; describe plan's purpose/scope/ approach                                                                                                                          | Document                                                                                            |
| Confirm roles; conduct pre-training needs assessment and coordinate training for each user group                                                                                              | Document, interviews                                                                                |
| Develop training methods (LearnUpon, online, webinar, onsite); develop training schedule; confirm training locations and training infrastructure (projector, internet access, etc.) if onsite | Meeting, telephone, and email                                                                       |
| Finalize curriculum (sign-off by Agency's Management Team)                                                                                                                                    | Meeting and email                                                                                   |
| Invite all participants; confirm attendance                                                                                                                                                   | Email / Agency intranet / SSG training registration website                                         |
| Conduct training sessions                                                                                                                                                                     | Online, webinars, and onsite sessions                                                               |
| Post-training testing and evaluation                                                                                                                                                          | Evaluation forms; evaluate/analyze feedback; apply recommendations to future training session       |
| Additional resources                                                                                                                                                                          | Online provider user manual and help desk; customer support staff assistance (email, phone, onsite) |

## Training Philosophy and Approach

At SSG, we understand that training for agency and district staff is critical to meeting Federal and State requirements, executing a compliant program, and optimizing efficiency for achieving maximum recovery of monies. We have successfully established effective training programs across projects. Our training program is highly customized and includes an assessment of pre-training needs, development of a custom Training Plan, and preparation of a training curriculum. SSG draws upon adult learning methods and training research in developing our programs. We continuously refine our training materials based on our fieldwork and feedback from our trainees.



## Training Successes

Our commitment to training is particularly evident in our large statewide projects, including those currently being administered in Pennsylvania, Ohio, New Mexico, District of Columbia, and in large school districts in Florida, Kentucky, South Carolina, and New York, where intensive training sessions have been conducted to assure that all district staff and providers understand the program requirements and effectively administer the program.

**SSG has conducted statewide training for more than 1000+ school districts and 400 agencies nationwide.**

At the completion of each training session, we ask for feedback from the class attendees, both formally through an evaluation form and informally by discussing the level of detail provided, the length of the training session and any other feedback that the attendees would like to provide. For instance, in our New Mexico training sessions over a 10-year period, thousands of evaluations have been completed and we have obtained an average of 4.7 out of 5.0. These formal evaluations are a true testimonial of our service and support and training programs.

## Training Environment

SSG has found that conducting training in a separate training environment within our systems is highly effective in facilitating an instructional approach, allowing trainees the opportunity to interact with the system in a manner that does not interfere with the integrity of the data in the production environment.

## ***Effective Training Methods and Materials***

SSG's two decades of school-based claiming experience has proven that project success requires the understanding of all users of the importance of their role in the school-based claiming process, and how they can most efficiently and effectively accomplish their objectives using the MAXCapture system. To that end, SSG provides the following channels of communication:

- Training materials and a training curriculum tailored to specific user groups;
- Training materials and a training curriculum that teach:
  - Why the user is being asked to work in SSG systems;
  - What the user is being asked to enter or view in SSG systems; and
  - How the user can perform those functions.

Accounting for different learning styles and our trainees' busy schedules, SSG presents these materials in a variety of formats to provide flexibility in how and when materials are consumed. The formats we offer include written materials, live trainings, webinar trainings, and recorded sessions.

## ***Custom Learning Management Programs***

SSG will leverage a best-in-class learning management software (LMS), LearnUpon, to create, deliver, and report on a custom training program for Agency. This program will include a set of courses designed specifically for Agency's program and will track the trainees' comprehension to ensure subject matter mastery.

***SSG offers the use of a custom training course using Learning Management Software to enhance training.***

These learning paths are set to ensure that subject matter is retained by the trainee as well as provide administrators with BOTH visibility into training history as well as assurances that participants have obtained the knowledge through a series of quizzes and tests confirming topic proficiency. Administrators can generate reports to view courses taken and confirm mastery through test scores.

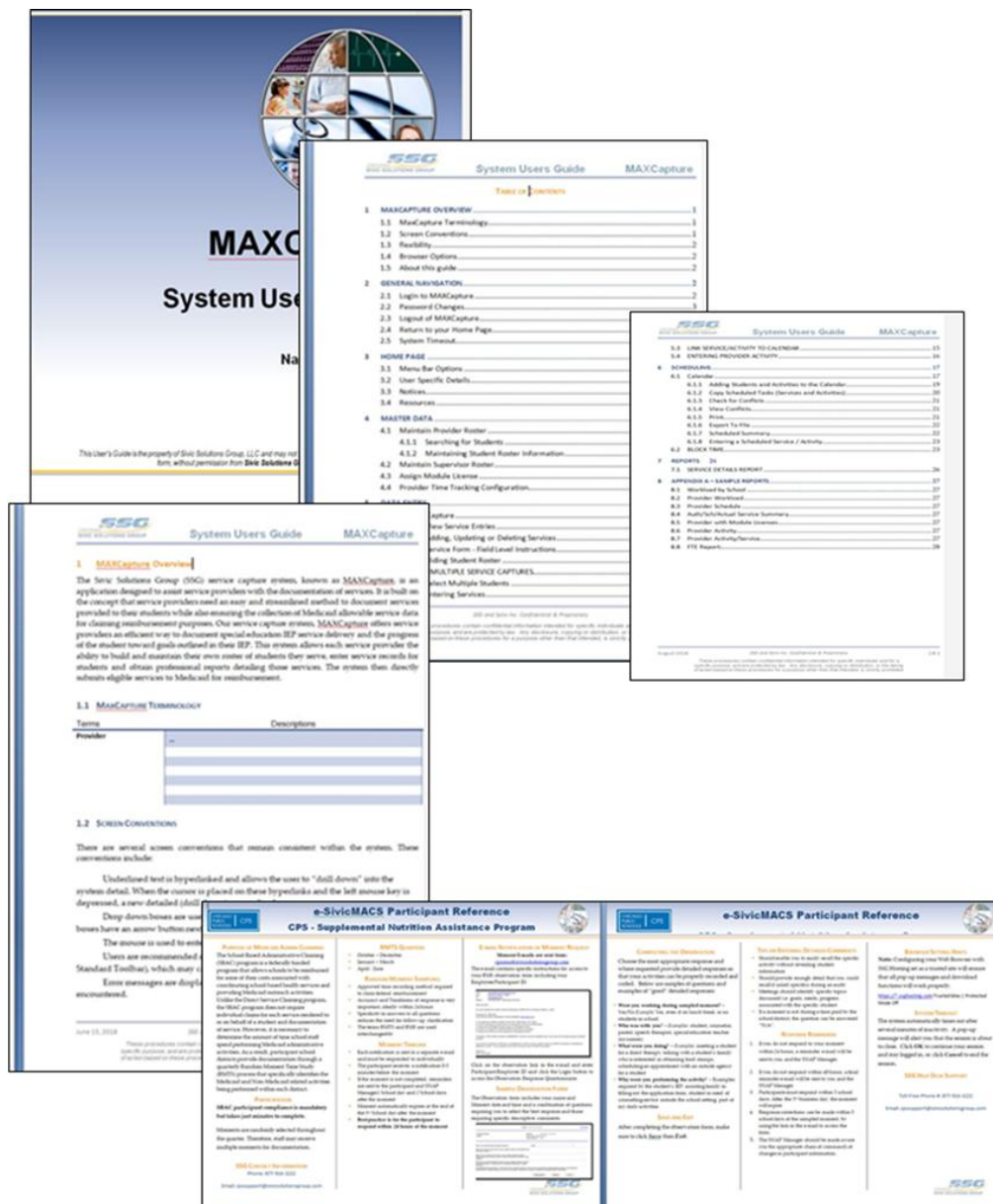
| COURSE HISTORY                                         |           |            |            |       |           |
|--------------------------------------------------------|-----------|------------|------------|-------|-----------|
| Course Name                                            | Status    | Enrolled   | Completed  | Score | Pass/Fail |
| Security of Protected Information 2022                 | Completed | 06/10/2022 | 06/21/2022 | 90%   | Passed    |
| Ethics and Code of Conduct                             | Completed | 03/03/2022 | 04/03/2022 | 98%   | Passed    |
| Conflict of Interest Policy and Disclosure (Employees) | Completed | 03/08/2022 | 03/08/2022 | -     | -         |
| Cyber Security Basics                                  | Completed | 11/17/2021 | 12/10/2021 | 100%  | Passed    |
| Employee Health Attestation: COVID-19                  | Completed | 11/12/2021 | 12/10/2021 | -     | -         |
| Security of Protected Information 2021                 | Completed | 10/01/2021 | 10/25/2021 | 90%   | Passed    |
| Workplace Harassment Prevention Manager Refresher      | Completed | 08/13/2021 | 08/18/2021 | 100%  | Passed    |
| Employee Handbook Acknowledgment                       | Completed | 08/13/2021 | 08/15/2021 | -     | -         |
| NY HERO Act                                            | Completed | 08/06/2021 | 08/12/2021 | -     | -         |

## Written Materials

Our written materials offer the users documents they can reference during training and while in production. These materials include:

- **User Manual:** An in-depth guide to all the functionality in the system for each user role, including a step-by-step instructions with screenshots and examples.
- **Desk Reference Guide:** A short one-page document that users can keep at their fingertips detailing the critical steps a user might perform on a daily basis.
- **FAQs:** Consolidates a list of the answers to common questions users ask when working on school-based health programs and using the MAXCapture system.

Following are screenshots of our MAXCapture User Guide.



## Live, In-Person Training

Our experienced training staff deliver live trainings onsite at Agency locations. These trainings include:

- **User Specific Training Slides:** A user-specific curriculum is developed for each training session and custom training slides are provided to trainees as reference tools.
- **Hands-On Exercises:** When appropriate, SSG will utilize hands-on training exercises for a better understanding of the system functions and navigation.

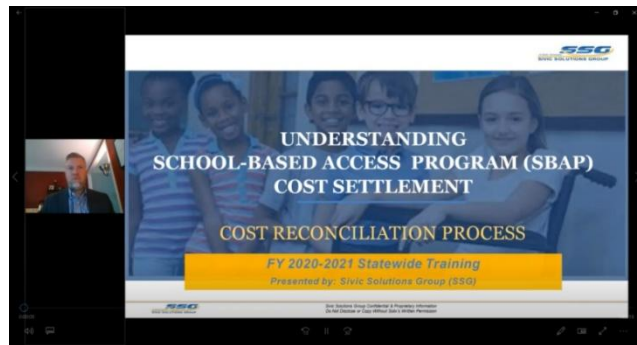
## Webinars

Our live webinar trainings mirror the in-person trainings but offer the flexibility for trainees to attend from their own workspace. These webinars include:

- **Live Trainer:** The same experienced trainers who lead onsite sessions are the Trainers for our webinars, ensuring consistency across training, regardless of the delivery channel.
- **Interactive Q&A:** SSG knows the value of real-time questions and answers to the effectiveness of training. Our webinars allow for both a chat area for questions, as well as time for questions over the phone to the Trainer. Often, SSG will have two Trainers for our webinars to ensure that chat questions are being answered quickly without disrupting the flow of the training for the attendees.

## Coffee Hours/Informal Q&As

SSG has found that conducting monthly “coffee hours” has been extremely popular with our clients. These webinar sessions are based around the ability of school personnel to come with the specific questions or issues they are experiencing versus a pre-determined training program. SSG experts are available on the call to answer questions and provide direct assistance. These informal Q&A sessions are one of the highest rated components of our training program according to evaluation surveys SSG conducts.



Pre-recorded Sessions

Our pre-recorded trainings provide maximum flexibility, allowing staff to attend training at their convenience or to review specific training topics as questions arise. These recordings can include:

- **Registration List:** We can track who has viewed the recorded trainings.
- **Quiz & Test:** We conduct knowledge checkpoints in the form of quizzes or tests to monitor comprehension.
- **Certificates of Completion:** We can generate certificates of completion for attendees if there is a need for a physical validation of course participation and mastery.

If requested, we will share attendance records with Agency for your records.



**4.1.11.4      *The Vendor shall provide training to the Agency regarding all components of the SBHS and rate setting services provided under the scope of this solicitation and will assist in development of policy and procedure manuals regarding such tasks.***

SSG will provide comprehensive training and technical assistance to Agency staff on all components of the School-Based Health Services (SBHS) program and related rate-setting activities supported under this contract. Our goal is to equip Agency staff with the knowledge and resources necessary to effectively oversee program operations, monitor compliance, evaluate program performance, and support ongoing program enhancements.

Training will be tailored to Agency responsibilities and may include topics such as RMTS administration, direct service claiming, cost reporting, cost settlement, reimbursement methodologies, program compliance, reporting, system functionality, and operational best practices. Training may be delivered through in-person sessions, virtual meetings, webinars, written guidance, job aids, and other Agency-approved formats.

In addition, SSG will assist the Agency in the development, maintenance, and updating of policy and procedure manuals related to SBHS program administration and rate-setting activities. Leveraging our experience supporting school-based Medicaid programs in multiple states, SSG will help ensure that policies and procedures align with federal and state requirements, support consistent program administration, and reflect operational best practices.

## **4.1.12      Other Administrative Functions**

***The Vendor shall be responsible for the ongoing performance of other administrative functions as they relate to the SBHS Program, as described in this solicitation.***

**4.1.12.1      *Toll-Free Telephone Line: The Vendor at no additional cost must maintain a toll-free telephone number to provide customer service and technical assistance as needed for both Administrative and Direct Service Claiming. The Vendor shall ensure that a statewide, toll-free telephone system is installed with an automated answering system. The call volume (345 calls annually) daily shall be handled so that any calls not answered at the time of the call and for which a message is left shall be returned within one (1) business day. The toll-free number shall be answered by Vendor staff between the hours of 8:30 a.m. to 5:00 p.m. Eastern Standard Time (EST), Monday through Friday, except for Federal and State Holidays, Current state holidays recognized are:***

***New Year's Day***

***Martin Luther King Day Presidents Day***

***Election Day Memorial Day Independence Day Labor Day Columbus Day Veteran's Day***

***½ Day before Thanksgiving Day Thanksgiving Day***

***½ Day before Christmas Day Christmas Day***



## Administrative Functions/Reporting/Staff SNAPSHOT

In addition to world-class systems, SSG sets itself apart by our staff and commitment to making sure that the West Virginia School Based Health program is a success

300+ years of combined school-based experience from proposed staff.

11+ Years of school-based claiming experience by proposed staff

6,983 training attendees in Pennsylvania annually

1000+ Help Desk inquiries handled annually

\$3M+ Paid Claims processed monthly

### REQUIREMENT ALIGNMENT

- ✓ Professional Project Management
- ✓ Program Website
- ✓ Policy Experts and Audit Support
- ✓ Real-time reporting tools
- ✓ Numerous training resources

### SOLUTION APPROACH

- ✓ Staffed with highly experienced school-based experts
- ✓ Provide numerous trainings and training resources
- ✓ Help Desk Support
- ✓ Actionable reports showing summary and detail information
- ✓ Meet regularly with Agency staff to share fresh ideas and insights into the program operation

### AGENCY VALUE

- ✓ Providing a Support Liaison to proactively communicate with and support school districts
- ✓ Providing 24/7 Help Desk Support
- ✓ Training program that provides numerous opportunities for staff to ask questions and gain knowledge
- ✓ Quarterly newsletter updating schools on the program
- ✓ Monthly Coffee Hours where stakeholders can meet to ask questions and share ideas in an open Q&A format.

*"Sivic Solutions Group (SSG) is a great company that our school district has been doing business with for several years. I love the assistance and support that I receive from our SSG Consultant and SSG Project Manager."*

**A. Detsoi, Medicaid Coordinator, Farmington Municipal School District**

**SSG ADVANTAGE:** SSG is one of the few firms with direct experience performing every element of this scope — and the only firm with hands-on experience transitioning the Agency away from its current vendor. This combination uniquely positions SSG to manage the risks of a vendor transition while applying proven knowledge of what makes a school-based claiming program succeed. Our commitment to training, communication, and proactive support is what sets that experience into action.

*Experienced Staff | Actionable Reporting Tools | Best in Class Training and Support*

*An effective help desk solution, staffed with experts in school-based claiming provides a strong foundation for the success of the WV SBHS/MAC programs while reducing the risk of disallowances.*

SSG will establish a comprehensive, WV-based Help Desk specifically designed to exceed the technical and functional support needs of the SBHS program. Our approach moves beyond simple troubleshooting to provide a true "center of excellence" for LEAs, staffed by subject matter experts who are deeply versed in West Virginia's specific claiming procedures, registration protocols, and data collection requirements.

Our Help Desk infrastructure includes:

- **Omni-Channel Accessibility:** We will provide a toll-free helpline, a dedicated support email address clearly displayed within the system and integrated in-site messaging through our web-based portal.
- **Live Expert Support:** During the required hours of 8:30 a.m. to 5:00 p.m. ET (Monday–Friday), calls will be answered by live staff. To manage peak volume during critical filing windows, our overflow system utilizes a high-capacity voicemail solution allowing for detailed, two-minute messages to ensure no LEA concern is truncated.
- **Guaranteed Response Continuity:** We treat the one-business-day response mandate as a maximum threshold, not a goal. Every interaction—whether via voice, email, or in-site message—is automatically time-stamped and logged in our tracking system to ensure rigorous adherence to the 24-hour response standard.
- **Rapid Implementation:** Solix will have the Help Desk fully operational and staffed shortly after the contract effective date, ensuring a seamless support transition for LEAs during the initial mobilization phase.

By integrating our Help Desk with our proactive Support Liaisons, Solix ensures that West Virginia school districts have immediate access to the technical and programmatic expertise necessary to maintain high participation rates and compliant claiming.

### ***Dedicated Support Liaisons***

SSG statewide clients who are managing very complex school-based Medicaid programs have realized tremendous value in the support that the Solix Support Liaison provides. SSG's proposed solution for the State and your LEAs includes three dedicated Support Liaisons, each of whom will be assigned to a region of the state. The Support Liaisons will proactively engage with each county and district within his or her region on a regular basis. They become a known and valuable resource for schools who can provide specialized support based on the unique needs of the LEA, rather than a generic, faceless support line agent. As an added value, the Support Liaisons conduct regular quality assurance reviews, enabling the districts to identify risk indicators before they become audit findings. The Liaisons perform tasks such as:

- Answer questions about the program or technology;
- Proactively reach out to districts and counties to discuss their unique challenges; and
- Conduct regular quality assurance reviews with districts to proactively

## Coffee Hours

SSG has found tremendous success in offering “coffee hours” as an additional support option for large, statewide projects. Coffee hours provide a monthly schedule of one-hour meetings for which the counties and schools set the agenda with the topics most important to them. SSG staff facilitate discussions to address their questions, share best practices with other counties and districts, and discuss lessons learned. This is a wonderful way to support open dialogue among LEAs throughout the State where SSG can hear from stakeholders directly regarding areas of concern and stakeholders can learn from each other what solutions have worked best for them.

The SSG Help Desk is available to Agency staff to provide expert technical support for SSG systems. Our Help Desk is adept at troubleshooting issues, providing resolution, or identifying temporary workarounds if necessary. SSG responds to support requests within 24 hours and provides either a resolution or plan for resolution within 48 hours.

## Technical Support Through the SSG Help Desk

SSG will provide the following support services to Agency:

- Administrative and technical support available via telephone 8:30 AM to 5 PM Eastern Time, Monday through Friday, excluding West Virginia State and federal holidays;
- Continual updated system documentation and FAQ available online on our system home page;
- 24/7 access to the system application(s), reports and data;
- Structured version control; and
- System security, backup and recovery procedures, and equipment to meet Agency standards .

## Tiered Help Desk Support Model

**Question:**  
“Will LEAs  
receive  
responsive  
support?”

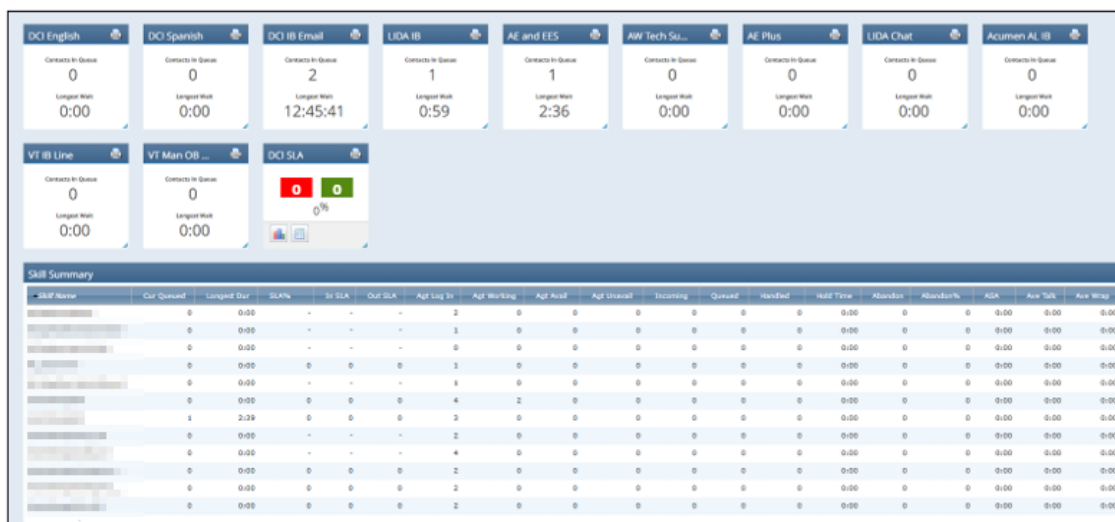
**Answer:**  
SSG provides dedicated program support teams, defined escalation protocols, performance monitoring, and documented response time standards to ensure timely and accountable assistance as well as offers dedicated Support Liaisons to help schools and counties.

- **Level 1 Support:** Handles security access, password resets, navigation questions, and basic system and program inquiries. Level 1 serves as the single intake point for all phone, email, and system requests and resolves the majority of issues without escalation.
- **Level 2 Support:** Addresses more complex functional questions, advanced system features, and investigation of potential defects or configuration issues.
- **Level 3 Support:** Involves the Solix Project Manager and senior technical staff for issues requiring deeper analysis, coordination, or remediation. When Level 3 support is required, Solix provides estimated resolution timelines and ongoing status updates until closure.

This structured, performance-driven support model ensures consistent service quality for LEAs while providing the State with clear visibility into Help Desk operations and compliance throughout the Contract term.

We know that a timely response is extremely important, especially to staff that are documenting services. Generally, these staff have limited amounts of time during their days to complete paperwork and our goal is to be there when they need us.

In support of Help Desk, Solix provides comprehensive call center reports through our state-of-the-art call distribution (ACD) telephony software provided by inContact. Below is an example of the internal dashboards which track all center related metrics and visualizations of sample reports:



**Sample Help Desk Tracking Dashboard**

## Help Desk Response Time

At SSG, we understand that a timely response is imperative, especially to staff who are documenting services. Generally, these staff have limited amounts of time during their days to complete paperwork and it is always our goal to be there when they need us. During normal business hours, the SSG Help Desk will immediately answer questions and escalate to the appropriate Project Team Member, if necessary. Typically, SSG responds to all calls and email inquiries within 24 hours. A resolution or plan for resolution for more complex issues is provided within 48 hours. Additionally, we monitor the Help Desk activities and questions and, as appropriate, update the FAQ section on our website to provide expedient resolution for commonly asked questions.

**4.1.12.2      *The Vendor must maintain an automated answering system that will allow the caller to leave a message after 5:00 p.m., Monday through Friday, state and federal holidays, and on weekends. The Vendor's staff must contact the LEAs leaving messages within one (1) business day of the Vendor's receipt of the message.***

SSG provides voicemail for after-hour calls, voicemails are returned in one business day.

**4.1.12.3      *The Vendor shall be responsible for communicating with all individuals on its toll-free lines, which must be able to accommodate such issues as hearing impairment, or other communication barriers, or physical or mental disabilities.***

SSG provides toll-free lines and accommodates physical and mental disabilities, hearing impairment, and other communication barriers. SSG will be responsible for communicating with all individuals utilizing its toll-free support lines and will ensure that customer service operations accommodate individuals with hearing impairments, communication barriers, and physical or cognitive disabilities. SSG will maintain accessible communication methods and, when necessary, utilize appropriate accommodations and relay services to support effective communication.

SSG staff will be trained to provide professional, responsive, and inclusive assistance and will work with participants, LEA staff, and Agency representatives to identify appropriate communication methods when accommodations are needed. Through these practices, SSG will help ensure all stakeholders have equitable access to program information, support, and services.

**4.1.12.4      *Website: The Vendor shall be responsible for the development and maintenance of a Website. All materials on the Website must be prior approved by the Agency before appearing on Website. The Website must be kept current. The Website shall be compliant with readability requirements as set forth in the Americans with Disabilities Act standards, which can be found at: [https://www.ada.gov/regs2010/titleII/2010/titleII 2010 regulations.htm](https://www.ada.gov/regs2010/titleII/2010/titleII%202010%20regulations.htm) .***

SSG will develop, maintain, and update a program website to support School-Based Health Services program activities. All website content, documents, notices, and materials will be submitted to the Agency for review and approval prior to publication. SSG will keep the website current and ensure information is updated as program requirements, guidance, or resources change.

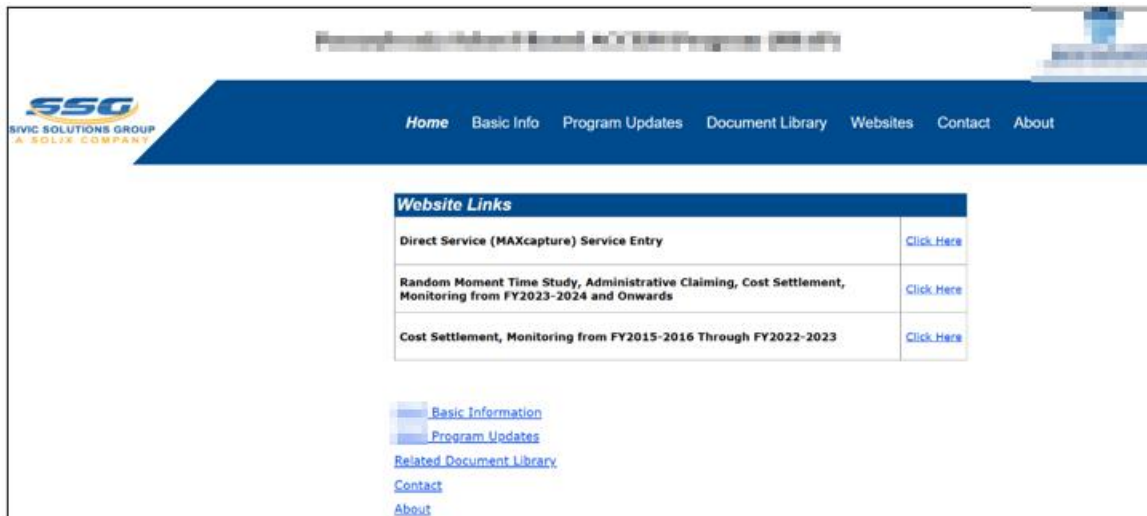
The website will be designed to meet applicable accessibility and readability requirements, including compliance with Americans with Disabilities Act (ADA) standards. SSG will regularly monitor website content and functionality to support accessibility, usability, and the timely dissemination of program information.

**4.1.12.5      *The website shall include all training modules related to RMTS, Administrative and Direct Service Claiming, training manuals, frequently asked questions, important dates or approaching deadlines, and links to relevant Website materials as requested by the Agency.***

SSG will develop and maintain a website that serves as a centralized resource for program participants, LEAs, and Agency staff. The website will include all Agency-approved training modules and reference materials related to RMTS, Administrative Claiming, Direct Service Claiming, school-based cost reporting, and other program activities as required by the Agency.

The website will also provide access to training manuals, frequently asked questions, important dates, approaching deadlines, announcements, and links to relevant program resources and documents. SSG will ensure website content remains current and is updated in a timely manner as program requirements, training materials, or Agency directives change.

To demonstrate our approach and experience, below is a screenshot of the Pennsylvania School-Based ACCESS Program (SBAP) website we developed to meet similar goals. This example illustrates our experience developing and maintaining user-friendly program websites that provide stakeholders with centralized access to training resources, program information, deadlines, and support materials. All content published on the West Virginia website will be subject to Agency review and approval prior to release.



*Example of the type of program webpage we have done to share information to counties and school districts.*

**4.1.12.6 Data Systems: The Vendor shall have a reporting system in place to facilitate access to and receipt of all information necessary for RMTS, and Administrative and Direct Service Cost Reporting.**

SSG offers a suite of standard reports to address Agency data needs, as shown in the e-SivicMACS screenshot below.

**SBAP RMTS, MAC, Cost Settlement and Monitoring - e-SivicMACS**  
Pennsylvania State  
Home



Link (SSG), Aaron | Home | Logout

[Master Data](#)
[Sample Data](#)
[Participant Data](#)
[Admin Claim](#)
[Cost Settlement](#)
[Reports](#)

[Master Reports](#)  
[Region Master Reports](#)  
[Participant Reports](#)  
[Control List Reports](#)  
[Response Reports](#)  
[Admin Claim](#)  
[Cost Settlement](#)  
[State Reports - RMS](#)

**Help Desk**

Toll-Free #: (877) 916-3222

Email: [PAsupport@sivicsolutionsgroup.com](mailto:PAsupport@sivicsolutionsgroup.com)

**Resources**

- [View](#) Training Videos (RMTS/MAC/CS)
- [View](#) MAC Coordinator User Guide
- [View](#) MAC Coordinator Training Slides
- [View](#) RMTS Coordinator User Guide
- [View](#) RMTS Coordinator Training Slides
- [View](#) RMTS Participant Training Slides
- [View](#) RMTS Monitoring Reports Training Slides
- [View](#) RMTS Jobs and Positions
- [View](#) RMTS Jobs and Positions Crosswalk
- [View](#) CS Coordinator User Guide
- [View](#) CS User Manual - Oversight & Monitoring
- [View](#) CS Training Slides - 101 Beginner

**RMTS Standard Reports**

| Report                                     | Description                                                                                                                  |
|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Master Reports                             | The key elements for an RMTS                                                                                                 |
| Response Reports                           | Details about the RMTS response information. Including real-time activity breakdowns, no response, and timelines of response |
| RMTS Detail Observation List with Results  | Provides a list of all random moments for the quarter, with the resulting activity codes                                     |
| RMTS Observation Statewide Summary Results | Provides a total count of RMTS moments by activity code for the quarter                                                      |



SSG understands the importance of this program to Agency and the need for a high level of communication regarding project status. To this end, SSG will create quarterly and annual reports for the Project Leadership Team detailing accomplishments related to the project metrics. These reports will provide information, including:

- Summary of RMTS valid moment percentage
- Overall RMTS Medicaid eligible Activity percentage
- School Districts not meeting compliance standards
- Upcoming deliverables and accomplishments
- Trend analysis quarter over quarter

These reports are in production and delivered in the same cadence for other client projects.

SSG's project reports provide summary details of school district performance in aggregate and around key performance measures, such as compliance. Our reports provide up-to-date information about how the RMTS percentage mix might be changing, and how costs may fluctuate quarter by quarter. This information provides Agency with a clear picture of the overall health of the Program. The below Quarterly Progress Report samples are part of a quarterly report showing the key RMTS factors, compliance, and outcomes on a quarterly basis.

#### Quarterly Progress Report:

| Progress Report by Quarter                     |                                                |                                           |                                           |                                               |                                                            |                                             |
|------------------------------------------------|------------------------------------------------|-------------------------------------------|-------------------------------------------|-----------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| 1. Quarterly SBAC Claims Processing Benchmarks |                                                |                                           |                                           |                                               |                                                            |                                             |
| <i>Quarter</i>                                 | <i>Participant Lists Certified by Deadline</i> | <i>Control Lists distributed by Email</i> | <i>RMS Compliance Results (# of LEAs)</i> | <i>Financial Reporting Claims by Deadline</i> | <i>All Districts Certified and Final DMS Report to KDE</i> | <i>Net Quarterly Claim (in \$ millions)</i> |
| 2014Q4                                         | Sept 12 – 77%                                  | 09/26/14                                  | 97.0% (152)                               | Feb 27 – 95%                                  | 03/31/15 (90 days)                                         | \$1.5                                       |
| 2015Q1                                         | Dec 12 – 77%                                   | 12/23/14                                  | 96.5% (152)                               | May 15 – 79%                                  | 06/12/15 (73 days)                                         | 2.2                                         |
| 2015Q2                                         | Mar 13 – 85%                                   | 03/03/15                                  | 96.7% (152)                               | Aug 14 – 84%                                  | 09/08/15 (70 days)                                         | 1.9                                         |
| 2015Q3                                         | Not applicable                                 | N.A.                                      | N.A.                                      | Nov 13 – 87%                                  | 12/14/15 (75 days)                                         | 1.1                                         |
| 2015Q4                                         | Sept 4 – 71%                                   | 10/02/15                                  | 95.9% (153)                               | Feb 15 – 80%                                  | 03/04/16 (64 days)                                         | 1.7                                         |
| 2016Q1                                         | Dec 4 – 81%                                    | 12/31/15                                  | 96.7% (156)                               | May 13 – 76%                                  | 06/01/16 (62 days)                                         | 1.5                                         |
| 2016Q2                                         | Mar 4 – 60%                                    | 03/31/16                                  | 96.7% (157)                               | Aug 15 – 85%                                  | 09/08/16 (70 days)                                         | 2.5                                         |
| 2016Q3                                         | Not applicable                                 | N.A.                                      | N.A.                                      | Nov 15 – 87%                                  | 12/15/16 (76 days)                                         | 1.0                                         |

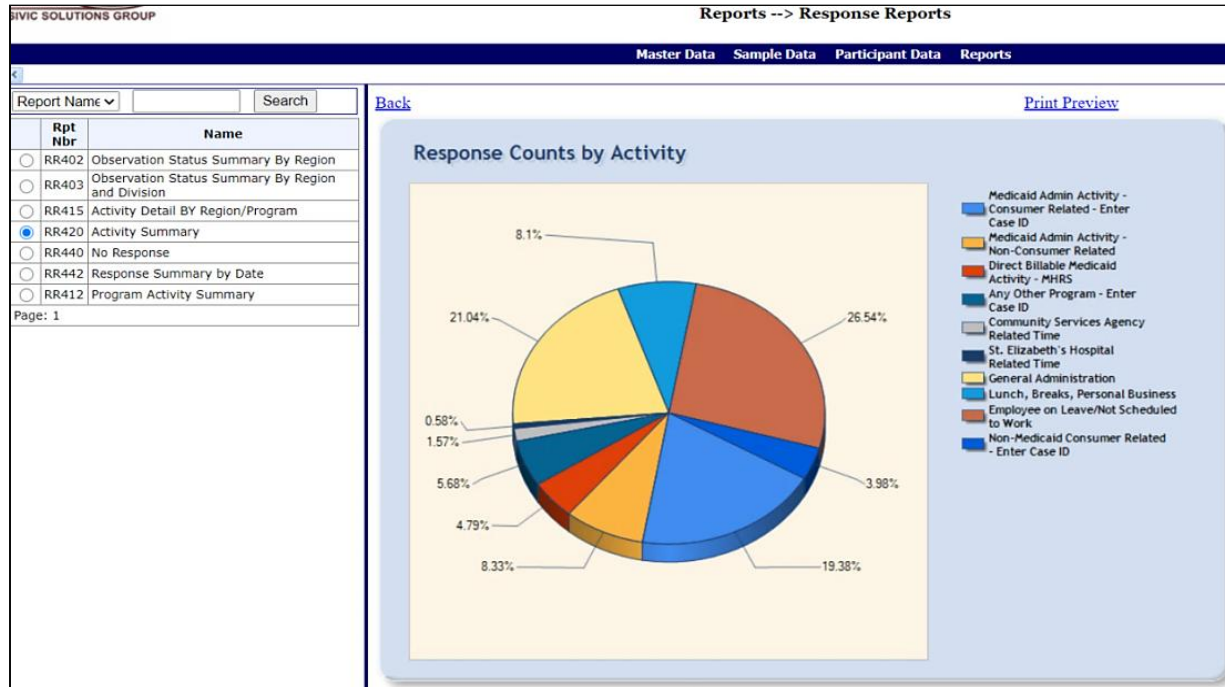


|                                                                                             |                               |                         |
|---------------------------------------------------------------------------------------------|-------------------------------|-------------------------|
| <b>State of New York, Sample</b>                                                            |                               |                         |
| <b>Monthly Dashboard</b>                                                                    |                               |                         |
| <b>January - March 2024 Quarter</b>                                                         |                               |                         |
| <b>January 2024</b>                                                                         |                               |                         |
| <b>Overall Response Rates</b>                                                               | <b>January</b>                |                         |
|                                                                                             | <b>Response Count</b>         | <b>Percent of Total</b> |
| Non Response/ Unpaid                                                                        | 58                            | 5.89%                   |
| Response                                                                                    | 927                           | 94.11%                  |
| <b>Total</b>                                                                                | <b>985</b>                    | <b>100.00%</b>          |
| <b>Raw Monthly Activity Responses</b>                                                       | <b>January</b>                |                         |
| <b>Activity</b>                                                                             | <b>Count of Activity Code</b> | <b>Percent of Total</b> |
| IEP Direct Medical Services                                                                 | 355                           | 36.04%                  |
| Non-IEP Direct Medical Services                                                             | 98                            | 9.95%                   |
| Other Educational and Social Services (Non-Medical Services)                                | 185                           | 18.78%                  |
| Outreach Non-Medicaid Program                                                               | 2                             | 0.20%                   |
| Referral, Coordination, and Monitoring of Medical Services                                  | 11                            | 1.12%                   |
| Allocable General Administration                                                            | 276                           | 28.02%                  |
| Not Paid/Not Working - Likely Schedule Issue                                                | 24                            | 2.44%                   |
| Not Paid/Not Working - Unpaid                                                               | 8                             | 0.81%                   |
| Not Paid/Not Working - Unclear of Reason                                                    | 15                            | 1.52%                   |
| Non-Response                                                                                | 4                             | 0.41%                   |
| No Longer in Position                                                                       | 7                             | 0.71%                   |
| <b>Total</b>                                                                                | <b>985</b>                    | <b>100%</b>             |
| <i>Percentages may change slightly when final QC is conducted at the end of the quarter</i> |                               |                         |
| <i>Percentages are out of total responses; do not represent final claiming percentages</i>  |                               |                         |

|                                                  |                                  |                            |
|--------------------------------------------------|----------------------------------|----------------------------|
| <b>Quarter Sample</b>                            |                                  |                            |
| <b>Position</b>                                  | <b>Observations per Position</b> | <b>Percentage of Total</b> |
| Licensed Speech-Language Pathologists            | 1112                             | 37.07%                     |
| Licensed School Psychologists                    | 893                              | 29.77%                     |
| Licensed Registered Nurses (RNs)                 | 327                              | 10.90%                     |
| Licensed Occupational Therapists                 | 320                              | 10.67%                     |
| Licensed Physical Therapists                     | 82                               | 2.73%                      |
| Licensed Practical Nurses (LPNs)                 | 80                               | 2.67%                      |
| Licensed Social Workers                          | 50                               | 1.67%                      |
| Licensed Psychologists                           | 45                               | 1.50%                      |
| Licensed Occupational Therapy Assistants (COTAs) | 37                               | 1.23%                      |
| Licensed Counselors                              | 31                               | 1.03%                      |
| Licensed Audiologists                            | 7                                | 0.23%                      |
| Licensed Professional Clinical Counselors        | 7                                | 0.23%                      |
| Licensed Independent Social Workers              | 6                                | 0.20%                      |
| Licensed Physical Therapy Assistants             | 2                                | 0.07%                      |
| Licensed Psychiatrists                           | 1                                | 0.03%                      |
| <b>Total</b>                                     | <b>3000</b>                      | <b>100%</b>                |

The following provides examples of some of the system reports that are run most often. All screenshots display data from SSG's test system and do not represent actual customer data.

## Response Detail



## Observation Status Summary by LEA Report

| <b>WV - RMTS Program - Random Moment Sampling</b><br><b>Observation Status Summary By Region and Location</b>             |                      |            |            |             |           |            |              |
|---------------------------------------------------------------------------------------------------------------------------|----------------------|------------|------------|-------------|-----------|------------|--------------|
| <b>Sample :</b> WV - RMTS - Q408 - October - December 2008<br><b>Region :</b> 103 - District-103<br><b>Location :</b> All |                      |            |            |             |           |            |              |
| Location Code                                                                                                             | Location Description | Total Obs  | Accepted   | No Response | Invalid   | Incomplete | Not Occurred |
| <b>Region : 103 - District-103</b>                                                                                        |                      |            |            |             |           |            |              |
| 103000                                                                                                                    | School-103000        | 10         | 2          | 6           | 1         | 1          | 0            |
| 103001                                                                                                                    | School-103001        | 30         | 19         | 6           | 1         | 4          | 0            |
| 103002                                                                                                                    | School-103002        | 45         | 23         | 5           | 17        | 10         | 0            |
| 103003                                                                                                                    | School-103003        | 8          | 4          | 1           | 1         | 2          | 0            |
| 103004                                                                                                                    | School-103003        | 12         | 6          | 3           | 1         | 1          | 1            |
| 103006                                                                                                                    | School-103006        | 9          | 8          | 0           | 0         | 1          | 0            |
| 103008                                                                                                                    | School-103008        | 32         | 10         | 5           | 3         | 7          | 7            |
| 103009                                                                                                                    | School-103009        | 6          | 2          | 1           | 1         | 2          | 0            |
| 103010                                                                                                                    | School-103010        | 11         | 0          | 4           | 5         | 2          | 0            |
| 103012                                                                                                                    | School-103012        | 14         | 6          | 5           | 1         | 2          | 0            |
| 103015                                                                                                                    | School-103015        | 34         | 30         | 3           | 1         | 0          | 0            |
| <b>Region Subtotal:</b>                                                                                                   |                      | <b>211</b> | <b>110</b> | <b>39</b>   | <b>32</b> | <b>32</b>  | <b>8</b>     |

## Cost Reports Standard Reports

| Report        | Description                                  |
|---------------|----------------------------------------------|
| Admin Claim   | The key elements for an RMTS                 |
| Certification | Show the CPE form loaded by school districts |

## Cost Summary Report:

| <b>WV - RMTS, MAC, Cost Settlement and Monitoring - e-SivicMACS</b><br><b>West Virginia State</b><br><b>Salaries &amp; Benefits</b><br><b>January - March 2025</b> |                               |                   |                   |                                                                          |                  |                |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------|-------------------|--------------------------------------------------------------------------|------------------|----------------|------------------------|
| <b>Sample Period:</b> 2025S2 - Jan-Mar 2025<br><b>Region:</b> 1001S - All Regions except SD                                                                        |                               |                   |                   | <b>Cost Pool:</b> DSP - Direct Services<br><b>Report Option:</b> Summary |                  |                |                        |
| Region Code                                                                                                                                                        | Region Name                   | Salary            | Benefits          | Total                                                                    | Contracted Labor | Federal Funded | Allowable Expenditures |
| 1001S                                                                                                                                                              | 1001S - All Regions except SD | 355,493.46        | 183,788.04        | 539,281.50                                                               | 0.00             | 0.00           | 539,281.50             |
| <b>Total:</b>                                                                                                                                                      |                               | <b>355,493.46</b> | <b>183,788.04</b> | <b>539,281.50</b>                                                        | <b>0.00</b>      | <b>0.00</b>    | <b>539,281.50</b>      |



## Admin Claim Report:

### Claim for RMTS, MAC, Cost Settlement and Monitoring - e-SivicMACS

#### Admin Claim Invoice

July - September 2025

Region: 1002S-000000 School District

#### Base Expenditure

| Cost Pool                  | Salaries<br>(A) | Other Costs<br>(B) | Total<br>(C = A + B) |
|----------------------------|-----------------|--------------------|----------------------|
| AP-Administrative Services | 273,902.24      | 0.00               | 273,902.24           |
| DSP-Direct Services        | 1,698,339.38    | 15,045.59          | 1,713,384.97         |

#### Claim Calculation

| RMS %<br>(D)                      | MER %<br>(E) | Claimable %<br>(F = D * E) | Total Claimable<br>(G = C * F) | Indirect Rate %<br>(H) | Indirect Claim<br>(I = G * H) | Total Claim<br>(K = G + I) | FFP %<br>(L) | Federal Portion<br>(M = K * L) |
|-----------------------------------|--------------|----------------------------|--------------------------------|------------------------|-------------------------------|----------------------------|--------------|--------------------------------|
| <b>AP-Administrative Services</b> |              |                            |                                |                        |                               |                            |              |                                |
| 2.407                             | 27.202400    | 0.65                       | 1,793.41                       | 15.570000              | 279.23                        | 2,072.64                   | 50.00        | 1,036.32                       |
| 0.016                             | 27.202400    | 0.00                       | 11.92                          | 15.570000              | 1.86                          | 13.78                      | 75.00        | 10.33                          |
|                                   |              |                            |                                |                        |                               | <b>2,086.42</b>            |              | <b>1,046.65</b>                |
| <b>DSP-Direct Services</b>        |              |                            |                                |                        |                               |                            |              |                                |
| 4.017                             | 27.202400    | 1.09                       | 18,722.50                      | 15.570000              | 2,915.09                      | 21,637.59                  | 50.00        | 10,818.79                      |
| 0.018                             | 27.202400    | 0.00                       | 83.89                          | 15.570000              | 13.06                         | 96.95                      | 75.00        | 72.71                          |
|                                   |              |                            |                                |                        |                               | <b>21,734.54</b>           |              | <b>10,891.50</b>               |

Total Claim (Column K): 23,820.96

Total Federal Portion (Column M): 11,938.15

25% to State (DHS): 5,969.07

25% to LEA: 5,969.08

SSG Fees Withheld: 450.00

Net to LEA: 5,519.08

**4.1.12.7 The Vendor shall assist the Agency in development of State Plan Amendments regarding SBHS program or any reimbursement methodologies. This requirement also includes drafting responses to any CMS inquiry whether designated as informal or formal request for additional information.**

SSG has extensive experience assisting state agencies with the development, submission, negotiation, approval, and implementation of State Plan Amendments (SPAs) related to school-based Medicaid programs and reimbursement methodologies. Our team has successfully supported multiple states through the full SPA lifecycle, including reimbursement methodology design, development of SPA language, financial modeling, supporting documentation, stakeholder engagement, and CMS review activities.

SSG understands that successful SPA development extends well beyond drafting the initial submission. We are experienced in managing the iterative CMS review process, including the preparation of informal responses, Requests for Additional Information (RAIs), technical clarifications, supplemental analyses, and supporting documentation required to address CMS questions and concerns. Our experience enables us to anticipate common areas of CMS inquiry and develop clear, well-supported responses that facilitate the review and approval process.

For West Virginia, SSG can support the Agency throughout the entirety of the SPA process, from concept development and submission through CMS approval and implementation. We recognize that CMS often requests additional documentation and clarification during the review process, creating significant demands on state staff resources. Having supported numerous SPA negotiations and approvals, SSG is prepared to assist the Agency in developing timely and comprehensive responses to both formal and informal CMS inquiries.

Our support does not end upon SPA approval. SSG works closely with states and participating LEAs to operationalize approved SPAs, implement new reimbursement methodologies, update policies and procedures, revise training materials, modify claiming and cost reporting processes, and ensure ongoing compliance with CMS requirements and approved SPA provisions.

A summary of representative states where SSG has assisted with the design, approval, and implementation of cost-based reimbursement methodologies for school-based services is provided elsewhere in this proposal. This experience positions SSG to provide valuable strategic, operational, and technical support to the Agency for both current and future SPA initiatives.

***4.1.12.8 Within three (3) days the Vendor shall submit a Project Implementation Plan with their bid for Agency approval that demonstrates overall understanding of SBHS requirements@ and establishes key requirements and time frames for implementing RMTS, Administrative and Direct Service Claiming and Cost Reporting activities.***

With focus on Agency's objectives, SSG's approach to project planning ensures that activities are managed, controlled, coordinated, and supervised to successful project delivery.

Effective management of the project schedule, budget, and risks is of utmost importance to Agency. Through careful planning and execution of proven project management strategies, SSG will deliver high-quality services on time and within budget. We have a long, successful history partnering with our clients in the delivery of many projects of similar size and scope to Agency's SBHS.

## ***SSG's Project Management Approach Methodologies***

SSG has adopted a core set of principles, illustrated below, for effective project execution that delivers successful outcomes for clients.



SSG focuses on the key principles of effective project management, to deliver successful projects and achieve client satisfaction.

The components of each of these principles are described in the table below.

| <b>SSG Project Management Principles</b>                   |                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Access to Project Director &amp; Project Manager</b> | <ul style="list-style-type: none"> <li>■ SSG's Project Director and Project Manager are your primary contacts.</li> <li>■ The Project Director holds responsibility the project activities and schedule.</li> <li>■ The Project Manager has direct responsibility for the work performed under the contract and will be</li> </ul>                                                                              |
| <b>2. Access to Executive Leadership</b>                   | <ul style="list-style-type: none"> <li>■ Our leadership team remains apprised of project status and is available directly to Agency.</li> <li>■ Leadership provides support to the SSG Project Team, ensuring they have the resources needed for successful project execution.</li> </ul>                                                                                                                       |
| <b>3. Detailed Upfront Project Planning</b>                | <ul style="list-style-type: none"> <li>■ A detailed plan is key to successful project delivery.</li> <li>■ Our plans, schedules, and milestone delivery is transparent to the client.</li> <li>■ The Work Plan provides a baseline against which project progress is measured and reported.</li> <li>■ The Project Manager maintains and updates the Work Plan to reflect changes in the environment</li> </ul> |
| <b>4. Timely Delivery of Products and Services</b>         | <ul style="list-style-type: none"> <li>■ Timelines and milestone delivery are agreed upon by both SSG and the client.</li> <li>■ SSG can execute based on ambitious timeframes.</li> <li>■ SSG commits to providing the resources needed to meet the agreed upon delivery schedule.</li> </ul>                                                                                                                  |
| <b>5. High-Quality Products and Services</b>               |                                                                                                                                                                                                                                                                                                                                                                                                                 |

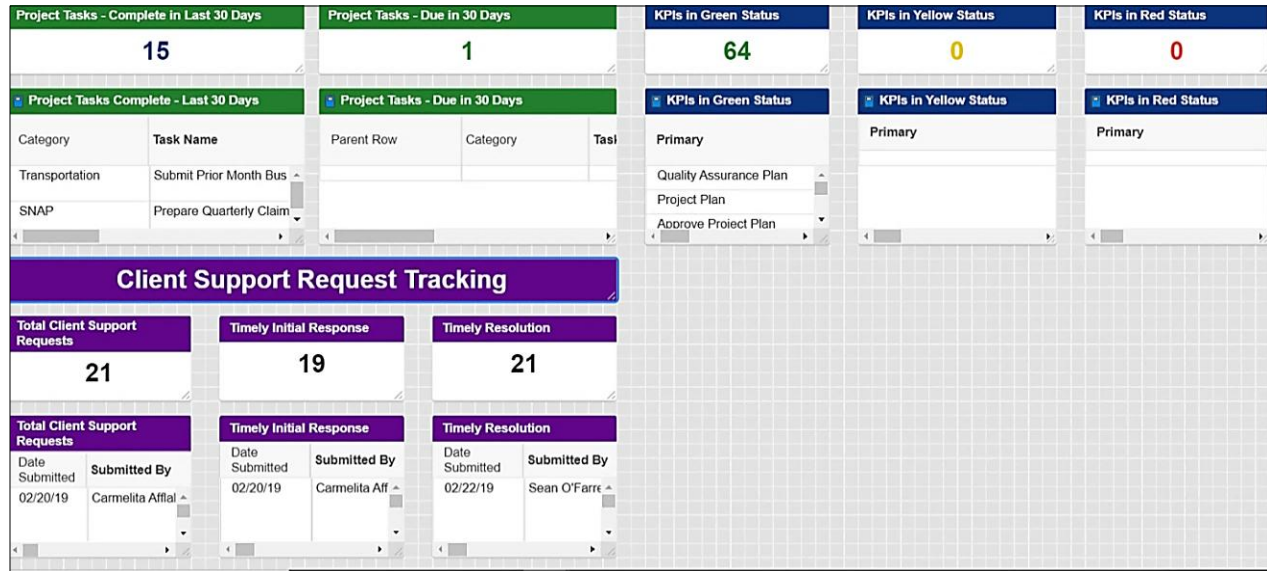
## SSG Project Management Principles

- All deliverables undergo a two-step approval process, with three-step approval for major deliverables.
  - Agency's satisfaction depends upon your receipt of high quality deliverables that meet your specifications.
- 6. Effective Budgeting and Cost Control**
- We carefully utilize and track resources to deliver the project on time and within budget.
  - The Project Team's progress is monitored to ensure that project objectives remain a priority.
- 7. Flexibility in Making Mid-Course Changes**
- The SSG Project Team remains nimble to adjust to Agency's change requests, which are documented with updates to the project schedule and budget as needed and approved. Changes may require a contract amendment.
  - The Project Manager has ready access to Corporate Management/Leadership for approval of the changes and adjustments to resources. Our goal is to minimize disruption to your daily operations.
- 8. Quality and Continuity of Staff**
- Key personnel will transition to their assigned project roles after initial project implementation.
  - A contingency plan for management personnel provides uninterrupted project operations in the event of unforeseen turnover.
  - If necessary, Corporate resources allow us to replace staff with individuals of equal or greater qualifications.
- 9. Responsiveness to Client Concerns**
- The Project Manager and project staff have the authority to promptly respond to Agency concerns.
  - Our staff have the experience to develop innovative and constructive resolutions.
  - The Project Manager receives additional support in responding to clients from our Policy Advisors, other experienced staff, and Senior Leadership.
- 10. Effective Management of Staff**
- Agency will be supported by highly-qualified, well-trained staff.
  - Appropriate management and quality assurance staff are in place to ensure the project remains on track.
  - The Project Manager utilizes effective procedures to ensure the quality and timeliness of all products and services delivered by staff

## Project Management Tools

SSG is always seeking for ways to innovate and enhance the client's experience. We have implemented a best-in-class project management software tool to assist with our project Work Plans. Using this tool in Smartsheet, we can share real-time project plan updates with the Agency's Project Manager and other stakeholders, including project progress and current status of project tasks, deliverables, and issues. The screens below illustrate how SSG uses the project dashboard to communicate project health to our clients. SSG will leverage the power of this project management tool in support of the new contract with the Agency.





*SSG will use Smartsheet project management tool for the Agency's project.*



*An example of how SSG uses dashboards to display project status updates*



## Implementation Plan

| Task Name                                | Start    | Finish   | Owner       |
|------------------------------------------|----------|----------|-------------|
| <b>CONTRACT START DATE</b>               | 02/01/27 | 02/01/27 |             |
| <b>Project Planning Phase</b>            | 02/01/27 | 03/12/27 |             |
| Project Set-Up                           | 02/01/27 | 02/10/27 |             |
| Initiation Call                          | 02/01/27 | 02/01/27 | SSG, Agency |
| Request Documentation                    | 02/01/27 | 02/01/27 | SSG         |
| Gather Documentation                     | 02/01/27 | 02/03/27 | Agency      |
| Review Documentation                     | 02/04/27 | 02/04/27 | SSG         |
| Schedule Kick-Off Meeting                | 02/01/27 | 02/03/27 | SSG         |
| Prepare Meeting Materials                | 02/01/27 | 02/03/27 | SSG         |
| Conduct Kick-Off Meeting                 | 02/03/27 | 02/03/27 | SSG, Agency |
| Update Project Plan                      | 02/04/27 | 02/08/27 | SSG         |
| Update Communication Plan                | 02/04/27 | 02/08/27 | SSG         |
| Update Quality Assurance Plans           | 02/04/27 | 02/08/27 | SSG         |
| Update Training Plan                     | 02/04/27 | 02/08/27 | SSG         |
| Review and Approve Project Documents     | 02/09/27 | 02/10/27 | Agency      |
| Project Initiation Complete              | 02/10/27 | 02/10/27 | SSG         |
| Project Management Deliverables          | 02/01/27 | 03/12/27 | SSG         |
| Staffing Plan Complete                   | 02/01/27 | 03/12/27 | SSG         |
| Operations and Procedure Manual Complete | 02/01/27 | 03/12/27 | SSG         |
| Training Plan Updated and Finalized      | 02/09/27 | 03/12/27 | SSG         |
| Website Developed and Live               | 02/01/27 | 03/12/27 | SSG         |

| Task Name                                                | Start    | Finish   | Owner       |
|----------------------------------------------------------|----------|----------|-------------|
| <b>SYSTEM IMPLEMENTATION PHASE</b>                       | 02/04/27 | 05/31/27 |             |
| <b>e-SivicMACS (RMTS)</b>                                | 02/04/27 | 04/08/27 |             |
| Requirements Document                                    | 02/11/27 | 02/18/27 | SSG         |
| Prepare for Functional Requirements Sessions             | 02/11/27 | 02/12/27 | SSG         |
| Document Current Business Requirements                   | 02/15/27 | 02/17/27 | SSG, Agency |
| Document Current Report Definitions                      | 02/15/27 | 02/17/27 | SSG, Agency |
| Compile Base Functional Requirements Document            | 02/18/27 | 02/18/27 | SSG         |
| Complete Preparation for Requirement Sessions            | 02/18/27 | 02/18/27 | SSG         |
| Document Technical Design/Configuration Document         | 02/19/27 | 03/01/27 | SSG         |
| Document Technical Design                                | 02/19/27 | 02/22/27 | SSG         |
| Review Technical Design/Configuration Document           | 02/23/27 | 02/23/27 | Agency      |
| Revise Functional Requirements Doc Deliverable           | 02/24/27 | 02/25/27 | SSG         |
| Submit Deliverable Documents                             | 02/25/27 | 02/25/27 | SSG         |
| Approval of Documents                                    | 03/01/27 | 03/01/27 | Agency      |
| Install and Configure Development/Training Environment   | 02/04/27 | 02/24/27 | SSG         |
| Install/Configure Development/Training Hardware/Software | 02/04/27 | 02/24/27 | SSG         |
| System Configuration (RMTS)                              | 03/02/27 | 04/08/27 | SSG         |
| Configure and Modify Business Rules                      | 03/02/27 | 03/22/27 | SSG         |
| Configure/Enhance Reports                                | 03/02/27 | 03/22/27 | SSG         |
| System Testing                                           | 03/23/27 | 03/24/27 | SSG         |
| Record Results and Correct Deficiencies                  | 03/23/27 | 03/29/27 | SSG         |
| Reconduct System Test                                    | 03/30/27 | 03/31/27 | SSG         |
| Finalize and Record Results                              | 04/01/27 | 04/01/27 | SSG         |
| System Testing Complete                                  | 04/01/27 | 04/01/27 | SSG         |
| Production Deployment of e-SivicMACS                     | 04/02/27 | 04/08/27 | SSG         |
| Release e-SivicMACS Web System to Production             | 04/08/27 | 04/08/27 | SSG         |

| Task Name                                                    | Start    | Finish   | Owner       |
|--------------------------------------------------------------|----------|----------|-------------|
| <b>SYSTEM IMPLEMENTATION PHASE</b>                           | 02/04/27 | 05/31/27 |             |
| <b>e-SivicMACS (Cost Reporting)</b>                          | 02/11/27 | 05/31/27 |             |
| Requirements Document                                        | 02/11/27 | 02/18/27 | SSG, Agency |
| Prepare for Functional Requirements Sessions                 | 02/11/27 | 02/12/27 | SSG         |
| Document Current Business Requirements                       | 02/15/27 | 02/17/27 | SSG, Agency |
| Document Current Report Definitions                          | 02/15/27 | 02/17/27 | SSG         |
| Compile Base Functional Requirements Document                | 02/18/27 | 02/18/27 | SSG         |
| Complete Preparation for Requirements Sessions               | 02/18/27 | 02/18/27 | SSG         |
| Document Technical Design/Configuration Document             | 02/19/27 | 02/25/27 | SSG         |
| Document Technical Design                                    | 02/19/27 | 02/22/27 | SSG         |
| Review Technical Design/Configuration Document               | 02/23/27 | 02/23/27 | Agency      |
| Revise Functional Requirements Doc Deliverable               | 02/24/27 | 02/25/27 | SSG         |
| Submit Deliverable Documents                                 | 02/25/27 | 02/25/27 | SSG         |
| Approval of Documents                                        | 02/25/27 | 02/25/27 | Agency      |
| Install and Configure Development/Training Environment       | 02/11/27 | 03/03/27 | SSG         |
| Install/Configure Development/Training Hardware/Software     | 02/11/27 | 03/03/27 | SSG         |
| System Configuration (Cost Reporting)                        | 03/04/27 | 05/31/27 | SSG         |
| Configure and Modify Business Rules                          | 03/04/27 | 04/22/27 | SSG         |
| Configure/Enhance Reports                                    | 03/04/27 | 04/22/27 | SSG         |
| System Testing                                               | 04/23/27 | 04/29/27 | SSG         |
| Record Results and Correct Deficiencies                      | 04/30/27 | 05/13/27 | SSG         |
| Reconduct System Test                                        | 05/14/27 | 05/20/27 | SSG         |
| Finalize and Record Results                                  | 05/21/27 | 05/24/27 | SSG         |
| System Testing Complete                                      | 05/24/27 | 05/24/27 | SSG         |
| Production Deployment of e-SivicMACS                         | 05/25/27 | 05/31/27 | SSG         |
| Release e-SivicMACS(Cost Reporting) Web System to Production | 05/31/27 | 05/31/27 | SSG         |

| Task Name                                                    | Start    | Finish   | Owner       |
|--------------------------------------------------------------|----------|----------|-------------|
| <b>SYSTEM IMPLEMENTATION PHASE</b>                           | 02/04/27 | 05/31/27 |             |
| <b>MAXCapture (FFS)</b>                                      | 02/11/27 | 05/31/27 |             |
| Requirements Document                                        | 02/11/27 | 02/18/27 | SSG         |
| Prepare for Functional Requirements Sessions                 | 02/11/27 | 02/12/27 | SSG         |
| Document Current Business Requirements                       | 02/15/27 | 02/17/27 | SSG, Agency |
| Document Current Report Definitions                          | 02/15/27 | 02/17/27 | SSG, Agency |
| Compile Base Functional Requirements Document                | 02/18/27 | 02/18/27 | SSG         |
| Complete Preparation for Requirements Sessions               | 02/18/27 | 02/18/27 | SSG         |
| Document Technical Design/Configuration Document             | 02/19/27 | 02/23/27 | SSG         |
| Document Technical Design                                    | 02/19/27 | 02/19/27 | SSG         |
| Review Technical Design/Configuration Document               | 02/22/27 | 02/22/27 | Agency      |
| Revise Functional Requirements Doc Deliverable               | 02/23/27 | 02/23/27 | SSG         |
| Submit Deliverable Documents                                 | 02/23/27 | 02/23/27 | SSG         |
| Approval of Documents                                        | 02/23/27 | 02/23/27 | Agency      |
| Install and Configure Development/Training Environment       | 02/19/27 | 03/18/27 | SSG         |
| Install/Configure Development/Training Hardware/Software     | 02/19/27 | 03/18/27 | SSG         |
| System Configuration (Cost Reporting)                        | 03/19/27 | 05/31/27 | SSG         |
| Configure and Modify Business Rules                          | 03/19/27 | 05/13/27 | SSG         |
| Configure/Enhance Reports                                    | 03/19/27 | 05/13/27 | SSG         |
| System Testing                                               | 05/14/27 | 05/20/27 | SSG         |
| Record Results and Correct Deficiencies                      | 05/14/27 | 05/20/27 | SSG         |
| Reconduct System Test                                        | 05/21/27 | 05/21/27 | SSG         |
| Finalize and Record Results                                  | 05/24/27 | 05/24/27 | SSG         |
| System Testing Complete                                      | 05/24/27 | 05/24/27 | SSG         |
| Production Deployment of e-SivicMACS                         | 05/25/27 | 05/31/27 | SSG         |
| Release e-SivicMACS(Cost Reporting) Web System to Production | 05/31/27 | 05/31/27 | SSG         |

**4.1.12.9 The Vendor must provide all services within the scope of this contract per the approved Medicaid State Plan.**

SSG agrees to provide all services within the scope of this contract in accordance with the approved West Virginia Medicaid State Plan and applicable CMS requirements. Our proposal demonstrates the methodologies, controls, and subject matter expertise necessary to support compliance across all program functions, including RMTS, claiming, cost reporting, cost settlement, training, and program administration.

SSG also recognizes that West Virginia currently has a School-Based Health Services State Plan Amendment under CMS review, which includes updates to reimbursement methodologies and program requirements. As an organization with extensive experience supporting states through SPA development, CMS review, approval, and implementation, SSG is well positioned to help the Agency operationalize any approved SPA changes and ensure ongoing compliance with the approved Medicaid State Plan.

**4.1.12.10      *The Vendor must participate in all levels of provider appeals or audits initiated by State or Federal entities. Participation includes, but is not limited to, providing all supporting documentation, preparation of written responses and providing subject matter experts, as needed, to testify in person during appeal or audit at no additional cost to the Agency.***

## **Audit Support**

Audits can be stressful and time-consuming. SSG is available to support Agency through the audit activities or if the State or federal officials have questions. We provide accurate data directly from our MAXCapture and e-SivicMACS systems and assist the auditors in understanding the program and data, allowing them to intelligently review the materials provided. Our systems also provide an audit trail by logging and reporting the date and user for the original entry and all subsequent changes. In the case that findings are cited, SSG will assist Agency in developing appropriate responses to those findings.

**4.1.12.11      *The Vendor and the Agency shall meet regularly throughout the term of the Contract. Such meetings shall be held at least monthly for the first year of the Contract and not less often than quarterly thereafter at the discretion of the Agency. Meetings may be conducted in person, by teleconference or by videoconference as directed by the Agency. The initial contract kickoff meeting shall occur at a mutually agreed upon date and time.***

Yes, SSG is committed to meeting regularly throughout the term of our contract. Within the implementation phase, we recommend meeting weekly and moving to monthly meetings during the first year of program operations. Upon mutual agreement, meetings can be scheduled quarterly thereafter.

As the primary point of contact for the project, Ms. O'Connor will be responsible for all communication with the client. Meeting cadence will be established during the implementation phase to ensure that proper communication channels are defined and maintained throughout the life of the contract. Internally, Ms. O'Connor will host operational meetings on a weekly basis to ensure that all Operations, Quality Assurance and Leadership staff remain apprised of process and procedures and that all Program deliverables and metrics are being met.

SSG will develop a communication plan at the start of the project that demonstrates how we communicate with internal and external stakeholders. The plan contains such information as: the different types of stakeholders in the project; the type of information to communicate; and when and how often to communicate. The Communication Management Approach facilitates engagement with stakeholders through the establishment of a controlled flow of transparent information. Below is an example of our guideline for communication management.

| Communication Type        | Objective of Communication                                                                | Medium                        | Frequency | Audience                               | Owner                 | Deliverable                             | Format                                                               |
|---------------------------|-------------------------------------------------------------------------------------------|-------------------------------|-----------|----------------------------------------|-----------------------|-----------------------------------------|----------------------------------------------------------------------|
| Kickoff Meeting           | Introduce the project team and project. Review project objectives and management Approach | Face to Face                  | Once      | CRM, Project Team, Stakeholders        | CRM                   | Agenda and Meeting Minutes              | Hard Copy, Soft Copy archived on Smartsheet or agreed project portal |
| Project Team Meetings     | Review of project status                                                                  | Face to Face Conference Calls | Weekly    | Project Team                           | Project Manager       | Agenda Meeting Minutes Project Schedule | Hard Copy, Soft Copy archived on Smartsheet or agreed project portal |
| Technical Design and Dev. | Discuss and develop technical design solutions for the project                            | Face to Face Conference Calls | As Needed | Technical Design Team Lead             | Technical Team Leader | Agenda Meeting Minutes                  | Hard Copy, Soft Copy archived on Smartsheet or agreed project portal |
| Monthly Status            | Performance Review                                                                        | Face to Face Conference Calls | Monthly   | CRM Internal and External Stakeholders | Operations Manager    | Agenda Performance Deck Meeting Minutes | Hard Copy, Soft Copy archived on Smartsheet or agreed project portal |

#### 4.1.13 Reports

***The Vendor will be responsible for generating reports as described in this section. The format of each report, and subsequent changes to those formats, must be approved by the Agency prior to their use. The Vendor shall be responsible for all reporting necessary to support SBHS claiming activities. The Vendor shall maintain a data gathering and storage system that meets the following reporting requirements. Any costs associated with the production of such required reports shall be inclusive of the cost bid.***

***4.1.13.1 Administrative Claim Reports: The Vendor shall design and provide reports related to the quarterly SBHS Administrative claims for each LEA that contain detailed data that the Vendor utilized to calculate the administrative claim by LEA. The Vendor shall detail the design of the report and data to be included; the format and final data elements included shall be approved by the Agency. These reports are due to the Agency by the 15th of the month following the quarter end.***

***SSG offers 50+ out of the box reports plus a world class Business Intelligence Reporting tool that provides valuable, data-driven insights in easy-to-read dashboards.***

SSG will provide quarterly reports related to the Administrative claiming process in the format agreed upon with the Agency. These reports will be submitted to the Agency not later than the 15<sup>th</sup> day of the month following the end of a quarter.

The system will be open at the end of quarter for school district staff to enter or update financial information. This information will be used to generate a claim for the quarter. Our reports show a breakdown of costs by LEA as well as by the cost pool.

### ***Cost Reports Standard Reports***

| Report        | Description                                  |
|---------------|----------------------------------------------|
|               |                                              |
| Admin Claim   | The key elements for an RMTS                 |
| Certification | Show the CPE form loaded by school districts |

### ***Elements of a MAC Claim***

The three main elements of a Medicaid Administrative Claim (MAC) are all cost allocation components and are:

### ***Time Study Statistics***

All staff in a school and special education setting who are likely to perform Medicaid administrative activities should be placed in one of the four RMTS rosters. A statistically valid sample of staff and moments worked during the quarter is selected, the RMTS survey is emailed, and the selected staff member completes the online moment observation. The activities on the observation form are consistent with the activities identified by the CMS and the State's Program claiming guide.

### ***Cost Data***

All costs, both direct and allowable indirect, that are related to staff on the RMTS rosters are included in the claim calculation. All direct costs are salaries and benefits of staff included on the universal sample rosters, and the allowable indirect costs are included in the claim calculation. The total of direct and indirect costs is referred to as the cost pool.

The accuracy of the allowable costs is integral to the cost data. The LEA must certify the reported expenditures and provide supporting documentation as they relate to the audited financial statements. We have developed extensive procedures and quality control methods within e-SivicMACS to ensure report data is accurate and high quality.

### ***Medicaid Eligibility Rate***

The Medicaid Eligibility Rate (MER) by LEA is the percentage of the client population who are Medicaid eligible. Derived from the State Medicaid eligibility file and the LEA student population file, the MER identifies the percentage of eligible Medicaid administrative costs that benefit Medicaid eligible children and directly affects the claim amount received by each LEA.



## Develop the Claim

After SSG completes a comprehensive quality control process on the time study results, cost data, and MER, we use these elements to calculate the claim amount by LEA. The documentation from this process includes all input data and the results of the quality control reviews.

## Claim Submission Method and Timeline

For the statewide cost pool, e-SivicMACS applies the RMTS activity percentage results to the verified cost data, which allocates the costs to the appropriate activity codes in accordance with the State's Program Guidebook. This process identifies costs that are claimable and those that are not claimable. Claimable costs will be further allocated to the categories of "discounted" and "non-discounted," as defined by the State and CMS guidelines. Revenue offsets for federal grants reimbursed to the LEA on behalf of personnel will also be accounted for in the final cost pools.

At the end of each quarter, SSG submits a quarterly MAC claim summary report by LEA (sample provided below), for Agency's review and approval within 15 days of the end of the quarter. Any required changes and revisions are applied in the system as per Agency's recommendations.

| Kentucky Medicaid SBAC - e-SivicMACS                                      |                 |                            |                                |                        |                               |                            |                     |                            |
|---------------------------------------------------------------------------|-----------------|----------------------------|--------------------------------|------------------------|-------------------------------|----------------------------|---------------------|----------------------------|
| Kentucky State                                                            |                 |                            |                                |                        |                               |                            |                     |                            |
| Admin Claim Invoice                                                       |                 |                            |                                |                        |                               |                            |                     |                            |
| July - September 2019                                                     |                 |                            |                                |                        |                               |                            |                     |                            |
| Region: 001-Adair County                                                  |                 |                            |                                |                        |                               |                            |                     |                            |
| <b>Base Expenditure</b>                                                   |                 |                            |                                |                        |                               |                            |                     |                            |
| Cost Pool                                                                 | Salaries<br>(A) | Other Costs<br>(B)         | Total<br>(C = A + B)           |                        |                               |                            |                     |                            |
| AP-Administrative Personnel                                               | 196,902.69      | 0.00                       | 196,902.69                     |                        |                               |                            |                     |                            |
| DSP-Direct Service Personnel                                              | 11,508.54       | 0.00                       | 11,508.54                      |                        |                               |                            |                     |                            |
| <b>Claim Calculation</b>                                                  |                 |                            |                                |                        |                               |                            |                     |                            |
| RMS %<br>(D)                                                              | MER %<br>(E)    | Claimable %<br>(F = D * E) | Total Claimable<br>(G = C * F) | Indirect Rate %<br>(H) | Indirect Claim<br>(I = G * H) | Total Claim<br>(K = G + I) | FFP %<br>(L)        | Final Claim<br>(M = K * L) |
| <b>AP-Administrative Personnel</b>                                        |                 |                            |                                |                        |                               |                            |                     |                            |
| 2.050                                                                     | 84.453100       | 1.73                       | 3,408.96                       | 10.830000              | 369.20                        | 3,778.16                   | 50.00               | 1,889.09                   |
| 0.081                                                                     | N/A             | 0.08                       | 159.49                         | 10.830000              | 17.28                         | 176.77                     | 50.00               | 88.39                      |
|                                                                           |                 |                            |                                |                        |                               |                            | <b>Total:</b>       | <b>1,977.48</b>            |
| <b>DSP-Direct Service Personnel</b>                                       |                 |                            |                                |                        |                               |                            |                     |                            |
| 0.164                                                                     | 84.453100       | 7.76                       | 2,598.98                       | 10.830000              | 281.48                        | 2,880.46                   | 50.00               | 1,440.24                   |
| 0.146                                                                     | N/A             | 0.15                       | 48.92                          | 10.830000              | 5.30                          | 54.22                      | 50.00               | 27.11                      |
|                                                                           |                 |                            |                                |                        |                               |                            | <b>Total:</b>       | <b>1,467.35</b>            |
|                                                                           |                 |                            |                                |                        |                               |                            | <b>Gross Total:</b> | <b>3,444.83</b>            |
| Signature of Fiscal Officer or District Representative: _____ Date: _____ |                 |                            |                                |                        |                               |                            |                     |                            |

## Administrative Claim Invoice



**4.1.13.2      *The Vendor shall produce quarterly claim reports that summarize the information required for the Agency to receive Federal Financial Participation (FFP) from CMS. The Vendor shall detail the design of the report and data to be included; the format and final data elements included shall be approved by the Agency. These reports are due to the Agency by the 15th of the month following the quarter end.***

### **CPE Forms Submission**

After Agency approves the final MAC Claim, an email communication is sent to all LEAs to indicate that the system is ready for submission of CPE forms.

The LEA must certify that the CPE amount was spent from non-federal funds and not used as a match for any other program, and that the MAC claim submitted contains actual costs. The LEA generates the final Claim Invoice Report and the Certification of Public Expenditure (CPE) form online by logging into the system. The Certification of Public Expenditure (CPE) form generated by e-SivicMACS must be signed by LEA authorized personnel, scanned, and uploaded to e-SivicMACS. Only after the receipt of the signed form will Agency release the claim invoice for payment to the LEA.

After all the CPE forms are received, e-SivicMACS can generate the final claim by LEA in the format specified by Agency to be uploaded to the State system.

### **Maintain Claim Documentation**

SSG will prepare electronic files designed for the capture, storage, maintenance, and retrieval of all claims and supporting documentation. We retain the documentation for the required record retention period, where it will be available to Agency, State, and federal auditors. At the beginning of the project, SSG will present a plan for backup and storage of the documentation to the State for approval. SSG will also instruct the Medicaid Coordinators to retain all program data for the required retention period.

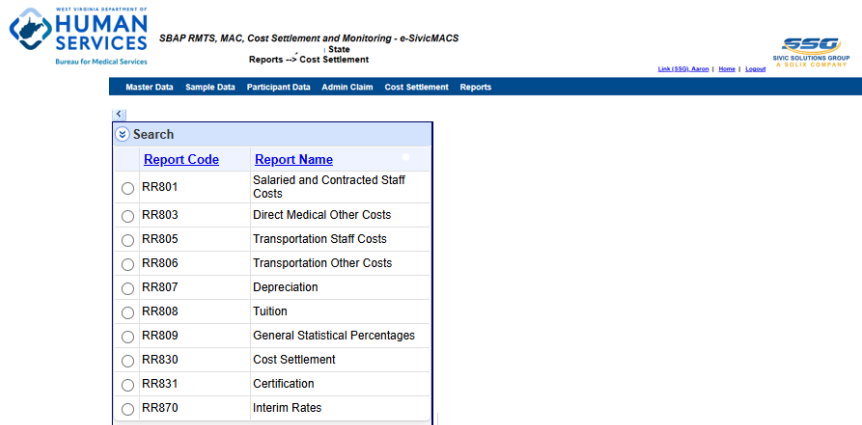
### **Maintain Timeline for Submission of the Claim**

We have the experience and success in other states in submitting the MAC claim within 45 days from the end of the quarter. We will follow the similar methodology to ensure that the final claim information is provided to Agency no later than 15 days of the end of the quarter, as dictated in the State's Medicaid Guide. Our Project Team closely monitors the completion of each step by each LEA as required to ensure the on-time submission of claims. SSG Project Managers will work closely with Agency's staff to communicate any potential issues or risks in completion and submission of the claim on a timely basis.

**4.1.13.3      *The Vendor shall produce annual reports related to the cost calculation process, including LEA-specific information submitted. Annual reports are due no later than the 15th of the month, following year end.***

## Annual Cost Calculation Reporting

SSG will produce and submit annual reports related to the cost calculation process no later than the 15th day of the month following the applicable year-end reporting period. These reports will provide the Agency with a comprehensive summary of cost reporting and cost settlement activities and will include LEA-specific information submitted through the cost reporting process.



At a minimum, the annual reports will include:

- LEA-Specific Cost Information
  - Summary of financial, enrollment, and other cost report data submitted by each participating LEA.
- Cost Calculation Results
  - Documentation of the methodologies applied and the resulting cost calculations for each LEA.
- Cost Settlement Information
  - Summary of reconciliation and settlement results, including any adjustments identified during the cost settlement process.
- Data Quality and Validation Findings
  - Identification of data discrepancies, corrections, and validation activities performed during the reporting cycle.

## ■ Program-Level Summary Information

- Aggregate reporting and analysis to support Agency oversight and program administration.

**Question:**  
"Will the State  
have better  
visibility than it  
does today?"

**Answer:**  
SSG provides structured performance  
dashboards, revenue projections, compliance  
metrics, and standardized reporting formats  
approved by the Agency to enhance transparency  
and oversight.

SSG will work with the Agency to ensure report formats and content meet program requirements and provide meaningful information to support compliance, financial oversight, and decision-making activities.

SSG has numerous standard reports related to the annual cost report that are easily accessible to school district staff.

| 1. Total Computable Direct Medical Service and Transportation Medicaid Costs               |                      |                           |                          |                       |
|--------------------------------------------------------------------------------------------|----------------------|---------------------------|--------------------------|-----------------------|
| Service Type                                                                               | Total Medicaid Costs | Medicaid Interim Payments | Include in Medicaid Cost | Final Medicaid Costs' |
| Assistive Technology Devices                                                               | \$0.00               | \$0.00                    | \$0.00                   | \$0.00                |
| Nurse Practitioner Services                                                                | \$0.00               | \$0.00                    | \$0.00                   | \$0.00                |
| Nursing Services                                                                           | \$22,303.60          | \$0.00                    | \$0.00                   | \$0.00                |
| Occupational Therapy Services                                                              | \$0.00               | \$0.00                    | \$0.00                   | \$0.00                |
| Orientation, Mobility and Vision Services                                                  | \$0.00               | \$0.00                    | \$0.00                   | \$0.00                |
| Personal Care Services                                                                     | \$66,983.10          | \$3,165.44                | \$66,983.10              | \$66,983.10           |
| Physical Therapy Services                                                                  | \$0.00               | \$0.00                    | \$0.00                   | \$0.00                |
| Physician Services                                                                         | \$0.00               | \$0.00                    | \$0.00                   | \$0.00                |
| Psychological, Counseling and Social Work Services                                         | \$23,430.30          | \$0.00                    | \$0.00                   | \$0.00                |
| Specialized Transportation                                                                 | \$0.00               | \$0.00                    | \$0.00                   | \$0.00                |
| Speech, Language and Hearing Services                                                      | \$12,632.87          | \$0.00                    | \$0.00                   | \$0.00                |
| Total Medicaid Costs                                                                       | \$125,349.87         | \$3,165.44                | \$66,983.10              | \$66,983.10           |
|                                                                                            |                      |                           |                          |                       |
|                                                                                            | Total Medicaid       | Final Medicaid            |                          |                       |
| Total Medicaid Health Related Tuition Costs                                                | \$0.00               | \$0.00                    |                          |                       |
| Total Medicaid Allowable Costs                                                             | \$125,349.87         | \$66,983.10               |                          |                       |
|                                                                                            |                      |                           |                          |                       |
| 2. FMAP Application to Medicaid Cost Settlement                                            |                      |                           |                          |                       |
|                                                                                            | Cost Settlement      | FMAP %                    |                          |                       |
| Total Medicaid Allowable Costs (Gross)                                                     | \$66,983.10          |                           |                          |                       |
| July 2024 - September 2024 (*0.25)                                                         | \$16,745.78          | 54.120000%                |                          |                       |
| July - September Federal Share Medicaid Allowable Costs                                    | \$9,062.82           |                           |                          |                       |
| October 2024 - June 2025 (*0.75)                                                           | \$50,237.32          | 55.090000%                |                          |                       |
| October - June Federal Share Medicaid Allowable Costs                                      | \$27,675.73          |                           |                          |                       |
|                                                                                            |                      |                           |                          |                       |
|                                                                                            |                      |                           |                          |                       |
| Total Medicaid Allowable Costs (Net)                                                       | \$36,738.55          |                           |                          |                       |
|                                                                                            |                      |                           |                          |                       |
| 3. Total Interim Payments Received                                                         |                      |                           |                          |                       |
| Service Type                                                                               | Medicaid Interim     |                           |                          |                       |
| Assistive Technology Devices                                                               | \$0.00               |                           |                          |                       |
| Nurse Practitioner Services                                                                | \$0.00               |                           |                          |                       |
| Nursing Services                                                                           | \$0.00               |                           |                          |                       |
| Occupational Therapy Services                                                              | \$0.00               |                           |                          |                       |
| Orientation, Mobility and Vision Services                                                  | \$0.00               |                           |                          |                       |
| Personal Care Services                                                                     | \$3,165.44           |                           |                          |                       |
| Physical Therapy Services                                                                  | \$0.00               |                           |                          |                       |
| Physician Services                                                                         | \$0.00               |                           |                          |                       |
| Psychological, Counseling and Social Work Services                                         | \$0.00               |                           |                          |                       |
| Specialized Transportation                                                                 | \$0.00               |                           |                          |                       |
| Speech, Language and Hearing Services                                                      | \$0.00               |                           |                          |                       |
| Total Interim Payments Received (Net)                                                      | \$3,165.44           |                           |                          |                       |
|                                                                                            |                      |                           |                          |                       |
| 4. Total Medicaid Cost Settlement (Net)                                                    |                      |                           |                          |                       |
| Medicaid Allowable Cost (Net) (Section 2) LESS Medicaid Interim Payments (Net) (Section 3) | \$33,573.11          |                           |                          |                       |
|                                                                                            |                      |                           |                          |                       |
| < > Cost Summary Report                                                                    |                      | Cost Settlement Summary   |                          | +                     |

**4.1.13.4 Additional Reports: the Agency may require additional reports from the Vendor. Such report formats shall be developed by the Vendor and must be approved by the Agency prior to implementation of the report. Such required reports may include, but not be limited to, the following: Quality Assurance and Improvement Measures such as quarterly data collected from the Vendor's phone system and monitoring activities; Annual Report of Website Improvements, including updates to the Vendor's Website training materials; Annual Summary Log of Training Activities, including the name of LEAs trained; technical assistance provided; Log of outstanding questions with responses provided by the Vendor; Issues Log of Outstanding Issues and Resolution and Plan of Action, including areas of concern expressed by LEAs or identified by the Vendor; Ad hoc reporting as requested by the Agency, which would be limited to data already contained in the system. Each report identified must be available within thirty (30) calendar days of request or other schedule requested by the Agency.**

SSG understands the importance of this program to the Agency and the need for a high level of communication as to the project status. To this end, SSG will create reports for the Project Leadership Team detailing work accomplishments related to the deliverables in this RFP. These reports will provide information such as:

- Summary of how RMTS valid moment percentage;
- Overall RMTS Medicaid eligible Activity %;
- School Districts not meeting compliance standards;
- Upcoming deliverables and accomplishments;
- Trend analysis quarter over quarter;
- Website improvement and updates to training materials;
- Summary of all training materials; and
- Monitoring Activities.

SSG currently provides reports at the same cadence for other client projects.

These reports provide summary details of how the school districts are doing, in aggregate, around key performance measures such as compliance. Moreover, these reports show up to date information about how the RMTS % mix might be changing, and how costs may fluctuate quarter by quarter. All this information combined provides Agency with a clear picture of the overall health of the SBHS Program.

The below Quarterly Progress Report samples are part of a quarterly report showing the key RMTS factors, compliance, and outcomes on a quarterly basis.

## Quarterly Progress Report:

| Progress Report by Quarter                     |                                         |                                    |                                    |                                        |                                                     |                                      |
|------------------------------------------------|-----------------------------------------|------------------------------------|------------------------------------|----------------------------------------|-----------------------------------------------------|--------------------------------------|
| 1. Quarterly SBAC Claims Processing Benchmarks |                                         |                                    |                                    |                                        |                                                     |                                      |
| Quarter                                        | Participant Lists Certified by Deadline | Control Lists distributed by Email | RMS Compliance Results (# of LEAs) | Financial Reporting Claims by Deadline | All Districts Certified and Final DMS Report to KDE | Net Quarterly Claim (in \$ millions) |
| 2014Q4                                         | Sept 12 – 77%                           | 09/26/14                           | 97.0% (152)                        | Feb 27 – 95%                           | 03/31/15 (90 days)                                  | \$1.5                                |
| 2015Q1                                         | Dec 12 – 77%                            | 12/23/14                           | 96.5% (152)                        | May 15 – 79%                           | 06/12/15 (73 days)                                  | 2.2                                  |
| 2015Q2                                         | Mar 13 – 85%                            | 03/03/15                           | 96.7% (152)                        | Aug 14 – 84%                           | 09/08/15 (70 days)                                  | 1.9                                  |
| 2015Q3                                         | Not applicable                          | N.A.                               | N.A.                               | Nov 13 – 87%                           | 12/14/15 (75 days)                                  | 1.1                                  |
| 2015Q4                                         | Sept 4 – 71%                            | 10/02/15                           | 95.9% (153)                        | Feb 15 – 80%                           | 03/04/16 (64 days)                                  | 1.7                                  |
| 2016Q1                                         | Dec 4 – 81%                             | 12/31/15                           | 96.7% (156)                        | May 13 - 76%                           | 06/01/16 (62 days)                                  | 1.5                                  |
| 2016Q2                                         | Mar 4 – 60%                             | 03/31/16                           | 96.7% (157)                        | Aug 15 – 85%                           | 09/08/16 (70 days)                                  | 2.5                                  |
| 2016Q3                                         | Not applicable                          | N.A.                               | N.A.                               | Nov 15 - 87%                           | 12/15/16 (76 days)                                  | 1.0                                  |

|                                                                                      |                        |                          |
|--------------------------------------------------------------------------------------|------------------------|--------------------------|
| State of New York, Sample Monthly Dashboard                                          |                        |                          |
| January - March 2024 Quarter                                                         |                        |                          |
| January 2024                                                                         |                        |                          |
| Overall Response Rates                                                               |                        |                          |
|                                                                                      | Response Count         | January Percent of Total |
| Non Response/ Unpaid                                                                 | 58                     | 5.89%                    |
| Response                                                                             | 927                    | 94.11%                   |
| Total                                                                                | 985                    | 100.00%                  |
| Raw Monthly Activity Responses                                                       |                        |                          |
|                                                                                      | Count of Activity Code | January Percent of Total |
| IEP Direct Medical Services                                                          | 355                    | 36.04%                   |
| Non-IEP Direct Medical Services                                                      | 98                     | 9.95%                    |
| Other Educational and Social Services (Non-Medical Services)                         | 185                    | 18.78%                   |
| Outreach Non-Medicaid Program                                                        | 2                      | 0.20%                    |
| Referral, Coordination, and Monitoring of Medical Services                           | 11                     | 1.12%                    |
| Allocable General Administration                                                     | 276                    | 28.02%                   |
| Not Paid/Not Working - Likely Schedule Issue                                         | 24                     | 2.44%                    |
| Not Paid/Not Working - Unpaid                                                        | 8                      | 0.81%                    |
| Not Paid/Not Working - Unclear of Reason                                             | 15                     | 1.52%                    |
| Non-Response                                                                         | 4                      | 0.41%                    |
| No Longer in Position                                                                | 7                      | 0.71%                    |
| Total                                                                                | 985                    | 100%                     |
| Percentages may change slightly when final QC is conducted at the end of the quarter |                        |                          |
| Percentages are out of total responses; do not represent final claiming percentages  |                        |                          |

| Quarter Sample                                   |                           |                     |
|--------------------------------------------------|---------------------------|---------------------|
| Position                                         | Observations per Position | Percentage of Total |
| Licensed Speech-Language Pathologists            | 1112                      | 37.07%              |
| Licensed School Psychologists                    | 893                       | 29.77%              |
| Licensed Registered Nurses (RNs)                 | 327                       | 10.90%              |
| Licensed Occupational Therapists                 | 320                       | 10.67%              |
| Licensed Physical Therapists                     | 82                        | 2.73%               |
| Licensed Practical Nurses (LPNs)                 | 80                        | 2.67%               |
| Licensed Social Workers                          | 50                        | 1.67%               |
| Licensed Psychologists                           | 45                        | 1.50%               |
| Licensed Occupational Therapy Assistants (COTAs) | 37                        | 1.23%               |
| Licensed Counselors                              | 31                        | 1.03%               |
| Licensed Audiologists                            | 7                         | 0.23%               |
| Licensed Professional Clinical Counselors        | 7                         | 0.23%               |
| Licensed Independent Social Workers              | 6                         | 0.20%               |
| Licensed Physical Therapy Assistants             | 2                         | 0.07%               |
| Licensed Psychiatrists                           | 1                         | 0.03%               |
| <b>Total</b>                                     | <b>3000</b>               | <b>100%</b>         |

## Real-Time Reporting

*SSG is continuously seeking ways to innovate and enhance the client's experience.*

We have implemented a best-in-class project management software tool to assist with our project Work Plans. Using this tool in Smartsheet, we can share real-time Project Plan updates with Agency Management. These updates include status of project tasks, deliverables, and issues.

### Question:

*"How will program performance be actively managed?"*

### Answer:

*SSG tracks participation rates, claim acceptance metrics, documentation compliance, and revenue trends to proactively identify and address performance gaps across all counties and school districts.*

SSG understands that issues may occur during the course of a project. Having a method for understanding who is responsible for resolving those issues and when that resolution takes place via an Issue Log is necessary. Issue resolution addresses barriers that prevent a team from achieving the goals of a project. Below provides an example of an SSG Project Issue Log.

| Issue                            | Details         | Date Found | Status   | RYG | Owner | Requester         | Resolution or Workaround | Closed Date |
|----------------------------------|-----------------|------------|----------|-----|-------|-------------------|--------------------------|-------------|
| <b>High Priority - 2</b>         |                 |            |          |     |       |                   |                          |             |
| Sub- Issue 1                     | Issue Details   | 06/26/18   | Open     | ●   | Cory  | Internal QA       |                          |             |
| Sub-Issue 2                      | Issue details   | 06/26/18   | Resolved | ●   | Jen   | Customer Reported |                          | 06/28/18    |
| <b>Medium Priority - 1</b>       |                 |            |          |     |       |                   |                          |             |
| Sub-issue 1                      | Issue details 1 | 06/26/18   | Open     | ●   | Cory  | Internal QA       |                          |             |
| <b>Low Priority - 1</b>          |                 |            |          |     |       |                   |                          |             |
| Sub-issue 1                      | Issue details 1 | 06/26/18   |          |     |       |                   |                          |             |
| <b>Closed &amp; Released - 1</b> |                 |            |          |     |       |                   |                          |             |
| Sub-issue 1                      | Issue details 1 | 06/26/18   | Closed   | ●   | Cory  | Customer Reported |                          | 07/06/18    |
| <b>New - 0</b>                   |                 |            |          |     |       |                   |                          |             |
|                                  |                 | 06/26/18   |          |     |       |                   |                          |             |

## Bi-Weekly Reporting

SSG understands that part of ensuring a high-quality project is frequent communication with the key stakeholders. This includes Agency's desire to have frequent communication and meetings with the Project Team to share and report on project status. SSG shares Agency's belief in the value of these report meetings, and we have a long track record facilitating discussions on a weekly or bi-weekly basis. We use a standard set of project templates to draft meeting agendas and minutes for these discussions.

SSG will attend all scheduled meetings with Agency. For each of these meetings, SSG prepares a detailed agenda prior to the meeting, and then follows-up with meeting minutes at the conclusion of the meeting. By doing this, meetings are focused and respectful of stakeholder time, and we have a clear picture of action items and decisions that are made during meetings.

## Sample Status Meeting Agenda:

| AGENDA<br>PA SBAP Weekly Status Meeting                                                                                                                                                        |                |                |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|--------------------------|
|                              |                |                |                          |
| <b>Date:</b> April 12, 2022 <b>Meeting Link:</b> <a href="#">Click here to join the meeting</a><br><b>Dial-In #:</b> 973-878-1766<br><b>Time:</b> 2:00 PM EST <b>Access Code:</b> 970 310 282# |                |                |                          |
| Contract Area                                                                                                                                                                                  | Responsibility | Due Date       | Action Item / Resolution |
| 1. RATE SETTING                                                                                                                                                                                |                | Placeholder    |                          |
| 2a. COST SETTLEMENT 2020-2021                                                                                                                                                                  |                |                |                          |
| Load of Payment data to system                                                                                                                                                                 | SSG            | 3/29/22        | 03/29/22_Task Complete   |
| Provide Cost Report/Reconciliation data to DHS                                                                                                                                                 | SSG            | 4/5/22         | 04/05/22_Task Complete   |
| DHS Review by BFA (10-20%)                                                                                                                                                                     | DHS            | 4/19/22        |                          |
| LEA Cost Settlement/CPE Notification                                                                                                                                                           | SSG            | 4/22/22        |                          |
| Non-compliant Letters to Applicable LEAs                                                                                                                                                       | DHS            | 4/22/22        |                          |
| LEA Review, Print, Sign & Submit CPEs                                                                                                                                                          | LEA            | 5/13/22        |                          |
| Submission of Mega File to DHS                                                                                                                                                                 | SSG            | 5/20/22        |                          |
| Review & Approval of MEGA File                                                                                                                                                                 | DHS            | 5/31/22        |                          |
| Submission of Claim to MMIS                                                                                                                                                                    | DHS            | 6/1/22         |                          |
| 3. UICR                                                                                                                                                                                        |                |                |                          |
| 4. DESK REVIEWS                                                                                                                                                                                |                |                |                          |
| Final Update                                                                                                                                                                                   | SSG            | 03/29/22       | 03/29/22_Task Complete   |
| 5a. OVERSIGHT & MONITORING 2019-20                                                                                                                                                             |                |                |                          |
| Initial O&M Review /First Round of QC                                                                                                                                                          | SSG            | 03/15 to 05/24 | In-Progress              |
| Second Round of QC and Draft Review Report                                                                                                                                                     | SSG            | 5/31-06/15     |                          |
| Review & Feedback on SSG Preliminary Report                                                                                                                                                    | DHS            | 10/17/21       |                          |
| 5a. OVERSIGHT & MONITORING                                                                                                                                                                     |                |                |                          |

| AGENDA<br>PA SBAP Weekly Status Meeting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                        |  |
| <b>2017-18</b><br><b>O &amp; M Status</b><br><b>5b. OVERSIGHT &amp; MONITORING 2016-2017</b><br>Batch 1 & 2 Revised Reports<br><b>6. FFS CLAIMS REVIEW</b><br>December 2021_Provide Claims Data<br>December 2021_Generate Report<br>January 2022_Provide Claims Data<br>January 2022_Generate Report<br>February 2022_Provide Claims Data from MMIS<br>February 2022_Provide list of 5% of Claims<br>February 2022_Provide Claims Data<br>February 2022_Generate Data<br><b>7. HELP DESK REPORT</b><br>March 2022_Help Desk Report<br><b>8. RMTS CODING REVIEW</b><br>January-March 2022_Provider RMTS Coded File for Quarter<br>January-March 2022_Randomly Select 10% of Moments<br>January-March 2022_Review Coded Moments<br>January-March 2022_Draft Findings Report to DHS<br>January-March 2022_Review Findings<br><b>9. GENERAL ITEMS / TASKS</b><br><b>PARKING LOT FOR QUESTIONS</b><br><b>DISCUSSION ITEMS</b><br>Next Bi-Weekly Project Status Meeting 04/26/22 |             |                        |  |
| DHS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Placeholder |                        |  |
| PCG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 03/31/22    | 03/31/22_Task Complete |  |
| SSG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 04/07/22    | 04/07/22_Task Complete |  |
| PCG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 04/28/22    |                        |  |
| SSG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 05/05/22    |                        |  |
| DHS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 04/12/22    |                        |  |
| SSG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 04/19/22    |                        |  |
| PCG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 05/31/22    |                        |  |
| SSG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 06/07/22    |                        |  |
| SSG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 04/20/22    |                        |  |
| PCG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 04/26/22    |                        |  |
| SSG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 05/02/22    |                        |  |
| SSG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 05/06/22    |                        |  |
| SSG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 05/06/22    |                        |  |
| DHS & SSG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 05/20/22    |                        |  |



## Sample Meeting Minutes:

| SBAP BI-WEEKLY STATUS CALL<br>04/12/2022<br>MINUTES                                                                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                               |  |
| Attendees:                                                                                                                                                      |  |
| RATE SETTING PLACEHOLDER                                                                                                                                        |  |
| 1. 2021-2022 COST SETTLEMENT for Fiscal Year 2020-2021                                                                                                          |  |
| <ul style="list-style-type: none"><li>Received the cost settlement file on 04/06/22</li><li>BFA has selected the LEA's that they will review</li></ul>          |  |
| 2. UICR PLACEHOLDER                                                                                                                                             |  |
| 3. DESK REVIEW                                                                                                                                                  |  |
| <ul style="list-style-type: none"><li>The excel version of the desk review report met her expectations and will allow her to quantify the data</li></ul>        |  |
| 4. b/M 19/20                                                                                                                                                    |  |
| <ul style="list-style-type: none"><li>Will schedule 15-minute call with DHS on Thursday regarding additional monitoring questions</li></ul>                     |  |
| 6. FFS CLAIMS REVIEW: PLACEHOLDER                                                                                                                               |  |
| 7. HELP DESK REPORT: PLACEHOLDER                                                                                                                                |  |
| 8. RMTS CODING REVIEW:                                                                                                                                          |  |
| <ul style="list-style-type: none"><li>Jennifer will <a href="#">looking</a> at potential dates to schedule the DHS and SSG January-March RMTS review</li></ul>  |  |
| 9. GENERAL ITEMS/TASKS PARKING LOT:                                                                                                                             |  |
| <ul style="list-style-type: none"><li>When we complete the statistical trends analysis, Jennifer would like to have some statistics regarding tuition</li></ul> |  |
| NEXT MEETING: Tuesday, April 26, 2022                                                                                                                           |  |



## Business Intelligence Reporting & Data Analytics

In collaboration with our parent company, Solix, Inc. (“Solix”), we offer an option for enhanced Business Intelligence (BI) reporting and data analytics. Powered through Qlik software, the tool can be configured for members.

The BI tool offers customer service improvement of SSG’s reporting functionality, with the following features:

- Executive Dashboard Views;
- Data Analytics with Accessible Ad Hoc Graphs and Tables;
- Capability of Drill-down for Detailed Analysis:
  - Trend by activity code across comparable months in multiple years;
  - School District moment completion timeframe
- Online Intelligent Graphical Analysis;
- Multiple Filter Criteria;
- Export to Excel or PDF; and
- Ease of Use and Instant Access to Data.

The BI “Executive Dashboard” provides an online analytics dashboard for Medicaid services, which offers high-level graphical overview of the project. Bar graphs show data on service units received and billed by year or by month. The power of BI is its capability of drill-down filters for detailed analysis of summary data.

The quarterly and annual reports are easy-to-read graphical representations of data. Below provides a sample of our data reporting.

### Project Status Dashboard:



#### 4.1.14 Key Staff Requirements

**4.1.14.1      *The Vendor shall employ a full-time Project Manager who shall have day-to-day authority to manage all aspects of administering the SBHS program. The Project Manager shall be available Monday- Friday, excluding State Holidays, 8:30 am-5:00 p.m. EST.***

SSG has a deep bench of highly skilled experts in school-based Medicaid claiming projects. The project manager for the Agency will be Stephanie O'Connor.

Ms. Stephanie O'Connor, our Senior Project Manager, has extensive experience in school-based Medicaid at multiple state government agencies. She has worked with the State of Kentucky to achieve several program milestones such as overseeing initial cost reporting/cost settlement, adding additional services to the School-Based Health Service program, and assisting with the implementation of Free Care.

Ms. O'Connor's range of experience and expertise includes state/federal regulatory interpretation and implementation, compliance, auditing, fiscal oversight, training content development, and training instruction. Ms. O'Connor has worked for the Commonwealth of Pennsylvania School-Based Access Program (SBAP) for over five years. In this role, she has lead a team of 15 people to deliver FFS Claiming to more than 500 school districts, operate a RMTS, MAC Claim, annual cost report, and high level oversight and monitoring.

Ms. O'Connor holds a Bachelor of Arts (BA) degree from Southern New Hampshire University.

Ms. O'Connor is a full-time project manager who will have day-to-day authority to manage all aspects of administering the SBHS program. Ms. O'Connor will be in regular contact with key Agency staff communicating project status or issues. She will be available Monday- Friday, excluding State Holidays, 8:30 am-5:00 p.m. EST.

**4.1.14.2      *The Vendor shall employ staff with documented experience (and provide the necessary staff training) to perform the following services required in this solicitation: Software development, policy and program planning and execution, LEA relations and training, data systems support and data entry staff to enter the information necessary to support the development and creation of Administrative Claim records for all participating LEAs. The Vendor shall employ and assign to this project sufficient staff to ensure that timeframes approved in the Project Implementation Plan are achieved.***

SSG prides itself on staffing Agency's project with veteran staff who have a collective century of school-based claiming experience. With SSG, you will work with team members who possess unparalleled expertise and are industry thought leaders in school-based claiming.

***SSG will staff this project with experienced team members at all levels of the project.***

The Project Team proposed here is available to work on Agency's contract. The Project Manager will serve as the key point of contact for Agency and will be responsible for the success of the project, while the remaining team members support the contract with their extensive experience in the related areas. SSG Project Team

Each of the personnel proposed for this project is a seasoned and skilled Consultant possessing the requisite expertise and relevant background to ensure success in maximizing federal reimbursement for Agency's Program.

SSG's proposed staff have a combined 200+ years of experience and an average of 11 years of performing the specific services required in this RFP, as show in the chart below:

| Staff                     | FFS Claiming | RMTS | Quarterly MAC Claim | Annual Cost Reporting & Rate Setting | QA & Oversight | Training and Policy Expertise |
|---------------------------|--------------|------|---------------------|--------------------------------------|----------------|-------------------------------|
| Bret J. Schlyer           | ✓            | ✓    | ✓                   | ✓                                    | ✓              | ✓                             |
| Stephanie O'Connor        | ✓            | ✓    | ✓                   | ✓                                    | ✓              | ✓                             |
| Ann Herrick               | ✓            | ✓    | ✓                   | ✓                                    | ✓              | ✓                             |
| Amy Ferraro Whitsett      |              | ✓    |                     |                                      |                | ✓                             |
| Aaron Link                | ✓            | ✓    | ✓                   | ✓                                    | ✓              | ✓                             |
| Suresh Muppala            | ✓            | ✓    | ✓                   | ✓                                    | ✓              | ✓                             |
| David Law                 | ✓            |      |                     | ✓                                    |                | ✓                             |
| Cheriee Moore             | ✓            |      |                     |                                      |                | ✓                             |
| Zechariah (Zach) Mitchell | ✓            | ✓    | ✓                   | ✓                                    | ✓              | ✓                             |
| Pina Portanova            |              |      |                     |                                      |                |                               |
| Becky Stoddard            |              | ✓    | ✓                   | ✓                                    | ✓              |                               |
| Neil Bruins               | ✓            | ✓    | ✓                   | ✓                                    |                |                               |
| Jy Rexrode                | ✓            |      |                     |                                      |                | ✓                             |
| Santosh Junapala          | ✓            | ✓    | ✓                   | ✓                                    |                |                               |

## **SSG Staff Biographies**

### **Bret J. Schlyer – Project Director**

Mr. Schlyer is an accomplished project management professional and leader with over 25 years of experience leading complex financial initiatives that support the mission and operational goals of state and local governments. Adept at managing project portfolios, supervising multi-disciplinary teams, developing and implementing policies, and coordinating with internal and external stakeholders including senior leadership, governance bodies and local citizens. Proven history of cost projection, risk mitigation, and aligning initiatives with organizational strategic priorities.

Mr. Schlyer has a Bachelor of Science in Business, Accounting from the University of Kansas

### **Stephanie O'Connor – Project Manager**

Ms. O'Connor has extensive experience in school-based Medicaid at multiple state government agencies. She has worked with the State of Kentucky to achieve several program milestones such as overseeing initial cost reporting/cost settlement, adding additional services to the School-Based Health Service program, and assisting with the implementation of Free Care. Ms. O'Connor's range of experience and expertise includes state/federal regulatory interpretation and implementation, compliance, auditing, fiscal oversight, training content development, and training instruction.

Ms. O'Connor holds a Bachelor of Arts (BA) degree from Southern New Hampshire University.

### **Ann Herrick, MBA – Finance SME**

Ms. Herrick has more than 35 years' experience in the management of financial and data systems for public and private sector service industries including education, health care, and finance. Prior to joining Sivic Solutions Group LLC, (SSG), Ms. Herrick was responsible for the management of Chicago Public Schools (CPS) Medicaid in Schools claiming program where she maximized revenue, avoided negative audit findings, and grew revenue from \$10 million to \$50 million in just five years. As part of a multi-functional team for federal, state, and local education as well as for human services agencies, she managed inter-agency data exchange responsibilities which included the design and implementation of payroll and pension auditing systems to control internal risk. At national conferences, Ms. Herrick has provided national leadership for development, implementation, and training of innovative management systems.

Ms. Herrick has an MBA in Finance and Accounting from Case Western Reserve University, an MA in History from Carnegie Mellon University, and a BA in Political Science from Brown University. She is a member of the National Alliance for Medicaid in Education and the President and Board Member of the Menomonee Club for Boys and Girls.

### **Amy Ferraro Whitsett, MPA – Policy SME**

Ms. Ferraro Whitsett has more than 28 years of experience working with state, local, and tribal government and non-profit clients. She has extensive experience with cost allocation, indirect cost recovery, administrative claiming, time studies/time tracking, revenue recovery, the Uniform Administrative Requirements, cost principles, and audit requirements for Federal Awards (2 CFR Part 200), business process re-engineering, developing and conducting training sessions, and documentation efforts. Her programmatic expertise ranges across a wide array of programs and settings including Medicaid, public health, behavioral health, elder affairs, child welfare and Title IV-E, SNAP, and integrated eligibility systems. She has overseen the development of various SaaS solutions, conducted evaluations of systems used to recover costs, and developed and reviewed advance planning documents (APDs) related to recovery of systems costs.

In her various roles at national consulting firms, Ms. Ferraro Whitsett worked with clients across the country, in over 40 different states. She conducted multiple cost allocation seminars for the National Association of State Human Services Finance Officers (HSFO) and has spoken at numerous national conferences and meetings including with the National Association of State Comptrollers (NASC) and Association for State and Territorial Health Organizations (ASTHO).

Ms. Ferraro Whitsett has a BA degree from Mount Holyoke College and a master's degree in public administration from the Maxwell School of Citizenship and Public Affairs at Syracuse University. She also has certificates in Health and Wellness from Cornell University. Ms. Ferraro Whitsett is the Advisory Council Chair at Uncommon Threads in Lawrence, Massachusetts and volunteers time with the Andover Farmers Market, which is a registered SNAP market.

### **Aaron Link, MPA, PMP – Medicaid SME**

Mr. Link's range of experience and expertise includes a focus on public and private sectors projects including managing the delivery of software development and implementation projects for both federal and state agencies; the design and development of custom application software; implementation of automated information systems for health and human service agencies and schools; comprehensive project management, planning, and budgeting; forecasting for systems integration, implementation, and management; and training end users on new software.

Mr. Link possesses a bachelor's degree in public administration from Indiana University, a master's degree in public administration from University of Southern California and is a certified Project Management Professional (PMP).

### **Suresh Muppala, MS – Information Technology Lead**

Mr. Muppala has over 30 years of systems development, implementation, and project management experience. Mr. Muppala leads application development for all major projects including MAXCapture, e-SivicMACS RMTS, and eSivicCAP systems. He is experienced in software architecture, database design, and development and implementation of systems for schools and health and human service agencies, as well as systems integration and implementation support. He leads the implementation of all fee-for-service claiming, Medicaid administrative claiming, and cost allocation projects. Mr. Muppala has worked on the Burrows SAP and IT outsourcing, web-enabled time study and case management projects, as well as Medicaid billing projects in FL, MD, KS, MO, MS, NM, NJ, NY, CT, KY, AR, SC, PA, and WI.

Mr. Muppala has a Post-Graduate degree in Computer Applications from Central University, India, as well as an MS in Electronics from S.V. University, India.

### **David Law, MS.ED. – Cost Report Lead**

Mr. Law has more than 25 years' experience in the Education field and over 16 years' experience in leadership and administration at the district level. Mr. Law's extensive experience and expertise include monitoring and auditing programs to ensure compliance with state and federal law and regulations; reviewing, learning and implementing complex systems; and developing, refining and implementing processes driven by state and federal requirements.

Mr. Law has a Master of Education (M.Ed.) in Educational Leadership for Administrators from Saint Leo University, a Bachelor of Arts degree in Psychology from the University of South Florida, and an Associate of Arts degree from Hillsborough Community College.

He also possess a Certificate of Leadership from the University of North Dakota and a Certificate in Accounting Technology Specialist from Pasco Hernando State College.

### **Cheriee Moore, MA CCC/SLP – Direct Service Claiming Lead**

Ms. Moore is an experienced Project Manager who has been instrumental in the implementation and management of school-based Medicaid services in the State of Florida while performing in both client and vendor roles. She has over 21 years of experience in special education and school-based claiming. Since her tenure with SSG, Ms. Moore has swiftly contributed to the successful operation and management of client programs.

Ms. Moore possesses a Master of Arts (MA) in communication disorders from the University of Central Florida, and a bachelor's degree in communications disorders from the University of South Florida and is a licensed Speech Language Pathologist. In addition, Ms. Moore holds numerous licenses and certifications in health and education programs.

### **Zechariah (Zach) Mitchell, MBA – RMTS & MAC Lead**

Mr. Mitchell joined SSG with more than 10 years of management experience with his most recent responsibilities in the oversight of program administration and consultancy for school-based Medicaid reimbursement in ten (10) states: Hawaii, Connecticut, Georgia, Massachusetts, Ohio, South Dakota, Utah, Vermont, Virginia, and Washington. His consulting experience includes the State of Montana, Department of Public Health & Human Services regarding many Medicaid related initiatives. Mr. Mitchell possesses strong strategic planning, communication, organizational, and relationship management skills which allow for the cultivation of positive client relationships.

Mr. Mitchell has an MBA and MPA from Suffolk University.

### **Pina Portanova, CFE – Quality Assurance Lead**

Ms. Portanova possesses over 18 years' experience at Solix supporting many client programs in operational management, customer experience, and client relationship roles. She served as the main point of contact for allegations relative to waste, fraud and abuse of program rules and funding. Ms. Portanova has supported the efficient implementation of many large programs and effectively manages case management processes.

Ms. Portanova has a Bachelor of Science in Finance from William Paterson University and is a Certified Fraud Examiner (CFE).

### **Becky Stoddard – Coding QA Lead**

Ms. Stoddard is an experienced Project Manager and Medicaid in Schools administrator with more than 30 years of experience in state education programs and more than 10 years of experience managing the Kentucky Medicaid in Schools program including direct service billing, administrative claiming, and cost reconciliation programs. Her extensive experience includes the management of the budgets for various federal programs, creating Memoranda of Agreement (MOAs), contracts, and other financial documents. With broad experience in schools, Ms. Stoddard is well-versed in financial and regulatory management, and Medicaid Policy, and has been active in national Medicaid in schools issues with the National Alliance of Medicaid in Education (NAME), including serving as a Board Member.

Ms. Stoddard has an Associate in Applied Science from Kentucky State University, is a member and former board member of the National Alliance of Medicaid Education.



### **Neil Bruins – IT Operations**

Mr. Bruins has over 25 years of experience as an Applications Developer in a diverse range of settings, including Medicaid billing, scientific testing, accounting, education, retail, and legal environments. His project experience includes requirements analysis; system and database modeling; software design and development; system implementation; system support; data conversion; data analysis and data warehousing; Medicaid HIPAA compliant claims and TPL data analysis; and report development.

Mr. Bruins has a B.S. in Computer Science from State University of New York.

### **Jy Rexrode – Support Liaison**

Ms. Rexrode has been with SSG since 2023, serving as the Support Liaison Lead, providing additional support to LEA staff for their School-based Medicaid Claiming programs. With keen attention to detail and superior customer service skills, Ms. Rexrode enhances the LEA's experience and eases the claiming process.

### **Santosh Janapala, MS – Developer**

Mr. Janapala has vast experience in software design; object-oriented analysis; design and programming; and integration and deployment of scalable multi-tier Internet, database, and client server-based software solutions. He has extensive experience in Microsoft .NET Framework, AJAX, VB.NET, ASP.NET, C#.NET, Web Services, Remoting, Delegates, Reflection and WinForms, and experience in designing and developing web user interface/windows interfaces.

Mr. Janapala holds a Master of Science degree in electrical and electronics engineering from Florida International University, and a B. Tech degree in electronics and communications engineering from Jawaharlal Nehru Technological University, AP, India.

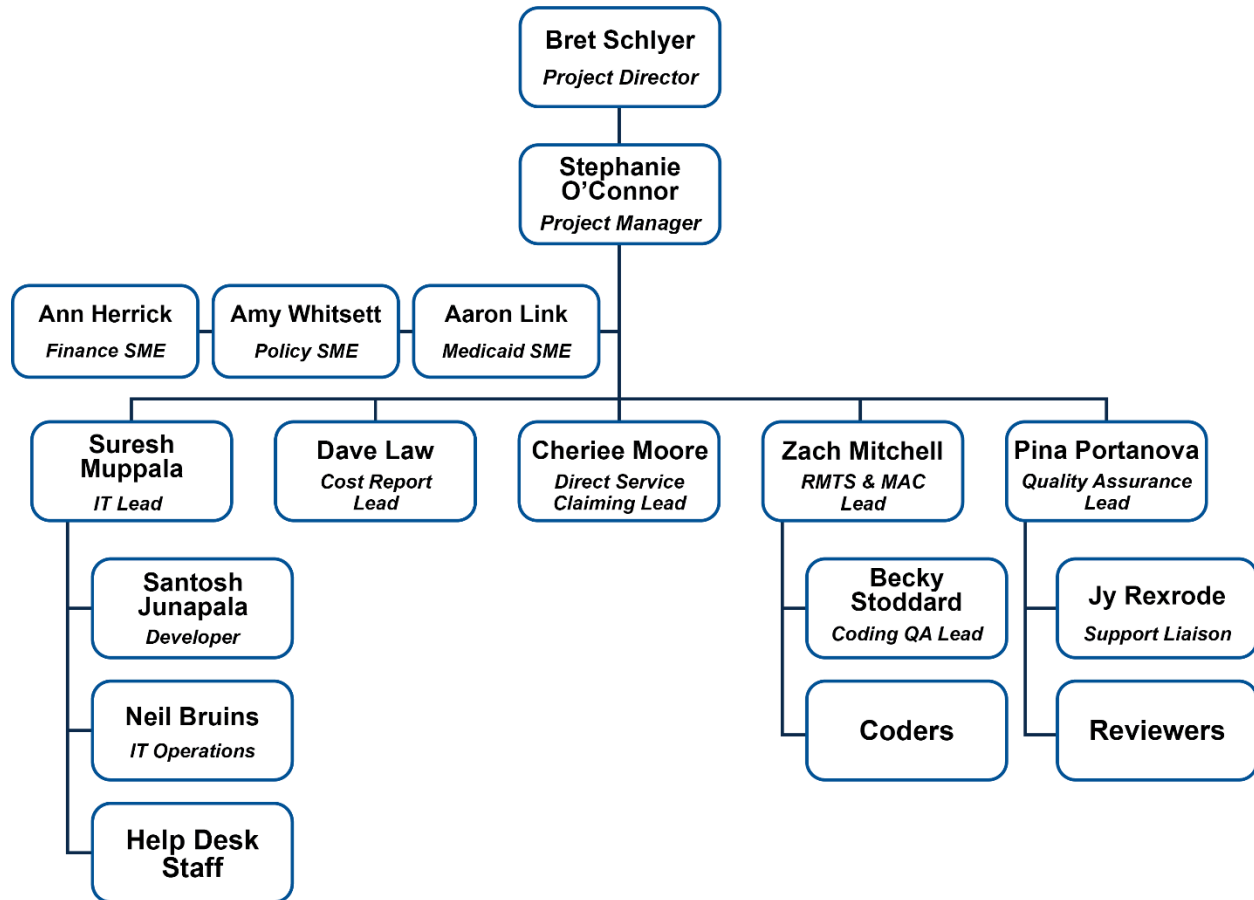
## **SSG Staff Training**

Medicaid Claiming for School-Based Health Services is a technical field, requiring unique knowledge and skill sets. Our project staff have significant breadth of experience, deep subject matter expertise, and institutional knowledge of school-based Medicaid claiming programs. We are confident that the knowledge and skills of the SSG Team far exceed that of our competitors, and we remain sensitive to the fact that Medicaid in Schools claiming has been, and will continue to be, a dynamic field requiring ongoing knowledge and skill development.

On-going staff development and training are a high priority at SSG. SSG continually invests in training programs around school-based Medicaid claiming and other federal programs to ensure our staff remain highly qualified to support our clients. Program-based self-instruction training modules are always available for staff development, and we push modules to staff for refresher courses or when there are program changes that impact school-based claiming projects. We are committed to supporting Agency with a knowledgeable and highly qualified project team.



**4.1.14.3**      *The Vendor shall provide a staffing or organizational chart within three (3) business days of request indicating the Vendor's key staff assignment and their role for each of the following: RMTS, Cost Reporting, Administrative Claiming, Training and Reporting, in addition to key staff in leadership roles on the project, as well as those with subject matter expertise that are considered essential to the successful achievement of the project in this solicitation.*



**4.1.14.4**      *The Vendor shall provide resumes within three (3) business days of request for each key staff member included on the organizational chart which includes prior work experience for similar projects.*

# BRET J. SCHLYER

## *Project Director*

### **Profile**

Mr. Schlyer is an accomplished project management professional and leader with over 25 years of experience leading complex financial initiatives that support the mission and operational goals of state and local governments. Adept at managing project portfolios, supervising multi-disciplinary teams, developing and implementing policies, and coordinating with internal and external stakeholders including senior leadership, governance bodies and local citizens. Proven history of cost projection, risk mitigation, and aligning initiatives with organizational strategic priorities.

### **Key Skills**

- Analysis and Interpretation
- Strategic Thinking & Problem-Solving
- Change Management & Continuous Improvement
- Risk Mitigation & Issue Resolution
- Financial Modeling & Business Case Development
- Team Supervision & Performance Evaluation
- Project Management & Multi-Project Coordination
- Stakeholder Management & Communication
- Public Sector Finance & Cost Recovery
- Central Service Cost Allocation Plans, Statewide Cost Allocation Plans, Indirect Cost Rate Proposals, Internal Service Fund Rate Setting, and federal cost negotiation.
- Technical & Narrative Writing for Proposals and Project Documentation

### **Experience**

#### **Solix, Inc./Sivic Solutions Group, LLC** **Director, Financial & Education Services**

**February 2026**

- Leads school-based Medicaid claiming services and operations.
- Manages client relations for tutoring and other student assistance programs.
- Designs innovative financial solutions for the public sector.

#### **MGT Impact Solutions, LLC** **Vice President, Program Manager**

**2008 – 2026**  
**2022 – January 2026**

- Managed and conducted a portfolio of financial and operational analysis consulting projects, including user fee studies, rate setting, cost allocation plans, indirect cost proposals, expert witness testimony, and program reviews, delivering tailored solutions to public sector clients.
- Built business case and served as subject matter expert for the development of Burso, a proprietary SaaS cost allocation system supporting \$5M in consulting revenue and external client subscriptions.
- Authored comprehensive policies, standard operating procedures, and training materials for the national rollout of proprietary SaaS cost allocation system, ensuring alignment with organizational goals.
- Key Achievement: Successfully launched SaaS cost allocation system with over 100 internal and external users. Averaged more than \$1.5M in annual consulting sales annually during this period.

#### **Vice President**

**2018 – 2022**

- Managed and directed the eastern region, and then the national Financial Solutions division, managing 25+ staff and \$9M+ in annual project-based revenue.

- Led the team responsible for the delivery of more than 200 annual financial and management consulting engagements to clients across the U.S.
- Developed performance metrics, budgets, and strategic goals to enhance division productivity and efficiency.
- Conducted performance reviews of staff and assigned projects to consultants.
- Established project management policies and procedures to ensure consistency of delivery across consultants and geographical regions.
- Key Achievement: Increased division revenue by over 30% over five years, with profitability increasing each year.

#### **Director**

**2008 – 2018**

- Managed consulting engagements for state and local government clients nationwide.
- Coordinated detailed project schedules across dozens of projects to deliver projects within deadlines and established budgets.
- Played a lead role in growing the financial services practice through client development and retention.
- Key Achievement: Grew division revenue by \$1M+ by expanding geographical reach and securing repeat business through strong client relationships.

#### ***Education/Certification(s)/Affiliations***

- Bachelor of Science in Business, Accounting, University of Kansas, Lawrence, KS

# STEPHANIE O'CONNOR

## *Project Manager*

### **Profile**

Ms. O'Connor has extensive experience in school-based Medicaid at multiple state government agencies. She has worked with the Commonwealth of Kentucky to achieve several program milestones such as overseeing initial cost reporting/cost settlement, adding additional services to the School-Based Health Service program, and assisting with the implementation of Free Care. Ms. O'Connor's range of experience and expertise includes state/federal regulatory interpretation and implementation, compliance, auditing, fiscal oversight, training content development, and training instruction.

### **Key Skills**

- Project Management
- Training Development and Delivery
- State/Federal Regulatory Implementation
- Compliance, Auditing, and Fiscal Oversight

### **Experience**

#### **Solix, Inc./Sivic Solutions Group, LLC (SSG), Parsippany, NJ** **Project Manager**

**Dec. 2020 – Present**

- Performs Project Manager responsibilities for the timely attainment of all deliverables, activities, tasks, and milestones in accordance with client expectations and contractual commitments.
- Develops and delivers comprehensive school-based Medicaid training for clients.
- Serves as the primary Point of Contact for assigned client programs, participating in client meetings and maintaining effective working relationships with clients.
- Applies subject matter expertise to Medicaid in Schools client programs, as required.
- Supports clients to maximize, protect, and preserve federal reimbursements.
- Maintains and implements Cost Allocation Plans (CAP) for multiple government clients.
- Performs complex data analysis of CAP inputs and processes.
- Validates results through testing and review and identify and resolve discrepancies in data.
- Interfaces with clients to capture and understand organization and infrastructure changes.
- Assesses the impact on the administrative costs of funding sources.
- Researches all applicable regulations and government policies that may impact the CAP.
- Provides financial and data analysis to support indirect cost plans and other complex programs.

### **Previously Held Positions**

- Kentucky Department of Education; Federal Program Specialist/Internal Policy Analyst III for State Agency; 2017 – Nov. 2020
- Kentucky Department of Education, Internal Policy Analyst II, 2013 – 2017
- Kentucky Department of Transportation & Delivery, Internal Policy Analyst I, 2013
- Department for Medicaid Services, Administrative Specialist III, 2010 – 2013

### **Education/Certifications**

- BA, Southern New Hampshire University

# ANN HERRICK, MBA

## Finance SME

### Profile

Ms. Herrick has more than 35 years' experience in the management of financial and data systems for public and private sector service industries including education, health care, and finance. Prior to joining Sivic Solutions Group LLC, (SSG), Ms. Herrick was responsible for the management of Chicago Public Schools (CPS) Medicaid in Schools claiming program where she maximized revenue, avoided negative audit findings, and grew revenue from \$10 million to \$50 million in just five years. As part of a multi-functional team for federal, state, and local education as well as for human services agencies, she managed inter-agency data exchange responsibilities which included the design and implementation of payroll and pension auditing systems to control internal risk. At national conferences, Ms. Herrick has provided national leadership for development, implementation, and training of innovative management systems.

### Key Skills

- Management of Financial & Data Systems
- Leadership
- Communications
- Training

### Experience

#### Sivic Solutions Group, LLC (SSG) Utica, NY Senior Manager/Principal Consultant

2013 – Present

- Serves as the Deputy Project Manager and has served as the Project Manager for SSG client programs including the Chicago Public School (CPS) Fee-for-Service (FFS) Medicaid claiming and consulting services program, and the Commonwealth of Kentucky for implementation and operation of the State's quarterly Medicaid Administrative Claim.
- Responsible for the timely attainment of all deliverables, activities, tasks, and milestones in accordance with Project Work Plans and executed contracts.
- Participates in client meetings and maintains effective working relationships with SSG clients.

#### Chicago Public Schools (CPS), Chicago, IL Manager, Office of School Financial Services

2007 – 2012

- Provided Medicaid program leadership to maximize revenue including cooperation with national colleagues to testify in opposition to federal CMS proposed regulations to eliminate reimbursements and provided key contributions at legislative and regulatory briefings in Washington, DC and Springfield, IL.
- Served as the Liaison for Human Resources/Payroll/General Ledger (GL) Interface from PeopleSoft to Oracle financial systems, with team effort resulting in payroll distribution to GL within 3-7 days, ensured timely grant claiming and annual audit GL closing.
- Examined new Board policies and union contractual issues to anticipate financial impact; analyzed Chicago Teachers Pension Fund billings for statutory pension deficiency and related auditor review of CPS payroll processing for 29,000+ teachers, affecting long-term pension liability.
- Established Access databases for School Internal Accounts IRS 1099 compliance and for monthly monitoring of Sick and Vacation Benefit Leave records, with measurable criteria for the identification of potential errors and avoidance of negative audit findings.

- Provided qualitative oversight of CPS financial publications and notices including annual financial reports, executive communications, and school training manuals for Oracle financial systems, including Consolidated Banking, Internal Accounts Management system and Fixed Asset Inventory application
- Ensured that departmental goals, related performance management measures and budgeted resources were aligned for effective service delivery (e.g. achieved 92% compliance on monthly checking account reconciliations by 600+ schools).

### ***Previously Held Positions***

- Chicago Public Schools: Manager, Office of School Financial Services, 2007 - 2012; Manager, Office of Human Resources, 2003 - 2007; Director, Business and Technology Services, Office of Specialized Services, 1996 - 2003; and Budget Analyst, Financial Planning & Budgeting, 1984 - 1995
- University Hospitals of Cleveland; OH; Director of Nursing Management Services, 1984 - 1985
- Diamond Shamrock Corporation; Cleveland, OH; Patent Administrator; 1973 - 1982
- Fairfax County Schools, VA; History Teacher; 1969 - 1971

### ***Education/Certification(s)/Affiliations***

- MBA, Finance and Accounting, Case Western Reserve University, Cleveland, OH
- MA, History, Carnegie Mellon University, History, Pittsburgh, PA
- BA, Political Science, Brown University, Providence, RI
- Member of National Alliance for Medicaid in Education (NAME); delivering three presentations on the Medicaid Billing Program
- President and Board Member of Menomonee Club for Boys and Girls

# AMY E. FERRARO WHITSETT, MPA

## Policy SME

### Profile

Ms. Ferraro Whitsett is an experienced executive, staff leader, mentor, and leader of diversity, equity, and inclusion initiatives. As a Medicaid and Title IV-E subject matter expert, she possesses more than 25 years of experience consulting with state and local government and nonprofit agencies and assisting with the implementation of related software and ERP systems. Ms. Whitsett has worked in more than 40 states and with local and tribal governments and nonprofits local on cost allocation, indirect rate, cost of service, service rate development, and administrative claiming projects. Her expertise includes interpreting the Uniform Administration Requirements, Cost Principles, and Audit Requirement for Federal Awards (2 CRFR Part 200) and various programmatic requirements.

### Key Skills

- 25+ years of Consulting with Government & Nonprofit Agencies
- Leadership
- Business Development
- Project Management

### Experience

#### Sivic Solutions Group, LLC (SSG), Parsippany, NJ Consultant

Aug. 2023 – Present

- Provides expertise to various projects on cost allocation, cost recovery, and specific programs including Medicaid and Title IV-E.
- Provides training as part of SSG's relationship with the National Association of State Human Services Financial Officers (HSFO).

#### Cultivate Advisory Services, LLC Founder and Principal

Jan. 2020 - Present

- Established in the Commonwealth of Massachusetts to provide consulting, advisory, and social services to public, private, and nonprofit entities.
- Registered woman-owned business through the Commonwealth's Supplier Diversity Program.

#### MGT – Performance Solutions Group Vice President

July 2020 – May 2023

- Member of Senior Leadership Team responsible for overall direction of both the Performance Solutions Group (PSG), one of MGT's core practice areas, combining financial and DEI solutions.
- Introduced MGT to state and local health and human services markets, leading firm to enter this market, overseeing business development efforts and project execution.
- Expanded MGT's core offerings and number of projects with nonprofit clients across the country.
- Led internal training and culture driven initiatives.

#### Public Consulting Group, Inc. (PCG) Manager and Center of Excellence Lead

July 2011 – Jan. 2020

- Member of Senior Leadership Team responsible for the overall execution and direction of PCG Health, one of PCG's practice areas.
- Implemented key aspects of PCG Health's "People Plan", aimed at improving the employee experience and inclusion across the practice area.
- Oversaw cost allocation and administrative claiming business line, including staff, clients, product deliverables, and oversight of web-based software as a service (SaaS) hosted via AWS.

- Managed client billing, revenue targets, and contribution margins.
- Attended conferences to promote PCG and present on various topics.
- Served as firm-wide and nationally recognized cost allocation and Medicaid subject matter expert.
- Project highlights include:
  - Provided cost allocation operational and consulting services to the Rhode Island Departments of Children, Youth, and Families; Executive Office of Health and Human Services (state Medicaid agency); Health Source Rhode Island (HSRI) (state-based exchange); and Department of Human Services, amongst others. Efforts included assisting with revenue enhancement during reorganization and consulting related to implementation of the state's new eligibility system.
  - Provided enterprise-wide cost allocation operational and consulting services to the State of Vermont Agency of Human Services and its various divisions, including public health, developmental disabilities and aging, Medicaid, behavioral health child welfare, and public assistance.
  - Initiated multiple administrative claiming efforts on behalf of the State of Colorado Department of Healthcare Policy and Financing to receive Medicaid administrative reimbursement for agency and partner efforts.
  - Implemented cost allocation, indirect rate, and claiming processes and provided consulting support to the Michigan Department of Health and Human Services. Efforts included supporting the Department through the merger of the formerly separate Departments of Human Services and Community Health and assisting to negotiate changes in claiming procedures with the federal government.
  - Reviewed internal processes on behalf of the State of Ohio Department of Medicaid and developed cost allocation and CMS-64 procedure manuals for the Department.
  - Conducted national seminars on behalf of the National Association of State Human Services Finance Officers (HSFO) on cost allocation for public assistance agencies and all aspects of the Medicaid program for its membership and other attendees nationwide.

#### **Associate Manager**

**July 2005 – June 2011**

- Assumed full responsibility for PCG's cost allocation and administrative claiming book of business, including software as a service (SaaS) offerings.

#### **Senior Consultant**

**July 2020 – June 2005**

- Assisted the State of Maine to implement its integrated eligibility system, including training acceptance user testers and pilot participants (2+ year project).
- Led cost allocation and revenue optimization projects.
- Initiated development of web-based time study and cost allocation software.

### ***Previously Held Positions***

- Center for Policy Research, The Maxwell School, Research Analyst, July 1999 – June 2000
- PCG, Business Analyst, April 1996 – June 1999

### ***Education/Certification(s)***

- Certificate in Diversity, Equity, and inclusion (DEI), University of South Florida, Muma College of Business, FL
- Certificate in Health and Wellness, Cornell University, NY
- Master of Public Administration, Maxwell School of Citizenship and Public Affairs, Syracuse University, NY
- Bachelor of Arts cum laude in Politics, Mount Holyoke College, MA



# AARON LINK, MPA PMP

## Medicaid SME

### Profile

Mr. Link's range of experience and expertise includes a focus on public and private sectors projects including managing the delivery of software development and implementation projects for both federal and state agencies; the design and development of custom application software; implementation of automated information systems for health and human service agencies and schools; comprehensive project management, planning, and budgeting; forecasting for systems integration, implementation, and management; and training end users on new software. Mr. Link has successfully delivered more than 225 training sessions throughout his tenure with SSG via onsite and virtual applications.

### Key Skills

- 20+ years of Public and Private Sector Programs
- Project Management
- Information Systems (IT)
- Strategic Planning & Analysis
- Training Development & Delivery

### Experience

#### Solix, Inc./Sivic Solutions Group, LLC (SSG), Parsippany, NJ Director of Business Development

2016 – Present  
2026 – Present

- Provides subject matter expertise for school-based Medicaid claiming projects.
- Supports the client stakeholders and SSG technical and client relations teams to successful contract start-up.
- Directs client implementations, including system configuration, change management planning, establishing contract management tools, and meeting with key stakeholders.

#### Director of Operations – Education Services

2016 - 2025

- Provided oversight for all contracted activities for SSG Medicaid in Schools client programs.
- Ensured adherence to corporate standards for quality and customer satisfaction and achievement of objectives; serves as Compliance Officer across SSG client programs.
- Developed and deployed a best-in-class quality assurance program for school-based Medicaid claiming.
- Served as Project Director/Lead for client projects across the United States that include cost settlement, direct service claiming, time studies, rate development, and Medicaid billing services.
- Managed resources to maximize the efficiency and effectiveness of services required and provided under client contracts.
- Worked closely with key client stakeholders including, but not limited to New York, South Carolina, Florida, New Mexico, New Hampshire, Pennsylvania, Kentucky, and Illinois.

### Previously Held Positions

- Lexmark; Lenexa, KS; Manager of Retail Signage Group, Senior Project Manager for Public Sector Division; Sept. 2011 – June 2016
- MAXIMUS, Inc.; Reston, VA; Principal Consultant; Aug. 2005 – Aug. 2011
- City of Manhattan Beach, CA; Management Intern; July 2005
- Metropolitan Transportation Authority; Los Angeles, CA; Intern; Sept. 2004 – June 2005
- City of Ellisville, MO; Assistant to the City Manager; 2002 - 2004

### ***Education/Certification(s)***

- Master of Public Administration (M.P.A.), University of Southern California, CA
- B.S. in Public Administration, Indiana University, IN
- Certified Project Management Professional (PMP)

# SURESH MUPPALA, MS

## IT Lead

### Profile

Mr. Muppala has over 30 years of systems development experience. He has provided technical oversight and management services for numerous application development projects. Mr. Muppala's expertise is in the following areas: system analysis; system architecture; database design and development; technical leadership, guidance, and support to project teams; data analysis and reporting tasks; and data warehouse design, development, and implementation.

### Technical Skills

Hardware: HP 9000, NCR 3550, NCR 3450, DEC-VAX 4200, ND-110, ICIM, IBM-370, 68020-based systems; Operating Systems: UNIX, VAX/VMS V5.5, UNOS, TME-40, SINTRAN-III, SVS, DOS, Windows, and Windows NT; Programming languages: ABAP, COBOL, FORTAN, Pro\*COBOL, C, Pro\*C, SQL, PL/SQL, UNIX Shell, Assembly language of 8086, CICS, VB; Internet: ASP.NET, ASP 2.0, 3.0, XML, SOAP, HTML, DHTML, VBScript, and Java Script; and, Database & Software Tools: Oracle, SQL Server, INGRES 6.4, Oracle\*CASE, YOURDON CASE Tool kit, Infragistics Web Components, Turbo Analyst, Visual source safe, Eclipse v2.1/3, Merdoc, ERwin v3.5/4, Enterprise Architect v3/4, Business Objects 6, and Crystal Reports v8.5/9

### Key Skills

- 30+ years Information Technology (IT) Experience
- System/Application Development
- Troubleshooting & Resolution
- Project Management

### Experience

#### **Solix, Inc./Sivic Solutions Group, LLC (SSG), Utica, NY** **2017 – Present** **Vice President, Application Development & Business Services**

- Provides technical oversight for all SSG systems/applications for health and human services agencies and school-based Medicaid clients.
- Applies skills and knowledge across the spectrum of Information Technology services to all SSG client programs.
- Leads the SSG Information Technology department in the development of systems/applications and supportive services including the IT Help Desk.

#### **Sivic Solutions Group, LLC (SSG), Utica, NY** **2008 – 2016** **Vice President / Director**

- Served as the Technical Team Lead in the development of SSG's web-based systems/applications; responsible for the system specification, system architecture, database design, as well as for leading the team's system maintenance efforts.

### Previously Held Positions

- MAXIMUS, Inc.; Little Falls, NY; Lead Application Developer/Technical Lead; 2002 - 2008
- VishnuSoft LLC; Little Falls, NY; Technical Project Team Lead; 2000 - 2002
- CMC Ltd.; Hyderabad, A.P, India; Project Manager; 1988 - 2000

### ***Education/Certification(s)***

- Postgraduate, Diploma, Computer Applications, Central University, India - City: Hyderabad, State: Andhra Pradesh
- M.S., Electronics, S.V. University, India, Tirupati, Andhra Pradesh

# DAVID LAW, M.Ed.

## Cost Report Lead

### Profile

Mr. Law has more than 25 years' experience in the Education field and over 16 years' experience in leadership and administration at the district level. Mr. Law's extensive experience and expertise include monitoring and auditing programs to ensure compliance with state and federal law and regulations; reviewing, learning and implementing complex systems; and developing, refining and implementing processes driven by state and federal requirements.

### Key Skills

- Leadership, Supervision & Administration
- Data Acquisition, Interpretation, Decision Making & Implementation
- Program Monitoring, Oversight and Corrective Action
- Audit Preparation, Submission & Corrective Action
- Policy and Procedure Review, Revision & Implementation
- Systems Design, Enhancement, Support & Training

### Experience

#### Solix, Inc., Parsippany, NJ Project Manager

2025-Present

- Serve as Lead Project Manager for cost settlement and Medicaid administrative claiming.

#### Pasco County Schools District Office, Land O' Lakes, FL Program Coordinator

2013-2025

- Provided program supervision, oversight, training and administration for the district's Medicaid, Discipline and Section 504 programs.

#### Program Specialist

2010-2013

- Provided program supervision, oversight, training and administration for the district's Medicaid, McKay Scholarship and Private School IDEA Grant.

#### Program Specialist

2009-2010

- Provided oversight, training and support for the Emotional and Behavioral Disabilities Program.

#### District Behavior Specialist

2007-2009

- Provided districtwide training and support for the Emotional and Behavioral Disabilities Program.

### Previously Held Positions

- Lake Myrtle Elementary School; Land O' Lakes, FL; Behavior Specialist; Oct. 2002-May 2007
- Academy At the Farm; Dade City, FL; Teacher of Intermediate Self-Contained Varying Exceptionalities; Teacher of Intermediate Varying Exceptionalities for Inclusion Unit; and Physical Education Supervisor and Teacher; Aug. 2002-Oct. 2002
- Chester W. Taylor Elementary; Zephyrhills, FL; Teacher of Intermediate Self-Contained Varying Exceptionalities (3-5); Oct. 2001-May 2002; Teacher of Self-Contained Severely Emotionally Disturbed (K-5); Aug. 2000-Oct. 2001
- Meadow Pointe C.D.D.; Wesley Chapel, FL; Site Director and Assistant Parks and Recreation Director; Oct. 1998-Aug. 2000

### ***Education/Certification(s)***

- Master of Education (M.Ed.), Educational Leadership for Administrators; Saint Leo University; Saint Leo, FL
- B.A. in Psychology; University of South Florida; Tampa, FL
- Associate of Arts, Liberal Arts; Hillsborough Community College; Tampa, FL
- Certificate, Leadership; University of North Dakota; Grand Forks, ND
- Certificate, Accounting Technology Specialist; Pasco Hernando State College; New Port Richley, FL

# CHERIEE MOORE, MA CCC/SLP

## *Direct Service Claiming Lead*

### **Profile**

Ms. Moore is an experienced Project Manager who has been instrumental in the implementation and management of school-based Medicaid services in the State of Florida while performing both client and vendor roles. Since her tenure at SSG, Ms. Moore has swiftly contributed to the successful operation and management of client programs.

### **Key Skills**

- 20+ years of Special Education & School-based Medicaid Claiming
- Project Management
- Contract Management
- Communication
- Leadership

### **Experience**

#### **Sivic Solutions Group, LLC (SSG), Utica, NY**

**2023 – Present**

##### **Project Manager**

- Performs Project Manager responsibilities including the development and maintenance of Project Work Plans for the timely attainment of all deliverables, activities, tasks, and milestones in accordance with client expectations and contractual commitments.
- Serves as the Primary Point of Contact for assigned client programs for day-to-day inquiries and requests.
- Participates in client meetings and maintains effective working relationships with SSG clients.
- Applies subject matter expertise to Medicaid in Schools client programs, as required.

#### **Community Rehab Associates**

**2021 – 2023**

##### **Licensed/Certified Speech Language Pathologist (SLP)**

- Entered daily progress notes and additional student information into vendor system using calendar, single, and multiple entries as well as provider roster and location and various reports within system to maintain compliance with speech language services provided throughout the school year.
- Provided specialized services to a caseload of approximately 70+ students using creative techniques to meet their speech and language needs via tele-therapy.
- Provided active and flexible organization to complete multiple projects/tasks to ensure high quality and timely delivery of services/ products.
- Demonstrated self-reliance by meeting and exceeding workflow needs.

#### **Orange County Public Schools, Orlando, FL**

**2010 –2021**

##### **Senior Administrator, Licensed/Certified SLP**

- Served as Lead Administrator of Medicaid project: close communication with vendor Project Manager; developed streamlined process to actively monitor district's Medicaid billing/reimbursements; lead trainings for credentialed users on Medicaid compliance and documentation; worked closely with all departments and state representative to maintain project; provided external and internal audit guidance.
- Secured/managed IDEA grant resources; wrote proposals for Request for Proposal (RFP), Independent Contract agreements, and Statement of Work with outside vendors following state standards; and supervised three support staff.

- Served as liaison to administrators at school/learning community level to provide budget planning/audit guidance.
- Kept leadership informed of project budget projections, trends, and critical issues of the Medicaid/IDEA project.
- Frequently monitored IDEA expenditures to maintain federal and state compliance and overall budget health; maintained healthy budget.

### ***Previously Held Positions***

- Nova Southeastern University; Orlando, FL; Field Associate, Licensed/Certified SLP; 2007 – 2016
- Orange County Public Schools; Orlando, FL; Licensed/Certified SLP; 2009 – 2010
- Orange County Public Schools; Orlando, FL; Program Specialist, Licensed/Certified SLP; 2004 – 2009
- Orange County Public Schools; Orlando, FL; Licensed/Certified SLP; 2000 – 2004
- Orange County Public Schools; Orlando, FL; Certified SLP Program Instructor; 2002 - 2004

### ***Education/Certification(s)***

- Educational Leadership Modified Degree, University of Central Florida, FL
- Master of Arts, Communication Disorders, University of Central Florida, FL
- Bachelor of Arts, Communications Disorders, University of South Florida, FL
- State of New Mexico License, SLP
- State of New Mexico School Personnel Licensure, SLP
- Professional Educator's Certificate in Educational Leadership (Florida)
- Professional Educator's Certificate in Speech Language Impaired (Florida)
- Certificate of Clinical Competence, American Speech Hearing Association
- State of Florida Department of Health, License, SLP
- Membership: Florida Association for Speech-Language Pathologists and Audiologists (2018 – Present)



# ZECHARIAH (ZACH) D. MITCHELL, MBA

## *RMTS & MAC Lead*

### **Profile**

Mr. Mitchell joined Sivic Solutions Group, LLC (SSG), with more than 10 years of management experience with his most recent responsibilities in the oversight of program administration and consultancy for school-based Medicaid reimbursement in ten (10) states: Hawaii, Connecticut, Georgia, Massachusetts, Ohio, South Dakota, Utah, Vermont, Virginia, and Washington. His consulting experience includes the State of Montana, Department of Public Health & Human Services regarding many Medicaid related initiatives. Mr. Mitchell possesses strong strategic planning, communication, organizational, and relationship management skills which allow for the cultivation of positive client relationships.

### **Key Skills**

- Strategic Planning
- Program Management
- Client Relationship Management
- Analytics

### **Experience**

#### **Sivic Solutions Group, LLC (SSG), Parsippany, NJ** **Project Manager**

**2022 – Present**

- Performs Project Manager responsibilities including the development and maintenance of Project Work Plans for the timely attainment of all deliverables, activities, tasks, and milestones in accordance with client expectations and contractual commitments.
- Performs detailed analysis and applies expertise to assist clients with strategic planning and program management.
- Serves as the Primary Point of Contact for assigned client programs for day-to-day inquiries and requests; participates in client meetings and maintains effective working relationships.
- Applies subject matter expertise to Medicaid in Schools client programs, as required.

#### **University of MASS Chan Medical School, Commonwealth Medicine** **Health Care Finance Solutions**

**2015 – 2021**

##### **Senior Operations Manager – School-based Programs and Local Initiatives**

- Performed a multitude of operations management responsibilities for multiple state agencies including State of Hawaii Dept. of Education, State of Georgia Dept. of Human Services, State of Ohio Dept. of Education – Dept. of Developmental Disabilities, and State of Washington Health Care Authority.
- Assisted in the development and maintenance of Random Moment Time Studies (RMTS).
- Managed implementation of client-specific system customization; leading design, testing, ongoing maintenance, and user training.
- Actively engaged in continuous improvement initiatives, streamlining workflows and automating processes.
- Managed Central Coding staff and ensured timeliness and accuracy of all RMTS coding work and processes.
- Responsible for the delivery of excellent customer service and ensuring the attainment of all performance metrics/goals.

### ***Previously Held Positions***

- University of Massachusetts Medical School, Commonwealth Medicine; Manager – Business Operations and Support; Finance & Contracts Division Manager; Senior Financial Analyst; 2006 – 2015

### ***Education/Certification(s)***

- Master of Business Administration (MBA), Suffolk University, Boston, MA
- Master of Public Health/Public Administration (MPA), Suffolk University, Boston, MA

# GUISEPPINA (PINA) PORTANOVA, CFE

## *Quality Assurance Lead*

### **Profile**

Ms. Portanova possesses over 18 years' experience at Solix supporting many client programs in operational management, customer experience, and client relationship roles. She served as the main point of contact for allegations relative to waste, fraud and abuse of program rules and funding. Ms. Portanova has supported the efficient implementation of many large programs and effectively manages case management processes.

### **Key Skills**

- Operations Management and Leadership
- Program Implementation and Execution
- Client Consulting
- Client Delivery Management
- Client Training/Coordination
- Policy Improvement
- System Effectiveness
- Guidelines and Standard Operating Procedures
- Program Compliance Measures Waste, Fraud and Abuse

### **Experience**

#### **Solix, Inc., Parsippany, NJ**

**2006 - Present**

#### **Director – Case Management & Customer Experience**

**2020 - Present**

- Responsible for overseeing case management teams specifically related to COVID 19 relief programs.
- Setting team direction, resolving escalations received via phone, chat, and Email, and providing guidance to teams to ensure they meet the established performance metrics.
- Collaboration with other departments (i.e., IT and Finance Departments) to ensure client program needs are met and goals achieved in a timely manner.
- Ensuring compliance while determining if streamlining is possible.

#### **Senior Consultant – E-rate**

**2019 - 2020**

- Worked collaboratively with clients to define how to maximize their funding through the E-rate Program and implemented Solix' services in accordance with client expectations and E-rate processes.
- Developed and delivered operating standards for adherence to E-rate guidelines.
- Developed and maintained partnerships with industry and regulatory representatives, attended industry forums, prepared white papers, and maintained knowledge of the E-rate Program.

#### **Manager – Client Relations, E-rate Program**

**2016 - 2019**

- Nurtured customer relationships, ensuring timely and efficient delivery of contractual and service-level requirements.
- Ensured Solix' Service Delivery Teams met customer and internal commitments, collaborating across departments to ensure overall program compliance with all internal, contractual, technical, and legal requirements from program implementation through delivery.
- Managed and handled escalated customer issues and ensured complete resolution, and proactively managed and mitigated risks.

- Identified new approaches to improve customer service, analyzed customer business opportunities and threats, implemented marketing strategies, obtained and reviewed data to identify trends and root causes, and summarized findings of items that influenced customer satisfaction.

### **Manager – Special Compliance, E-rate Program**

**2010 - 2016**

- Led team in the accurate and timely review of potential violations of FCC rules.
- Led team in comprehensive reviews of the use of Universal Services Administration Company (USAC) funding to detect waste, fraud, and abuse.
- Evaluated services and service providers, researched products, and interviewed applicants for additional information, if applicable, to investigate possible cases of waste, fraud, abuse, or violation of program rules.
- As the Administrator of the E-rate Program, coordinated with USAC to resolve new issues that arose during review.
- Worked with USAC, including the USAC Office of General Counsel and Solix' Special Compliance Team, to provide support for specialized reviews, law enforcement, and other legal efforts.
- Trained Reviewers on changes to the FCC rules and guidelines regarding potential violations that included: Conflict of Interest; Children's Internet Protection Act (CIPA); Cost Effectiveness/Ineligible Services; Competitive Bidding; and Collusion.

### **Manager – Selective Review, E-rate Program**

**2006 - 2010**

- Managed the entire Selective Review Process including analyzing complex, varied, and detailed issues, and developed and presented recommendations.
- Collaborated with the client regarding new or unique situations and proposed approaches for effective management.
- Provided support to USAC, USAC SLD, and Solix fraud prevention personnel to assist with law enforcement and legal efforts.
- Ensured Reviewers move from initiation to completion in an efficient manner, including the development and communication of procedures, processes, training, systems, and tools to support and motivate the team.
- Supported and assisted reporting staff in solving problems and troubleshooting.

### **Education/Certification(s)**

- BS Finance, William Paterson University, NJ
- Certified Fraud Examiner (CFE)

# BECKY STODDARD

## Coding QA Lead

### Profile

Ms. Stoddard is an experienced Project Manager and Medicaid in Schools administrator with more than 25 years of experience in state education programs and more than 10 years of experience managing the Kentucky Medicaid in Schools program including direct service billing, administrative claiming, and cost reconciliation programs. Her extensive experience includes the management of the budgets for various federal programs, creating Memoranda of Agreement (MOAs), contracts, and other financial documents. With broad experience in schools, Ms. Stoddard is well-versed in financial and regulatory management, and Medicaid Policy, and has been active in national Medicaid in Schools issues with the National Alliance of Medicaid in Education (NAME), including serving as a Board Member.

### Key Skills

- Medicaid in Schools
- Medicaid Policy
- Project Management
- Financial and Regulatory Management
- Budget Management

### Experience

#### Sivic Solutions Group, LLC (SSG), Parsippany, NJ Project Manager

2017 – Present

- Performs Project Manager responsibilities including the development and maintenance of Project Work Plans for the timely attainment of all deliverables, activities, tasks, and milestones in accordance with client expectations and contractual commitments.
- Serves as the Primary Point of Contact for assigned client programs for day-to-day inquiries and requests.
- Participates in client meetings and maintains effective working relationships with SSG clients.
- Applies subject matter expertise to Medicaid in Schools client programs, as required.

#### Kentucky Department of Education Medicaid Manager/Medicaid Liaison

1991 - 2016

- Served as the Medicaid Manager for the School-Based Medicaid Program overseeing the Direct Billing Medicaid program, Administrative Claiming program, and Cost Reporting program for 158 school districts.
- Provided vendor management services and developed RFPs and contracts for statewide vendors for the Administrative Claiming Program on behalf of the Department of Education.
- Worked closely with the Department for Medicaid Services (DMS) in their RFP for the Cost Reporting/Cost Settlement statewide vendor selection; monitored an average of 60 school districts annually and approved 158 Medicaid applications for the Fee-for-Service (FFS) program annually.
- Contributed to the development of the School-Based Medicaid State Plan Amendment for Kentucky.

### ***Education/Certification(s)***

- Associate in Applied Sciences, Kentucky State University, KY
- Member of National Alliance of Medicaid in Education (NAME)
- Former Board Member (NAME) where responsibilities included: chairing the By-Law Committee and Education and Research Committee; assisting in the development of the bi-annual surveys; serving on numerous committees; and presenting at four annual conferences.

# NEIL BRUINS

## *IT Operations*

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### **Profile**

Mr. Bruins has over 25 years of experience as an Applications Developer in a diverse range of settings, including Medicaid billing, scientific testing, accounting, education, retail, and legal environments. His project experience includes requirements analysis; system and database modeling; software design and development; system implementation; system support; data conversion; data analysis and data warehousing; Medicaid HIPAA compliant claims and TPL data analysis; and report development.

### **Technical Skills**

- Software: Microsoft Project, Word, and Excel; Microsoft Windows operating systems; Lotus Notes; Microsoft Visual SourceSafe; ERWin database modeling tool; Business Objects; and Crystal Reports reporting tools
- Languages: Microsoft Visual Basic; Microsoft Transact-SQL; and Windows Scripting
- Databases: Microsoft SQL Server, and Microsoft Access

### **Key Skills**

- Information Technology (IT) – System/Applications Development
- IT System Support/Help Desk
- Data Analysis & Reporting

### **Experience**

#### **Sivic Solutions Group, LLC (SSG), Utica, NY Applications Developer**

**2009 – Present**

- Responsible for the design, development, implementation, and operation of SSG web-based systems configured to client specifications.
- Provides support for multiple client programs and system users, providing technical assistance as necessary.
- Performs system maintenance activities, configures updates, and provides reports as per contract requirements.

### **Previously Held Positions**

- MAXIMUS, Inc., Little Falls, NY; Application Developer; 2000 - 2008
- Oneida Research Services; Whitesboro, NY; Computer Programmer/Purchasing Agent; 1994 – 2000
- PCS Corporation; Utica, NY; Computer Programmer; 1992 - 1994

### **Education/Certification(s)**

- B.S., Computer Science, State University of New York at Buffalo, NY

# JYNAIRA (JY) REXRODE

## Support Liaison

### Profile

Ms. Rexrode has been with SSG since 2023, serving as the Support Liaison Lead, providing additional support to LEA staff for their School-based Medicaid Claiming programs. With keen attention to detail and superior customer service skills, Ms. Rexrode enhances the LEA's experience and eases the claiming process.

### Key Skills

- Customer Service
- Communication Skills
- Reporting and Analysis
- Training and Support

### Experience

#### Sivic Solutions Group, LLC (SSG), Parsippany, NJ Support Liaison Lead

2023 – Present

- Manage the LEA Liaison team for Pennsylvania
- Provide support to North and South Central PA Local Education Agencies (LEA)
- Analyze Liaison team data and formulate a report to present to PA Department of Health Services (DHS)
- Create tools and communication for LEA usage
- Onboard new LEAs to the PA School Based Access Program (SBAP)
- Assist with statewide SBAP trainings
- Conduct weekly meeting with Lead PA SBAP Project Manager regarding important information and the Liaison team

#### Merrill Lynch/Bank of America

2022 – 2023

#### Financial Solutions Investment Advisor (Training Program)

- Completed multiple training programs to become a registered Financial Solutions Investment Advisor
- Acquired the following licenses: SIE, Series 7, Series 66

#### Bank of America

2021 – 2022

#### Consumer Fraud Specialist

- Apply problem solving skills to resolve client inquiries and disputes while escalating to the appropriate channels
- Collect and analyze data provided by clients while ensuring to consider client needs
- Maintain complex databases
- Meet and exceed daily productivity goals
- Complete client fraud and billing dispute claims
- Monitor real time queues and identify elevated risk transactions within the client profile
- Determine existing fraud trends by analyzing account and transaction patterns
- Effectively completed daily tasks with little to no supervision while in a remote setting
- Seamlessly work on multiple platforms cohesively

#### Relationship Banker

2019 – 2021

- Exceed quarterly goals set by market average
- Create meaningful and lasting relationships with new and existing clients
- Engage in a holistic conversation to uncover client needs
- Provide clients with beneficial products to achieve financial freedom
- Turn meaningful conversations into successful product sales



- Collaborate with teammates to create an environment that contributes to the success of the company

#### **PPP Quality Assurance**

- Re-test Paycheck Protection Program applications following frontline testers
- Assist fellow testers to ensure the same level of quality is being achieved with each test
- Review documentation provided by customer to ensure it can be used to support the application

#### ***Previously Held Positions***

- Realtor Assistance, Melanie Guerra, Broker with Re/Max Real Estate
- Personal Banker, Foothills Bank

#### ***Education/Certification(s)***

- Bachelor of Science of Business, Pennsylvania State University, State College, PA
- SIE Series 7 and Series 66

# SANTOSH JANAPALA, MS

## Developer

### Profile

Mr. Janapala has vast experience in software design; object-oriented analysis; design and programming; and integration and deployment of scalable multi-tier Internet, data base, and client server-based software solutions. He has extensive experience in Microsoft .NET Framework, AJAX, VB.NET, ASP.NET, C#.NET, Web Services, Remoting, Delegates, Reflection and WinForms, and experience in designing and developing web user interface/windows interfaces.

### Technical Skills

Web development (Microsoft .NET Framework, ASP.NET, C#. NET, VB.NET, ADO.NET, JavaScript, jQuery and XML ,Windows Forms and Web Forms, and Web Services); Drawing (case diagrams, sequence diagrams, class diagrams, object modeling and data modeling using Rational Rose 2000 and MS Visio); GOF Patterns like Singleton, Factory, Builder, Prototype, Abstract Factory; Development and maintenance of Crystal reports; SQL Server DTS packages for transferring data from flat files to the relational databases (and vice versa); Android application using Xamarin Forms; Import and export functionality; SOA environment, creating and consuming the Web Services, WCF, WebApi; Interacting with the external applications; System analysis, system architecture, database design, and development; Configuring IIS 7 and deployed the application; Plan and schedule business and technology events, such as software patching, maintenance; and Good knowledge of Configuration Management concepts and experience with various source control tools like Subversion (SVN) and GIT.

### Key Skills

- Systems/Application Design & Development
- Data and Systems Analysis & Reporting
- Systems Maintenance & Support

### Experience

#### Solix, Inc./Sivic Solutions Group, LLC (SSG), Parsippany, NJ Senior Systems Analyst

2011 – Present

- Develops, supports, and maintains SSG web-based applications designed for health & human services agencies and school-based Medicaid clients, as well as a financial information system uniquely designed for client county budgets, reporting, and overall management of county/state finances.
- Supports a targeted case management QA and billing system and a web-enabled special education case management system.
- Assists in the development of customized applications to meet client objectives.

### Previously Held Positions

- Tekdynamics, Inc; Programmer Analyst .NET Developer; June 2010 – Nov. 2011

### Education/Certifications

- MS, Electrical & Electronics Engineering, Florida International University, Miami, FL
- B.Tech., Electronics & Communications Engineering, Jawaharlal Nehru Technological University, AP, India

**4.1.14.5      *The Vendor shall agree that the Agency has right of refusal for any key staff.***

SSG acknowledges that the Agency has right of refusal for any key staff.

**4.1.14.6      *The Vendor shall provide the Agency written notification within seven (7) calendar days of any proposed changes to key staff as identified in the organizational chart throughout the term of the Contract.***

SSG agrees to provide the Agency written notification within seven (7) calendar days of any proposed changes to key staff as identified in the organizational chart throughout the term of the Contract.

**4.1.15      Deliverables**

**4.1.15.1      *The Vendor shall submit a finalized staffing plan for Agency approval, and the Vendor must obtain Agency approval of this plan within thirty (30) calendar days of the contract award date.***

SSG will develop and submit a comprehensive staffing plan for Agency review and approval within thirty (30) calendar days of contract award. The staffing plan will identify the personnel, organizational structure, and resource commitments necessary to successfully implement and administer all components of the School-Based Health Services program, including Random Moment Time Study (RMTS) administration, participant training and support, school-based cost reporting, annual cost settlement, claims preparation and support, data collection and validation, compliance monitoring, and overall program management.

The staffing plan will clearly define key personnel roles and responsibilities, lines of authority, staffing levels, subject matter expertise, and escalation procedures to ensure adequate coverage and continuity of operations. SSG will assign qualified staff with demonstrated experience in Medicaid school-based claiming programs, RMTS methodology, cost reporting, cost reconciliation and settlement, federal claiming requirements, and CMS compliance.

SSG will work collaboratively with the Agency to address any questions or requested revisions and will obtain formal Agency approval of the staffing plan within the required thirty (30) calendar-day timeframe. Throughout the contract term, SSG will maintain sufficient staffing resources to support all contractual requirements and will promptly notify the Agency of any proposed changes to key personnel or staffing assignments that may affect program operations, subject to Agency review and approval as applicable.

**4.1.15.2      *The Vendor shall submit the Operations and Procedure Manual within thirty (30) calendar days of the contract award, including staff training materials. The Vendor is required to submit all updates to such manual within seven (7) calendar days of a change occurring. The Manual shall include, but not be limited to, the policy and procedures of the Agency and the Vendor relative to the SBHS Program. The Operations and Procedures Manual shall be given to all Vendor staff assigned to this program and incorporated in the training of all new employees assigned to this program. The Operations and Procedures Manual shall include, but not be limited to, the following: Vendor policies and procedures regarding customer service; call center protocols/standards; RMTS process; collection and verification of financial data; web-based software and training modules; regional, face-to-face, virtual, and telephone training (for both Administrative Claiming and Direct Service Claiming); and follow-up reporting to the LEAs.***

## **Operations and Procedures Manual**

SSG will develop and submit a comprehensive Operations and Procedures Manual to the Agency within thirty (30) calendar days of contract award. The Manual will serve as the primary operational guide for all SSG personnel assigned to the School-Based Health Services (SBHS) Program and will be incorporated into new employee onboarding and ongoing staff training. SSG will submit updates to the Manual within seven (7) calendar days of any policy, procedural, regulatory, system, or operational change affecting program administration.

The Operations and Procedures Manual will document both Agency and SSG policies and procedures related to the administration of the SBHS Program and will include, at a minimum:

- Customer service standards, escalation procedures, and issue resolution protocols.
  - Service level expectations, response timeframes, communication standards, complaint resolution procedures, and escalation paths for LEAs and Agency staff.
- Call center operations, performance standards, and communication procedures.
  - Call handling requirements, quality monitoring processes, staffing expectations, ticket management procedures, and performance metrics for participant and LEA support.
- Random Moment Time Study (RMTS) administration, participant management, coding review, quality assurance, and reporting processes.
  - RMTS participant sampling procedures, moment notification protocols, response monitoring, coding methodologies, quality control reviews, error correction processes, and quarterly reporting requirements.
- School-based cost reporting procedures, including financial data collection, validation, verification, and documentation requirements
  - Required financial data elements, data collection schedules, validation procedures, supporting documentation standards, and LEA review processes.

- Annual cost settlement methodologies, supporting documentation requirements, reconciliation procedures, and timelines.
  - Cost settlement calculations, reconciliation of interim claims to actual costs, documentation requirements, review processes, and submission deadlines.
- Claims preparation, data collection, and compliance monitoring procedures
  - Claims development methodologies, source data requirements, quality assurance reviews, reconciliation activities, and compliance monitoring protocols.
- Web-based software functionality, system administration procedures, and user support processes.
  - System access management, user roles and permissions, application functionality, troubleshooting procedures, software updates, and technical support processes.
- Training materials and training delivery procedures for administrative claiming, direct service claiming, RMTS participation, cost reporting, and cost settlement activities.
  - Standardized training curricula, training schedules, participant requirements, educational resources, and documentation of training completion.
- Regional, in-person, virtual, and telephone-based training protocols.
  - Training formats, registration processes, attendance tracking, presentation standards, and follow-up support for LEA participants.
- LEA communication, technical assistance, follow-up reporting, and issue resolution procedures.
  - Communication schedules, outreach strategies, reporting requirements, technical assistance processes, and procedures for resolving data or compliance issues.
- Data security, confidentiality, records retention, and audit support procedures.
  - Data protection requirements, user access controls, records management standards, retention schedules, and procedures for supporting state or federal audits.
- Program monitoring and quality assurance activities designed to ensure compliance with CMS guidance, the West Virginia Medicaid State Plan, and applicable state and federal requirements
  - Internal review procedures, compliance monitoring activities, performance metrics, corrective action processes, and continuous improvement initiatives.

SSG will distribute the Manual to all personnel assigned to the SBHS Program and ensure that staff are trained on all applicable policies and procedures. The Manual will be maintained as a living document and regularly updated to reflect program changes, regulatory updates, system enhancements, and Agency requirements, ensuring consistent and compliant administration of RMTS, school-based cost reporting, cost settlement, and related claiming activities.

**4.1.15.3      *The Vendor shall submit a finalized Training Plan for Agency review and approval, and must obtain Agency approval of this plan within thirty (30) calendar days of the contract award.***

## **Training Plan Development and Approval**

SSG will develop and submit a comprehensive Training Plan for Agency review and approval within thirty (30) calendar days of contract award. The Training Plan will outline the training strategy, curriculum, delivery methods, schedules, materials, and performance measures necessary to support the successful administration of the School-Based Health Services (SBHS) Program. SSG will work collaboratively with the Agency to address any requested revisions and will obtain formal Agency approval within the required timeframe.

The Training Plan will include, at a minimum:

- RMTS Training
  - Training for RMTS participants, coordinators, and administrators covering program requirements, response expectations, coding fundamentals, compliance requirements, and common errors.
- School-Based Cost Reporting Training
  - Instruction for LEA staff on financial data collection, documentation requirements, reporting timelines, allowable costs, and supporting records necessary for cost reporting and audit readiness.
- Cost Settlement Training
  - Guidance on annual cost settlement methodologies, reconciliation processes, required supporting documentation, review procedures, and submission requirements.
- Administrative and Direct Service Claiming Training
  - Training on claiming methodologies, documentation standards, compliance requirements, and responsibilities related to Medicaid reimbursement activities.
- Web-Based System Training
  - Hands-on instruction for system users, including navigation, data entry, report generation, user administration, and troubleshooting procedures.
- Agency and LEA Training Resources
  - Development and distribution of user guides, reference materials, recorded webinars, FAQs, and other support tools designed to reinforce training objectives.
- Training Delivery Methods
  - Procedures for conducting regional in-person training sessions, virtual training events, webinars, one-on-one technical assistance, and telephone-based support.

- New Participant and Refresher Training
  - Processes for onboarding new LEA staff and providing periodic refresher training to address regulatory updates, system enhancements, and identified compliance trends.
- Training Evaluation and Continuous Improvement
  - Methods for tracking attendance, evaluating participant understanding, collecting feedback, and updating training materials to address emerging program needs.

The approved Training Plan will serve as the foundation for all education and outreach activities and will be updated as needed to reflect Agency requirements, program changes, CMS guidance, and enhancements to RMTS, school-based cost reporting, cost settlement, and claiming processes.

**4.1.15.4      *The Vendor shall provide a turn-over plan for Agency review and approval that provides for transfer of process and/or contract to the Agency or subsequently awarded Vendor to ensure continuity of program within thirty (30) calendar days upon request by the Agency. Any revisions requested by the Agency shall be addressed and returned to the Agency within five (5) business days. The final approval of the Turn-Over plan shall be approved by the Agency no later than six (6) months prior to the expiration of the contract.***

**Question:**

**"Will revenue be disrupted during transition?"**

**Answer:**

**No. SSG implements parallel claim validation, structured, knowledge transfer, and staged cutover controls to ensure uninterrupted claiming continues.**

## Turnover Plan Development and Approval

SSG will submit a Turnover Plan for Agency review and approval within 30 calendar days of a request by the Agency. The plan will describe the process for transitioning program responsibilities to the Agency or a successor vendor in a manner that supports continuity of School-Based Health Services (SBHS) program operations. Any Agency-requested revisions will be incorporated and resubmitted within five business days. SSG will support final Agency approval of the Turnover Plan no later than six months prior to contract expiration.

At a minimum, the Turnover Plan will address:

- Transition Management
  - Roles, responsibilities, timelines, and communication protocols.
- RMTS, Cost Reporting, and Cost Settlement
  - Transfer of information and documentation necessary to support continued administration of RMTS, school-based cost reporting, and cost settlement activities.



■ Knowledge Transfer

- Coordination with Agency staff or the successor vendor to facilitate an orderly transition of program operations.

SSG will work cooperatively with the Agency throughout the transition process to support continuity of services and compliance with contractual and program requirements.

**4.1.15.5      *The Vendor shall provide access to a fully operational website, with the ability to accept LEA inquiries, and shall post its training schedule within sixty (60) calendar days of contract award.***

SSG will provide access to a fully operational website, with the ability to accept LEA inquiries, and shall post its training schedule within 60 calendar days of contract award. SSG understands how critical it is for school districts to have access to information during a transition period. SSG will prioritize communication tools, information sharing, and training details via this website as soon as possible once the contract is awarded.

**4.1.15.6      *The Vendor shall provide a fully operational, user-friendly, web-based training system, along with a training manual in an electronic format available for download by each LEA, within sixty (60) calendar days of the contract award.***

SSG agrees to provide a fully operational, user-friendly, web-based training system, along with a training manual in an electronic format available for download by each LEA, within 60 calendar days of the contract award. SSG already has our solutions deployed and will be able to configure the applications quickly to meet West Virginia needs and allow districts to start the training process. Since SSG has transitioned from the current West Virginia vendor, we are well aware of the steps needed to mitigate disruption to school district staff and maintain program continuity.

**4.1.15.7      *The Vendor shall ensure that all LEAs have received training, including RMTS, Administrative Claiming, and Cost Reporting prior to the implementation of each task.***

SSG will ensure that all LEAs have received training, including RMTS, Administrative Claiming, and Cost Reporting prior to the implementation of each task. Please refer to Section 4.1.11 to see the details of SSG's training program.

**4.1.15.8      *The Vendor shall have and maintain a statewide toll-free telephone system capable of handling and addressing LEA calls thirty (30) calendar days prior to the operational go-live of the resultant contract, at no additional cost.***

SSG agrees to provide our help desk services 30 calendar days prior to the operational go-live of the resultant contract, at no additional cost.



**4.1.15.9      *The vendor must agree to complete all implementation activities within three (3) months.***

SSG agrees to complete all implementation activities within three months.

**4.1.15.10      *The Vendor shall submit within three (3) business days of request, a draft implementation plan. The Vendor must agree to submit any revisions to its implementation plan for review and approval by the Agency within fifteen (15) calendar days from the date of contract award. In addition, the vendor must agree to complete implementation activities within the timeframe allotted in the implementation plan.***

## **Implementation Plan Development and Execution**

SSG will submit a draft Implementation Plan within three business days of a request by the Agency. The Implementation Plan will outline the activities, milestones, responsibilities, deliverables, and timelines necessary for implementation of the School-Based Health Services (SBHS) program requirements.

SSG will submit any revisions requested by the Agency within 15 calendar days of contract award and will work collaboratively with the Agency to obtain approval of the final Implementation Plan.

At a minimum, the Implementation Plan will address:

- Project Management and Governance
  - Key personnel, roles, responsibilities, and project oversight structure.
- System Configuration and Readiness
  - Activities related to system setup, testing, and operational readiness.
- RMTS Implementation
  - Participant onboarding, training, timeline development, and readiness activities.
- School-Based Cost Reporting and Cost Settlement Preparation
  - Data collection planning, LEA engagement, and process implementation activities.
- Training and Communications
  - Delivery of training and stakeholder communications necessary to support program startup.
- Implementation Schedule
  - Major milestones, deliverables, and completion dates.

SSG will complete implementation activities in accordance with the approved Implementation Plan and within the established implementation timeframe. Please see Appendix A – Project Plan for SSG’s detailed draft implementation plan for this project.

## 4.1.16 Additional Services

**4.1.16.1** *Upon request from the Agency, the Vendor shall submit a Statement of Work (SOW) including a cost estimate to provide assistance in development of requested reimbursement strategies. The Statement of Work shall include at minimum: Scope of Work, Project Assumptions/Constraints/Risks, Deliverables, Schedule, Cost, and signature area to indicate acceptance by Vendor and Agency.*

### Development of Reimbursement Strategy Statements of Work

Upon request from the Agency, SSG will develop and submit a Statement of Work (SOW), including a cost estimate, for services related to the evaluation, development, implementation, or enhancement of reimbursement and funding strategies associated with the School-Based Health Services (SBHS) program.

SSG's experience extends beyond traditional Medicaid claiming and cost settlement activities. Through the combined expertise of SSG and affiliated Solix resources, we can assist agencies in identifying opportunities to maximize available funding, improve operational efficiency, strengthen reporting capabilities, and enhance program sustainability. Depending on Agency needs, SOWs may address initiatives related to Medicaid reimbursement optimization, cost allocation methodologies, financial and operational reviews, technology-enabled program support, education funding opportunities, and other strategic activities that support public education and health service delivery.

Each SOW will be tailored to the Agency's specific objectives and may include analysis, planning, policy support, financial modeling, operational assessments, technology recommendations, implementation assistance, or other specialized consulting services.

At a minimum, each SOW will include:

- Scope of Work
  - Description of the requested services, project objectives, and activities to be performed.
- Project Assumptions, Constraints, and Risks
  - Identification of key dependencies, limitations, and project considerations.
- Deliverables
  - Specific reports, analyses, recommendations, tools, or other work products to be provided.
- Project Schedule
  - Estimated timeframe, milestones, and key deliverable dates.
- Cost Estimate
  - Proposed pricing and assumptions supporting the estimate.

■ Acceptance and Approval

- Signature section for Agency and SSG approval and authorization to proceed.

SSG will work collaboratively with the Agency to develop clear, actionable SOWs that align with program goals, regulatory requirements, operational priorities, and emerging opportunities to enhance funding, compliance, service delivery, and program performance.

**4.1.16.2      *The Vendor shall also assist the Agency with any State Plan or waiver requirements including submissions of any CMS required demonstrations regarding reimbursement services provided under the scope of an approved SOW.***

## **State Plan, Waiver, and CMS Support**

SSG will assist the Agency with State Plan Amendment (SPA), waiver, and other CMS-related activities associated with the School-Based Health Services (SBHS) program, including the development of supporting documentation, reimbursement methodologies, operational procedures, responses to CMS inquiries, and required demonstrations related to services provided under an approved Statement of Work.

SSG brings significant experience supporting Medicaid school-based programs across multiple states, including large-scale administrative claiming, direct service claiming, cost reporting, cost settlement, and reimbursement initiatives. Our team has supported the development and implementation of State Plan Amendments, school-based Medicaid program expansions, and waiver-related activities in numerous states, providing practical insight into CMS expectations, documentation requirements, and approval processes.

This experience allows SSG to provide value beyond administrative support by helping the Agency evaluate policy options, assess operational impacts, anticipate CMS questions, and develop clear and defensible responses to federal reviewers. SSG has participated in state plan and waiver initiatives across multiple jurisdictions and understands the importance of aligning policy, claiming methodology, operational processes, and financial accountability requirements.

SSG also recognizes that West Virginia has recently submitted SPA 26-0001 related to School-Based Health Services program updates, reimbursement methodology changes, and expansion of the eligible population, and that CMS review activities may continue as implementation progresses. If requested, SSG can support the Agency in responding to CMS questions, providing supplemental analyses, reviewing operational implications, and assisting with implementation planning related to approved or pending SPA requirements.

By leveraging our experience across multiple state Medicaid programs, SSG can help the Agency efficiently navigate State Plan, waiver, and CMS requirements while supporting compliance, program sustainability, and successful implementation of SBHS initiatives.

#### **4.1.17 Prior Year Settlement**

***4.1.17.1 Upon Request by the Agency, the Vendor will be required to assist the Agency in performing prior year cost settlements of all SBHS services beginning with SFY2026 through current period.***

SSG agrees to assist the Agency in performing prior year cost settlements of all SBHS services beginning with SFY2026 through current period. SSG will with the Agency and the West Virginia Department of Education to compile the necessary data to complete the calculation of prior year settlements. We will perform this work in accordance with applicable policies and procedures and do so in an expeditious manner.

#### **4.1.18 Service Level Agreement**

***The Vendor must agree to be bound by service level agreements included in Exhibit B.***

SSG agrees to be bound by service level agreements included in Exhibit B.

## 11. MISCELLANEOUS

**11.1 Contract Manager: During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.**

Contract Manager: Stephanie O'Connor

Telephone Number: 502-320-4730

Fax Number: 973-599-6540

Email Address: Stephanie.OConnor@sivicsolutionsgroup.com

## APPENDIX A – PROJECT PLAN

| Task ID | Task Name                                      | Duration | Start    | Finish   | Predecessors |
|---------|------------------------------------------------|----------|----------|----------|--------------|
| 1       | <b>CONTRACT START DATE</b>                     | 0        | 02/01/27 | 02/01/27 |              |
| 2       | <b>PROJECT PLANNING PHASE</b>                  | 30d      | 02/01/27 | 03/12/27 |              |
| 3       | <b>Project Set-up</b>                          | 8d       | 02/01/27 | 02/10/27 |              |
| 4       | Initiation Call                                | 0        | 02/01/27 | 02/01/27 | 1            |
| 5       | Request Documentation                          | 0        | 02/01/27 | 02/01/27 | 4            |
| 6       | Gather Documentation                           | 3d       | 02/01/27 | 02/03/27 | 5            |
| 7       | Review Documentation                           | 1d       | 02/04/27 | 02/04/27 | 6            |
| 8       | Schedule Kick-Off Meeting                      | 3d       | 02/01/27 | 02/03/27 | 1            |
| 9       | Prepare Meeting Materials                      | 3d       | 02/01/27 | 02/03/27 | 1            |
| 10      | Conduct Kick-Off Meeting                       | 0        | 02/03/27 | 02/03/27 | 8            |
| 11      | Update Project Plan                            | 3d       | 02/04/27 | 02/08/27 | 10           |
| 12      | Update Communication Plan                      | 3d       | 02/04/27 | 02/08/27 | 10           |
| 13      | Update Quality Assurance Plans                 | 3d       | 02/04/27 | 02/08/27 | 10           |
| 14      | Update Training Plan                           | 3d       | 02/04/27 | 02/08/27 | 10           |
| 15      | Review and Approve Project Documents           | 2d       | 02/09/27 | 02/10/27 | 11, 12       |
| 16      | Project Initiation Complete                    | 0        | 02/10/27 | 02/10/27 | 15           |
| 17      | <b>Project Management Deliverables</b>         | 30d      | 02/01/27 | 03/12/27 |              |
| 18      | Staffing Plan Complete                         | 30d      | 02/01/27 | 03/12/27 | 1            |
| 19      | Operations and Procedure Manual Complete       | 30d      | 02/01/27 | 03/12/27 | 1            |
| 20      | Training Plan Updated and Finalized            | 24d      | 02/09/27 | 03/12/27 | 14           |
| 21      | Website Developed and Live                     | 30d      | 02/01/27 | 03/12/27 | 1            |
| 22      | <b>SYSTEM IMPLEMENTATION PHASE</b>             | 83d      | 02/04/27 | 05/31/27 |              |
| 23      | <b>e-SivicMACS (RMTS)</b>                      | 46d      | 02/04/27 | 04/08/27 |              |
| 24      | Requirements Document                          | 6d       | 02/11/27 | 02/18/27 |              |
| 25      | Prepare for Functional Requirements Sessions   | 2d       | 02/11/27 | 02/12/27 | 16           |
| 26      | Document Current Business Requirements         | 3d       | 02/15/27 | 02/17/27 | 25           |
| 27      | Document Current Report Definitions            | 3d       | 02/15/27 | 02/17/27 | 25           |
| 28      | Compile Base Functional Requirements Document  | 1d       | 02/18/27 | 02/18/27 | 26, 27       |
| 29      | Complete Preparation for Requirements Sessions | 0        | 02/18/27 | 02/18/27 | 28           |

|    |                                                          |     |          |          |          |
|----|----------------------------------------------------------|-----|----------|----------|----------|
| 30 | Document Technical Design/Configuration Document         | 7d  | 02/19/27 | 03/01/27 |          |
| 31 | Document Technical Design                                | 2d  | 02/19/27 | 02/22/27 | 29       |
| 32 | Review Technical Design/Configuration Document           | 1d  | 02/23/27 | 02/23/27 | 31       |
| 33 | Revise Functional Requirements Doc Deliverable           | 2d  | 02/24/27 | 02/25/27 | 32       |
| 34 | Submit Deliverable Documents                             | 0   | 02/25/27 | 02/25/27 | 33       |
| 35 | Approval of Documents                                    | 0   | 03/01/27 | 03/01/27 | 34FS +2d |
| 36 | Install and Configure Development/Training Environment   | 15d | 02/04/27 | 02/24/27 |          |
| 37 | Install/Configure Development/Training Hardware/Software | 15d | 02/04/27 | 02/24/27 | 10       |
| 38 | System Configuration (RMTS)                              | 28d | 03/02/27 | 04/08/27 |          |
| 39 | Configure and Modify Business Rules                      | 15d | 03/02/27 | 03/22/27 | 35, 37   |
| 40 | Configure/Enhance Reports                                | 15d | 03/02/27 | 03/22/27 | 35, 37   |
| 41 | System Testing                                           | 2d  | 03/23/27 | 03/24/27 | 40       |
| 42 | Record Results and Correct Deficiencies                  | 5d  | 03/23/27 | 03/29/27 | 41SS     |
| 43 | Reconduct System Test                                    | 2d  | 03/30/27 | 03/31/27 | 42       |
| 44 | Finalize and Record Results                              | 1d  | 04/01/27 | 04/01/27 | 43       |
| 45 | System Testing Complete                                  | 0   | 04/01/27 | 04/01/27 | 44       |
| 46 | Production Deployment of e-SivicMACS                     | 5d  | 04/02/27 | 04/08/27 | 45       |
| 47 | Release e-SivicMACS Web System to Production             | 0   | 04/08/27 | 04/08/27 | 46       |
| 48 | <b>e-SivicMACS (Cost Reporting)</b>                      | 78d | 02/11/27 | 05/31/27 |          |
| 49 | Requirements Document                                    | 6d  | 02/11/27 | 02/18/27 |          |
| 50 | Prepare for Functional Requirements Sessions             | 2d  | 02/11/27 | 02/12/27 | 16       |
| 51 | Document Current Business Requirements                   | 3d  | 02/15/27 | 02/17/27 | 50       |
| 52 | Document Current Report Definitions                      | 3d  | 02/15/27 | 02/17/27 | 50       |
| 53 | Compile Base Functional Requirements Document            | 1d  | 02/18/27 | 02/18/27 | 51, 52   |
| 54 | Complete Preparation for Requirements Sessions           | 0   | 02/18/27 | 02/18/27 | 53       |

|    |                                                              |     |          |          |        |
|----|--------------------------------------------------------------|-----|----------|----------|--------|
| 55 | Document Technical Design/Configuration Document             | 5d  | 02/19/27 | 02/25/27 |        |
| 56 | Document Technical Design                                    | 2d  | 02/19/27 | 02/22/27 | 54     |
| 57 | Review Technical Design/Configuration Document               | 1d  | 02/23/27 | 02/23/27 | 56     |
| 58 | Revise Functional Requirements Doc Deliverable               | 2d  | 02/24/27 | 02/25/27 | 57     |
| 59 | Submit Deliverable Documents                                 | 0   | 02/25/27 | 02/25/27 | 58     |
| 60 | Approval of Documents                                        | 0   | 02/25/27 | 02/25/27 | 59     |
| 61 | Install and Configure Development/Training Environment       | 15d | 02/11/27 | 03/03/27 |        |
| 62 | Install/Configure Development/Training Hardware/Software     | 15d | 02/11/27 | 03/03/27 | 16     |
| 63 | System Configuration (Cost Reporting)                        | 63d | 03/04/27 | 05/31/27 |        |
| 64 | Configure and Modify Business Rules                          | 36d | 03/04/27 | 04/22/27 | 62, 60 |
| 65 | Configure/Enhance Reports                                    | 36d | 03/04/27 | 04/22/27 | 62, 60 |
| 66 | System Testing                                               | 5d  | 04/23/27 | 04/29/27 | 65, 64 |
| 67 | Record Results and Correct Deficiencies                      | 10d | 04/30/27 | 05/13/27 | 66     |
| 68 | Reconduct System Test                                        | 5d  | 05/14/27 | 05/20/27 | 67     |
| 69 | Finalize and Record Results                                  | 2d  | 05/21/27 | 05/24/27 | 68     |
| 70 | System Testing Complete                                      | 0   | 05/24/27 | 05/24/27 | 69     |
| 71 | Production Deployment of e-SivicMACS                         | 5d  | 05/25/27 | 05/31/27 | 70     |
| 72 | Release e-SivicMACS(Cost Reporting) Web System to Production | 0   | 05/31/27 | 05/31/27 | 71     |
| 73 | <b>MAXCapture (FFS)</b>                                      | 78d | 02/11/27 | 05/31/27 |        |
| 74 | Requirements Document                                        | 6d  | 02/11/27 | 02/18/27 |        |
| 75 | Prepare for Functional Requirements Sessions                 | 2d  | 02/11/27 | 02/12/27 | 16     |
| 76 | Document Current Business Requirements                       | 3d  | 02/15/27 | 02/17/27 | 75     |
| 77 | Document Current Report Definitions                          | 3d  | 02/15/27 | 02/17/27 | 75     |
| 78 | Compile Base Functional Requirements Document                | 1d  | 02/18/27 | 02/18/27 | 75, 76 |
| 79 | Complete Preparation for Requirements Sessions               | 0   | 02/18/27 | 02/18/27 | 78     |



|     |                                                              |      |          |          |              |
|-----|--------------------------------------------------------------|------|----------|----------|--------------|
| 80  | Document Technical Design/Configuration Document             | 3d   | 02/19/27 | 02/23/27 |              |
| 81  | Document Technical Design                                    | 1d   | 02/19/27 | 02/19/27 | 79           |
| 82  | Review Technical Design/Configuration Document               | 1d   | 02/22/27 | 02/22/27 | 81           |
| 83  | Revise Functional Requirements Doc Deliverable               | 1d   | 02/23/27 | 02/23/27 | 82           |
| 84  | Submit Deliverable Documents                                 | 0    | 02/23/27 | 02/23/27 | 83           |
| 85  | Approval of Documents                                        | 0    | 02/23/27 | 02/23/27 | 84           |
| 86  | Install and Configure Development/Training Environment       | 20d  | 02/19/27 | 03/18/27 |              |
| 87  | Install/Configure Development/Training Hardware/Software     | 20d  | 02/19/27 | 03/18/27 | 79           |
| 88  | System Configuration (Cost Reporting)                        | 52d  | 03/19/27 | 05/31/27 |              |
| 89  | Configure and Modify Business Rules                          | 40d  | 03/19/27 | 05/13/27 | 87, 85       |
| 90  | Configure/Enhance Reports                                    | 40d  | 03/19/27 | 05/13/27 | 87, 85       |
| 91  | System Testing                                               | 5d   | 05/14/27 | 05/20/27 | 89, 90       |
| 92  | Record Results and Correct Deficiencies                      | 5d   | 05/14/27 | 05/20/27 | 91SS         |
| 93  | Reconduct System Test                                        | 1d   | 05/21/27 | 05/21/27 | 92           |
| 94  | Finalize and Record Results                                  | 1d   | 05/24/27 | 05/24/27 | 93           |
| 95  | System Testing Complete                                      | 0    | 05/24/27 | 05/24/27 | 94           |
| 96  | Production Deployment of e-SivicMACS                         | 5d   | 05/25/27 | 05/31/27 | 95           |
| 97  | Release e-SivicMACS(Cost Reporting) Web System to Production | 0    | 05/31/27 | 05/31/27 | 96           |
| 98  | <b>CPE OPERATIONS PHASE</b>                                  | 300d | 04/09/27 | 06/01/28 |              |
| 99  | <b>RMTS Operations</b>                                       | 136d | 04/09/27 | 10/15/27 |              |
| 100 | Administer Time Study (Jul - Sept 2027)                      | 136d | 04/09/27 | 10/15/27 |              |
| 101 | Quarter Data Collection                                      | 45d  | 04/09/27 | 06/10/27 |              |
| 102 | Collect Participant List                                     | 45d  | 04/09/27 | 06/10/27 | 47           |
| 103 | Collect Work Schedules                                       | 45d  | 04/09/27 | 06/10/27 | 47           |
| 104 | QA Data                                                      | 45d  | 04/09/27 | 06/10/27 | 102SS, 103SS |
| 105 | Administer Time Study (Jul - Sept 2027)                      | 91d  | 06/11/27 | 10/15/27 |              |
| 106 | Generate Time Study                                          | 10d  | 06/11/27 | 06/24/27 | 104          |
| 107 | QA Time Study                                                | 3d   | 06/25/27 | 06/29/27 | 106          |
| 108 | First Notice Sent                                            | 1d   | 06/30/27 | 06/30/27 | 107          |

|     |                                                             |      |          |          |           |
|-----|-------------------------------------------------------------|------|----------|----------|-----------|
| 109 | Conduct Time Study                                          | 66d  | 07/01/27 | 09/30/27 | 108       |
| 110 | Code Moments                                                | 67d  | 07/01/27 | 10/01/27 | 109SS     |
| 111 | Monitoring Compliance                                       | 67d  | 07/01/27 | 10/01/27 | 109SS     |
| 112 | QA of Coded Moments                                         | 67d  | 07/01/27 | 10/01/27 | 110SS     |
| 113 | Submit 5% of Moments for Validation                         | 0    | 10/04/27 | 10/04/27 | 112FS +1d |
| 114 | Validation of Moments                                       | 5d   | 10/05/27 | 10/11/27 | 113       |
| 115 | Generate Quarterly Report                                   | 4d   | 10/12/27 | 10/15/27 | 114       |
| 116 | Deliver Quarterly Report                                    | 0    | 10/15/27 | 10/15/27 | 115       |
| 117 | <b>Quarterly Cost Report Operations</b>                     | 57d  | 06/01/27 | 08/18/27 |           |
| 118 | MAC Operations (May - June 2027)                            | 57d  | 06/01/27 | 08/18/27 |           |
| 119 | Load Data into System                                       | 5d   | 06/01/27 | 06/07/27 | 72        |
| 120 | Prep System for Opening                                     | 17d  | 06/08/27 | 06/30/27 | 119       |
| 121 | Open System for Data Entry                                  | 0    | 06/30/27 | 06/30/27 | 120       |
| 122 | Enter Quarterly Costs                                       | 10d  | 07/01/27 | 07/14/27 | 120       |
| 123 | Desk Review of Costs                                        | 5d   | 07/15/27 | 07/21/27 | 122       |
| 124 | Generate Claims                                             | 10d  | 07/22/27 | 08/04/27 | 123       |
| 125 | Sign CPE                                                    | 10d  | 08/05/27 | 08/18/27 | 124       |
| 126 | Submit MAC Quarterly Claims                                 | 0    | 08/18/27 | 08/18/27 | 125       |
| 127 | <b>Annual Cost Report</b>                                   | 263d | 06/01/27 | 06/01/28 |           |
| 128 | Load Data                                                   | 75d  | 06/01/27 | 09/13/27 | 72        |
| 129 | Test Data and Send Credentials                              | 13d  | 09/14/27 | 09/30/27 | 128       |
| 130 | Open the System                                             | 1d   | 10/01/27 | 10/01/27 | 129       |
| 131 | Load Data for the 2027 School Year                          | 65d  | 10/04/27 | 12/31/27 | 130       |
| 132 | Desk Review of Data                                         | 21d  | 01/03/28 | 01/31/28 | 131       |
| 133 | Updates to Data by School Districts                         | 21d  | 02/01/28 | 02/29/28 | 132       |
| 134 | Load Payment and Statistical Information                    | 22d  | 03/01/28 | 03/30/28 | 133       |
| 135 | Generate Annual Cost Reports                                | 20d  | 03/31/28 | 04/27/28 | 134       |
| 136 | Sign and Load CPE Forms                                     | 20d  | 04/28/28 | 05/25/28 | 135       |
| 137 | QA Final Cost Settlement and CPE Forms and Submit to Agency | 5d   | 05/26/28 | 06/01/28 | 136       |
| 138 | <b>CPE TRAINING</b>                                         | 144d | 03/15/27 | 09/30/27 |           |
| 139 | <b>RMTS</b>                                                 | 80d  | 03/15/27 | 07/02/27 |           |
| 140 | Update Materials                                            | 15d  | 03/15/27 | 04/02/27 | 20        |
| 141 | Schedule Coordinator Training                               | 15d  | 03/15/27 | 04/02/27 | 140SS     |

|     |                                                         |     |          |          |               |
|-----|---------------------------------------------------------|-----|----------|----------|---------------|
| 142 | Conduct Coordinator Trainings                           | 10d | 04/05/27 | 04/16/27 | 141           |
| 143 | Schedule Participant Trainings                          | 30d | 05/03/27 | 06/11/27 | 141FS +20d    |
| 144 | Conduct Participant Trainings                           | 15d | 06/14/27 | 07/02/27 | 143           |
| 145 | Initial Trainings Complete                              | 0   | 07/02/27 | 07/02/27 | 144, 142      |
| 146 | <b>Quarterly Cost Report</b>                            | 42d | 05/04/27 | 06/30/27 |               |
| 147 | Update Materials                                        | 32d | 05/04/27 | 06/16/27 | 20, 72FS -20d |
| 148 | Schedule Finance Trainings                              | 10d | 06/03/27 | 06/16/27 | 147FS -10d    |
| 149 | Conduct Finance Trainings                               | 10d | 06/17/27 | 06/30/27 | 148           |
| 150 | Finance Cost Entry Training Complete                    | 0   | 06/30/27 | 06/30/27 | 149           |
| 151 | <b>Annual Cost Report</b>                               | 88d | 06/01/27 | 09/30/27 |               |
| 152 | Update Materials                                        | 70d | 06/01/27 | 09/06/27 | 20, 71        |
| 153 | Schedule Annual Cost Settlement Training                | 17d | 08/10/27 | 09/01/27 | 152FS -20d    |
| 154 | Conduct Cost Settlement Trainings                       | 16d | 09/09/27 | 09/30/27 | 153FS +5d     |
| 155 | Initial Cost Settlement Training Complete               | 0   | 09/30/27 | 09/30/27 | 154           |
| 156 | <b>INTERIM RATE SETTING</b>                             | 55d | 06/01/27 | 08/16/27 |               |
| 157 | Establish Rate Setting Rules Guide                      | 20d | 06/01/27 | 06/28/27 |               |
| 158 | Collect Cost and Payment Data Required for Rate Setting | 30d | 06/01/27 | 07/12/27 | 157SS         |
| 159 | Calculate Draft Rates                                   | 10d | 07/13/27 | 07/26/27 | 158           |
| 160 | Submit Draft Rates for Review and Review by Agency      | 10d | 07/27/27 | 08/09/27 | 159           |
| 161 | Updates to Rates                                        | 5d  | 08/10/27 | 08/16/27 | 160           |
| 162 | New Rates Approved                                      | 0   | 08/16/27 | 08/16/27 | 161           |
| 163 | <b>FEE-FOR-SERVICE (July thru August 2027)</b>          | 88d | 06/01/27 | 09/30/27 |               |
| 164 | Load Student and Provider Data                          | 20d | 06/01/27 | 06/28/27 | 97            |
| 165 | QA Data                                                 | 3d  | 06/29/27 | 07/01/27 | 164           |
| 166 | July Services Entered                                   | 21d | 07/02/27 | 07/30/27 | 165           |
| 167 | Medicaid Eligibility Check                              | 30d | 07/02/27 | 08/12/27 | 165           |
| 168 | Generate Claim File                                     | 10d | 08/13/27 | 08/26/27 | 167           |
| 169 | QA File                                                 | 2d  | 08/27/27 | 08/30/27 | 168           |
| 170 | Submit Claim File for July Services                     | 1d  | 08/31/27 | 08/31/27 | 169           |
| 171 | August Services Entered                                 | 22d | 08/02/27 | 08/31/27 | 166           |
| 172 | Medicaid Eligibility Check                              | 31d | 08/02/27 | 09/13/27 | 166           |
| 173 | Generate Claim File                                     | 10d | 09/14/27 | 09/27/27 | 172           |
| 174 | QA File                                                 | 2d  | 09/28/27 | 09/29/27 | 173           |

|     |                                        |      |          |          |     |
|-----|----------------------------------------|------|----------|----------|-----|
| 175 | Submit Claim Files for August Services | 1d   | 09/30/27 | 09/30/27 | 174 |
| 176 | <b>OVERSIGHT AND MONITORING</b>        | 232d | 02/11/27 | 12/31/27 |     |
| 177 | Set-Up Review Schedule                 | 60d  | 02/11/27 | 05/05/27 | 16  |
| 178 | Schedule QAR Meetings                  | 40d  | 05/06/27 | 06/30/27 | 177 |
| 179 | Virtual Reviews                        | 132d | 07/01/27 | 12/31/27 | 178 |
| 180 | On-site Reviews                        | 132d | 07/01/27 | 12/31/27 | 178 |

## **APPENDIX B – OHIO: STATE PLAN, MSP GUIDE, AND TIME STUDY IMPLEMENTATION GUIDE**

## State Plan



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

*Administrator*

Washington, DC 20201

**AUG 12 2008**

Mr. John R. Corlett  
Medicaid Director  
30 East Broad Street  
Columbus, OH 43215-3414

Dear Mr. Corlett:

This letter concerns the pending reconsideration request for Ohio State plan amendment (SPA) 05-020. The State of Ohio originally submitted SPA 05-007 and SPA 05-020, which proposed to provide services under the rehabilitation benefit to Medicaid-eligible children attending Ohio's public schools and participating in the State's Medicaid School Program. SPA 05-020 seeks to comply with Federal coverage and rate-setting requirements for Medicaid school-based services funded by certified public expenditures (CPEs).

The Centers for Medicare & Medicaid Services (CMS) disapproved these amendments on October 28, 2005, due to their lack of compliance with Federal law. Specifically, these SPAs violated numerous provisions of section 1902 of the Social Security Act (the Act), including section 1902(a)(1), which requires that services be available statewide; 1902(a)(10)(B) which requires that services be comparable within groups of Medicaid-eligible beneficiaries; and 1902(a)(23), which guarantees beneficiaries free choice of providers. Under the proposed SPAs, services would have been covered only for select groups of students in participating schools.

Ohio indicated that the non-Federal share of claimed expenditures for school-based services would be provided through CPEs, but did not show any auditable method for determining or documenting such expenditures. As a result, CMS could not conclude that the proposed plan would provide for the non-Federal share required under section 1902(a)(2) of the Act. In addition, the State did not provide documentation to demonstrate that the rates reflected the cost of providing the services. Thus, CMS could not conclude that the proposed level of payment would be consistent with efficiency, economy, and quality of care, as required by section 1902(a)(30)(A) of the Act. Finally, because the State's proposal did not include conclusive cost information, Ohio did not establish that the proposed payments could be the basis for claimed expenditures consistent with section 1903(a)(1) of the Act, and for the overall Federal-State financial partnership that is established under title XIX of the Act.

On February 8, 2008, the State submitted a revised SPA 05-020 to replace the proposals that were submitted under SPA 05-007 and the former 05-020, which were pending reconsideration by CMS. Specifically, the revised SPA 05-020 proposed changes to rehabilitative and mental health services as well as nursing services and physical therapy. The SPA also included a cost-based reimbursement for Individuals with Disabilities Education Act services, and reimbursement changes for case management services provided in schools. With the submission of this SPA, Ohio addressed all the concerns raised in the disapproval letter and met all the

statutory requirements for the additional services. As it relates to the services that were previously disapproved, the additional information showed that the services may be provided by any willing and qualified provider and are comparable in amount, duration, and scope for all Medicaid beneficiaries, and offered statewide. The information included in the State plan provides the necessary assurances that services are not restricted to the school setting and that providers meet the required qualification to render services to Medicaid beneficiaries. This additional information demonstrates that the State plan complies with sections 1902(a)(10)(B), 1902(a)(1), and 1902(a)(23) of the Act.

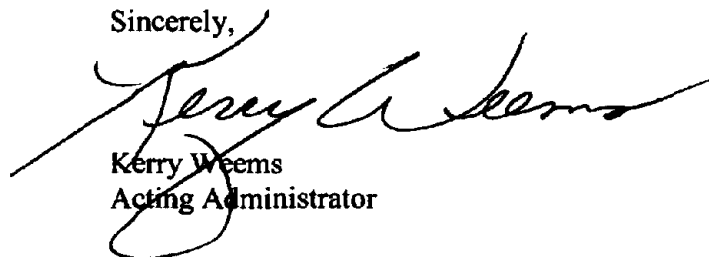
Additionally, the State implemented, and described in the State plan, an auditable cost identification methodology that is approvable by CMS and supports the use of CPEs as the source of the State share of Medicaid payments. Specifically, the State has developed a statistically valid time-study that is used to identify the amount of time Medicaid-qualified practitioners engage in the provision of covered services. The State also developed a CMS-approved cost report that instructs providers to report the appropriate direct and indirect costs of Medicaid-covered services. These costs are allocated to the Medicaid program using an allocation percentage to isolate and reconcile Medicaid's obligation for the service costs. This information is sufficient to demonstrate that the proposed payments comply with the requirements of sections 1902(a)(2), 1902(a)(30)(A), and 1903(a)(1) of the Act.

The revised SPA 05-020 meets all statutory requirements necessary for approval. Therefore, I am pleased to inform you that the amendment has been approved with an effective date of July 1, 2005. The revised approved plan pages are enclosed for incorporation into the Ohio Medicaid State plan.

As you may be aware, CMS published a final rule on December 28, 2007, eliminating reimbursement for costs related to transportation of school-age children between home and school. While this rule is currently subject to a statutory moratorium that precludes CMS implementation or enforcement, once this moratorium is lifted, CMS anticipates that all or part of the transportation services authorized under SPA 05-020 will no longer be eligible for Federal financial participation.

Approval of this SPA does not relieve the State of its responsibility to comply with changes in Federal laws and regulations, and to ensure that claims for Federal funding are consistent with all applicable requirements.

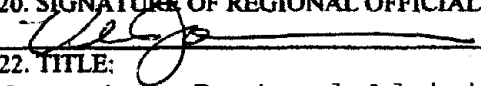
Sincerely,

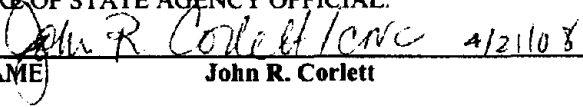
A handwritten signature in black ink, appearing to read "Kerry Weems", is written over a horizontal line.

Kerry Weems  
Acting Administrator

Enclosure



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                           |                          |
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| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 1. TRANSMITTAL NUMBER:<br><b>05 - 020</b>                                                                                                                                                                                 | 2. STATE:<br><b>OHIO</b> |
| <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE<br>SOCIAL SECURITY ACT (MEDICAID)                                                                                                                                             |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 4. PROPOSED EFFECTIVE DATE<br><b>July 1, 2005</b>                                                                                                                                                                         |                          |
| TO: REGIONAL ADMINISTRATOR<br>CENTERS FOR MEDICARE & MEDICAID SERVICES<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                           |                          |
| 5. TYPE OF PLAN MATERIAL (Check One):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                           |                          |
| <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> <b>AMENDMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                           |                          |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                           |                          |
| 6. FEDERAL STATUTE/REGULATION CITATION:<br><b>42CFR430.12, 42CFR440.130</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 7. FEDERAL BUDGET IMPACT:<br>a. FFY      2008      \$ 38.8M<br>b. FFY      2009      \$ 52.3M                                                                                                                             |                          |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br>Attachment 3.1-A, Pre-print pages 2 and 3, Item 6. "Other Practitioners' Services<br>(Continued), <u>Nursing Services</u> " Page 1 of 1.<br><br>Attachment 3.1-A, Pre-print page 4, Item 11, a,b,c. "Physical Therapy and related<br>services" Pages 1 through 3.<br><br>Attachment 3.1-A, Pre-print pages 5 and 6, Item 13. "Other diagnostic, screening,<br>preventive, and rehabilitative services, i.e., other than those provided elsewhere in the<br>plan." (Continued)<br>d. Rehabilitative services. (Continued) 1.(a) Mental Health Services delivered through<br>Medicaid School Program Providers" Page 1 through 3<br><br>Supplement 1 to Attachment 3.1-A<br>From Pre-Print Page 8, Item 19. Page 1-D through 5-D<br><br>Attachment 4.19-B, (Filed at end), Reference Attachments 3.1-A, ITEMS 6, 11, 13, 19<br>and 24, Pages 1 through 4, "Cost-Based Reimbursement for IDEA Services Provided in<br>Schools" |  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION<br>OR ATTACHMENT (If Applicable):<br><br><b>Attachment 3.1-A, Pre-print page 4, Item 11, a,b,c. "Physical<br/>         Therapy and related services" Pages 1 through 2.</b> |                          |
| 10. SUBJECT OF AMENDMENT:<br><b>NURSING SERVICES DELIVERED THROUGH MEDICAID SCHOOL PROGRAM PROVIDERS<br/>         PHYSICAL THERAPY AND RELATED SERVICES<br/>         MENTAL HEALTH SERVICES DELIVERED THROUGH MEDICAID SCHOOL PROGRAM PROVIDERS<br/>         CASE MANAGEMENT SERVICES TO CHILDREN AGE 3 TO 21 WITH A DISABILITY (DELIVERED THROUGH PARTICIPATING SCHOOLS)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                           |                          |
| 11. GOVERNOR'S REVIEW (Check One):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                           |                          |
| <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT<br><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED<br><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <input checked="" type="checkbox"/> <b>OTHER, AS SPECIFIED:</b><br>Governor has delegated signature authority<br>to ODJFS Director. Director has delegated<br>signature authority to Medicaid Director                    |                          |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 16. RETURN TO:                                                                                                                                                                                                            |                          |
| 13. TYPED NAME: <b>John R. Corlett</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <b>Becky Jackson</b><br><b>OHP/Bureau of Health Plan Policy</b><br><b>Ohio Department of Job and Family Services</b><br><b>P.O BOX 182709</b><br><b>Columbus, Ohio 43218</b>                                              |                          |
| 14. TITLE: <b>MEDICAID DIRECTOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                           |                          |
| 15. DATE SUBMITTED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                           |                          |
| <b>FOR REGIONAL OFFICE USE ONLY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                           |                          |
| 17. DATE RECEIVED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 18. DATE APPROVED:<br>August 12, 2008                                                                                                                                                                                     |                          |
| <b>PLAN APPROVED - ONE COPY ATTACHED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                           |                          |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:<br>July 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 20. SIGNATURE OF REGIONAL OFFICIAL:<br>                                                                                               |                          |
| 21. TYPED NAME:<br>Verlon Johnson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 22. TITLE:<br>Associate Regional Administrator                                                                                                                                                                            |                          |
| 23. REMARKS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                           |                          |

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| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 1. TRANSMITTAL NUMBER:<br><b>05 - 020</b>                                                                                                                                                                        | 2. STATE<br><b>OHIO</b> |
| FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE<br>SOCIAL SECURITY ACT (MEDICAID)                                                                                                                                    |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 4. PROPOSED EFFECTIVE DATE<br><b>July 1, 2005</b>                                                                                                                                                                |                         |
| TO: REGIONAL ADMINISTRATOR<br>CENTERS FOR MEDICARE & MEDICAID SERVICES<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                  |                         |
| 5. TYPE OF PLAN MATERIAL (Check One):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                  |                         |
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| 6. FEDERAL STATUTE/REGULATION CITATION:<br><b>42CFR430.12, 42CFR440.130</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 7. FEDERAL BUDGET IMPACT:                                                                                                                                                                                        |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | a. FFY      2008      \$ 38.8M                                                                                                                                                                                   |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | b. FFY      2009      \$ 52.3M                                                                                                                                                                                   |                         |
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| 11. GOVERNOR'S REVIEW (Check One):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                  |                         |
| <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT<br><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED<br><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <input checked="" type="checkbox"/> OTHER, AS SPECIFIED:<br>Governor has delegated signature authority<br>to ODJFS Director. Director has delegated<br>signature authority to Medicaid Director                  |                         |
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| <b>FOR REGIONAL OFFICE USE ONLY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                  |                         |
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| <b>PLAN APPROVED - ONE COPY ATTACHED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                  |                         |
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| 23. REMARKS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                  |                         |

6. Medical care and any other types of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by State law. (Continued)

d. Other Practitioners' Services. (Continued)

Nursing Services Delivered Through A Medicaid School Program Provider

Nursing services described here are available when provided through a Medicaid school program provider. Reimbursement for nursing services may require that the services be prescribed by a Medicaid authorized prescriber, who is either a physician, podiatrist, or dentist, licensed by the state and working within his or her scope of practice as defined by Ohio law. Services must be delivered by a licensed registered nurse or licensed practical nurse working within their scope of practice as defined in Ohio law. Such services may include, but are not limited to, tube feeds, bowel and bladder care, catheterizations, dressing changes, and medication administration. Nursing services are also available out side of a Medicaid school program provider as a part of physician services, home health services, ambulatory care center/clinic services, outpatient hospital services, nursing facility services and private duty nursing services.

In order to receive reimbursement for nursing services the Medicaid school program provider must document the service in a child's individualized education program (IEP) developed in accordance with the Individuals with Disabilities Education Act (IDEA) prior to the provision of the service. Services may also include the initial assessment conducted by a licensed registered nurse or licensed practical nurse as a part of the multi-factored evaluation team, and for subsequent assessments and reviews conducted in accordance with IDEA.

Coverage of nursing services provided by a licensed nurse must meet conditions of medical necessity established by the department.

**11. Physical Therapy and related services.****a. Physical Therapy**

Reimbursement for physical therapy services requires that the services be prescribed by a Medicaid authorized prescriber, who is either a physician, podiatrist, or dentist, licensed by the state and working within his or her scope of practice as defined by Ohio law. A prescription by a Medicaid authorized prescriber will not be required as a condition for Medicaid reimbursement for services delivered by a Medicaid School Program (MSP) provider, as defined in OAC, if the services are authorized by a licensed practitioner of the healing arts and indicated in an individualized education program (IEP) developed in accordance with the Individuals with Disabilities Education Act (IDEA).

At a minimum, a qualified physical therapist will be a licensed physical therapist, licensed in accordance with Ohio law, who meets the provider qualifications outlined in 42 CFR 440.110.

At a minimum, a qualified physical therapist assistant will be a licensed physical therapist assistant, licensed in accordance with Ohio law, who has completed a two-year program of education. The licensed physical therapist assistant can provide physical therapy only under the supervision of a qualified physical therapist who will conduct face-to-face client evaluations initially and periodically (not less than annually) thereafter to determine the current level of physical functioning of the patient and to identify appropriate therapeutic interventions to address the findings of the evaluation/re-evaluation.

Independent practitioners of physical therapy must also be certified under the Medicare program and must maintain an independent practice as defined and determined under Medicare.

Physical therapy services must be for a reasonable amount, frequency, and duration.

A physician or licensed physical therapist must develop and forward to the Medicaid authorized prescriber a plan of care for the patient that must be based on the evaluation of the patient. The plan of care must include specific therapeutic procedures to be used, specific functional goals, the prescription for services, and updates to the plan of care. For the MSP provider, the plan of care will be included in the individualized education program (IEP) and maintained by the MSP provider.

A physician, licensed physical therapist, or licensed physical therapist assistant working within his or her scope of practice as defined by state law must furnish the physical therapy services in accordance with the patient's plan of care that has been approved by the Medicaid authorized prescriber or in accordance with the IEP.

### Limitations

In accordance with the EPSDT program, children may receive services beyond established limits, when medically necessary and approved through the prior authorization process.

Maintenance services are non-covered services.

### b. Occupational Therapy

Medicaid-authorized providers of occupational therapy services include MSP providers and outpatient hospitals.

A prescription by a Medicaid authorized prescriber will not be required as a condition for Medicaid reimbursement of occupational therapy services delivered by a Medicaid School Program (MSP) provider, as defined in OAC, if the services are authorized by a licensed practitioner of the healing arts and indicated in an individualized education program (IEP) developed in accordance with the Individuals with Disabilities Education Act (IDEA).

At a minimum, a qualified occupational therapist will be a licensed occupational therapist, licensed in accordance with Ohio law, who meets the provider qualifications outlined in 42 CFR 440.110.

At a minimum, a qualified occupational therapy assistant will be a licensed occupational therapy assistant, licensed in accordance with Ohio law, who has completed a two-year program of education. The licensed occupational therapy assistant can provide occupational therapy only under the supervision of a qualified occupational therapist who will conduct face-to-face client evaluations initially and periodically (not less than annually) thereafter to determine the current sensory motor functional level of the patient and identifying appropriate therapeutic interventions to address the findings of the evaluation/re-evaluation.

Occupational therapy services must be for a reasonable amount, frequency, and duration. Each period of treatment must begin with an evaluation and end with a progress summary/progress report. If an additional treatment period is indicated, then the period of treatment must end with a re-evaluation. The development of a maintenance plan is covered, but maintenance services are not covered.

For the MSP provider, the plan of care will be included in the individualized education program (IEP) and maintained by the MSP provider.

The MSP provider must furnish the occupational therapy services in accordance with the IEP.

TN No. 05-020 Approval Date AUG 12 2008  
Supersedes  
TN No. 93-22 Effective Date 7/1/05

c. Services for individuals with speech, hearing, and language disorders (provided by or under supervision of a speech pathologist or audiologist).

Services are covered if provided by a Medicaid School Program (MSP) provider or eligible providers of physician services. This includes physicians, employees of a physician working under the supervision of the physician, or clinics (both fee-for-service or cost-based clinics).

Reimbursement for speech language pathology and audiology services requires that the services be prescribed by a doctor of medicine or osteopathy working within his or her scope of practice as defined by Ohio law.

A prescription by a Medicaid authorized prescriber will not be required as a condition for Medicaid reimbursement for services delivered by a MSP provider, as defined in OAC, if the services are authorized by a licensed practitioner of the healing arts and indicated in an individualized education program (IEP) developed in accordance with the Individuals with Disabilities Education Act (IDEA).

At a minimum, a qualified speech-language pathologist (SLP) will be a licensed SLP, licensed in accordance with Ohio law, who meets the provider qualifications outlined in 42 CFR 440.110.

At a minimum, a qualified audiologist will be a licensed audiologist, licensed in accordance with Ohio law, who meets the provider qualifications outlined in 42 CFR 440.110.

At a minimum, qualified speech-language pathology and audiology (SLPA) aides will be licensed SLPA aides, licensed in accordance with Ohio law, who have completed training requirements as outlined in the approved application and specific to assigned tasks. The licensed speech-language pathologist or audiologist who signs the application for the aide shall supervise that particular aide. The aide may provide services only under the supervision of the speech-language pathology or audiology supervisor of record for that applicant who will conduct face-to-face client evaluations initially and periodically (not less than annually) thereafter to determine the current level of speech-language of the patient and to identify the appropriate speech-language treatment to address the findings of the evaluation/re-evaluation.

Speech-language pathology and audiology services must be for a reasonable amount, frequency, and duration. Each period of treatment must begin with an evaluation and end with a progress summary/progress report. If an additional treatment period is indicated, then the period of treatment must end with a re-evaluation. The development of a maintenance plan is covered, but maintenance services are not covered.

For the MSP provider, the plan of care will be included in the individualized education program (IEP) and maintained by the MSP provider.

The MSP provider must furnish the speech-language pathology or audiology services in accordance with the IEP.

TN No. 05-020 Approval Date AUG 12 2008  
Supersedes  
TN No. NEW Effective Date 7/1/05

**13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. (Continued)**

**d. Rehabilitative services. (Continued)**

**1.(a) MENTAL HEALTH SERVICES DELIVERED THROUGH A  
MEDICAID SCHOOL PROGRAM PROVIDER**

Counseling, social work and psychology/school psychology services described here are available when provided through a Medicaid school program provider when the service is recommended by a licensed counselor, social worker, or psychologist/school psychologist acting within the scope of his or her practice as defined in Ohio law. These services will be provided in compliance with 42 CFR 440.130. Counseling, social work and psychology/school psychology (mental health) services are also available through the community mental health system.

In order to be reimbursed for the provision of counseling, social work and psychology/school psychology services provided through a Medicaid school program provider the service must be documented in a child's individualized education program (IEP) developed in accordance with the Individuals with Disabilities Education Act (IDEA) prior to the provision of the service. Services may include, but are not limited to behavioral health counseling and therapy, mental health assessment, interactive psychotherapy, individual psychotherapy and family therapy when services are provided to or for the Medicaid eligible child to maximize the reduction of a mental disability and to restore the child to his best possible functional level. Services may also include the initial assessment conducted by a licensed counselor, psychologist/school psychologist or social worker as a part of the multi-factored evaluation team and for subsequent assessments and reviews conducted in accordance with IDEA.

Qualified practitioner who can deliver the services:

Licensed clinical counselor who holds a current, valid license to practice issued under Ohio Revised Code, and who holds a graduate degree in counseling from an accredited educational institution, completes a minimum of ninety quarter hours of graduate credit in counselor training, and has had 2 years post-graduate or 1 year post-doctorate supervised experience in counseling.

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**13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. (Continued)**

**d. Rehabilitative services. (Continued)**

**1.(a) MENTAL HEALTH SERVICES DELIVERED THROUGH A  
MEDICAID SCHOOL PROGRAM PROVIDER**

Licensed counselor who holds a current, valid license to practice issued under Ohio Revised Code, and who holds a graduate degree in counseling from an accredited educational institution and complete a minimum of ninety quarter hours of in-graduate or post-graduate credit in counselor training.

Licensed independent social worker who holds a current, valid license to practice issued under Ohio Revised Code, and who holds a master or doctorate degree in social work from an accredited educational institution and complete at least two years of post-master's degree social work experience supervised by an independent social worker.

Licensed social worker who holds a current, valid license to practice issued under Ohio Revised Code, and who holds from an accredited educational institution either a baccalaureate degree in social work, a baccalaureate degree in a program closely related to social work (prior to October 10, 1992 and approved by the committee), a master of social work degree, or a doctorate in social work.

Licensed psychologist who holds a current, valid license to practice psychology issued under Ohio Revised Code, who has received from an educational institution accredited or recognized by national or regional accrediting agencies as maintaining satisfactory standards an earned doctoral degree in psychology, school psychology, or a doctoral degree deemed equivalent by the Ohio State Board of Psychology (the board), and has had at least two years of supervised professional experience in psychological work of a type satisfactory to the board, at least one year of which must be postdoctoral.

Licensed school psychologist who holds a current, valid license to practice school psychology issued under Ohio Revised Code, who has received from an educational institution accredited or recognized by

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**13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. (Continued)**

**d. Rehabilitative services. (Continued)**

**1.(a) MENTAL HEALTH SERVICES DELIVERED THROUGH A  
MEDICAID SCHOOL PROGRAM PROVIDER**

national or regional accrediting agencies as maintaining satisfactory standards, including those approved by the state board of education for the training of school psychologists, at least a master's degree in school psychology, or a degree considered equivalent by the board; has completed at least sixty quarter hours, or the semester hours equivalent, at the graduate level, of accredited study in course work relevant to the study of school psychology.

Coverage of counseling and psychology/school psychology services provided by a licensed counselor, psychologist/school psychologist or social worker must meet conditions of medical necessity established by the department.

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**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**  
**State/Territory: OHIO**

**CASE MANAGEMENT SERVICES TO CHILDREN AGE 3 TO 21 WITH A  
DISABILITY  
(DELIVERED THROUGH PARTICIPATING SCHOOLS)**

- A. Target Group: Medicaid eligible child age 3 to 21 with a developmental disability as defined in section 5123.01 of the Ohio Revised Code who, by reason thereof, requires special education in accordance with the Ohio Revised Code and who are not receiving targeted case management (TCM) from county boards of Mental Retardation and Development Disabilities (MRDD).

Developmental disability as defined in section 5123.01 of the Ohio Revised Code means a severe, chronic disability that is characterized by all of the following:

1. It is attributable to a mental or physical impairment or a combination of mental and physical impairments, other than a mental or physical impairment solely caused by mental illness as defined in division (A) of section 5122.01 of the Revised Code.
2. It is manifested before age twenty-two.
3. It is likely to continue indefinitely.
4. It results in one of the following:
  - a. In the case of a person under three years of age, at least one developmental delay or an established risk;
  - b. In the case of a person at least three years of age but under six years of age, at least two developmental delays or an established risk;
  - c. In the case of a person six years of age or older, a substantial functional limitation in at least three of the following areas of major life activity, as appropriate for the person's age: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and, if the person is at least sixteen years of age, capacity for economic self-sufficiency.
5. It causes the person to need a combination and sequence of special, interdisciplinary, or other type of care, treatment, or provision of services for an extended period of time that is individually planned and coordinated for the person.

- B. Areas of State in which services will be provided:

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**State/Territory: OHIO**

**CASE MANAGEMENT SERVICES TO CHILDREN AGE 3 TO 21 WITH A  
DISABILITY  
(DELIVERED THROUGH PARTICIPATING SCHOOLS)**

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services:

☐ Services are provided in accordance with section 1902 (a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. 1915(g)(1) of the Act is invoked to provide these services.

D. Definition of Services: Case management services are defined as those services identified by the multi-factored evaluation team of the provider as a Medicaid targeted case management service in a child's IEP and delivered by a qualified case manager that will assist the child in gaining access to medical, social, educational and other needed services relative to the educational needs identified in the child's IEP. The IEP team will identify the need for special education. The amount, scope and duration of the case management services, as well as the case manager responsible for providing the case management service, will be indicated in the child's IEP developed in accordance with the Individuals with Disabilities Education Act (IDEA). The components of the case management services are:

- Assessment (initial assessment conducted by a qualified case manager as a part of the multi-factored evaluation when the initial assessment results in case management services delivered as part of an IEP developed within eleven months of assessment, and for subsequent

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**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**  
**State/Territory: OHIO**

**CASE MANAGEMENT SERVICES TO CHILDREN AGE 3 TO 21 WITH A  
DISABILITY  
(DELIVERED THROUGH PARTICIPATING SCHOOLS)**

assessments and reviews conducted in accordance with  
IDEA)

- Care Planning
- Referral and Linkage
- Monitoring and Follow-Up

The service unit for case management will be 15  
minutes.

The frequency, scope and duration of services will be as  
recommended by the case manager.

E. Qualification of Providers: Qualified providers are local education agencies (for purposes of this state plan amendment, this includes a city, local, or exempted village school district in Ohio as defined respectively in sections 3311.02 through 3311.04 of the Ohio Revised Code), community schools defined in Chapter 3314. of the Ohio Revised Code, and the state school for the deaf and the state school for the blind described in section 3325.01 of the Ohio Revised Code. The provider will employ or contract with (an) individual(s) to deliver case management services to recipients. The individual(s) employed to provide case management will be one of the following: 1) a registered nurse with an Ohio license, 2) an individual with a baccalaureate degree with a major in education or social work, 3) an individual who has earned credit in course work equivalent to that required for a major in a specific special education area, or 4) a person who has a minimum of three (3) years personal experience in the direct care of an individual with special needs.

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

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**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**  
**State/Territory: OHIO**

**CASE MANAGEMENT SERVICES TO CHILDREN AGE 3 TO 21 WITH A  
DISABILITY  
(DELIVERED THROUGH PARTICIPATING SCHOOLS)**

1. Eligible recipients will have free choice of the providers of other medical care under the plan.
2. The state will limit providers of case management for children age 3 to 21 with a developmental disability to local education agencies, community schools, and the state school for the deaf and the state school for the blind.

**G. The State further assures:**

1. Case management services will not be used to restrict an individual's access to other services under the plan.
2. Individuals will not be compelled to receive case management services, that receipt of case management services will not be conditioned on the receipt of other Medicaid services, and that the receipt of other Medicaid services will not be conditioned on the receipt of case management services.
3. Individuals will receive comprehensive, case management services, on a one-to-one basis, through one case manager.
4. Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.
5. Providers maintain case records that document for all individuals receiving case management the following: the name of the individual; dates of the case management services; the name of the provider agency (if relevant) and the person providing the case management service; the nature, content, units of the case management services received and whether goals

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**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**  
**State/Territory: OHIO**

**CASE MANAGEMENT SERVICES TO CHILDREN AGE 3 TO 21 WITH A  
DISABILITY  
(DELIVERED THROUGH PARTICIPATING SCHOOLS)**

specified in the care plan have been achieved; whether the individual has declined services in the care plan; the need for, and occurrences of, coordination with other, non-Medicaid case managers; the timeline for obtaining needed services; and a timeline for reevaluation of the plan.

- H. Payment for case management services under the plan does not duplicate payments made to schools participating in the Ohio Public Schools Medicaid Administrative Claiming program, or private entities under other program authorities for this same purpose, nor will county boards of MRDD receive reimbursement for services that duplicate case management services rendered by the local education agency or state school. FFP will be collected for targeted case management services provided to an individual child only where information is obtained from each Medicaid beneficiary and billing of all third party liability is documented and such filing is permitted under the IDEA. Payment under the plan will be for targeted case management services provided to a child with a developmental disability and identified in the child's IEP established pursuant to part B of the Individuals with Disabilities Education Act.

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## Cost-Based Reimbursement for IDEA Services Provided in Schools

1. The reimbursement for providers, other than Medicaid school program providers, is based on the lesser of the billed charge or the Medicaid maximum for the particular service performed according to the department's procedure code reference file.
2. Effective for dates of service on and after (date approved by CMS), reimbursement for direct medical services (salaries, benefits, and contract compensation) provided by a school approved as a Medicaid school program provider of services will be at an interim rate which will be the lesser of the billed charge or the Medicaid maximum for the particular service according to the department's procedure code reference file. The interim rate is the rate for a specific service for a period that is provisional in nature, pending the completion of a cost reconciliation and a cost settlement for that period. Services delivered through a Medicaid school program provider that are allowable for Medicaid reimbursement are:
  - a. Audiology (reference pre-print page 4, item 11)
  - b. Counseling (reference pre-print pages 5 and 6, item 13)
  - c. Nursing (reference pre-print pages 2 and 3, item 6)
  - d. Occupational Therapy (reference pre-print page 4, item 11)
  - e. Physical Therapy (reference pre-print page 4, item 11)
  - f. Psychology (reference pre-print pages 5 and 6, item 13)
  - g. Social Work (reference pre-print pages 5 and 6, item 13)
  - h. Speech Language Pathology (reference pre-print page 4, item 11)
  - i. Targeted Case Management (reference pre-print page 8, item 19)
  - j. Transportation - Reimbursed per unit of service. The unit of service is based on a one-way trip. (reference pre-print page 9, item 24)
3. Certification of public expenditures: The non-federal share of the cost of the services will be paid by the Medicaid school program provider. The Medicaid school program provider shall certify, via attestation at the time of claiming, the availability of appropriate and sufficient non-federal share of the costs for which claim for reimbursement is made. The single state Medicaid agency (ODJFS) will reimburse the Medicaid school program provider at the interim rate the federal financial participation (FFP) portion of the claim only.
4. Reimbursement for other direct medical services (ex. Travel, materials and supplies), indirect costs, and equipment will be made through the cost report reconciliation process.
5. To determine the Medicaid-allowable direct and indirect costs of providing direct medical services to Medicaid-eligible clients, the following steps are performed:

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## Cost-Based Reimbursement for IDEA Services Provided in Schools

- a. Direct costs for direct medical services include unallocated payroll costs and other unallocated costs that can be directly charged to direct medical services. Direct payroll costs include total compensation (i.e., salaries and benefits and contract compensation) of direct services personnel listed in the descriptions of the covered Medicaid services delivered by schools, excluding transportation personnel.
- b. Other direct costs include costs directly related to the approved direct services personnel for the delivery of medical services, such as purchased services, capital outlay, travel, materials and supplies. These direct costs are accumulated on the annual cost report, resulting in total direct costs.
- c. Total direct costs for direct medical services are reduced by any federal payments for those costs, resulting in adjusted direct costs for direct medical services.
- d. Adjusted direct costs are then allocated to direct medical services regardless of payer source by applying the direct medical services percentage from the CMS-approved time study, resulting in net direct costs.
- e. A CMS-approved time study methodology is used to determine the percentage of time that medical service personnel spend on direct medical services, including targeted case management, general and administrative time and all other activities to account for 100 percent of time to assure that there is no duplicate claiming. This time study methodology will utilize three mutually exclusive cost pools representing individuals performing administrative activities and direct services. A sufficient number of medical services personnel will be sampled to ensure time study results that will have a confidence level of at least 98 percent within a precision of plus or minus two percent overall. The same single direct medical services time study percentage is applied against costs for all medical disciplines.
- f. Indirect costs are determined by applying the school district's specific unrestricted indirect cost rate to its net direct costs as approved by ODE under the authority of USDE, which is the cognizant agency for school districts.
- g. Net direct costs and indirect costs are combined, and the results are multiplied by the ratio of the total number of students with Individualized Education Programs (IEPs) receiving medical services and eligible for Medicaid to the total number of students with IEPs receiving medical services.
- h. To determine the direct and indirect costs of specialized transportation services to Medicaid-eligible students, the following steps are performed:

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## Cost-Based Reimbursement for IDEA Services Provided in Schools

- i. Identification of direct costs for covered specialized transportation services includes: direct payroll costs (salaries and benefits and contract compensation) of bus drivers and mechanics, gasoline and other fuels, other maintenance and repair costs, vehicle insurance, rentals, and vehicle depreciation. Depreciation must be documented by completing the depreciation schedule in the cost report. These direct costs are accumulated on the annual cost report, resulting in total direct transportation costs.
  - ii. Total direct transportation costs are reduced by any federal payments for those costs, resulting in adjusted direct transportation costs.
  - iii. Adjusted direct transportation costs are then allocated to Medicaid by applying the ratio of one-way trips provided pursuant to an IEP to Medicaid beneficiaries over total one-way specialized trips resulting in ***net direct transportation costs***. Trip logs will be maintained daily to record one-way specialized transportation trips.
  - iv. Indirect costs are determined by applying the school district's specific unrestricted indirect cost rate to its ***net direct transportation costs*** as approved by ODE under the authority of USDE, which is the cognizant agency for school districts.
  - v. Net direct costs and indirect costs are combined.
6. Annual Cost Report Process: Each Medicaid school program provider will complete an annual cost report for all services delivered during the previous state fiscal year covering July 1 through June 30. The primary purposes of the cost report are to:
- a. Document the provider's total CMS-approved, Medicaid-allowable scope of costs for delivering Medicaid school services, including direct costs and indirect costs, based on a CMS-approved cost allocation methodology and procedures, and
  - b. Reconcile its interim payments to its total CMS-approved Medicaid-allowable scope of costs based on CMS-approved cost allocation procedures.
7. The Cost Reconciliation Process: The cost reconciliation process will be completed within twelve (12) months of the State fiscal year. The total CMS-approved, Medicaid allowable scope of costs based on CMS-approved cost allocation methodology procedures are compared to the provider's Medicaid interim payments for school services delivered during the reporting period as documented in the Medicaid Management Information System (MMIS), resulting in cost reconciliation.

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**Cost-Based Reimbursement for IDEA Services Provided in Schools**

For the purposes of cost reconciliation, Ohio will not modify the CMS-approved scope of costs, the CMS-approved cost allocation methodology procedures, or the CMS-approved time study for cost-reporting purposes referenced in this state plan amendment except by CMS approval prior to implementation; however, such approval does not necessarily require the submission of a new state plan amendment.

For claims submitted after the effective date of SPA 05-007 and SPA 05-020; that is July 1, 2005, and prior to the implementation of the CMS-approved time study only, cost reconciliation will be performed in accordance with a methodology developed by the Department and approved by CMS that utilizes the quarterly results of the prospectively approved time study and applies them to prior period claims.

8. Cost Settlement for a Medicaid school program provider: The actual Medicaid share of each Medicaid school programs provider's costs for the year will be compared to the total Medicaid reimbursements to the Medicaid school program provider for that year. Any overpayment determined as a result of the annual reconciliation of cost will be paid and/or collected and reimbursed in accordance with State and federal Medicaid rules. Any underpayment determined as a result of the annual reconciliation of cost will be paid in accordance with State and federal Medicaid rules.

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## **MSP Guide**

# **Time Study Implementation Plan (TSIP) for the Ohio Medicaid School Program (MSP)**

Updated  
8/1/2025

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## Table of Revisions

| Date      | Revision(s)                                             |
|-----------|---------------------------------------------------------|
| 4/17/2020 | Added State of Emergency Exception Section              |
| 8/1/2025  | Updates required by CMS Guide and expansion of services |

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## Introduction

The purpose of this guide is to provide direction for conducting time studies for the Ohio Medicaid School Program (MSP), which includes Medicaid administrative costs. The guide has been developed to explain the methodology and process for conducting time studies to support the financial reporting and claiming that are associated with MSP. It should be used in conjunction with the ***CMS Delivering Services in School-based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming***, the ***Guide to Cost Reporting for the Ohio Medicaid School Program***, and the resources, guidance and instructions provided to MSP providers on the [Ohio Department of Medicaid's Medicaid School Program](#) webpage.

The State utilizes a Random Moment Time Study (RMTS) methodology in which all LEAs who participate in the Ohio Medicaid School Program are required to participate in the statewide RMTS.

RMTS is a federally accepted method for tracking employee time within LEAs. According to 2 CFR Part 200 "States, local governments, and Indian Tribes may use substitute processes or systems for allocating salaries and wages to Federal awards".

"Substitute systems for allocating salaries and wages to Federal awards may be used in place of activity reports. These systems are subject to approval if required by the cognizant agency. Such systems may include, but are not limit to, random moment sampling...."

Random moment sampling or RMTS is particularly useful, because:

- It uses a verifiable, statistically valid random sampling technique that produces accurate labor distribution results, and
- It greatly reduces the amount of staff time needed to record an individual time study participant's activities.

The RMTS method polls participants on an individual basis at random time intervals over a given time period and totals the results to determine work effort for the entire population of eligible staff over that same period. The RMTS method provides a statistically valid means of determining what portion of the selected group of participant's workload is spent performing activities that are reimbursable by Medicaid.



## Purpose of the Time Study

A time study is a tool used to analyze work being done by employees/contractors over a specified time period. The end result of the time study is a series of percentages reflecting the proportion of time spent on the various types of activities performed by the employees/contractors. When the time study is conducted across a sample of employees/contractors, the results are used to extrapolate to the entire specified population of employees/contractors.

The time study information collected as part of the process described in this guide will be used for two specific purposes as follows:

- **Medicaid Administrative Costs:** For the Medicaid administrative activity costs, time study information is used to accurately support the reimbursement made by the school provider. Three key components go into defining Medicaid administrative costs. The total Medicaid reimbursable administrative activities are computed for each cost pool. Then for each cost pool, the respective time study percentage is applied. Also, important to the computation is the Medicaid Eligibility Rate (MER) – in other words, the percentage of the total student population comprised of Medicaid eligible recipients. As these factors are properly calculated, the result is the amount that a school provider can seek for federal reimbursement as costs related to Medicaid administrative services. A school district's MER will be calculated annually, and the MER will be applied to codes 10, 12, 14, and 16.
- **Direct Service Cost Reporting:** The time study data is used as part of the year-end cost-reporting process. Cost reports are designed to allow schools to reconcile payments for service claims made throughout the year to actual costs incurred. Like the Medicaid administrative activities data, cost reporting involves the use of cost data and time study data. Also needed is the IEP utilization rate which is the ratio of students with IEPs that are Medicaid eligible to the total number of students with IEPs. These factors are used to compute total allowable direct service Medicaid costs for the school provider. These computed amounts are then compared to claims paid. If the amount paid is less than the cost, the school provider is paid the difference. If the amount paid exceeds the total cost, the school provider must repay. The ratio of students with Medicaid and IEPs to students with IEPs will be calculated annually and applied to code 1. A Medicaid ratio of Medicaid to non-Medicaid students is applied to codes 2 and 3 and will be calculated annually as well.

## Time Study Administration

The time study is administered by the Ohio Department of Medicaid (ODM) on a statewide basis under contract to another entity. The references throughout this document to the “time study administering entity” means ODM. ODM is the single State Medicaid agency in Ohio.

## Involved Parties

The following entities collectively administer this program and are identified in this guide.

| Entity                | Role                                                                                       |
|-----------------------|--------------------------------------------------------------------------------------------|
| ODM                   | Administers MSP and oversees MSP as the single state agency for Medicaid                   |
| MSP Administrator     | ODM staff specifically responsible for the MSP                                             |
| MSP Provider          | Local Education Agency participating in the MSP                                            |
| Billing Agents        | Contract directly with LEAs and are a conduit between ODM, Time Study Contractor, and LEAs |
| MSP LEA Coordinators  | Collect information at LEAs and provide to Billing Agents                                  |
| Time Study Contractor | Administers RMTS on behalf of ODM                                                          |
| Central Coders        | Employed by the Time Study Contractor, “code” RMTS moments                                 |
| MSP Participants      | Employees and contractors from LEAs that participate in the time study                     |

## Time Study Methodology

The purpose of the Ohio statewide time study is to (1) identify the proportion of administrative time allowable and reimbursable and (2) identify the proportion of direct service time allowable and reimbursable under Medicaid to be used for Direct Service cost reporting to enable the State of Ohio to conduct a cost settlement at the end of the fiscal year. Staff performing Medicaid related activities in a Local Education Agency (LEA) seeking reimbursement participate in a time study using the approved Random Moment Time Study methodology.

## MSP Participants

All LEAs that participate in the Time Study identify allowable Medicaid direct service and administrative costs within a given LEA by having staff who spend their time performing those activities participate in a quarterly time study. These LEAs must certify that any staff providing services or participating in the time study meet the educational, experiential, and regulatory requirements.

Staff may include contracted staff that participate in the roles identified in this Guide and provide both direct services and perform administrative activities. LEAs must be able to provide set and unique schedules for contracted staff for each particular LEA to which the contracted staff are assigned. Staff who do not have set and unique schedules and are paid on a fixed fee basis and do not perform any other administrative or educational activities (i.e., only provide contracted direct services) are not included in the time study and are factored into the cost settlement process. Staff who are 100% federally funded may not be included in the Time Study. Inclusion of staff who are partially federally funded is subject to review from ODM.

The Time Study Contractor collects Participant Lists from each participating LEA via the Billing Agents. On an ongoing quarterly basis, current lists of participants are sent to each MSP LEA Coordinator before the start of the quarter. The MSP LEA coordinator update the lists and returns them prior to the start of each quarter to the Billing Agent. Billing Agents then perform quality control and consolidate lists and provide other required information to the Time Study Contractor. The LEAs Coordinators must certify that the contractors they are submitting to be included in the eligible staff pool(s) are appropriate for inclusion in the time study and eventual claim. Contractors deemed inappropriate during review of time study quarters will be removed from the time study and excluded from the claim.

**Attachment A: Participant Categories** specifies the categories of staff that have been identified as appropriate participants for the Ohio time studies. Additions to the list may be made depending upon job duties.

All staff are reported into one of two cost pools:

1. **POOL 1** – Personnel who deliver Direct Medical Services. Only the personnel that are credentialed appropriately and who are approved in the State Medicaid Plan to provide direct services in schools are included in this pool. All such personnel are licensed by cognizant state licensing agencies.

2. **POOL 2** – Personnel who only perform administrative activities.

The cost pools are mutually exclusive (i.e., no staff should be included in more than one pool). The following provides an overview of the eligible categories in each cost pool.

**Attachment B: Summary of Participant Categories Mapped to Cost Pools** shows how the categories of staff are divided into the two cost pools.

LEA personnel who are chosen to participate in the Time Study must be assigned to job categories that describe their job function rather than a generic title that encompasses numerous types of personnel (e.g., pupil support personnel, etc.). A miscellaneous group is not acceptable. If a category does include a limited mix of job functions and titles, the functional (or working) job title must be listed beside each person's name. The LEA must maintain a complete job description on file for each of these eligible positions.

The MSP LEA Coordinators must certify that the lists of staff they are submitting to be included in the eligible staff pool are appropriate for inclusion in the time study and eventual claim. Staff deemed inappropriate during review of time study quarters will be removed from the time study and excluded from the claim.

Administrative staff such as executive directors, program directors, principals, assistant principals, special education directors, and other managers/supervisory staff may be included in the time study if they are performing Medicaid administrative activities. There should be no clerical or administrative support staff included unless they perform Medicaid administrative activities. These staff are included in the claiming process by allocating their time and appropriate costs based on the total time study effort.

Two mutually exclusive time studies, described below, are conducted for the Direct Services and Medicaid administrative activities. Although some staff may perform both direct and Medicaid administrative activities related activities, they will only be allowed to participate in one of the two time studies. Medicaid administrative activities claimable time will only be included on an MSP cost report and will not be reimbursed through the MSP claiming process for direct services.

- The first time study and associated cost pool is generally comprised of direct service staff, including those who conduct a combination of direct services, Medicaid administrative activities including care coordination, and/or educational activities as well as direct service staff only, and the respective costs for the staff.

- The second time study and associated cost pool is comprised of administrative claiming staff only and the respective costs for these staff.

Therefore, the groups of time study participants and associated cost pools are mutually exclusive and the only direct costs that can be claimed under Medicaid related to this program are derived from the cost pools.

## RMTS Sampling Requirements

To achieve statistical validity, maintain program efficiencies, and reduce unnecessary district administrative burden, Ohio operates a consistent sampling methodology for all activity codes and groups to be used. Ohio has constructed the RMTS sampling methodology to achieve a level of precision of +/- 5% (five percent) with a 95% (ninety-five percent) confidence level for activities. The formula below yields 385. Ohio employs a 15% oversample, thus generating 443 surveys per quarter.

The following formula is used to calculate the number of moments sampled for each time study cost pool:

$$ss = \frac{Z^2 * (p) * (1-p)}{C^2}$$

Where:

Z = Z value (e.g., 1.96 for 95% confidence level)

p = percentage picking a choice, expressed as decimal (.5 used for sample size needed)

c = confidence interval, expressed as decimal (e.g., .05 = +/- 5)

Correction for Finite Population

Ss

$$\text{New ss} = \frac{Ss}{1 + \frac{Ss-1}{Pop}}$$

Where:

Pop = population

## RMTS Process

The RMTS process is described here as four steps:

1. Identify total pool of time study participants.
2. Identify total pool of time study moments.
3. Randomly select moments and then randomly match each moment to a participant who is working at the time of the moment.
4. Notify selected participants about their selection moments.

### 1. Identify Total Pool of Time Study Participants

At the beginning of each quarter, participating LEAs provide staff rosters (Participant Lists) to their Billing agents, who then provide the consolidated information to the Time Study Contractor. The Participant Lists are comprehensive lists of staff eligible to participate in the RMTS time study. MSP LEA Coordinators and Billing agents provide lists for each of the two cost pools and ensure that no staff are duplicated (i.e., included on both lists). As mentioned elsewhere in this Guide, contracted staff who have a job description that corresponds to the approved positions may be included.

Staff who are federally funded are excluded from participation. Staff who are partially federally funded are subject to review by ODM.

### 2. Identify Total Pool of Time Study Moments

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

### 3. Randomly Select Moments and Randomly Match Each Moment to a Participant

Once compiled statewide by the Time Study Contractor, each cost pool is sampled to identify participants in the RMTS time study. The sample is selected from each statewide cost pool, along with the total number of eligible time study moments for the quarter. Using

a statistically valid random sampling technique, the desired number of random moments is selected from the total pool of moments. Next, each randomly selected moment is matched, using a statistically valid random sampling technique, with an individual from the total pool of participants.

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

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

The sampling period is defined as a three-month period comprising each quarter of the year. The following are the quarters in the MSP:

- July - September
- October - December
- January - March
- April - June

Each quarter, the MSP LEA Coordinators and billing agents submit district calendars to the Time Study Contractors and the Time Study Contractor determines the dates that school districts are in session and for which their staff members are compensated. District staff members are paid to work during those dates that districts are in session; as an example, districts may end the school year sometime in May each year. All days including and through the end of the school year are included in the potential days to be chosen for the time study. It is important to understand that although districts may end the school year prior to the close of the quarter staff members are paid for services provided through the end of the fiscal quarter. Districts typically spread staff compensation over the entire calendar year even when staff members are not working. The district considers this compensation reimbursement for time when staff members actually work rather than compensation for the staff members' time off during the summer months.

Each quarter, the Time Study Contractor determines the dates that each school provider will be in session based on individual school provider calendars provided by the MSP LEA Coordinators and Billing Agents to the Time Study Contractor. All days including and through the end of the school year are included in the potential days to be chosen for the time study.

The total pool of moments within the time study is represented by applying each school provider's school calendar to potential participants eligible to participate in the RMTS for that school provider. The total pool of moments for the quarter does not include weekends, holidays, or hours during which employees are not scheduled to work.

Since activities and services are not provided in the LEAs when school is not in session, the April – June quarter will end for each district in the pool on each district's last day of school (usually the end of May). Similarly, the July – September quarter will commence as of the first day of school for each individual district, starting in August).

#### 4. Notify Participants about their Selected Moments

MSP participants are notified via email or other method, of their requirement to participate in the time study and of their sampled moment. Sampled MSP participants are notified of their sampled moment two business days (excluding weekends and non-working days) prior to their sampled moment. At the prescribed moment, each sampled participant is asked to record and submit his/her activity for that particular moment. Prior notification is necessary because many staff do not work full time.

A *validity check* of the time study results is completed by the Time Study Contractor each quarter prior to the calculation of the claim. The validity check ensures that the minimum number of responses is received each quarter to meet the required confidence level. The number of completed and returned time study moments is analyzed to confirm that the confidence level requirements have been met. Once the validity of the sample has been confirmed, the time study results are calculated and prepared for the calculation of the quarterly claim. The Time Study Contractor provides ODM with a series of quarterly reports which include coding that was completed for a randomly selected percentage of responses. In addition, the Time Study Contractor will provide reports monthly upon request.

At the end of each quarter, once all Random Moment data has been received and Time Study results have been calculated, statistical compliance reports are generated to serve



as documentation that the sample results have met the necessary statistical requirements.

## State of Emergency Exception

In the event that there is a “state of emergency” or other disaster declared in the State of Ohio that results in prolonged school closures that impact the statistical validity of the RMTS as defined in the RMTS guide, Ohio will apply the average quarter claiming methodology for the last four quarters to statistically invalid quarters occurring during the “state of emergency” including the quarter in which the state of emergency is declared and the quarter in which the state of emergency period ends. This means no RMTS will be operated during the impacted quarter(s) and claiming will be based on the average of the quarters that were completed. ODM will notify CMS within 15 days of determining that a quarter is statistically invalid, including the reason for the determination, along with details and dates of the declaration of emergency.

## Training Types & Overview

*Three types of training are conducted for RMTS (1) LEA MSP Coordinator Training, (2) Central Coding Staff Training and (3) MSP Participant Training. The following is an overview of each training type.*

### 1. LEA MSP Coordinator Training

The Time Study Contractor, with participation by ODM, provides training for the Billing Agents and MSP LEA Coordinators, which includes an overview of the RMTS program and information on how to access data input mechanisms and input information into said mechanisms. These MSP LEA Coordinators are responsible for conducting training of the MSP participants in their LEAs. It is essential for the LEA Coordinators to understand the purpose of the time studies, the appropriate completion of the RMTS, the timeframes and deadlines for participation, and that their role is crucial to the success of the program. MSP LEA Coordinators are to provide MSP Participants with detailed information and instructions for completing and submitting the time study documentation of the sampled moment. All training materials are accessible to MSP LEA Coordinators and regularly updated by the Time Study Contractor and ODM. In addition, annual training is provided to the MSP LEA Coordinators by the Time Study Contractor and ODM to cover topics such as MAC program updates, process modifications and compliance issues.

## 2. Central Coding Staff Training (Activity Coding)

Central Coders are employed by the Time Study Contractor and review the documentation of participant activities performed during the selected moments and determine the appropriate activity code. In a situation when insufficient information is provided to determine the appropriate activity code, the central coder contacts the participant to request submission of additional information about the moment. If the participant does not respond, the Time Study Contractor reaches out a second time to the participant and cc's the MSP LEA Coordinator or designated contact and/or the Billing Agent. Once the information is received, the moment is coded and included in the final time study percentage calculation. The moments and the assigned codes are reviewed for consistency and adherence to the state approved activity codes.

The Time Study Contractor provides training to the coding staff on an as needed basis, but at a minimum annually to discuss issues surrounding the coding of moments. Training includes an overview of activity codes, samples of activities, and appropriate processes for making coding determinations.

***On a quarterly basis, ODM reviews a sample of the coding process and original participant documentation for Quality Assurance purposes to show the data submitted in the time study questionnaires support the code selected and therefore show the codes are valid and accurate.*** In addition to the quarterly review, at its discretion, ODM can review the completed coding and original participant documentation at any time throughout the claim process or as needed for further review or audit purposes.

## 3. MSP Participant Training

The Time Study Contractor provides high level training to MSP participants.

When an MSP participant receives their first survey of the year, they must review training information before they can respond to their moment in the RMTS system.

The MSP LEA Coordinators for each MSP provider must ensure that MSP participants receive training prior to their completion of the RMTS using provided materials for their sampled moment(s) through either MSP LEA Coordinator or direct participant training provided by the Time Study Contractor.

Since all RMTS responses are reviewed by Central Coders, and these Coders will subsequently select the appropriate activity code, the MSP participant training focuses on program requirements and the completion of the RMTS survey. The MSP participant training does not include an overview of activity codes since all coding is completed by Central Coders. The following items must be included in MSP participant training:

- Overview of the required process to participate in RMTS
- Review of the standards for RMTS documentation submitted by staff
- Methods for requesting additional documentation from MSP participants when insufficient information is provided to centralized coders to determine the appropriate activity code.
- The MSP LEA Coordinator must provide training to MSP participants who are newly added to the Time Study.
- LEAs must maintain documentation, so that all staff participating in each quarter's time study receive training. Documentation of training is subject to review by ODM.
- MSP LEA Coordinators must use training materials and information provided by the Time Study Contractor or ODM. Materials can be adapted to fit each district's needs but must include information provided in this time study guide. All training materials are subject to review by ODM.
- LEAs may use a variety of staff training methodologies. Some of these methods include, but are not limited to, on-site trainings, video conferencing, web-based, videos, and self-training (only after the completion of some form of interactive training has been completed).

**NOTE:** The Time Study Contractor provides assistance in the development of training tools/documents or any additional needs that the-MSP LEA Coordinators have. The Time Study Contractor also makes training materials available on the RMTS website including a recorded training session. All training materials used by MSP Providers are subject to review by ODM.

## Documentation (RMTS)

***All moments must be returned within two business days*** after the sampled date.

Additional follow up regarding specific responses, if necessary, may exceed the two business days (e.g., if a participant responds on the second business day and follow up is necessary, the time frame may exceed two days, etc.). Initial moment responses not received within the required time frame cannot be used in the calculation of the necessary number of moments needed to satisfy the level of precision of +/- 5 % (five percent) with a 95% (ninety-five percent) confidence interval.

**Documentation of sampled moments must be sufficient to provide answers to three main questions needed for accurate coding:**

- a. Who was with you?
- b. What were you doing?
- c. Why were you performing this activity?

In addition, sampled staff will certify the accuracy of their response prior to submission by completing the RMTS.

**Additional documentation maintained by the Time Study Contractor will include:**

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

Invalid moments are moments not returned by the MSP provider or moments that were not accurately coded by the coders based on the review by the Time Study Contractor staff. Moments that have been inaccurately coded are returned for correction, and every effort is made by Ohio to obtain the corrected valid moment from the vendor. For the purposes of calculating response rates, unpaid time off or time for staff who are no longer employed by the LEA is counted as invalid, but it does not count against the 85% response rate requirement.

## Validation Method

The RMTS Time Study Contractor reviews all moments. The coders meet to discuss any moments where a potential question exists on the appropriate activity to assign to the response. After the initial generation of moments, the time study administering entity generates a sub- sample of 10% of the moments. The moments are flagged for validation. These responses are sent to ODM for review and confirmation. If there is any disagreement in how to code a response, it is resolved. If it cannot be resolved, the response is coded as invalid.

## Time Study Return Compliance

Ohio requires a state-wide response rate for the time study survey of at least 85%, and all non-returned moments will be included and coded as non-Medicaid time. If the 85% compliance rate is reached without having to code to non-Medicaid time, then non-

returned moments are ignored since they are compensated by the 15% over sampling of the sample size.

The Time Study Contractor identifies all non- returned moments and make every effort to find out why the moments were not returned. The Time Study Contractor identifies the non-returned moments and sort by LEA. The Time Study Contractor sends a list of these non-returned moments to the Billing Agents and LEAs for response. Participants will be asked to explain why the moment was not completed and returned. that LEAs are not purposely withholding non Medicaid related moments.

To assist in reaching the statewide goal of 85% compliance, Ohio monitors the MSP Providers to ensure they are properly returning sample moments and the MSP provider's return percentage for each quarter. If an individual MSP Provider has non-returns greater than 15%, the MSP provider may receive a letter from ODM and additional training from the Time Study Contractor and ODM, depending on the explanation of the non-returns. An MSP provider will be moved into a higher risk category for annual monitoring and support if their response rate is below 85% for the entire school year. Non-compliance after more intensive support and monitoring may result in ODM issuing a corrective action plan to the MSP provider.

ODM may pursue remedial action for MSP providers that fail to meet MSP-requirements or fail to correct problems identified during the annual monitoring process. Examples of actions that may cause implementation of sanctions include, but are not limited to:

- Repeated and/or uncorrected errors in financial reporting, including failure to use the state provided financial reporting templates,
- Failure to cooperate with state and/or federal staff during reviews, audits, or other requests for information,
- Failure to maintain adequate documentation,
- Failure to provide accurate and timely information to ODM's Time Study Contractor as required, including maintaining an 85% response rate for the RMTS moments, and
- Failure to provide and/or attend the required training.

## State Level Oversight and Monitoring of Time Study Administration

ODM employs a Medicaid School Program (MSP) Administrator who serves as the single point of accountability for oversight of the Time Study Contractor and monitoring various

components of the MSP. The areas that the MSP Administrator review include, but are not limited to the following:

- **Participant List.** The Time Study Contractor assures that MSP providers submit only eligible categories of staff based on the approved RMTS plan. The MSP Administrator samples MSP provider staff listings to verify that the Time Study Contractor has appropriately performed this task. The Time Study Contractor submits to the MSP Manager for review any exclusions to the MSP Provider's -participant listing.
- **RMTS Time Study.** The MSP Administrator reviews the Time Study Contractor's sampling methodology, the sample, and the time study results and documents the outcome of this review.
- **RMTS Central Coding.** The Time Study Contractor reviews a sample of the completed coding and the original participant documentation for coding accuracy and validation and submits the summarized results to the MSP Administrator with recommendations. The MSP Administrator independently may review a sample of coding results in addition to the 10% review, including excluded time study moments.
- **Training.** The Time Study Contractor will conduct trainings, submit training materials and document training attendance to the MSP Administrator to ensure that training requirements are met for Billing Agents, MSP LEA Coordinators, Central Coders, and participating LEA staff are being met by review of training materials and attendance at various training sessions.
- **Documentation Compliance.** The MSP Administrator reviews with the Time Study Contractor the results of any documentation compliance issues and ensures issues have been addressed and monitored.

ODM's MSP Administrator, in collaboration with ODM staff, monitors all local MSPs at least once annually. This monitoring consists of either an on-site, desk, or combination review. For this annual monitoring process, MSP providers will be placed in multi-tiered categories based on risk factors and ODM will conduct an in-depth review for those identified as high risk. Participating MSP providers are required to fully cooperate in providing information and access to necessary staff in a timely manner to facilitate these efforts. MSP providers that do not fully cooperate in the review process may be subject to sanctions by ODM.

At least quarterly, ODM and/or the Time Study Contractor examine, for example, total costs in the claim, time study results, and reimbursement levels in relation to the school's special education population. Any significant variation from historical trending will be communicated to the MSP providers for explanation of the variance.

## Required-MSP Provider Personnel

Each MSP provider must designate an employee as the MSP LEA Coordinator to provide oversight for the implementation of the time study, including monitoring of required trainings, and to ensure that policy decisions are implemented appropriately. These staff work with Billing Agents who coordinate with the Time Study Contractor and ODM. The LEA must submit to ODM and/or the RMTS contractor the name and contact information of the MSP LEA Coordinator annually in the manner prescribed by ODM.

## Time Study Activities/Codes

The time study codes assist in the determination of time and associated costs that are related to and reimbursable under the Medicaid program. The time study codes have been designed to reflect all of the activities performed by MSP participants per MSP provider.

The time study codes are assigned indicators that determine its allowability, federal financial participation (FFP) rate, and Medicaid share. A code may have one or more indicators associated with it. These indicators should not be provided to MSP participants.

The following are the activity code descriptions for Ohio:

| Activity Code | Activity Description                                                                                                        | Medicaid Rate |
|---------------|-----------------------------------------------------------------------------------------------------------------------------|---------------|
| 1             | Direct Medical Services – Covered as IEP Services                                                                           | D-IEP         |
| 2             | Direct Medical Services – Covered under School Services Plan of Care (not under an IEP)                                     | D-MER         |
| 3             | Direct Medical Services – Allowable for All Students without an IEP or School Services Plan of Care (Expansion of Services) | D-MER         |
| 4             | Direct Medical Services – Not Covered as an IEP or School Services Plan of Care                                             | U             |
| 5             | Other Educational and Social Services (Non-Medical Services)                                                                | U             |
| 6             | Medicaid Program Outreach                                                                                                   | ND            |
| 7             | Outreach Non-Medicaid Program                                                                                               | U             |
| 8             | Facilitating Medicaid Program Eligibility Determinations                                                                    | ND            |
| 9             | Facilitating Non-Medicaid Program Eligibility Determinations                                                                | U             |

| Activity Code | Activity Description                                                                 | Medicaid Rate |
|---------------|--------------------------------------------------------------------------------------|---------------|
| 10            | Referral, Coordination, and Monitoring of Medical Services                           | D-MER         |
| 11            | Referral, Coordination, and Monitoring of Non-Medical Services                       | U             |
| 12            | Transportation Coordination for Medical Services                                     | D-MER         |
| 13            | Transportation Coordination For Non- Medical Services                                | U             |
| 14            | Translation Services for Medical Services                                            | D-MER         |
| 15            | Translation Services For Non-Medical Services                                        | U             |
| 16            | Program Planning, Development, and Interagency Coordination for Medical Services     | D-MER         |
| 17            | Program Planning, Development, and Interagency Coordination for Non-Medical Services | U             |
| 18            | Allocable General Administration                                                     | R             |
| 19            | Unpaid Time Off/ Not Scheduled to Work                                               | N/A           |

For purposes of the Medicaid School Program (including Medicaid administrative activities) each activity is categorized into various types that drive how the percentage of time allocated to that activity will be used in computing claims. These types are as follows:

1. **Non-Discounted (Type ND)** activities are administrative activities that are applicable and reimbursable for the entire student population. Medicaid eligibility percentages are not applied to these activities.
2. **Discounted (Type D-MER)** activities are direct service activities that are applicable to students with a School Services Plan of Care including 504s **OR** expansion services available to all students **OR** administrative activities that are applicable to the entire student population but are only reimbursable for the Medicaid eligibles in the school provider population. The costs associated with these activities will be reduced according to the Medicaid Eligibility Rate percentage in claim calculation steps.
3. **Discounted (Type D-IEP)** activities are direct service activities that are applicable to the special education student population with Individual Education Programs (IEPs) but are only reimbursable for the Medicaid eligibles with IEPs. The costs associated with these activities will be reduced according to the ratio of students with IEPs and Medicaid to all students with IEPs.



4. **Unallowable (Type U)** activities are unallowable activities under the Medicaid Administrative claim, but these activities account for the balance of the sampled participants' time. These activities are unallowable regardless of whether or not the population served includes Medicaid eligible individuals. As required in 2 CFR Part 200, the full spectrum of activities performed by the sampled participants is measured in order to accurately account for all of the study participants' time.
5. **Reallocated (Type R)** applies to the activity code for general allocable administrative activities. Time allocated to this activity is reallocated across the other activities.
6. Each activity code may be used to drive percent-of-time values that are used for the Medicaid administrative activity/MSP cost reports.

## Time Study Activity Definitions

Detailed definitions of the time study activities can be found in **Attachment D: Time Study Activity Codes**. Many different sources were used to support the development of detailed definitions for Medicaid administrative functions, including administrative function definitions in the 42 CFR Part 441, Subpart B (of Individuals Under Age 21), and CMS approved and/or reviewed Medicaid administrative claim materials employed in several other states.

## Financial reporting

Financial information used to claim reimbursement is based upon actual expenditures obtained directly from the participating entities' financial accounting system. All supporting documentation will be made available by the claiming entities for an Agreed Upon Procedure (AUP) by a Certified Public Accountant or Auditors of the State of Ohio.

## Help, Comments and Suggestions

If you have any questions or need assistance, please send an e-mail to ODM at [MedicaidSchoolPrograms@medicaid.ohio.gov](mailto:MedicaidSchoolPrograms@medicaid.ohio.gov). Also, your comments about this guide or any other components of the MSP and suggestions for ways to make it clearer or more understandable are welcome at the same address. In addition, information is available on the Ohio Department of Medicaid's [Medicaid School Program](#).

Attachment A:

## Participant Categories

| PARTICIPANT CATEGORIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <ul style="list-style-type: none"><li>• Certified Nurse Practitioners</li><li>• Licensed Audiologists</li><li>• Licensed Audiology Aides</li><li>• Licensed Speech-Language Pathologists</li><li>• Licensed Speech-Language Pathology Aides</li><li>• Licensed Professional Clinical Counselors</li><li>• Licensed Clinical Nurse Specialists</li><li>• Licensed Professional Counselors</li><li>• Licensed Independent Chemical Dependency Counselors</li><li>• Licensed Independent Marriage and Family Therapists</li><li>• Licensed Registered Nurses (RNs)</li><li>• Licensed Practical Nurses (LPNs)</li><li>• Licensed Occupational Therapists</li><li>• Licensed Occupational Therapy Assistants (COTAs)</li><li>• Licensed Physical Therapists</li><li>• Licensed Physical Therapy Assistants</li><li>• Licensed Physician Assistants</li><li>• Licensed Psychologists</li><li>• Licensed School Psychologists</li><li>• Licensed Independent Social Workers</li><li>• Licensed Social Workers</li><li>• Bilingual Specialists</li><li>• Case Managers</li><li>• Child Advocates</li><li>• Clinical Supervisors</li><li>• Diagnosticians</li><li>• Early Childhood Specialists</li><li>• Health Advisors</li><li>• Interpreters and Interpreter Assistants</li><li>• Intervention Specialists</li><li>• Orientation &amp; Mobility Specialists</li></ul> |  |

| <b>PARTICIPANT CATEGORIES</b>                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Outreach Workers</li><li>• Parent Liaisons</li><li>• Program Specialists</li><li>• School Resource Counselors</li><li>• Service Coordinators</li><li>• Special Education Administrators</li><li>• Student Outreach Services (SOS) Facilitators</li></ul> <p><i>Additional Participants may be included upon approval by ODM if they perform the same functions as the positions listed above</i></p> |

## Attachment B:

### Summary of Participant Categories Mapped to Cost Pools

| <b>COST POOL</b>                                               | <b>PARTICIPANT CATEGORY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>POOL 1</b><br>Personnel who deliver Direct Medical Services | Certified Nurse Practitioners<br>Licensed Audiologists<br>Licensed Audiology Aides<br>Licensed Speech-Language Pathologists<br>Licensed Speech-Language Pathology Aides<br>Licensed Professional Clinical Counselors<br>Licensed Clinical Nurse Specialists<br>Licensed Professional Counselors<br>Licensed Independent Chemical Dependency Counselors<br>Licensed Independent Marriage and Family Therapists<br>Licensed Registered Nurses (RNs)<br>Licensed Practical Nurses (LPNs)<br>Licensed Occupational Therapists<br>Licensed Occupational Therapy Assistants (COTAs)<br>Licensed Physical Therapists<br>Licensed Physical Therapy Assistants<br>Licensed Physician Assistants<br>Licensed Psychologists<br>Licensed School Psychologists<br>Licensed Independent Social Workers<br>Licensed Social Workers |

| COST POOL                                                                                                    | PARTICIPANT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>POOL 2</b><br>Personnel who perform Medicaid administrative activities and do not provide direct services | Bilingual Specialists<br>Case Managers<br>Child Advocates<br>Clinical Supervisors<br>Community Health Workers<br>Diagnosticians<br>Early Childhood Specialists<br>Health Advisors<br>Interpreters and Interpreter Assistants<br>Intervention Specialists<br>Orientation & Mobility Specialists<br>Outreach Workers<br>Parent Liaisons<br>Program Specialists<br>School Resource Counselors<br>Service Coordinators<br>Special Education Administrators<br>Student Outreach Services (SOS) Facilitators<br><br><i>Additional Participants may be included upon approval by ODM if they perform the same functions as the positions listed above, if they perform Medicaid reimbursable activities in a measurable amount.</i> |

## Attachment C: Summary of Activity Codes

| <b>Activity Code</b> | <b>Activity Description</b>                                                                                                 |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------|
| 1                    | Direct Medical Services – Covered as IEP Services                                                                           |
| 2                    | Direct Medical Services – Covered under School Services Plan of Care (not under an IEP)                                     |
| 3                    | Direct Medical Services – Allowable for All Students without an IEP or School Services Plan of Care (Expansion of Services) |
| 4                    | Direct Medical Services – Not Covered as an IEP or School Services Plan of Care                                             |
| 5                    | Other Educational and Social Services (Non-Medical Services)                                                                |
| 6                    | Medicaid Program Outreach                                                                                                   |
| 7                    | Outreach Non-Medicaid Program                                                                                               |
| 8                    | Facilitating Medicaid Program Eligibility Determinations                                                                    |
| 9                    | Facilitating Non-Medicaid Program Eligibility Determinations                                                                |
| 10                   | Referral, Coordination, and Monitoring of Medical Services                                                                  |
| 11                   | Referral, Coordination, and Monitoring of Non-Medical Services                                                              |
| 12                   | Transportation Coordination for Medical Services                                                                            |
| 13                   | Transportation Coordination For Non-Medical Services                                                                        |
| 14                   | Translation Services for Medical Services                                                                                   |
| 15                   | Translation Services For Non-Medical Services                                                                               |
| 16                   | Program Planning, Development, and Interagency Coordination for Medical Services                                            |
| 17                   | Program Planning, Development, and Interagency Coordination for Non-Medical Services                                        |
| 18                   | Allocable General Administration                                                                                            |
| 19                   | Unpaid Time Off/ Not Scheduled to Work                                                                                      |

## Attachment D: Time Study Activity Codes

*(Note: Throughout these activity code descriptions, the term “Medical services” means those direct medical services that when provided to Medicaid eligible recipients are covered under the Medicaid School Program.*

*The relevant codes are used based on the activity definition – regardless of whether it is provided to Medicaid or non-Medicaid students. The “discounting” computational process allocates these activity categories proportionally to Medicaid and non-Medicaid students. When the term “Medicaid” is specifically used, as in Codes 6-17, it means specifically for the Medicaid program only.)*

### **CODE 1: DIRECT MEDICAL SERVICES - COVERED AS IEP SERVICES**

This code should be used primarily for licensed direct service personnel when providing client care, treatment, and/or counseling services to an individual pursuant to the IEP in order to correct or ameliorate a specific condition. These direct client services may be delivered to an individual and/or group as identified in the IEP.

Examples of activities reported under this code:

- Conducting medical/health assessments/evaluations and diagnostic testing that lead to the development of an Evaluation Team Report (ETR) which leads to the IEP, including preparing related reports.
- Documenting the results of the evaluations/testing and preparing ETR forms and/or discussing the results of evaluations/testing and reviewing ETR forms to identify necessary services for an IEP.
- Other diagnostic testing that leads to the development of an IEP.
- Provision of medical/behavioral services indicated in the child’s IEP.
- Other direct medical and/or behavioral healthcare services indicated in the child’s IEP.
- Counseling indicated in an IEP and provided to a student about a health, behavioral health, or substance use issue.

- Administering/monitoring prescribed injection or medication to a student in accordance with an IEP.

This code also includes pre- and post-time directly related to providing direct client care services when the student is not present. Examples of pre- and post-time activities when the student is not present include: time to complete all paperwork related to the specific direct client care service, such as preparation of progress notes, translation of session notes, review of evaluation testing/observation, planning activities, travel to/from providing medical and/or behavioral healthcare services, or completion of billing activities.

Examples of related activities include:

- Pre- and post-activities associated with physical therapy services, for example, time to build a customized standing frame for a student or time to modify a student's wheelchair desk for improved freedom of movement for that client.
- Pre- and post-activities associated with speech language pathology services, for example, preparing lessons for a student to use with an augmentative communicative device or preparing worksheets for use in group therapy sessions or for students to use at home.
- Updating the medical/health-related service goals and objectives of the IEP based on the provision of services.
- Provider travel to the direct service/therapy.
- Paperwork associated with the delivery of the direct care service including the preparation of progress notes, translation of session notes, or completion of billing activities.
- Interpretation of the evaluation results and/or preparation of written evaluations, when student/client is not present.

## **CODE 2: DIRECT MEDICAL SERVICES – COVERED UNDER A SCHOOL SERVICES PLAN OF CARE (not under an IEP)**

This code should be used primarily for licensed direct service personnel when providing client care, treatment, and/or counseling services to an individual pursuant to a School



Services Plan of Care including 504s incorporated into a School Services Plan of Care (not an IEP) to correct or ameliorate a specific condition. These direct client services may be delivered to an individual and/or group as identified in the School Services Plan of Care. This code may also be used for assessments and other diagnostic activity that do not lead to an IEP.

Examples of activities reported under this code:

- Conducting medical/health assessments/evaluations and diagnostic testing that lead to the development of an Evaluation Team Report (ETR) which leads to the School Services Plan of Care, including preparing related reports.
- Conducting medical/health assessments/evaluations and diagnostic testing that do not require an ETR, but which lead to the School Services Plan of Care, including preparing related reports.
- Provision of medical/ behavioral health services indicated in the child's School Services Plan of Care.
- Other direct clinical/treatment services indicated in the child's School Services Plan of Care.
- Counseling, indicated in a School Services Plan and provided to a student about a health, behavioral health, or substance abuse issue.
- Administering/monitoring prescribed injection or medication to a student in accordance with a School Services Plan of Care.

This code also includes pre- and post-time directly related to providing direct client care services when the student is not present. Examples of pre- and post-time activities when the student is not present include: time to complete all paperwork related to the specific direct client care service, such as preparation of progress notes, translation of session notes, review of evaluation testing/observation, planning activities, travel to/from providing services/therapy sessions, or completion of billing activities.

Examples of related activities include:

- Pre- and post-activities associated with nursing services or to address a mental health need, for example.

- Pre- and post-activities associated with medication management not covered an IEP, for example.
- Pre- and post-activities associated with behavioral health services, for example, time preparing materials for a therapeutic activity aimed at improving self-regulation skills.
- Updating the medical/health-related service goals and objectives of the School Services Plan of Care based on the provision of services.
- Provider travel to the direct service/therapy.
- Paperwork associated with the delivery of the direct care service including the preparation of progress notes, translation of session notes, or completion of billing activities.
- Interpretation of the evaluation results and/or preparation of written evaluations, when student/client is not present.

**CODE 3: DIRECT MEDICAL SERVICES – ALLOWABLE FOR ALL STUDENTS WITHOUT AN IEP OR SCHOOL SERVICES PLAN OF CARE (EXPANSION OF SERVICES)**

This code should be used primarily for licensed direct service personnel when providing expanded services that do not require an IEP or School Based Services plan of Care as specifically outlined below. These direct client services may be delivered to an individual and/or group.

Examples of activities reported under this code:

- Physical and behavioral health screenings recognized as valid and within scope of practice by the direct service providers listed in rule 5160-36-06 of the Ohio Administrative Code and used to identify eligible children who may be at risk of experiencing physical or behavioral health conditions, and refer for services as appropriate, including referral for an ETR.
- Administration of medication prescribed in accordance with paragraph (A)(11) of rule 5160-35-05 of the Administrative Code. Contacting the prescribing or ordering providers about prescription or treatment orders.

- Consultation with parents and providers regarding chronic disease diagnosis.
- Administration of the children and adolescent strengths and needs (CANS) assessment as defined in rule 5160-59-01 of the Administrative Code for children who have not had a CANS assessment previously completed.
- Direct service activities to address tobacco prevention, cessation, and vaping.
- Other screenings or brief interventions that do not require an IEP or School Services Plan of Care or do not result in an IEP or School Services Plan of Care

This code also includes pre- and post-time directly related to providing direct client care services when the student is not present. Examples of pre- and post-time activities when the student is not present include: time to complete all paperwork related to the specific direct client care services and screenings, such as documentation, planning activities for these activities, travel to/from the activities, or completion of billing activities.

#### **CODE 4: DIRECT MEDICAL SERVICES – NOT COVERED AS AN IEP OR SCHOOL SERVICES PLAN OF CARE**

This code should be used primarily by for licensed direct service personnel when providing client care, treatment and/or counseling services where medical necessity has not been established and/or to an individual NOT pursuant to an IEP or School Services Plan of Care in order to correct or ameliorate a specific condition.

Examples of activities reported under this code:

- Services not indicated in an IEP or School Services Plan of Care or provided to all students as part of expansion services.
- Other direct clinical/treatment services not indicated in an IEP or School Services Plan of Care or provided to all students as part of expansion services.
- Counseling, not indicated in an IEP or School Services Plan of Care, provided to a student about a health, behavioral health, social interaction, or substance abuse issue.
- Administering first aid, emergency care, or prescribed injection or medication (not in an IEP or School Services Plan of Care) to a student or staff.

- Nursing services provided as a part of immunizations process.
- Monitoring activities of daily living (ADLs) not related to an IEP or School Services Plan of Care.
- Family therapy that is not a direct benefit to an eligible child and not specific to an individual child's IEP or School Services Plan of Care.
- Conducting medical/health assessments/evaluations and diagnostic testing and preparing related reports not related to an IEP or School Services Plan of Care.

This code also includes pre-and post-time directly related to providing direct client care services when the student is not present. Examples of pre-and post-time activities when the student is not present include: time to complete all paperwork related to the specific direct client care service, such as preparation of progress notes, translation of session notes, review of evaluation testing/observation, planning activities for the therapy session, travel to/from the therapy session, or completion of billing activities.

Examples of related activities include:

- Provider travel to the direct service/therapy.
- Paperwork associated with the delivery of the direct care service, when the student/client is not present, including the preparation of progress notes, translation of session notes, or completion of billing activities.
- Interpretation of the evaluation results and/or preparation of written evaluations, when student/client is not present.
- General provision and/or stocking of clinic supplies not specific to a student.

#### **CODE 5: OTHER EDUCATIONAL AND SOCIAL SERVICES (NON-MEDICAL SERVICES)**

This code should be used for any activities that are not health-related, such as education, wellness, employment, job training, social services, other educational, social, job related, and other activities or services as well as non-Medicaid health related activities. This code also includes all related paperwork, clerical activities, or staff travel required to perform these activities.

Examples of activities reported under this code:

- Administering achievement tests (etc., CSAP, CSAP-A) not related to assessment of disabilities.
- Attending ETR meetings specifically to develop an IEP.
- All activities related to immunization requirements: for school attendance.
- Compiling grades and report cards.
- Conferring with students or parents about discipline, academic matters or other school- related issues not related to an IEP or School Services Plan of Care.
- Conducting a parent/teacher conference about a student's educational progress.
- Conducting external relations related to school educational issues/matters.
- Completing school and/or classroom attendance reports.
- Developing lesson plans or curriculum not related to specific IEPs and/or School Services Plan of Cares.
- Developing, coordinating, and monitoring the academic portion of the IEP or the overall IEP, which includes IEP and ETR meetings, ensuring annual reviews of the IEP are conducted, parental sign-offs are obtained, and the academic portion of the IEP.
- Developing and /or writing IEPs and attending-IEP meetings.
- Disciplining students or referring students for discipline.
- Manifestation Meetings (meeting to determine if a school expulsion is due to a disability).
- Enrolling new students or obtaining registration information.
- Evaluating curriculum and instructional services, policies, and procedures.

- Monitoring student academic achievement.
- Participating in or presenting training related to curriculum or instruction (e.g., language arts workshop or computer instruction).
- Performing activities outside of an IEP or School Services Plan of Care including academic instruction, general wellness (e.g., general stress prevention, suicide prevention, meditation and yoga), curriculum, or student-focused areas.
- Providing academic instruction (including lesson planning), grading, and (instructional or educational) testing.
- Providing general supervision of students (e.g., playground, lunchroom, field trips, etc.).
- Performing clerical activities specific to instructional or curriculum areas.
- Providing individualized instruction not related to an IEP (e.g., math concepts, reading, etc.) to a special education student.
- Providing general nutrition and health education to students outside of an IEP or School Services Plan of Care.
- Translating or administering an academic (e.g., social studies) test for a student.

#### **CODE 6: MEDICAID PROGRAM OUTREACH**

School provider employees should use this code when performing activities that inform eligible or potentially eligible individuals about Medicaid and how to access it. This code should also be used when describing the range of services covered under Medicaid, how to obtain them, and the benefits of Medicaid preventive services. Both written and oral methods may be used. Include related paperwork, clerical activities or staff travel required to perform these activities.

**NOT DISCOUNTED:** Outreach campaigns directed to the entire population to encourage potential Medicaid eligibles to apply for Medicaid are allowable, and the costs do not have to be discounted by the Medicaid percentage. These campaigns are essentially eligibility outreach campaigns. Outreach campaigns directed toward bringing Medicaid eligibles into services provided through Medicaid are allowable and the costs also do not have to be

discounted by the Medicaid percentage. These campaigns are service campaigns, targeted on specific Medicaid services, such as information about Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and managed care.

A health education program or campaign may be allowable as a Medicaid administrative cost, if it is targeted specifically to Medicaid services and for Medicaid eligible individuals. If the entire campaign is focused on Medicaid, the costs need not be discounted. Health education programs or campaigns or component parts of health education programs or campaigns that are general in nature such as oral hygiene education programs, are not allowable as a Medicaid administrative cost. Immunization programs required by state law and the associated outreach campaigns are not eligible for Medicaid administrative claiming. Time spent on immunization programs should be coded to Code 6.

Outreach may consist of discrete campaigns or may be an ongoing activity, such as: sending teams of employees into the community to identify children who could benefit from the health services provided by Medicaid as part of a Medicaid outreach campaign; contacting pregnant and parenting teenagers about the availability of prenatal and well-child care through Medicaid; establishing a telephone or walk-in service for referring persons to Medicaid services or eligibility offices; operating a drop-in community center for underserved populations, such as minority teenagers where Medicaid eligibility and service information is disseminated. Certain outreach campaigns may be directed toward bringing specific high-risk populations, for example, bringing low-income pregnant women or substance abusers into health care services offered through Medicaid. Report under this code only that portion of time spent in these activities that specifically address Medicaid outreach. Report the non-Medicaid portion of these outreach campaigns under Code 7 (for example, general health education programs and Child Find).

Examples of activities reported under this code:

- Assisting the Medicaid agency to fulfill objectives of the EPSDT program by informing Medicaid eligible and potential Medicaid eligible children and families about the benefits of preventative medical/behavioral health services of the Medicaid Program.
- Developing and presenting materials to explain EPSDT and Medicaid services that are available to Medicaid-eligible children in the district. School developed outreach material should have prior approval of ODJFS.

- Encouraging families to access medical/dental/behavioral health services provided by the Medicaid program.
- Facilitating access to Medicaid when a staff knows that a child does not have appropriate health care, this does not include child find activities directed to identifying children with educational handicapping conditions.
- Informing students and their families about the availability of Medicaid services, including Early Periodic Screening, Diagnosis & Treatment (EPSDT).
- Interpreting materials about Medicaid to persons with children within the LEA boundaries who are illiterate, blind, deaf, or who cannot understand the English 15 language.
- Informing foster care providers of foster children residing within LEA boundaries about the Medicaid and EPSDT program.
- Informing Medicaid eligible pregnant students about the availability of EPSDT services for children under the age of 21 (including children who are eligible as newborns).
- Participating in or facilitating presentations to outside entities to inform them of the school's efforts to identify children in need of Medicaid services provided by the schools and give them information about how to refer a student who is potentially in need of Medicaid services.
- Preparing and distributing printed materials to entities such as day care centers and local physician offices about Medicaid and the school's efforts to assist children to access Medicaid services provided by the schools.
- Providing information regarding Medicaid managed care programs and health plans to individuals and families and how to access that system.
- Utilizing brochures or other materials approved by the state Medicaid agency, designed to effectively inform eligible individuals about the benefits Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program and services, and about how and where to obtain services.



### **CODE 7: OUTREACH (NON-MEDICAID PROGRAM)**

School provider employees should use this code when performing activities that inform eligible or potentially eligible individuals about social, educational, legal or other services not covered by Medicaid and how to access them. This code should also be used when describing the range of benefits covered under the NON-Medicaid programs and how to obtain them and for IDEA mandated child find activities to identify and locate children with learning disabilities. Both written and oral methods may be used. Include related paperwork, clerical activities or staff travel required to perform these activities.

#### **Child Find activities are coded here.**

Examples of activities reported under this code:

- Activities related to Immunization programs required by state law and the associated outreach campaigns.
- Child Find activities.
- Conducting general health education programs or campaigns addressed to the general population.
- General health education programs or campaigns addressed to the general population (e.g., DARE, dental hygiene, antismoking, alcohol reduction, etc.).
- Helping children and their families use health resources, including their own talents and knowledge effectively and efficiently.
- Non-Medicaid portions of general outreach campaigns.
- Participating in IDEA mandated child find activities to identify and locate children with learning disabilities within the school provider.
- Outreach campaigns directed toward encouraging persons to access social, educational, legal or other services not covered by Medicaid, such as Free and Reduced Lunch, Temporary Assistance for Needy Families (TANF) and Women Infants and Children (WIC).

- Scheduling and promoting activities that educate individuals about the benefits of healthy lifestyles and practices.

#### **CODE 8: FACILITATING MEDICAID PROGRAM ELIGIBILITY DETERMINATIONS**

School provider employees should use this code when assisting an individual in becoming eligible for Medicaid. Include related paperwork, clerical activities or staff travel required to perform these activities.

This activity does not include the actual Medicaid eligibility determination.

Examples of activities reported under this code:

- Assisting an applicant to fill out a Medicaid eligibility application.
- Assisting individuals to provide third party resource information at Medicaid eligibility intake.
- Explaining Medicaid eligibility rules and the Medicaid eligibility process to prospective applicants.
- Gathering information related to the application and eligibility determination from a client, including resource information and third party liability (TPL) information, as a prelude to submitting a formal Medicaid application.
- Informing students and their parents about the Medicaid Program and referring them to the Department of Job and Family Services to make an application.
- Providing necessary forms and packaging all forms in preparation for the Medicaid eligibility determination.

#### **CODE 9: FACILITATING NON-MEDICAID PROGRAM ELIGIBILITY DETERMINATIONS**

School provider employees should use this code when helping an individual to become eligible for NON-Medicaid programs, such as Ohio Works First, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), and Special Supplement Nutrition Program for Women, Infants and Children (WIC). Include related paperwork, clerical activities or staff travel required to perform these activities.

Examples of activities reported under this code:

- Assisting an applicant to fill out eligibility applications for such non-Medicaid programs as TANF, WIC, and SNAP.
- Developing and verifying initial and continuing eligibility for the Free and Reduced Lunch Program. When a school provider employee is verifying a student's eligibility or continuing eligibility for Medicaid for the purpose of developing, ascertaining or continuing eligibility under the Free and Reduced Lunch Program, report that activity under this code.
- Explaining eligibility rules and the eligibility process for TANF, SNAP, WIC, etc. to prospective applicants.
- Gathering information related to the application and eligibility determination for non- Medicaid programs from a potential enrollee.
- Informing students and their parents about programs such as cash assistance, SNAP, WIC, day care, legal aid, and other social and educational programs and referring them to the appropriate agency to make an application.
- Providing necessary forms and packaging all forms in preparation for the non-Medicaid eligibility determination.

#### **CODE 10: REFERRAL, COORDINATION, AND MONITORING OF MEDICAL SERVICES**

Use this code when making referrals for, coordinating, and/or monitoring the delivery of medical/behavioral health (Medicaid covered) services. Referral, coordination, and monitoring activities related to services in an IEP, 504, and/or part of a School Services Plan of Care are reported in this code. This code includes related paperwork, clerical activities, or staff travel necessary to perform these activities.

**Activities that are an integral part of or an extension of a medical/behavioral health (e.g., service documentation, patient follow-up, patient assessment, patient counseling, patient education, patient consultation, billing activities) should be reported under Code 1 - Direct Medical Services - Covered as IEP Services, 2- Direct Medical Services – Covered under a School Services Plan of Care (not under an IEP), 3- Direct Medical Services – Allowable for All Students without an IEP and or School Services Plan of Care (Expansion of Services), or 4- Direct Medical Services – Not Covered on an IEP or School Services Plan of Care.**

School provider employees should use this code when making referrals to other medical/behavioral health service providers, including coordinating, and/or monitoring the delivery of medical/behavioral health services delivered outside of the LEA.

Examples of activities reported under this code:

- Arranging for any diagnostic or treatment services, which may be required as the result of a condition identified during the child's EPSDT screen.
- Arranging for any Medicaid covered medical/dental/behavioral health diagnostic or treatment services that may be required as the result of a specifically identified medical/dental/behavioral health condition.
- Coordinating the completion of the prescribed services, termination of services, and/or the referral of the child to other Medicaid service providers as may be required to provide continuity of care.
- Coordinating the delivery of community based medical/dental/ behavioral health services for children with special/severe health care needs.
- Developing and coordinating materials to inform the medical/behavioral health portion(s) of the IEP or School Services Plan of Care for a student, time spent developing the medical/behavioral health section(s) on the IEP or School Services Plan of Care and writing or updating the medical/ behavioral health service goals contained in the IEP or School Services Plan of Care.
- Gathering any information that may be required in advance of health referrals or evaluations.
- Making referrals for and/or coordinating medical or physical examinations and necessary medical evaluations.
- Making referrals for and/or scheduling EPSDT screens, medically necessary screens/visits, and appropriate immunizations.
- Monitoring and evaluating the Medicaid service components of the IEP, 504, and/or School Services Plan of Care as appropriate.
- Providing follow-up contact to ensure that a child has received the prescribed medical/dental/behavioral health services.

- Providing information about Medicaid EPSDT screenings (e.g., dental, vision, etc.) in the schools that will help identify medical/behavioral health conditions that can be corrected or ameliorated by services covered through Medicaid.
- Making referrals for, coordinating and monitoring the delivery of child health screenings.
- Participating in a meeting to coordinate or review a student's health related needs for services covered by Medicaid.
- Providing follow-up contact to ensure that a child has received the prescribed medical/dental/behavioral health service and to provide feedback whether further treatment or modification of existing treatment are required.
- Providing health related information on the child's medical/behavioral health services and plans to other staff from Medicaid service providers, when skilled medical knowledge is not required.
- Referring students for necessary medical health, behavioral health, or substance abuse services covered by Medicaid.
- Working with children, their families, other staff and providers to identify, arrange for, and coordinate services covered under Medicaid that may be required as the result of screens, evaluations or examinations.

#### **CODE 11: REFERRAL, COORDINATION, AND MONITORING OF NON-MEDICAL SERVICES**

School provider employees should use this code when making referrals for, coordinating, and/or monitoring the delivery of social, educational, legal or other services not covered by Medicaid. Include related paperwork, clerical activities or staff travel required to perform these activities.

Examples of activities reported under this code:

- Coordination with child protective services.

- Making referrals for and coordinating access to social and educational services such as childcare, employment, job training, driver education training, clothing assistance, and housing.
- Making referrals for, coordinating, and monitoring the delivery of scholastic, vocational, and other non-health examinations.
- Monitoring and evaluating the non- medical/behavioral health components of the individualized plan as appropriate.
- Participating in a meeting/discussion to coordinate or review a student's need for scholastic, vocational, and non-health related services not covered by Medicaid.

#### **CODE 12: TRANSPORTATION COORDINATION FOR MEDICAL SERVICES**

School provider employees should use this code when ASSISTING an individual to obtain transportation to medical/behavioral health services. This code does not include the provision of the actual transportation service or the direct cost of the transportation, but rather the administrative activities involved in providing transportation. Include related paperwork, clerical activities or staff travel required to perform these activities.

Examples of activities reported under this code:

- Scheduling or arranging recipient transportation to medical/behavioral health treatment required as the result of an evaluation or examination.

#### **CODE 13: TRANSPORTATION COORDINATION FOR NON- MEDICAL SERVICES**

School provider employees should use this code when ASSISTING an individual to obtain transportation to services such as vocational, educational or other non-medical programs, or accompanying the individual to services not covered by Medicaid or not provided by the LEA. Include related paperwork, clerical activities or staff travel time required to perform these activities.

Examples of activities reported under this code:

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

#### **CODE 14: TRANSLATION FOR MEDICAL SERVICES**

School provider employees should use this code when ASSISTING an individual to obtain translation services for the purpose of accessing medical/behavioral health services. Use this code when translation services are not included and paid for as part of a medical assistance service. Translation services must be provided by separate units or separate employees performing solely translation functions to facilitate access to Medicaid covered services. Include related paperwork, clerical activities or staff travel required to perform these activities.

Examples of activities reported under this code:

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

#### **CODE 15: TRANSLATION FOR NON- MEDICAL SERVICES**

School provider employees should use this code when ASSISTING an individual to obtain translation services so they can access services such as vocational, educational or other non-medical programs, or accompanying the individual to services not covered by Medicaid. This code should also be used by school employees who provide translation services related to social, vocational, or educational programs and activities separate from activities referenced in other codes. Include related paperwork, clerical activities or staff travel time required to perform these activities.

Examples of activities reported under this code:

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

## **CODE 16: PROGRAM PLANNING, DEVELOPMENT, AND INTERAGENCY COORDINATION FOR MEDICAL SERVICES**

School provider employees should use this code when performing activities associated with program planning and the policy development of strategies to improve the coordination and delivery of medical/behavioral health services to school age children. This code should be primarily used by employees whose position descriptions include these functions. Include any paperwork, clerical activities or staff travel required to perform these functions.

Examples of activities reported under this code:

- Containing Medicaid costs and improving services to children as part of the EPSDT program.
- Defining the scope of each LEA's Medical service in relation to the other.
- Developing medical/behavioral health service/provider directories.
- Developing strategies to increase Medicaid system capacity and close Medicaid covered service gaps, including analyzing Medicaid data related to a specific program or group.
- Developing resource directories of medical/behavioral health services.
- Discussing medical/behavioral health programs, needs, and service delivery requirements with specialists for future referral.
- Interagency coordination to improve delivery of medical/behavioral health services.
- Focusing medical/behavioral health services on specific populations or geographic areas.
- Monitoring the general medical/dental/behavioral health delivery systems in schools (not specific to individuals).
- Recruiting new medical, dental, and/or behavioral health providers.



- Providing technical assistance and support to new providers.
- Providing information to providers on medical/behavioral health policy and regulations.
- Working with medical/behavioral health resources, such as the managed care plans, to make good faith efforts to locate and develop health services referral relationships.
- Reducing overlap and duplication in Medicaid services, and closing gaps in the availability of services, especially for children.
- Working with other agencies providing Medicaid services to improve the coordination/ delivery of services, to expand their access to specific populations of Medicaid eligibles, and to improve collaboration around the early identification of medical/behavioral health problems.

#### **CODE 17: PROGRAM PLANNING, DEVELOPMENT, AND INTERAGENCY COORDINATION FOR NON-MEDICAL SERVICES**

This code should be used by school staff when performing activities associated with the development of strategies to improve the coordination and delivery of non-medical services to school-age children, and when performing collaborative activities with other agencies. Non- medical services may include social, educational, and vocational services. Include any paperwork, clerical activities or staff travel required to perform these functions.

Examples of activities reported under this code:

- Analyzing non-medical data related to a specific program, population or geographic area.
- Coordinating with interagency committees to identify, promote and develop non-medical services in the school system.
- Conducting external relations related to school educational issues / matters.
- Defining the scope of each LEA's non-medical service in relation to the other.

- Developing procedures for tracking families' requests for assistance with non-medical services and the providers of such services.
- Developing strategies to increase the capacity of non-medical school programs.
- Developing staff directories.
- Developing non-medical referral sources.
- Developing advisory or work groups of professionals to provide consultation and advice regarding the delivery of non-medical services to the school populations.
- Developing non-medical referral sources.
- Evaluating the need for non-medical services in relation to specific populations or geographic areas.
- Identifying gaps or duplication of other non-medical services (e.g., social, vocational, and educational programs) to school age children and developing strategies to improve the coordination of these services.
- Monitoring the non-medical delivery systems in schools.
- Providing technical assistance and support to new staff, including orientation.
- Recruiting new education and general district personnel, including personnel that provide IDEA non-health related activities.
- Recruiting with outside agencies regarding social and education programs, for example agencies that assist with childcare and housing assistance.

#### **CODE 18: ALLOCABLE GENERAL ADMINISTRATION**

School provider employees should use this code when engaged in certain general administrative activities that are not specific to the delivery of services or educational activities. Include related paperwork, clerical activities, or staff travel required to perform

these activities. This code should also be used by all school provider employees when on break or on any form of paid leave.

Examples of activities reported under this code:

- Attending or facilitating general school or unit staff meetings or board meetings.
- Developing budgets and maintaining records.
- Establishing goals and objectives of health-related programs as part of the school's annual or multi-year plan.
- Maintaining inventories and ordering supplies and materials.
- Paid leave time: sick, vacation, personal, paid FMLA, jury duty, military, bereavement, etc.
- Other paid leave time due to inclement weather (e.g., calamity days, etc.) or flex time when schedules are modified due to parent teacher conferences, special events, etc.).
- Performing administrative or clerical activities related to general building or district functions or operations.
- Processing payroll/personnel-related documents.
- Providing executive direction.
- Providing general supervision of staff, including supervision of student teachers or classroom volunteers, and evaluation of employee performance.
- Reviewing general school or district procedures and rules.
- Reviewing technical literature and research articles.
- Training (not related to curriculum or instruction).

**CODE 19: UNPAID TIME OFF/ NOT SCHEDULED TO WORK**

Use if the participant indicates that the moment occurred at a time when he or she was not scheduled to work or is on any form of unpaid leave.

DRAFT

**Attachment E:****Acronyms**

| <b>Acronym</b> | <b>Full Term</b>                                 |
|----------------|--------------------------------------------------|
| ACF            | Administration for Children and Families         |
| AUP            | Agreed Upon Procedure                            |
| CFR            | Code of Federal Regulations                      |
| CMS            | Centers for Medicare and Medicaid Services       |
| COTA           | Licensed Occupational Therapy Assistant          |
| DHHS           | Department of Health and Human Services          |
| EPSDT          | Early Periodic Screening Diagnosis and Treatment |
| FMLA           | Family and Medical Leave Act                     |
| IDEA           | Individuals with Disabilities Education Act      |
| IEP            | Individualized Education Plan                    |
| LEA            | Local Education Agency                           |
| LPN            | Licensed Practical Nurses                        |
| MAC            | Medicaid Administrative Claiming                 |
| MER            | Medicaid Eligibility Rate                        |
| MSP            | Medicaid School Program                          |
| ND             | Non-Discounted                                   |
| DEW            | Ohio Department of Education and Workforce       |
| ODM            | Ohio Department of Medicaid                      |
| RMTS           | Random Moment Time Study                         |
| RN             | Registered Nurse                                 |
| SNAP           | Supplemental Nutrition Assistance Program        |
| TANF           | Temporary Assistance for Needy Families          |
| TPL            | Third Party Liability                            |
| WIC            | Women, Infants, and Children                     |

## Time Study Implementation Guide

# **Time Study Implementation Plan (TSIP) for the Ohio Medicaid School Program (MSP)**

Updated  
7/1/2025

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## Table of Revisions

| Date      | Revision(s)                                             |
|-----------|---------------------------------------------------------|
| 4/17/2020 | Added State of Emergency Exception Section              |
| 7/1/2025  | Updates required by CMS Guide and expansion of services |

DRAFT pending CMS approval

## Introduction

The purpose of this guide is to provide direction for conducting time studies for the Ohio Medicaid School Program (MSP), which includes Medicaid administrative costs. The guide has been developed to explain the methodology and process for conducting time studies to support the financial reporting and claiming that are associated with MSP. It should be used in conjunction with the, ***CMS Delivering Services in School-based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming***, the ***Guide to Cost Reporting for the Ohio Medicaid School Program***, and the resources, guidance, and instructions provided to MSP providers on the Ohio Department of Medicaid's Medicaid School Program webpage. ~~***Guide to the Ohio Medicaid School Program.***~~

The State utilizes a Random Moment Time Study (RMTS) methodology in which all Local Education Agencies (LEAs) who participate are required to participate in the statewide RMTS by including eligible staff and contractors in the RMTS process.

RMTS is a federally accepted method for tracking employee time within LEAs. According to 2 CFR Part 200 "Substitute systems for allocating salaries and wages to Federal awards may be used in place of activity reports. These systems are subject to approval if required by the cognizant agency. Such systems may include, but are not limit to, random moment sampling...."

Random moment sampling or RMTS is particularly useful, because:

- It uses a verifiable, statistically valid random sampling technique that produces accurate labor distribution results, and
- It greatly reduces the amount of staff time needed to record an individual time study participant's activities.

The RMTS method polls participants on an individual basis at random time intervals over a given time period and totals the results to determine work effort for the entire population of eligible staff over that same period. The RMTS method provides a statistically valid means of determining what portion of the selected group of participant's workload is spent performing activities that are reimbursable by Medicaid.

## Purpose of the Time Study

A time study is a tool used to analyze work being done by employees/contractors over a specified time period. The end result of the time study is a series of percentages reflecting the proportion of time spent on the various types of activities performed by the employees/contractors. When the time study is conducted across a sample of employees/contractors, the results are used to extrapolate to the entire specified population of employees/contractors.

The time study information collected as part of the process described in this guide will be used for two specific purposes as follows:

- Medicaid Administrative Costs:** For the Medicaid administrative activity costs (MAC), time study information is used to accurately support the reimbursement made by the school provider. Three key components go into defining Medicaid administrative costs. The total Medicaid reimbursable administrative activities are computed for each cost pool. Then for each cost pool, the respective time study percentage is applied. Also, important to the computation is the Medicaid Eligibility Rate (MER) – in other words, the percentage of the total student population comprised of Medicaid eligible recipients. As these factors are properly calculated, the result is the amount that a school provider can seek for federal reimbursement as costs related to Medicaid administrative services. A school district's MER will be calculated annually and the MER will be applied to codes 110, 112, 114 and 116. MSP providers document quarterly MAC costs and will receive an annual settlement through the cost reporting process where the annual RMTS MAC percentage.
- Direct Service Cost Reporting:** The time study data is used as part of the year-end cost-reporting process. Cost reports are designed to allow schools to reconcile payments for service claims made throughout the year to actual costs incurred. Like the Medicaid administrative activities data, cost reporting involves the use of cost data and time study data. Also needed is the IEP utilization rate which is the ratio of students with IEPs that are Medicaid eligible to the total number of students with IEPs. These factors are used to compute total allowable direct service Medicaid costs for the school provider. These computed amounts are then compared to claims paid. If the amount paid is less than the cost, the school provider is paid the difference. If the amount paid exceeds the total cost, the school provider must repay. The ratio of students with Medicaid and IEPs to students with IEPs will be calculated annually and applied to code 101. A Medicaid ratio of Medicaid to non-Medicaid students is applied to codes 102 and 103 and will be calculated annually as well.

## Time Study Administration

The time study is administered by the Ohio Department of Medicaid (ODM) on a statewide basis under contract to another entity. The references throughout this document to the “time study administering entity” means ODM. ODM is the single State Medicaid agency in Ohio.

## Involved Parties

The following entities collectively administer this program and are identified in this guide. Medicaid School Program providers may contract with Educational Service Centers (ESCs) and/or private and non-profit service providers to provide services to eligible students. MSP providers may also be referred to as districts.

| Entity            | Role                                                                     |
|-------------------|--------------------------------------------------------------------------|
| ODM               | Administers MSP and oversees MSP as the single state agency for Medicaid |
| MSP Administrator | ODM staff specifically responsible for MSP                               |
| MSP Provider      | Local Education Agency (LEA) participating in MSP                        |

| Entity                | Role                                                                                                                                                                          |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Billing Agents        | Contract directly with LEAs and provide assistance with reimbursement activities                                                                                              |
| MSP Coordinators      | District or Educational Service Center (ESC) staff who collect information for District Employees and Contacted Agency staff and provide to ODM and the Time Study contractor |
| Time Study Contractor | Administers RMTS on behalf of ODM                                                                                                                                             |
| Central Coders        | Employed by the Time Study contractor, “code” RMTS moments                                                                                                                    |
| MSP Participants      | Employees and contractors from LEAs, ESCs, and other outside agencies that participate in the time study                                                                      |

## Time Study Methodology

The purpose of the Ohio statewide time study is to (1) identify the proportion of administrative time allowable and reimbursable and (2) identify the proportion of direct service time allowable and reimbursable under Medicaid to be used for direct service cost reporting to enable the State of Ohio to conduct a cost settlement at the end of the fiscal year. Staff and contractors performing Medicaid related activities in an MSP provider seeking reimbursement participate in a time study using the approved RMTS methodology.

## Time Study Participants

All MSP providers that participate in the Time Study identify allowable Medicaid direct service and administrative costs within a given school district by having staff who spend their time performing those activities participate in a quarterly time study. These MSP providers must certify that any staff providing services or participating in the time study meet the educational, experiential and regulatory requirements.

MSP providers provide all district and/or contracted agency participants except for ESC staff. ESC participant information is collected directly from each ESC. Staff may include contracted staff that participate in the roles identified in this Guide and provide both direct services and perform administrative activities. MSP providers must use the National Provider Identifier (NPI) for each direct service staff member included in the RMTS as their participant ID. MSP providers must be able to provide set and unique schedules for contracted staff for each particular MSP provider to which the contracted staff are assigned. Staff who do not have set unique schedules and are paid on a fixed fee basis and do not perform any other administrative or educational activities (i.e., only provide contracted direct services) are not included in the time study and are factored into the cost settlement process. Staff who are 100% federally funded may not be included in the Time Study. Inclusion of staff who are partially federally funded is subject to review from ODM.

The time study contractor collects participant lists from each participating MSP provider. On an ongoing quarterly basis, current lists of participants are sent to each MSP coordinator before

the start of the quarter. The MSP coordinator updates the lists and returns them prior to the start of each quarter. The MSP coordinators must certify that the list of staff and contractors they are submitting to be included in the eligible staff pool(s) are appropriate for inclusion in the time study and eventual claim. Contractors deemed inappropriate during review of time study quarters will be removed from the time study and excluded from the claim.

All direct service and MAC positions claimed in the annual cost settlement process must be included in the RMTS. If a position is not included in the time study during the cost reporting period, expenses for that position are not eligible for reimbursement. The only exception is for the first quarter of the school year (July – September) where staff are being hired and/or placed. If there are costs for these staff and they later are included as of October, they may be claimed (reimbursed) for the entire year or the entire period where there are expenses associated with that position.

**Attachment A: Participant Categories** specifies the categories of staff that have been identified as appropriate participants for the Ohio time studies. Additions to the list may be made depending upon job duties. **MSP Providers must participate in direct service claiming (Cost Pool 1) in order to participate in MAC claiming (Cost Pool 2). A district may not only participate in Cost Pool 2.**

All staff are reported into one of two cost pools:

1. **POOL 1** – Staff and contractors who deliver Direct Medical Services. Only the staff and contractors that are credentialed appropriately and who are approved in the State Medicaid Plan to provide direct services in schools are included in this pool. All such staff and contractors are licensed by cognizant state licensing agencies.

2. **POOL 2** – Staff and contractors who only perform administrative activities.

The cost pools are mutually exclusive (i.e., no staff should be included in more than one pool. The following provides an overview of the eligible categories in each cost pool.

**Attachment A: Participant Categories** shows how the categories of staff are divided into the two cost pools.

MSP provider staff and contractors who are chosen to participate in the time study must be assigned to job categories that describe their job function rather than a generic title that encompasses numerous types of personnel (e.g., pupil support personnel, etc.). A miscellaneous group is not acceptable. If a category does include a limited mix of job functions and titles, the functional (or working) job title must be listed beside each person's name. The MSP provider must maintain a complete job description on file for each of these eligible positions.

The MSP coordinators must certify that the lists of staff they are submitting to be included in the eligible staff pool are appropriate for inclusion in the time study and eventual claim. Staff deemed inappropriate during review of time study quarters will be removed from the time study and excluded from the claim.

Administrative staff such as executive directors, program directors, principals, assistant principals, special education directors, and other managers/supervisory staff may be included in the time study if they are performing Medicaid administrative activities. There should be no clerical or administrative support staff included unless they perform Medicaid administrative activities. These staff are included in the claiming process by allocating their time and appropriate costs based on the total time study effort.

Two mutually exclusive time studies, described below, are conducted for the direct services and Medicaid administrative activities. Although some staff may perform both direct and Medicaid administrative activities related activities, they will only be allowed to participate in one of the two time studies. Medicaid administrative activities claimable time will only be included on a MSP cost report and will not be reimbursed through the Direct Services Program.

- The first time study and associated cost pool is generally comprised of direct service staff, including those who conduct a combination of direct services, Medicaid administrative activities including care coordination, and/or educational activities as well as direct service staff only, and the respective costs for the staff.
- The second time study and associated cost pool is comprised of administrative claiming staff only and the respective costs for these staff.

Therefore, the groups of time study participants and associated cost pools are mutually exclusive and the only direct costs that can be claimed under Medicaid related to this program are derived from the cost pools.

Additionally, staff cannot be in any other cost pool that is claimed to Medicaid by ODM. For example, staff included in the time study for the Ohio Department of Health (ODH) or the Ohio Department of Developmental Disabilities (DODD) cannot also be in the MSP time study.

## RMTS Sampling Requirements

To achieve statistical validity, maintain program efficiencies, and reduce unnecessary district administrative burden, Ohio operates a consistent sampling methodology for all activity codes and groups to be used. Ohio has constructed the RMTS sampling methodology to achieve a level of precision of +/- 5% (five percent) with a 95% (ninety-five percent) confidence level for activities. The formula below yields 385. Ohio employs a 15% oversample, thus generating 443 surveys per quarter.

The following formula is used to calculate the number of moments sampled for each time study cost pool:

$$ss = \frac{Z^2 * (p) * (1-p)}{c^2}$$

where:

Z = Z value (e.g. 1.96 for 95% confidence level)

p = percentage picking a choice, expressed as decimal (.5 used for sample size needed)

c = confidence interval, expressed as decimal (e.g., .02 = ±2)

Correction for Finite Population

$$\text{New ss} = \frac{ss}{1 + \frac{ss-1}{Pop}}$$

where:

pop = population

## RMTS Process

The RMTS process is described here as four steps:

1. Identify total pool of time study participants
2. Identify total pool of time study moments
3. Randomly select moments and then randomly match each moment to a participant who is working at the time of the moment
4. Notify selected participants about their selection moments

### 1. Identify Total Pool of Time Study Participants

At the beginning of each quarter, participating MSP providers provide staff rosters (participant lists). The participant lists are a comprehensive list of staff eligible to participate in the RMTS time study. MSP coordinators provide lists for each of the two cost pools and ensure that no staff are duplicated (i.e., included on both lists). As mentioned elsewhere in this Guide, contracted staff who have a job description that corresponds to the approved positions may be included.

Staff who are 100% federally funded are excluded from participation. Staff who are partially federally funded are subject to review by ODM.

### 2. Identify Total Pool of Time Study Moments

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

### 3. Randomly Select Moments and Randomly Match Each Moment to a Participant

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

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



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

The sampling period is defined as a three-month period comprising each quarter of the year. The following are the quarters in the MSP:

- July – September
- October-December
- January-March
- April- June

Each quarter, the MSP coordinators submit district calendars to the Time Study contractor and the Time Study contractor determines the dates that school districts will be in session and for which their staff members are compensated. District staff members are paid to work during those dates that districts are in session. All days including and through the end of the school year are included in the potential days to be chosen for the time study. The first and last day of each school year are identified as the first and last day students are present to allow for staff and/or contractors that may work year-round. It is important to understand that although districts may end the school year prior to the close of the quarter staff members are paid for services provided through the end of the fiscal quarter. Districts typically spread staff compensation over the entire calendar year even when staff members are not working. The district considers this compensation reimbursement for time when staff members actually work rather than compensation for participant time off when school is not in session. .

Each quarter, the Time Study contractor determines the dates that each school provider will be in session based on individual school provider calendars provided by the MSP coordinators to the Time Study contractor. All days including and through the end of the school year are included in the potential days to be chosen for the time study.

As mentioned above, the first and last days of school are the days that students are present to account for the fact that contractors who work year-round are in the RMTS.

The total pool of moments within the time study is represented by applying each MSP provider's school calendar to potential participants eligible to participate in the RMTS for that school provider. The total pool of moments for the quarter does not include weekends, holidays, and hours during which employees are not scheduled to work.

Since activities and services are not provided in the MSP providers when school is not in session, the April – June quarter will end for each district in the pool on each district's last day of school (usually the end of May). Similarly, the July – September quarter will commence as of the first day of school for each individual district, starting in August). ESCs may provide an average start and

end date (first and last day of school) when ESC participants work across multiple districts that may have different first and last days of school.

#### 4. Notify Participants about their Selected Moments

MSP participants are notified via email or other method, of their requirement to participate in the time study and of their sampled moment. Sampled participants are notified of their sampled moment two days (excluding weekends and non-working days) prior to their sampled moment. At the prescribed moment, each sampled participant is asked to record and submit his/her activity for that particular moment. Prior notification is necessary because many staff do not work full time.

A *validity check* of the time study results is completed by the time study contractor each quarter prior to the calculation of the claim. The validity check ensures that the minimum number of responses is received each quarter to meet the required confidence level. The number of completed and returned time study moments is analyzed to confirm that the confidence level requirements have been met. Once the validity of the sample has been confirmed, the time study results are calculated and prepared for the calculation of the quarterly claim. The Time Study Contractor provides ODM with a series of quarterly reports which include coding that was completed for a randomly selected percentage of responses. In addition, the Time Study Contractor will provide reports monthly upon request.

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

## State of Emergency Exception

In the event that there is a “state of emergency” or other disaster declared in the State of Ohio that results in prolonged school closures that impact the statistical validity of the RMTS as defined in the RMTS guide, Ohio will apply the average quarter claiming methodology for the last four quarters to statistically invalid quarters occurring during the “state of emergency” including the quarter in which the state of emergency is declared and the quarter in which the state of emergency period ends. This means no RMTS will be operated during the impacted quarter(s) and claiming will be based on the average of the quarters that were completed. ODM will notify CMS within 15 days of determining that a quarter is statistically invalid, including the reason for the determination, along with details and dates of the declaration of emergency.

## Training Types & Overview

Three types of training are conducted for RMTS (1) MSP coordinator Training, (2) Central Coding Staff Training and (3) MSP Participant Training. The following is an overview of each training type.

#### 1. MSP Coordinator Training

The time study contractor provides training for the MSP coordinators, which includes an overview of the RMTS program and information on how to access data input mechanisms and input information into said mechanisms. It is essential for the MSP coordinators to understand the purpose of the time studies, the appropriate completion of the RMTS, the timeframes and deadlines for participation, and that their role is crucial to the success of the program. MSP coordinators are responsible for ensuring that MSP Participants completed a recorded training provided by ODM and/or the Time Study contractor at least annually. The training will ensure that the MSP participants understand the instructions for completing and submitting the time study documentation of the sampled moment. All training materials are accessible to MSP coordinators and regularly updated by the Time Study contractor and ODM. In addition, annual training is provided to the MSP coordinators by the time Study Contractor and ODM to cover topics such as MAC program updates, process modifications and compliance issues.

## 2. Central Coding Staff Training (Activity Coding)

Central coders are employed by the time study contractor and review the documentation of participant activities performed during the selected moments and determine the appropriate activity code. In a situation when insufficient information is provided to determine the appropriate activity code, the central coder contacts the participant to request submission of additional information about the moment. If the participant does not respond, the Time Study contractor reaches out a second time to the participant and cc's the MSP coordinator or designated contact. Once the information is received, the moment is coded and included in the final time study percentage calculation. The moments and the assigned codes are reviewed for consistency and adherence to the state approved activity codes.

The time study contractor provides training to the coding staff on an as needed basis, but at a minimum annually to discuss issues surrounding the coding of moments. Training includes an overview of activity codes, samples of activities, and appropriate processes for making coding determinations.

***On a quarterly basis, ODM reviews a sample of the coding process and original participant documentation for Quality Assurance purposes to show the data submitted in the time study questionnaires support the code selected and therefore show the codes are valid and accurate.*** In addition to the quarterly review, at its discretion, ODM can review the completed coding and original participant documentation at any time throughout the claim process or as needed for further review or audit purposes.

## 3. MSP Participant Training

The Time Study contractor and/or ODM maintains an up-to-date MSP Participant Training. The training is recorded and posted on the ODM website. MSP participants must complete the MSP Participant Training annually prior to responding to a moment in the RMTS system. The following items will be included in MSP participant training:

- Overview of the required process to participate in RMTS
- Review the standards for RMTS documentation submitted by staff
- Methods for requesting additional documentation from MSP participants when insufficient information is provided to centralized coders to determine the appropriate activity code. The MSP coordinators must ensure that MSP participants who are newly added to the Time Study complete the training prior to participating in the time study.
- MSP providers must maintain documentation that all staff participating in each quarter's time study completed the MSP Participant training. Documentation of training is subject to review by ODM.

## Documentation (RMTS)

All moments **must be returned within two business days** after the sampled date. Additional follow up regarding specific responses, if necessary, may exceed the two business days (e.g., if a participant responds on the second business day and follow up is necessary, the time frame may exceed two days, etc.). Initial moment responses not received within the required time frame cannot be used in the calculation of the necessary number of moments needed to satisfy the level of precision of +/- 5% (five percent) with a 95% (ninety-five percent) confidence interval.

**Documentation of sampled moments must be sufficient to provide answers to three questions needed for accurate coding:**

- Who was with you?
- What were you doing?
- Why were you performing this activity?

In addition, sampled staff will certify the accuracy of their response prior to submission

**Additional documentation maintained by the Time Study Contractor will include:**

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

Invalid moments are moments not returned by the MSP provider or moments that were not accurately coded by the coders based on the review by the Time Study contractor. Moments that have been inaccurately coded are returned for correction, and every effort will be made by Ohio to obtain the corrected valid moment from the vendor. For the purposes of calculating response rates, unpaid time off and/or unanswered surveys for staff who are no longer employed by the MSP provider is counted as invalid, but it does not count against the 85% response rate requirement.

## Validation Method

The RMTS Time Study contractor reviews all moments. The coders meet to discuss any moments where a potential question exists on the appropriate activity to assign to the response. After the initial generation of moments, the time study administering entity generates a sub-sample of 10% of the moments. The moments are flagged for validation. These responses are sent to ODM for review and confirmation. If there is any disagreement in how to code a response, it is resolved. If it cannot be resolved, the response is coded as invalid.

## Time Study Return Compliance

Ohio requires a state-wide response rate for the time study survey of at least 85%, and all non-returned moments will be included and coded as non-Medicaid time. If the 85% compliance rate is reached without having to code to non-Medicaid time, then non-returned moments are ignored since they are compensated by the 15% over sampling of the sample size.

The Time Study contractor identifies all non- returned moments and make every effort to find out why the moments were not returned. The Time Study contractor identifies on a weekly basis the non-returned moments by the MSP provider. The Time Study contractor provides a list of non-returned moments to the MSP provider's MSP coordinator. This data will not be included in the claiming process but will be used only to ensure that MSP providers are not purposely withholding non-Medicaid related moments.

To assist in reaching the statewide goal of 85% compliance, Ohio monitors the MSP providers to ensure they are properly returning sample moments and the MSP provider's return percentage for each quarter. The RMTS vendor provides a quarterly dashboard of RMTS responses to ODM with a breakdown of non-responses by MSP provider. If an individual MSP provider has non-returns greater than 15% for two (2) or more quarters of the school year and at least and at least five (5) cumulative moments, the MSP provider may receive technical assistance and additional training, depending on the explanation of the non-returns. An MSP provider will be moved into a higher risk category for annual monitoring and support if their non-response rate is greater than 15% for the entire school year. Non-compliance after more intensive support and monitoring may result in ODM issuing a corrective action plan to the MSP provider.

ODM may pursue remedial action for MSP providers that fail to meet MSP-requirements or fail to correct problems identified during the annual monitoring process.. Examples of actions that may cause implementation of sanctions include, but are not limited to:

- Repeated and/or uncorrected errors in financial reporting, including failure to use the state provided financial reporting templates,

- Failure to cooperate with state and/or federal staff during reviews, audits, or other requests for information,
- Failure to submit claims for direct services included on the annual cost report,
- Failure to maintain adequate documentation,
- Failure to provide accurate and timely information to ODM's Time Study Contractor as required, including maintaining an 85% response rate for the RMTS moments, and
- Failure to provide and/or attend the required training.

## State Level Oversight and Monitoring of Time Study Administration

ODM employs an MSP Administrator who will serve as the single point of accountability for oversight of the Time Study contractor and monitoring various components of the MSP program. The areas that the MSP administrator will review include, but are not limited to the following:

- **Participant List:** The time study contractor assures that MSP providers submit only eligible categories of staff based on the approved RMTS plan. The MSP administrator samples MSP provider staff listings to verify that the Time Study contractor has appropriately performed this task. The Time Study contractor submits to the MSP administrator for review any exclusions to the MSP provider's participant listing.
- **RMTS Time Study:** The MSP administrator reviews the Time Study Contractor's sampling methodology, the sample and the time study results and documents the outcome of this review.
- **RMTS Central Coding:** The time study contractor reviews a sample of the completed coding and the original participant documentation for coding accuracy and validation and submits the summarized results to the MSP administrator with recommendations. The MSP administrator independently may review a sample of coding results in addition to the 10% review, including excluded time study moments.
- **Training:** The Time Study contractor will conduct trainings, submit training materials and document training attendance to the MSP administrator to ensure that training requirements are met for MSP Coordinators, Central coders and participating MSP provider staff are being met by review of training materials and attendance at various training sessions.
- **Documentation Compliance:** The MSP Administrator reviews with the Time Study Contractor the results of any documentation compliance issues and ensures issues have been addressed and monitored.

ODM's MSP Administrator in collaboration with ODM staff monitors all local MSPs at least once annually. This monitoring consists of either an on-site, desk or self-survey review. For this annual monitoring process, MSP providers will be placed in multi-tiered categories

based on a risk factor analysis, and ODM will conduct an in-depth review for those identified as high risk. MSP providers are required to fully cooperate in providing information and access to necessary staff in a timely manner to facilitate these efforts. MSP providers that do not fully cooperate in the review process may be subject to sanctions by ODM.

At least quarterly, ODM and/or the Time Study contractor examine, for example, total costs in the claim, time study results, and reimbursement levels in relation to the school's special education population. Any significant variation from historical trending will be communicated to the MSP providers for explanation of the variance.

## Required MSP Provider Personnel

Each MSP provider must designate an employee as the MSP coordinator to provide oversight for the implementation of the time study, including monitoring of required trainings, and to ensure that policy decisions are implemented appropriately. The MSP provider must submit to ODM and/or the RMTS contractor the name and contact information of the MSP coordinator annually in the manner prescribed by ODM.

## Time Study Activities/Codes

The time study codes assist in the determination of time and associated costs that are related to and reimbursable under the Medicaid program. The time study codes have been designed to reflect all of the activities performed by MSP participants per MSP provider.

The time study codes are assigned indicators that determine its allowability, federal financial participation (FFP) rate, and Medicaid share. A code may have one or more indicators associated with it. These indicators should not be provided to MSP participants.

The following are the activity code descriptions for Ohio:

| <b>Activity Code</b> | <b>Activity Description</b>                                                                                                 | <b>Medicaid Rate</b> |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------|
| 101                  | Direct Medical Services – Covered as IEP Services                                                                           | D-IEP                |
| 102                  | Direct Medical Services – Covered under School Services Plan of Care (not under an IEP)                                     | D-MER                |
| 103                  | Direct Medical Services – Allowable for All Students without an IEP or School Services Plan of Care (Expansion of Services) | D-MER                |
| 104                  | Direct Medical Services – Not Covered as an IEP or School Services Plan of Care                                             | U                    |

| Activity Code | Activity Description                                                                 | Medicaid Rate |
|---------------|--------------------------------------------------------------------------------------|---------------|
| 105           | Other Educational and Social Services (Non-Medical Services)                         | U             |
| 106           | Medicaid Program Outreach                                                            | ND            |
| 107           | Outreach Non-Medicaid Program                                                        | U             |
| 108           | Facilitating Medicaid Program Eligibility Determinations                             | ND            |
| 109           | Facilitating Non-Medicaid Program Eligibility Determinations                         | U             |
| 110           | Referral, Coordination, and Monitoring of Medical Services                           | D-MER         |
| 111           | Referral, Coordination, and Monitoring of Non-Medical Services                       | U             |
| 112           | Transportation Coordination for Medical Services                                     | D-MER         |
| 113           | Transportation Coordination for Non-Medical Services                                 | U             |
| 114           | Translation Services for Medical Services                                            | D-MER         |
| 115           | Translation Services For Non-Medical Services                                        | U             |
| 116           | Program Planning, Development, and Interagency Coordination for Medical Services     | D-MER         |
| 117           | Program Planning, Development, and Interagency Coordination for Non-Medical Services | U             |
| 118           | Allocable General Administration                                                     | R             |
| 119           | Unpaid Time Off/ Not Scheduled to Work                                               | N/A           |

For purposes of the Medicaid School Program (including Medicaid administrative activities) each activity is categorized into various types that drive how the percentage of time allocated to that activity will be used in computing claims. These types are as follows:

1. **Non-Discounted (Type ND)** activities are administrative activities that are applicable and reimbursable for the entire student population. Medicaid eligibility percentages are not applied to these activities.
2. **Discounted (Type D-MER)** activities are direct service activities that are applicable to students with a School Services Plan of Care including 504s **OR** expansion services available to all students **OR** administrative activities that are applicable to the entire student population but are only reimbursable for the



- Medicaid eligibles in the school provider population. The costs associated with these activities will be reduced according to the Medicaid Eligibility Rate percentage in claim calculation steps.
3. **Discounted (Type D-IEP)** activities are direct service activities that are applicable to the special education student population with Individual Education Programs (IEPs) but are only reimbursable for the Medicaid eligibles with IEPs. The costs associated with these activities will be reduced according to the ratio of students with IEPs and Medicaid to all students with IEPs.
  4. **Unallowable (Type U)** activities are unallowable activities under the Medicaid Administrative claim, but these activities account for the balance of the sampled participants' time. These activities are unallowable regardless of whether or not the population served includes Medicaid eligible individuals. As required in 2 CFR Part 200, the full spectrum of activities performed by the sampled participants is measured in order to accurately account for all of the study participants' time.
  5. **Reallocated (Type R)** applies to the activity code for general allocable administrative activities. Time allocated to this activity is reallocated across the other activities.

Each activity code may be used to drive percent-of-time values that are used for the Medicaid administrative activity/MSP cost reports.

## Time Study Activity Definitions

Detailed definitions of the time study activities can be found in **Attachment D: Time Study Activity Codes**. Many different sources were used to support the development of detailed definitions for Medicaid administrative functions, including administrative function definitions in the 42 CFR Part 441, Subpart B (of Individuals Under Age 21), and CMS approved and/or reviewed Medicaid administrative claim materials employed in several other states.

## Financial Reporting

Financial information used to claim reimbursement is based upon actual expenditures obtained directly from the participating entities' financial accounting system. All supporting documentation will be made available by the claiming entities for an Agreed Upon Procedure (AUP) by a Certified Public Accountant or Auditors of the State of Ohio.

## Help, Comments and Suggestions

If you have any questions or need assistance, please send an e-mail to ODM at [MedicaidSchoolPrograms@medicaid.ohio.gov](mailto:MedicaidSchoolPrograms@medicaid.ohio.gov).

Also, your comments about this guide or any other components of the MSP and suggestions for ways to make it clearer or more understandable are welcome at the same address. In addition, information is available on the [Medicaid School Program page](#). .

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## Attachment A: Participant Categories

| COST POOL                                                                          | PARTICIPANT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>POOL 1</b><br/>Staff and contractors who deliver Direct Medical Services</p> | <ul style="list-style-type: none"> <li>• Audiologists</li> <li>• Audiology aides</li> <li>• Audiology students</li> <li>• Clinical nurse specialists</li> <li>• Counselor trainees</li> <li>• Independent chemical dependency counselors or chemical dependency counselors II or III</li> <li>• Independent marriage and family therapists</li> <li>• Independent social workers</li> <li>• Independent social worker - supervisor</li> <li>• Licensed practical nurses (LPN)</li> <li>• Marriage and family therapists</li> <li>• Marriage and family therapist trainees</li> <li>• Nurse practitioners</li> <li>• Occupational therapists</li> <li>• Occupational therapy assistants</li> <li>• Physical therapists</li> <li>• Physical therapist assistants</li> <li>• Physician assistants</li> <li>• Professional clinical counselors</li> <li>• Professional counselors</li> <li>• Professional clinical counselor - supervisor</li> <li>• Psychologists</li> <li>• Psychology or school psychology trainees or interns</li> <li>• Registered nurses (RN)</li> <li>• School psychologists</li> <li>• Social workers</li> </ul> |

| COST POOL                                                                                                                        | PARTICIPANT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                  | <ul style="list-style-type: none"> <li>• Social worker trainees</li> <li>• Speech-language pathologists</li> <li>• Speech-language pathology aides</li> <li>• Speech-language pathology students</li> <li>• Student occupational therapists</li> <li>• Student occupational therapy assistants</li> <li>• Student physical therapists</li> <li>• Student physical therapist assistants</li> </ul> <p>Independent social worker - supervisors and professional clinical counselor – supervisors who have a licensure type that includes “supervisors” but are not acting as supervisors may participate in the time study.</p> |
|                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p><b>POOL 2</b><br/>Staff and contractors who perform Medicaid administrative activities and do not provide direct services</p> | <ul style="list-style-type: none"> <li>• Bilingual Specialists</li> <li>• Case Managers</li> <li>• Child Advocates</li> <li>• Clinical Supervisors</li> <li>• Community Health Workers</li> <li>• Diagnosticians</li> <li>• Early Childhood Specialists</li> <li>• Health Advisors</li> <li>• Interpreters and Interpreter Assistants</li> <li>• Intervention Specialists</li> <li>• Orientation &amp; Mobility Specialists</li> <li>• Outreach Workers</li> <li>• Parent Liaisons</li> <li>• Program Specialists</li> <li>• School Resource Counselors</li> <li>• Service Coordinators</li> </ul>                            |

| COST POOL | PARTICIPANT CATEGORY                                                                                                                                                                                                                                                                                                                                               |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|           | <ul style="list-style-type: none"> <li>• Special Education Administrators</li> <li>• Student Outreach Services (SOS) Facilitators</li> </ul> <p><i>Additional Participants may be included upon approval by ODM if they perform the same functions as the positions listed above, if they perform Medicaid reimbursable activities in a measurable amount.</i></p> |

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## Attachment B: Summary of Activity Codes

| Activity Code | Activity Description                                                                                                        |
|---------------|-----------------------------------------------------------------------------------------------------------------------------|
| 101           | Direct Medical Services – Covered as IEP Services                                                                           |
| 102           | Direct Medical Services – Covered under School Services Plan of Care (not under an IEP)                                     |
| 103           | Direct Medical Services – Allowable for All Students without an IEP or School Services Plan of Care (Expansion of Services) |
| 104           | Direct Medical Services or School Services Plan of Care                                                                     |
| 105           | Other Educational and Social Services (Non-Medical Services)                                                                |
| 106           | Medicaid Program Outreach                                                                                                   |
| 107           | Outreach Non-Medicaid Program                                                                                               |
| 108           | Facilitating Medicaid Program Eligibility Determinations                                                                    |
| 109           | Facilitating Non-Medicaid Program Eligibility Determinations                                                                |
| 110           | Referral, Coordination, and Monitoring of Medical Services                                                                  |
| 111           | Referral, Coordination, and Monitoring of Non-Medical Services                                                              |
| 112           | Transportation Coordination for Medical Services                                                                            |
| 113           | Transportation Coordination For Non-Medical Services                                                                        |
| 114           | Translation Services for Medical Services                                                                                   |
| 115           | Translation Services for Non- Medical Services                                                                              |
| 116           | Program Planning, Development, and Interagency Coordination for Medical Services                                            |
| 117           | Program Planning, Development, and Interagency Coordination for Non-Medical Services                                        |
| 118           | Allocable General Administration                                                                                            |
| 119           | Unpaid Time Off/ Not Scheduled to Work                                                                                      |

## Attachment C: Time Study Activity Codes

*(Note: Throughout these activity code descriptions, the term “Medical services” means those direct medical services that when provided to Medicaid eligible recipients are covered under the Medicaid School Program.*

*The relevant codes are used based on the activity definition – regardless of whether it is provided to Medicaid or non-Medicaid students. The “discounting” computational process allocates these activity categories proportionally to Medicaid and non-Medicaid students. When the term “Medicaid” is specifically used, as it means specifically for the Medicaid program only.)*

### **CODE 101: DIRECT MEDICAL SERVICES – COVERED AS IEP SERVICES**

This code should be used primarily for licensed direct service personnel when providing client care, treatment and/or counseling services to an individual pursuant to the IEP in order to correct or ameliorate a specific condition. These direct client services may be delivered to an individual and/or group as identified in the IEP. Examples of activities reported under this code:

- Conducting medical/health assessments/evaluations and diagnostic testing that lead to the development of an Evaluation Team Report (ETR) which leads to the IEP, including preparing related reports.
- Documenting the results of the evaluations/testing and preparing ETR forms and/or discussing the results of evaluations/testing and reviewing ETR forms to identify necessary services for an IEP.
- Other diagnostic testing that leads to the development of an IEP.
- Provision of all medical/behavioral services indicated in the child’s IEP.
- Other direct medical and/or behavioral healthcare services indicated in the child’s IEP.
- Counseling, indicated in an IEP and provided to a student about a health, mental health, or substance use issue.
- Administering/monitoring prescribed injection or medication to a student in accordance with an IEP.

This code also includes pre- and post-time directly related to providing direct client care services when the student is not present. Examples of pre- and post-time activities when the student is not present include: time to complete all paperwork related to the specific direct client care service, such as preparation of progress notes, translation of session notes, review of evaluation

testing/observation, planning activities, travel to/from providing medical and/or behavioral healthcare services, or completion of billing activities.

Examples of related activities include:

- Pre- and post-activities associated with physical therapy services, for example, time to build a customized standing frame for a student or time to modify a student's wheelchair desk for improved freedom of movement for that client.
- Pre- and post-activities associated with speech language pathology services, for example, preparing lessons for a student to use with an augmentative communicative device or preparing worksheets for use in group therapy sessions or for students to use at home.
- Updating the medical/health-related service goals and objectives of the IEP based on the provision of services.
- Provider travel to the direct service/therapy.
- Paperwork associated with the delivery of the direct care service including the preparation of progress notes, translation of session notes, or completion of billing activities.
- Interpretation of the evaluation results and/or preparation of written evaluations, when student/client is not present.

#### **CODE 102: DIRECT MEDICAL SERVICES – COVERED UNDER A SCHOOL SERVICES PLAN OF CARE (not under an IEP)**

This code should be used primarily for licensed direct service staff and contractors when providing client care, treatment, and/or counseling services to an individual pursuant to a School Services Plan of Care including 504s incorporated into a School Services Plan of Care (not an IEP) to correct or ameliorate a specific condition. These direct client services may be delivered to an individual and/or group as identified in the School Services Plan of Care.

This code may also be used for assessments and other diagnostic activity that do not lead to an IEP.

Examples of activities reported under this code:

- Conducting medical/health assessments/evaluations and diagnostic testing that led to the development of an Evaluation Team Report (ETR) which leads to the School Services Plan of Care, including preparing related reports.
- Conducting medical/health assessments/evaluations and diagnostic testing that do not require an ETR, but which lead to the School Services Plan of Care, including preparing related reports.



- Provision of medical/ behavioral health services indicated in the child's School Services Plan of Care.
- Other direct clinical/treatment services indicated in the child's School Services Plan of Care.
- Counseling, indicated in a School Services Plan and provided to a student about a health, behavioral health, or substance abuse issue.
- Administering/monitoring prescribed injection or medication to a student in accordance with a School Services Plan of Care.

This code also includes pre- and post-time directly related to providing direct client care services when the student is not present. Examples of pre- and post-time activities when the student is not present include: time to complete all paperwork related to the specific direct client care service, such as preparation of progress notes, translation of session notes, review of evaluation testing/observation, planning activities, travel to/from providing services/therapy sessions, or completion of billing activities.

Examples of related activities include:

- Pre- and post-activities associated with nursing services or to address a mental health need, for example.
- Pre- and post-activities associated with medication management not covered in an IEP, for example.
- Pre- and post-activities associated with behavioral health services, for example, time preparing materials for a therapeutic activity aimed at improving self-regulation skills.
- Updating the medical/health-related service goals and objectives of the School Services Plan of Care based on the provision of services.
- Provider travel to the direct service/therapy.
- Paperwork associated with the delivery of the direct care service including the preparation of progress notes, translation of session notes, or completion of billing activities.
- Interpretation of the evaluation results and/or preparation of written evaluations, when student/client is not present.

**CODE 103: DIRECT MEDICAL SERVICES – ALLOWABLE FOR ALL STUDENTS WITHOUT AN IEP**

## **OR SCHOOL SERVICES PLAN OF CARE (EXPANSION OF SERVICES)**

This code should be used primarily for licensed direct service personnel when providing expanded services that do not require an IEP or School Based Services plan of Care as specifically outlined below. These direct client services may be delivered to an individual and/or group.

Examples of activities reported under this code:

- Physical and behavioral health screenings recognized as valid and within scope of practice by the direct service providers listed in rule 5160-36-06 of the Ohio Administrative Code and used to identify eligible children who may be at risk of experiencing physical or behavioral health conditions, and refer for services as appropriate, including referral for an ETR.
- Administration of medication prescribed in accordance with paragraph (A)(11) of rule 5160-35-05 of the Administrative Code. Contacting the prescribing or ordering providers about prescription or treatment orders.
- Consultation with parents and providers regarding chronic disease diagnosis.
- Administration of the children and adolescent strengths and needs (CANS) assessment as defined in rule 5160-59-01 of the Administrative Code for children who have not had a CANS assessment previously completed.
- Direct service activities to address tobacco prevention, cessation, and vaping.
- Other screenings or brief interventions that do not require an IEP or School Services Plan of Care or do not result in an IEP or School Services Plan of Care

This code also includes pre- and post-time directly related to providing direct client care services when the student is not present. Examples of pre- and post-time activities when the student is not present include: time to complete all paperwork related to the specific direct client care services and screenings, such as documentation, planning activities for these activities, travel to/from the activities, or completion of billing activities.

### **CODE 104 : DIRECT MEDICAL SERVICES – NOT COVERED AS AN IEP OR SCHOOL SERVICES PLAN OF CARE**

This code should be used primarily for licensed direct service staff and contractors when providing client care, treatment and/or counseling services where medical necessity has not been established and/or to an individual NOT pursuant to an IEP or School Services Plan of Care in order to correct or ameliorate a specific condition.

Examples of activities reported under this code:

- Services not indicated in an IEP or School Services Plan of Care or provided to all students as part of expansion services..
- Other direct clinical/treatment services not indicated in an IEP or School Services Plan of Care or provided to all students as part of expansion services.
- Counseling, not indicated in an IEP or School Services Plan of Care, provided to a student about a health, mental health, or substance abuse issue.
- Administering first aid or emergency care (not in an IEP or School Services Plan of Care) to a student or staff.
- Nursing services provided as a part of immunizations process.
- Monitoring activities of daily living (ADLs) not related to an IEP or School Services Plan of Care.
- Family therapy that is not a direct benefit to an eligible child and not specific to an individual child's IEP or School Services Plan of Care.
- Conducting medical/health assessments/evaluations and diagnostic testing and preparing related reports not related to an IEP or School Services Plan of Care.

This code also includes pre-and post -time directly related to providing direct client care services when the student is not present. Examples of pre-and post -time activities when the student is not present include: time to complete all paperwork related to the specific direct client care service, such as preparation of progress notes, translation of session notes, review of evaluation testing/observation, planning activities for the therapy session, travel to/from the therapy session, or completion of billing activities.

Examples of related activities include:

- Provider travel to the direct service/therapy.
- Paperwork associated with the delivery of the direct care service, as long as the student/client is not present, including the preparation of progress notes, translation of session notes, or completion of billing activities.

- Interpretation of the evaluation results and/or preparation of written evaluations, when student/client is not present.
- General provision and/or stocking of clinic supplies not specific to a student.

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**CODE 105: OTHER EDUCATIONAL AND SOCIAL SERVICES (NON-MEDICAL SERVICES)**

This code should be used for any activities that are not health-related, such as education, wellness, employment, job training, social services, other educational, social, job related, and other activities or services as well as non-Medicaid health related activities. This code also includes all related paperwork, clerical activities, or staff travel required to perform these activities. Examples of activities reported under this code:

- Administering achievement tests (e.g., OST, etc.) not related to assessment of disabilities.
- Attending ETR meetings specifically to develop an IEP.
- All activities related to immunization requirements for school attendance.
- Compiling grades and report cards.
- Conferring with students or parents about discipline, academic matters or other school-related issues not related to an IEP or School Services Plan of Care.
- Conducting a parent/teacher conference about a student's educational progress.
- Conducting external relations related to school educational issues/matters.
- Completing school and/or classroom attendance reports.
- Developing lesson plans or curriculum not related to specific IEPs and/or School Services Plans of Care.
- Developing, coordinating, and monitoring the academic portion of the IEP or the overall IEP, which includes IEP and ETR meetings, ensuring annual reviews of the IEP are conducted, parental sign-offs are obtained, and the academic portion of the IEP.
- Developing and /or writing IEPs and attending IEP meetings.
- Disciplining students or referring students for discipline.
- Manifestation Meetings (meeting to determine if a school expulsion is due to a disability).
- Enrolling new students or obtaining registration information.



- Evaluating curriculum and instructional services, policies, and procedures.
- Monitoring student academic achievement.
- Participating in or presenting training related to curriculum or instruction (e.g., language arts workshop or computer instruction).
- Performing activities outside of an IEP or School Services Plan of Care that are specific to academic instruction, general wellness (e.g., general stress prevention, suicide prevention, meditation, yoga, etc.), curriculum, or student-focused areas.
- Providing academic instruction (including lesson planning), grading, and (instructional or educational) testing.
- Providing general supervision of students (e.g., playground, lunchroom, field trips, etc.).
- Performing clerical activities specific to instructional or curriculum areas.
- Providing individualized instruction not related to an IEP (e.g., math concepts, reading, etc.) to a special education student.
- Providing general nutrition and health education to students outside of an IEP or School Services Plan of Care.
- Translating or administering an academic (e.g., social studies) test for a student.

**CODE10 6: MEDICAID PROGRAM OUTREACH:** School provider employees should use this code when performing activities that inform eligible or potentially eligible individuals about Medicaid and how to access it. This code should also be used when describing the range of services covered under Medicaid, how to obtain them, and the benefits of Medicaid preventive services. Both written and oral methods may be used. Include related paperwork, clerical activities or staff travel required to perform these activities.

**NOT DISCOUNTED:** Outreach campaigns directed to the entire population to encourage potential Medicaid eligibles to apply for Medicaid are allowable, and the costs do not have to be discounted by the Medicaid percentage. These campaigns are essentially eligibility outreach campaigns. Outreach campaigns directed toward bringing Medicaid eligibles into services provided through Medicaid are allowable and the costs also do not have to be discounted by the Medicaid percentage. These campaigns are service campaigns, targeted on specific Medicaid services, such as information about Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and managed care.

A health education program or campaign may be allowable as a Medicaid administrative cost, if it is targeted specifically to Medicaid services and for Medicaid eligible individuals. If the entire campaign is focused on Medicaid, the costs need not be discounted. Health education programs or campaigns or component parts of health education programs or campaigns that are general in nature such as oral hygiene education programs, are not allowable as a Medicaid administrative cost. Immunization programs required by state law and the associated outreach campaigns are not eligible for Medicaid administrative claiming. Time spent on immunization programs should be coded to Code **105**.

Outreach may consist of discrete campaigns or may be an ongoing activity, such as: sending teams of employees into the community to identify children who could benefit from the health services provided by Medicaid as part of a Medicaid outreach campaign; contacting pregnant and parenting teenagers about the availability of prenatal and well-child care through Medicaid; establishing a telephone or walk-in service for referring persons to Medicaid services or eligibility offices; operating a drop-in community center for underserved populations, such as minority teenagers where Medicaid eligibility and service information is disseminated. Certain outreach campaigns may be directed toward bringing specific high-risk populations, for example, bringing low-income pregnant women or substance abusers into health care services offered through Medicaid. Report under this code only that portion of time spent in these activities that specifically address Medicaid outreach. Report the non-Medicaid portion of these outreach campaigns under Code **107** (for example, general health education programs and Child Find).

Examples of activities reported under this code:

- Assisting the Medicaid agency to fulfill objectives of the EPSDT program by informing Medicaid eligible and potential Medicaid eligible children and families about the benefits of preventative medical/behavioral health services of the Medicaid Program.
- Developing and presenting materials to explain EPSDT and Medicaid services that are available to Medicaid-eligible children in the district. School developed outreach material should have prior approval of the Ohio Department of Job and Family Services (ODJFS).
- Encouraging families to access medical/dental/behavioral health services provided by the Medicaid program.
- Facilitating access to Medicaid when a staff knows that a child does not have appropriate health care, this does not include child find activities directed to identifying children with educational handicapping conditions.
- Informing students and their families about the availability of Medicaid services, including Early Periodic Screening, Diagnosis & Treatment (EPSDT).

- Interpreting materials about Medicaid to persons with children within the MSP provider's boundaries who are illiterate, blind, deaf, or who cannot understand the English language.
- Informing foster care providers of foster children residing within MSP provider's boundaries about the Medicaid and EPSDT program.
- Informing Medicaid eligible pregnant students about the availability of EPSDT services for children under the age of 21 (including children who are eligible as newborns).
- Participating in or facilitating presentations to outside entities to inform them of the school's efforts to identify children in need of Medicaid services provided by the schools and give them information about how to refer a student who is potentially in need of Medicaid services.

Preparing and distributing printed materials to day care centers and local physician offices about Medicaid and the school's efforts to assist children to access Medicaid services provided by the schools.

- Providing information regarding Medicaid managed care programs and health plans to individuals and families and how to access that system.
- Utilizing brochures or other materials approved by the state Medicaid agency, designed to effectively inform eligible individuals about the benefits Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program and services, and about how and where to obtain services.

**CODE 107: OUTREACH (NON-MEDICAID PROGRAM)** School provider employees should use this code when performing activities that inform eligible or potentially eligible individuals about social, educational, legal or other services not covered by Medicaid and how to access them. This code should also be used when describing the range of benefits covered under the NON-Medicaid programs and how to obtain them and for IDEA mandated child find activities to identify and locate children with learning disabilities. Both written and oral methods may be used. Include related paperwork, clerical activities or staff travel required to perform these activities.

**Child Find activities are coded here.**

Examples of activities reported under this code:

- Activities related to immunization programs required by state law and the associated outreach campaigns.
- Child Find activities.
- Conducting general health education programs or campaigns addressed to the general population.
- General health education programs or campaigns addressed to the general population (e.g., DARE, dental hygiene, antismoking, alcohol reduction, etc.).
- Helping children and their families use health resources, including their own talents and knowledge effectively and efficiently.
- Informing families about wellness programs and how to access those programs.
- Non-Medicaid portions of general outreach campaigns.
- Participating in IDEA mandated child find activities to identify and locate children with learning disabilities within the school provider.
- Outreach campaigns directed toward encouraging persons to access social, educational, legal or other services not covered by Medicaid, such as Free and Reduced Lunch, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and Women Infants and Children (WIC).
- Scheduling and promoting activities that educate individuals about the benefits of healthy lifestyles and practices.

**CODE 108: FACILITATING MEDICAID PROGRAM ELIGIBILITY DETERMINATIONS**

School provider employees should use this code when assisting an individual in becoming eligible for Medicaid. Include related paperwork, clerical activities or staff travel required to perform these activities.

This activity does **not** include the actual Medicaid eligibility determination.

Examples of activities reported under this code:

- Assisting an applicant to fill out a Medicaid eligibility application.
- Assisting individuals to provide third party resource information at Medicaid eligibility intake.
- Explaining Medicaid eligibility rules and the Medicaid eligibility process to prospective applicants.
- Gathering information related to the application and eligibility determination from a client, including resource information and third party liability (TPL) information, as a prelude to submitting a formal Medicaid application.

Informing students and their parents about the Medicaid Program and referring them to ODJFS to make an application.

- Providing necessary forms and packaging all forms in preparation for the Medicaid eligibility determination.

## **CODE 109: FACILITATING NON-MEDICAID PROGRAM ELIGIBILITY DETERMINATIONS**

School provider employees should use this code when helping an individual to become eligible for NON-Medicaid programs, such as Ohio Works First, ~~Food Stamps~~, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), and Special Supplement Nutrition Program for Women, Infants and Children (WIC). Include related paperwork, clerical activities or staff travel required to perform these activities.

Examples of activities reported under this code:

- Assisting an applicant to fill out eligibility applications for such non-Medicaid programs as TANF, WIC, and SNAP.
- Developing and verifying initial and continuing eligibility for the Free and Reduced Lunch Program. When a school provider employee is verifying a student's eligibility or continuing eligibility for Medicaid for the purpose of developing, ascertaining or continuing eligibility under the Free and Reduced Lunch Program, report that activity under this code.
- Explaining eligibility rules and the eligibility process for TANF, SNAP, WIC, etc. to prospective applicants.
- Gathering information related to the application and eligibility determination for non-Medicaid programs from a potential enrollee.
- Informing students and their parents about programs such as cash assistance, SNAP, WIC, day care, legal aid, and other social and educational programs and referring them to the appropriate agency to make an application.
- Providing necessary forms and packaging all forms in preparation for the non-Medicaid eligibility determination.

## **CODE 110: REFERRAL, COORDINATION, AND MONITORING OF MEDICAL SERVICES**

Use this code when making referrals for, coordinating, and/or monitoring the delivery of medical/behavioral health (Medicaid covered) services. Referral, coordination, and monitoring activities related to services in an IEP, 504, and/or part of a School Services Plan of Care are reported in this code. This code includes related paperwork, clerical activities, or staff travel necessary to perform these activities.

**Activities that are an integral part of or an extension of a medical/behavioral health (e.g., service documentation, patient follow-up, patient assessment, patient counseling, patient education, patient consultation, billing activities) should be reported under Code 101 - Direct Medical Services - Covered as IEP Services, 102 - Direct Medical Services – Covered under a School Services Plan of Care (not under an IEP), 103 - Direct Medical Services – Allowable for All Students without an IEP and or School Services Plan of Care (Expansion of Services), or 104 - Direct Medical Services – Not Covered on an IEP or School Services Plan of Care.**

School provider employees should use this code when making referrals to other medical/behavioral health service providers, including coordinating, and/or monitoring the delivery of medical, including medical/ behavioral health services delivered outside of the LEA.

Examples of activities reported under this code:

- Arranging for any diagnostic or treatment services, which may be required as the result of a condition identified during the child's EPSDT screen.
- Arranging for any Medicaid covered medical/dental/behavioral health diagnostic or treatment services that may be required as the result of a specifically identified medical/dental/behavioral health condition.
- Coordinating the completion of the prescribed services, termination of services, and/or the referral of the child to other Medicaid service providers as may be required to provide continuity of care.
- Coordinating the delivery of community based medical/dental/ behavioral health services for children with special/severe health care needs.
- Developing and coordinating materials to inform the medical/behavioral health portion(s) of the IEP or School Services Plan of Care for a student, time spent developing the medical/behavioral health section(s) on the IEP or School Services Plan of Care, and

writing or updating the medical/ behavioral health service goals contained in the IEP or School Services Plan of Care.

- Gathering any information that may be required in advance of these health referrals or evaluations.
- Making referrals for and/or coordinating medical or physical examinations and necessary medical evaluations.
- Making referrals for and/or scheduling EPSDT screens, medically necessary screens/visits, and appropriate immunizations.
- Making referrals for, coordinating and monitoring the delivery of child health screenings.
- Monitoring and evaluating the Medicaid service components of the IEP, 504, and/or School Services Plan of Care as appropriate.
- Participating in a meeting to coordinate or review a student's health related needs for services covered by Medicaid.
- Providing follow-up contact to ensure that a child has received the prescribed medical/dental/behavioral health services.
- Providing information about Medicaid EPSDT screenings (e.g., dental, vision, etc.) in the schools that will help identify medical/behavioral health conditions that can be corrected or ameliorated by services covered through Medicaid.
- Providing health related information on the child's medical/behavioral services and plans to other staff from Medicaid service providers, when skilled medical knowledge is not required.
- Referring students for necessary medical health, mental health, or substance abuse services covered by Medicaid.
- Working with children, their families, other staff and providers to identify, arrange for, and coordinate services covered under Medicaid that may be required as the result of screens, evaluations or examinations.

#### **CODE 111: REFERRAL, COORDINATION, AND MONITORING OF NON-MEDICAL SERVICES**

School provider employees should use this code when making referrals for, coordinating, and/or monitoring the delivery of social, educational, legal or other services not covered by Medicaid. Include related paperwork, clerical activities or staff travel required to perform these activities.



Examples of activities reported under this code:

- Coordination with child protective services.
- Making referrals for and coordinating access to social and educational services such as childcare, employment, job training, driver education training, clothing assistance, and housing.
- Making referrals for, coordinating, and monitoring the delivery of scholastic, vocational, and other non-health examinations.
- Monitoring and evaluating the non-medical/behavioral health components of the individualized plan as appropriate.
- Participating in a meeting/discussion to coordinate or review a student's need for scholastic, vocational, and non-health related services not covered by Medicaid.

## **CODE 112: IEP TRANSPORTATION COORDINATION FOR MEDICAL SERVICES**

School provider employees should use this code when ASSISTING an individual to obtain transportation to medical/behavioral health services. This code does not include the provision of the actual transportation service or the direct cost of the transportation, but rather the administrative activities involved in providing transportation. Include related paperwork, clerical activities or staff travel required to perform these activities.

Examples of activities reported under this code:

- Scheduling or arranging recipient transportation to medical/behavioral health treatment required as the result of an evaluation or examination.

### **CODE 113: NON-IEP TRANSPORTATION COORDINATION FOR NON-MEDICAL SERVICES**

School provider employees should use this code when ASSISTING an individual to obtain transportation to services such as vocational, educational or other non-medical programs, or accompanying the individual to services not covered by Medicaid. or not provided by the LEA. Include related paperwork, clerical activities or staff travel time required to perform these activities.

Examples of activities reported under this code:

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

### **CODE 114: TRANSLATION FOR MEDICAL SERVICES**

School provider employees should use this code when ASSISTING an individual to obtain translation services for the purpose of accessing medical/behavioral health services. Use this code when translation services are not included and paid for as part of a medical assistance service. Translation services must be provided by separate units or separate employees performing solely translation functions to facilitate access to Medicaid covered services. Include related paperwork, clerical activities or staff travel required to perform these activities.

Examples of activities reported under this code:

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

### **CODE 115: TRANSLATION FOR NON- MEDICAL SERVICES**

School provider employees should use this code when assisting an individual to obtain translation services so they can access services such as vocational, educational or other non-medical programs, or accompanying the individual to services not covered by Medicaid. This code should also be used by school employees who provide translation services related to social, vocational, or educational programs and activities separate from activities referenced in other codes. Include related paperwork, clerical activities or staff travel time required to perform these activities.

Examples of activities reported under this code:

- Arranging for or providing signing services that assist the individual to access and understand non-medical programs and activities including social, educational, and vocational services.

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

DRAFT pending CMS approval

## **CODE 116: PROGRAM PLANNING, DEVELOPMENT, AND INTERAGENCY COORDINATION FOR MEDICAL SERVICES**

School provider employees should use this code when performing activities associated with program planning and the policy development of strategies to improve the coordination and delivery of medical/behavioral health services to school age children. This code should be primarily used by employees whose position descriptions include these functions. Include any paperwork, clerical activities or staff travel required to perform these functions.

Containing Medicaid costs and improving services to children as part of the EPSDT program.

- Defining the scope of each LEA's medical service in relation to the other.
- Developing strategies to increase Medicaid system capacity and close Medicaid covered service gaps; including analyzing Medicaid data related to a specific program or group.
- Developing medical/behavioral health service/provider directories.
- Developing resource directories of medical/behavioral health services.
- Discussing medical/behavioral health programs, needs and service delivery requirements with specialists for future referral.
- Interagency coordination to improve delivery of medical/behavioral health services.
- Focusing medical/behavioral health services on specific populations or geographic areas.
- Monitoring the general medical/dental/behavioral health delivery systems in schools (not specific to individuals).
- Recruiting new medical, dental, and/or behavioral health providers.
- Providing technical assistance and support to new providers.
- Providing information to providers on medical/behavioral health policy and regulations.
- Reducing overlap and duplication in Medicaid services, and closing gaps in the availability of services, especially for children.
- Working with medical/behavioral health resources, such as the managed care

plans, to make good faith efforts to locate and develop health services referral relationships.

- Working with other agencies providing Medicaid services to improve the coordination/delivery of services, to expand their access to specific populations of Medicaid eligibles, and to improve collaboration around the early identification of medical/behavioral health problems.

DRAFT pending CMS approval

## **CODE 117: PROGRAM PLANNING, DEVELOPMENT, AND INTERAGENCY COORDINATION FOR NON-MEDICAL SERVICES**

This code should be used by school staff when performing activities associated with the development of strategies to improve the coordination and delivery of non-medical services to school-age children, and when performing collaborative activities with other agencies. Non-medical services may include social, educational, and vocational services. Include any paperwork, clerical activities or staff travel required to perform these functions.

Examples of activities reported under this code:

- Analyzing non-medical data related to a specific program, population, or geographical area.
- Coordinating with interagency committees to identify, promote and develop non-medical services in the school system.
- Conducting external relations related to school educational issues / matters.
- Defining the scope of each LEA's non-medical service in relation to the other.
- Developing procedures for tracking families' requests for assistance with non-medical services and the providers of such services.
- Developing strategies to increase the capacity of non-medical school programs.
- Developing staff directories.
- Developing non-medical referral sources.

Developing advisory or work groups of professionals to provide consultation and advice regarding the delivery of non-medical services to the school populations.

- Evaluating the need for non-medical services in relation to specific populations or geographic areas.
- Identifying gaps or duplication of other non-medical services (e.g., social, vocational, and educational programs) to school age children and developing strategies to improve the coordination of these services..
- Monitoring the non-medical delivery systems in schools.

- Providing technical assistance and support to new staff, including orientation.
- Recruiting new education and general district personnel, including personnel that provide IDEA non-health related activities.
- Recruiting with outside agencies regarding social and education programs, for example agencies that assist with childcare and housing assistance;

#### **CODE 118: ALLOCABLE GENERAL ADMINISTRATION**

School provider employees should use this code when engaged in certain general administrative activities that are not specific to the delivery of services or educational activities. Include related paperwork, clerical activities, or staff travel required to perform these activities. This code should also be used by all school provider employees when on break or on any form of paid leave

Examples of activities reported under this code:

- Training (not related to curriculum or instruction).
- Establishing goals and objectives of health-related programs as part of the school's annual or multi-year plan.
- Reviewing general school or district procedures and rules.
- Attending or facilitating general school or unit staff meetings or board meetings.
- Providing general supervision of staff, including supervision of student teachers or classroom volunteers, and evaluation of employee performance.
- Performing administrative or clerical activities related to general building or district functions or operations.
- Reviewing technical literature and research articles.
- Paid leave time: sick, vacation, personal, paid FMLA, jury duty, military, bereavement, etc.
- Processing payroll/personnel-related documents.
- Maintaining inventories and ordering supplies and materials.
- Developing budgets and maintaining records.
- Providing executive direction.



- Other paid leave time due to inclement weather (e.g., calamity days, etc.) or flex time when schedules are modified due to parent teacher conferences, special events, etc.).

**CODE 119: UNPAID TIME OFF/ NOT SCHEDULED TO WORK**

Use if the participant indicates that the moment occurred at a time when he or she was not scheduled to work or is on any form of unpaid leave.

DRAFT pending CMS approval

## Attachment D: Acronyms

| Acronym | Full Term                                              |
|---------|--------------------------------------------------------|
| ACF     | Administration for Children and Families               |
| AUP     | Agreed Upon Procedure                                  |
| CANS    | Children and Adolescent Strengths and Needs Assessment |
| CFR     | Code of Federal Regulations                            |
| CMS     | Centers for Medicare and Medicaid Services             |
| COTA    | Licensed Occupational Therapy Assistant                |
| DARE    | Drug Abuse Resistance Education                        |
| DEW     | Ohio Department of Education and Workforce             |
| DHHS    | Department of Health and Human Services                |
| DODD    | Ohio Department of Developmental Disabilities          |
| EPSDT   | Early Periodic Screening Diagnosis and Treatment       |
| ESC     | Educational Service Center                             |
| ETR     | Evaluation Team Report                                 |
| FFP     | Federal Financial Participation                        |
| FMLA    | Family and Medical Leave Act                           |
| IDEA    | Individuals with Disabilities Education Act            |
| IEP     | Individualized Education Plan                          |
| LEA     | Local Education Agency                                 |
| LPN     | Licensed Practical Nurses                              |
| MAC     | Medicaid Administrative Claiming                       |
| MER     | Medicaid Eligibility Rate                              |
| MSP     | Medicaid School Program                                |
| ND      | Non-Discounted                                         |
| ODH     | Ohio Department of Health                              |
| ODJFS   | Ohio Department of Job and Family Services             |
| ODM     | Ohio Department of Medicaid                            |
| OH      | Ohio                                                   |
| OST     | Ohio State Test(s)                                     |
| RMTS    | Random Moment Time Study                               |
| RN      | Registered Nurse                                       |
| SNAP    | Supplemental Nutrition Assistance Program              |
| TANF    | Temporary Assistance for Needy Families                |
| TPL     | Third Party Liability                                  |
| TSIP    | Time Study Implementation Plan                         |
| WIC     | Women, Infants, and Children                           |

## **APPENDIX C – SOUTH DAKOTA: STATE PLAN**

## **Table of Contents**

**State/Territory Name: SD**

**State Plan Amendment (SPA) #: 24-0007**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
230 South Dearborn  
Chicago, Illinois 60604



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**Financial Management Group**

March 10, 2025

Heather Petermann  
Department of Social Services  
Division of Medical Services  
700 Governors Drive  
Pierre, SD 57501-2291

RE: TN 24-0007

Dear Director Petermann,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed South Dakota State Plan Amendment (SPA) to Attachment 4.19-B TN: #24-0007, which was submitted to CMS on September 17, 2024. This plan amendment proposes updates to reflect/align reimbursement for direct school-based health services.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of August 6, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Matthew Klein at 214-767-4625 or via email at [matthew.klein@cms.hhs.gov](mailto:matthew.klein@cms.hhs.gov)

Sincerely,

*Todd McMillion*

Todd McMillion  
Director  
Division of Reimbursement Review

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 0 7

2. STATE

SD3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

August 6, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR §447

~~Title XIX of the Social Security Act, Section 1905(a) / 42 CFR 440-~~

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024\$ 0b. FFY 2025\$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~SUPPLEMENT TO ATTACHMENT 3.1 A, Pages 4 and 4a~~  
~~ATTACHMENT 4.19-B, Pages 4 and 4a-4k~~8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)~~SUPPLEMENT TO ATTACHMENT 3.1 A, Page 4 (TN#~~  
~~12-10)~~  
ATTACHMENT 4.19-B, Page 4 (TN# 12-10)

9. SUBJECT OF AMENDMENT

~~School District Services and Reimbursement Methodology for School-Based Health and Related Services~~

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

*Heather Petermann*

12. TYPED NAME

Heather Petermann

13. TITLE

Director

14. DATE SUBMITTED

09/17/2024

15. RETURN TO

DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF MEDICAL SERVICES  
700 GOVERNORS DRIVE  
PIERRE, SD 57501-2291**FOR CMS USE ONLY**

16. DATE RECEIVED

09/17/2024

17. DATE APPROVED

March 10, 2025

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

08/06/2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

Box 15: Pen and ink changes approved by the state on 10/22/2024.

Boxes 5, 7, 8, &amp; 9: Pen and ink changes approved by the state on 11/13/2024.

ATTACHMENT 4.19-B  
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

4b. Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

1. Nutrition items. Payment for medically necessary items is based on a fee schedule developed by the State agency. The agency-developed fee schedule is based upon review of the most recent year's paid claims information, national coding lists, and documentation submitted by providers and associated medical professional organizations. All governmental and private providers will be reimbursed according to the same fee schedule published on the agency's website <http://dss.sd.gov/sdmedx/includes/providers/feeschedules/dss/index.aspx>
2. Orthodontic services. The agency-developed fee schedule is based upon review of the most recent year's paid claims information, national coding lists, and documentation submitted by providers and associated medical professional organizations. The fee schedule is published on the agency's website <http://dss.sd.gov/sdmedx/includes/providers/feeschedules/dss/index.aspx>. Except as otherwise noted in the plan, the agency-developed fee schedule rates are the same for all governmental and private providers.

Payments for orthodontia are made in installments as follows: First payment of one third of the total allowance is made at the time of the installation of the hardware; the second payment is one third of the total allowance and made after 12 months of treatment and the provider has verified the patient is in active treatment; and the final one third of the total allowance is paid following notification from the provider that full treatment has been rendered.

3. Private duty nursing. Payment for extended nursing services is at an hourly rate based on a fee schedule developed by the State agency. The agency-developed fee schedule is based upon a review of the most recent year's paid claims information, national coding lists, and documentation submitted by providers and associated medical professional organizations. All governmental and private providers will be reimbursed according to the same fee schedule published on the agency's website <http://dss.sd.gov/sdmedx/includes/providers/feeschedules/dss/index.aspx>.

Payments for the above services are based upon the appropriate published fee schedule unless a lower amount is billed by the provider.

4. Reimbursement Methodology for School-Based Health and Related Services

a. School-Based Health Services

School-District servicing providers are individual professionals employed by or under contract with a school district who meet the appropriate licensure or certification requirements and are on the school district's provider enrollment record. Covered services are delivered by the school district and include the following Medicaid 1905(a) services:

- i. Psychological Services
- ii. Physical Therapy Services
- iii. Occupational Therapy Services
- iv. Speech Therapy Services
- v. Audiology Services
- vi. Nursing Services

ATTACHMENT 4.19-B  
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

b. Direct Medical Payment Methodology

Providers will be paid on a cost basis. Providers will be reimbursed using interim rates for allowable school district direct services. On an annual basis, a district-specific cost reconciliation and cost settlement for all over and under payments will be processed.

The provider-specific interim rate is based on the projected cost of the service or a contracted rate.

c. Data Capture for the Cost of Providing Health-Related Services

Data capture for the cost of providing health-related services is accomplished utilizing the following data sources:

Total direct and indirect costs, less any federal payments for these costs are captured utilizing the following data:

- i. School-Based Health Services cost reports received from school districts;
- ii. South Dakota Department of Education Unrestricted Indirect Cost Rate (UICR);
- iii. Random Moment Time Study (RMTS) Activity Code 4B (Direct Medical Services), Activity code 4C (Direct Medical Services not covered as IDEA/IEP service/other allowable plans of care) and the redistribution of Activity Code 10 (General Administration);
- iv. Medicaid Eligibility Rate (MER)
  - a) Direct Medical Services IEP/IDEA: Medicaid-eligible recipients with an IEP and the total number of students with an IEP ratio.
  - b) Direct Medical Services covered under other allowable plans of care: Medicaid eligible recipients and the total number of students in the district ratio.

d. Data Sources and Cost-Finding Steps

The following provides a description of the data sources and steps to complete the cost finding and reconciliation:

- i. Allowable Costs: Direct costs for direct medical services include unallocated payroll costs and other unallocated costs that can be directly charged to direct medical services. Direct payroll costs include total compensation (i.e., salaries and benefits and contract compensation) of direct services personnel listed in the descriptions of the covered Medicaid services delivered by school districts. These direct costs are calculated on a district-specific level and will be reduced by any federal payments for these costs, resulting in adjusted direct costs.

Other costs include costs directly related to the approved direct services personnel for the delivery of medical services, such as medically related purchased services, supplies and materials. These direct costs are accumulated on the annual school district services cost report and are reduced by any federal payments for these costs, resulting in adjusted direct costs. The cost report contains the scope of cost and methods of cost allocation that have been approved by the Centers for Medicare & Medicaid Services (CMS), but the state maintains ultimate responsibility to follow all federal cost rules, regulations and claiming processes.



ATTACHMENT 4.19-B  
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

The source of this financial data will be audited Chart of Account records kept at the school district. The Chart of Accounts is uniform throughout the state of South Dakota. Costs will be reported on a cash basis.

- a) Direct Medical Services
    - Non-federal cost pool for allowable providers consists of:
      - i. Salaries;
      - ii. Benefits;
      - iii. Allowable purchased services; and
      - iv. Allowable supplies and materials.
  - b) Medically related purchased services include contracted services. School Districts report the amounts they pay to contracted providers as salaries. Benefits are not reported by the school district for contracted staff.
- ii. Contracted costs: School Districts can include contracted service costs for and contracted clinicians on the Staff Pool list for the RMTS process. The contracted service costs represent the amounts charged to the school district by the contractor or contracting agency and may include the costs associated with the clinician and any overhead incurred by the contractor that is charged back to the school district. This cost does not include any overhead or other indirect costs incurred by the school district to support the contracted clinician.
- a) Contracted service costs are subjected to the same factors that are applied to the school district's direct medical service personnel costs (salaries and benefits) including the Direct Medical Services RMTS percentage, the school district's Unrestricted Indirect Cost Rate, the school district's Medicaid IEP Medicaid eligibility ratio and the 'other plans of care' Medicaid eligibility ratio.
  - b) The school district's Unrestricted Indirect Cost Rate is applied to contracted service costs to reflect the overhead and administrative costs incurred by the school district to support the contracted service clinician and is non-duplicative of any agency indirect costs charged to the school district by the contractor.
- iii. Indirect Costs: Indirect costs are determined by applying the school district's specific Unrestricted Indirect Cost Rate (UICR) to its adjusted direct costs. South Dakota school districts use predetermined fixed rates for indirect costs. These indirect rates are developed by the school districts' state cognizant agency, South Dakota Department of Education (DOE), and are updated annually. The methodology used by the respective state cognizant agency to develop the indirect rates has been approved by the cognizant agency, as required by the CMS guide. Providers are permitted only to certify Medicaid-allowable costs and not to certify any indirect costs outside their unrestricted indirect cost rate.

When a calculated unrestricted indirect cost rate is not available, school districts will use a negotiated rate or the de minimus rate if the school district qualifies. School districts with a calculated unrestricted indirect cost rate must use the calculated rate. If a school district has a calculated unrestricted indirect cost rate, but does not report it, the rate will be set at 0%.

Indirect Cost Rate

- a) Apply the South Dakota Department of Education Cognizant Agency UICR applicable for the dates of service in the rate year.
- b) The UICR is the unrestricted indirect cost rate calculated by the cognizant agency, South Dakota Department of Education (DOE).

ATTACHMENT 4.19-B  
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

To ensure non-duplication of costs, school districts are instructed that costs from accounting codes used in the calculation of the unrestricted indirect cost rate are not to be included in the reported expenditures on the annual cost report.

- iv. Time Study Percentages: After the state receives a CMS approval letter for the time study implementation guide (TSIG) to run the RMTS, the time study will be used to determine the percentage of time that medical service personnel spend on IEP/IFSP, other plans of care, or where medical necessity has been otherwise established direct medical services, general and administrative time and all other activities to account for 100 percent of time to assure that there is no duplicate claiming. The RMTS methodology uses two distinct cost pools; one cost pool for direct medical and administrative service provider types included in the state plan and one for administrative service providers only. The sample period time studies are used to determine the percentage of time spent on the provision of medical services to students with an IEP/IFSP, and other plans of care established and applied statewide. All regular school days are part of the RMTS universe.

RMTS Sampling Periods: The sampling period is defined as follows:

- Sample Period 1 = October 1 – December 31\*
- Sample Period 2 = January 1 – March 31
- Sample Period 3 = April 1 – June 30
- Sample Period 4 = July 1 – September 30 (the summer sample period)\*\*

\*The time study period begins with the first regular school day when any participating district returns from the summer break and continues until the end of December.

\*\* No time study will be generated between the day after the last regular school day until the day before the first regular school day for any participating district.

The job categories listed below in each of the cost pools are outlined based on the current eligible provider job category.

Cost Pool 1 (Direct Service & Administrative Providers)

These providers may perform FFS and administrative claiming activities as well as direct services. Only those provider types included in the approved state plan are included in the cost pool and time study.

- Psychologist
- School Psychological Examiner
- Licensed Professional Counselor
- Certified Social Worker – PIP
- Certified Social worker – PIP candidate
- Licensed Marriage and Family Therapist
- Clinical Nurse Specialist
- Licensed Audiologist
- Licensed Registered Professional Nurse
- Licensed Practical Nurse
- Advanced Practice Registered Nurse

ATTACHMENT 4.19-B  
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

- Licensed Occupational Therapist
- Licensed Occupational Therapy Assistant
- Licensed Physical Therapist
- Certified Graduate Physical Therapy Assistant
- Licensed Speech Language Pathologist
- Licensed Speech Language Pathology Assistant

The RMTS generates the Direct Medical Services time study percentages; one for Direct Medical Services pursuant to an IEP/IFSP and one for Direct Medical Services pursuant to other medical plans of care. There is one Direct Medical Services percentage pursuant to an IEP/IFSP for each cost pool and that cost pool percentage is used statewide. There is also one Direct Medical Services percentage pursuant to other medical plans of care for each cost pool and that cost pool percentage is used statewide as well. The two Direct Medical Service time study percentages are applied to only those costs associated with direct medical services to generate a Direct Medical Service cost amount for services provided pursuant to an IEP/IFSP and a Direct Medical Services cost amount for services provided pursuant to other medical plans of care for each cost pool. The direct medical services costs and time study results must be aligned to ensure proper cost allocation.

- v. Medicaid Ratio Determination: Two distinct Medicaid ratios will be established for each participating school district. When applied, these ratios will discount the associated Direct Medical Service cost pools by the percentage of Medicaid-enrolled students. Both Medicaid ratios will be calculated for each district participating in the School District Services program on an annual basis.
  - a) Medicaid IEP Ratio: A specific IEP ratio is established for each participating school district. When applied, this IEP ratio reduces the direct health-related cost pool by the percentage of beneficiaries eligible for Medicaid who have an IEP. The names and birthdates of Medicaid-eligible beneficiaries with an IEP will be identified and matched against the Department's (December 1) eligibility files to determine the percentage of those who are enrolled for Medicaid. The numerator of the rate will be the Medicaid-eligible recipients with an IEP, and the denominator will be the total number of students with an IEP.
  - b) Medicaid Enrollment Ratio for Other Plans of Care Ratio: A specific ratio is established for each participating school district. When applied, this ratio reduces the direct health-related cost pool by the percentage of beneficiaries eligible for Medicaid who have a medical plan of care other than an IEP/IFSP. The names and birthdates of Medicaid-eligible beneficiaries will be identified and matched against the Department's December 1 eligibility files to determine the percentage of those who are eligible for Medicaid. The numerator of the rate will be the Medicaid-enrolled recipients, and the denominator will be the total number of students in the LEA.
- vi. Total Medicaid Reimbursable Costs: The result of the previous steps will be a total Medicaid reimbursable cost for each school district for Direct Medical Services.

ATTACHMENT 4.19-B  
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

e. Certification of Funds Process

Each provider certifies on an annual basis an amount equal to each interim rate times the units of service reimbursed during the previous federal fiscal year. In addition, each provider certifies on an annual basis through its cost report its total actual, incurred allowable costs/expenditures, including the federal share and the non-federal share.

Providers are permitted only to certify Medicaid-allowable costs and are not permitted to certify any indirect costs that are outside their unrestricted indirect cost rate.

f. Annual Cost Report Process

Each provider will complete an annual cost report for all school health services delivered during the previous state fiscal year covering July 1 through June 30. The cost report is due 365 days after the close of the quarter ending June 30. The primary purposes of the cost report are to:

- i. Document the provider's total Medicaid allowable scope of costs for delivering school health services, including direct costs and indirect costs, based on cost allocation methodology procedures; and
- ii. Reconcile its interim payments to its total Medicaid-allowable scope of costs based on federal cost allocation methodology procedures. The process will follow the cost principles as outlined in 45 CFR 75. The annual School District Cost Report includes a certification of funds statement to be completed, certifying the provider's actual, incurred costs/expenditures. All filed annual School District Cost Reports are subject to a desk review by the Department or its designee.

g. The Cost Settlement Process

For services delivered for a period covering July 1st, through June 30th, the annual School District Cost Report is due 365 days after the close of the quarter ending June 30, with the cost reconciliation and settlement processes completed no later than June 30th (24 months after the fiscal year end).

If a provider's interim payments exceed the actual, certified costs of the provider for school health services to Medicaid clients, the provider will return an amount equal to the overpayment.

ATTACHMENT 4.19-B  
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

If the actual, certified costs of a provider for school health services exceed the interim Medicaid payments, the Department will pay the federal share of the difference to the provider in accordance with the final actual certification agreement and submit claims to the CMS for reimbursement of that payment in the federal fiscal quarter following payment to the provider.

The Department shall issue a notice of settlement that denotes the amount due to or from the provider.

h. Awareness of Federal Audit and Documentation Regulations:

South Dakota Medicaid and any contractors used to help administer any part of the school district services program are aware of federal regulations listed below for audits and documentation:

- 42 CFR § 431.107 Required provider agreement
- 45 CFR § 447.202 Audits
- 45 CFR § 75.302 Financial management and standards for financial management systems

i. Medicaid Administrative Claiming (MAC):

ii. Reimbursement Methodology for School-Based Administrative Services

a) Data capture for the cost of providing Administrative services is accomplished utilizing the following data sources:

- i. Total direct and indirect costs, less any federal payments for these costs are captured utilizing the following data:
  - a. School-Based Administrative services quarterly cost reports received from school districts;
  - b. South Dakota Department of Education Unrestricted Indirect Cost Rate (UICR);
  - c. Random Moment Time Study (RMTS) Administrative Reimbursable Activity Codes:
    - 1. 1B (Medicaid Outreach)
    - 2. 2B (Facilitating Medicaid Eligibility Determination)
    - 3. 5B (Transportation related to Medicaid Services)
    - 4. 6B (Translation Related to Medicaid Services)
    - 5. 7B (Program Planning, Policy Development and Interagency Coordination Related to Medical Services)
    - 6. 8B (Medical/Medicaid Specific Training)
    - 7. 9B (Referral, Coordination and Monitoring of Medicaid Services)
    - 8. And a redistribution of Activity Code 10 (General Administration);
  - d. Medicaid Eligibility Rate (MER)
    - 1. The Medicaid share is determined as the ratio of Medicaid-eligible students to total students.

ii. Data Sources and Cost-Finding Steps

a) The following provides a description of the data sources and steps to complete the cost finding and reconciliation:

- i. Allowable Costs: Direct costs for Administrative services include unallocated payroll costs and other unallocated costs that can be directly charged to Administrative services. Direct payroll costs include total compensation (i.e., salaries and benefits and contract compensation) of Administrative services personnel listed in the descriptions of the covered Medicaid services delivered by school districts.

ATTACHMENT 4.19-B  
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

Other costs include costs directly related to the approved Administrative services personnel for the delivery of Administrative related purchased services, supplies and materials. These direct costs are accumulated on the school district services quarterly cost report and are reduced by any federal payments for these costs, resulting in adjusted direct costs. The quarterly cost report contains the scope of cost and methods of cost allocation that have been approved by the Centers for Medicare & Medicaid Services (CMS), but the state maintains ultimate responsibility to follow all federal cost rules, regulations and claiming processes.

The source of this financial data will be audited Chart of Account records kept at the school district. The Chart of Accounts is uniform throughout the state of South Dakota. Costs will be reported on a cash basis.

b) Administrative Services

i. Non-federal cost pool for allowable providers consists of:

- a. Salaries;
- b. Benefits;
- c. Allowable purchased services:
  - 1. Administrative related purchased services include contracted services. School Districts report the amounts they pay to contracted providers as salaries. Benefits are not reported by the school district for contracted staff;
- d. Allowable supplies and materials.

c) Contracted costs: School Districts can include contracted service costs for and contracted clinicians that were included on the Staff Pool list for the RMTS process. The contracted service costs represent the amounts charged to the school district by the contractor or contracting agency and may include the costs associated with the clinician and any overhead incurred by the contractor that is charged back to the school district. This cost does not include any overhead or other indirect costs incurred by the school district to support the contracted clinician.

Contracted service costs are subjected to the same factors that are applied to the school district's personnel costs (salaries and benefits) including the Administrative Services RMTS percentages, the school district's Unrestricted Indirect Cost Rate, the school district's Administrative Medicaid eligibility Ratios.

The school district's Unrestricted Indirect Cost Rate is applied to contracted service costs to reflect the overhead and administrative costs incurred by the school district to support the contracted service clinician and are non-duplicative of any agency indirect costs charged to the school district by the contractor.

d) Indirect Costs:

- i. Indirect costs are determined by applying the school district's specific Unrestricted Indirect Cost Rate (UICR) to its adjusted direct costs. South Dakota school districts use predetermined fixed rates for indirect costs. These indirect rates are developed by the school districts' state cognizant agency, South Dakota Department of Education (DOE), and are updated annually. The methodology used by the respective state

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PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

cognizant agency to develop the indirect rates has been approved by the cognizant Federal agency, as required by the CMS guide. Providers are permitted only to certify Medicaid-allowable costs and are not permitted to certify any indirect costs that are outside their unrestricted indirect cost rate.

- ii. When a calculated unrestricted indirect cost rate is not available, school districts will use a negotiated rate or the de minimus rate if the school district qualifies. School districts with a calculated unrestricted indirect cost rate must use the calculated rate. If a school district has a calculated unrestricted indirect cost rate, but does not report it, the rate will be set at 0%.
- iii. Indirect Cost Rate:
  - a. Apply the South Dakota Department of Education Cognizant Agency UICR applicable for the dates of service in the rate year.
  - b. The UICR is the unrestricted indirect cost rate calculated by the cognizant agency, South Dakota Department of Education (DOE).
  - c. To ensure non-duplication of costs, school districts are instructed that costs from accounting codes that are used in the calculation of the unrestricted indirect cost rate are not to be included in the reported expenditures on the annual cost report.
- e) Time Study Percentages: After the state receives a CMS approval letter for the time study implementation guide (TSIG) to run the RMTS, the time study will be used to determine the percentage of time that Administrative service personnel spend on Medicaid Administrative services, general and administrative time and all other activities to account for 100 percent of time to assure that there is no duplicate claiming. The RMTS methodology uses two distinct cost pools; one cost pool for direct medical and administrative service provider types included in the state plan and one for administrative service providers only. The sample period time studies are used to determine the percentage of time spent on the provision of Administrative services to students with an IEP/IFSP, and other plans of care established and applied statewide. All regular school days are part of the RMTS universe.
- f) RMTS Sampling Periods: The sampling period is defined as follows:
 

Sample Period 1 = October 1 – December 31\*

Sample Period 2 = January 1 – March 31

Sample Period 3 = April 1 – June 30

Sample Period 4 = July 1 – September 30 (the summer sample period)\*\*

\*The time study period begins with the first regular school day when any participating district returns from the summer break and continues until the end of December.

\*\* No time study will be generated between the day after the last regular school day until the day before the first regular school day for any participating district.
- g) Below the job categories in each of the cost pools are outlined based on the current eligible provider job category.

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- i. Below the job categories in each of the cost pools are outlined based on the current eligible provider job category:

a. Cost Pool 1 (Direct Service & Administrative Providers)

\*These providers may perform FFS and administrative claiming activities as well as direct services. Only those provider types included in the approved state plan are included in the cost pool and time study.

1. Psychologist
2. School Psychological Examiner
3. Licensed Professional Counselor
4. Certified Social Worker – PIP
5. Certified Social worker – PIP candidate
6. Licensed Marriage and Family Therapist
7. Clinical Nurse Specialist
8. Licensed Audiologist
9. Licensed Registered Professional Nurse
10. Licensed Practical Nurse
11. Advanced Practice Registered Nurse
12. Licensed Occupational Therapist
13. Licensed Occupational Therapy Assistant
14. Licensed Physical Therapist
15. Certified Physical Therapy Assistant
16. Licensed Speech Language Pathologist
17. Licensed Speech Language Pathology Assistant

b. Cost Pool 2 (Administrative Service Providers Only)

\*These providers may perform only administrative claiming activities. Only those provider types included in the approved state plan are included in the cost pool and time study.

1. School Administrators that perform Medicaid allowable activities
2. School Counselors
3. Nurse Assistant / Health Aide
4. Special Education Teachers
5. Special Education Administrators
6. School Bilingual Assistants
7. Interpreters & Interpreter Assistants
8. Other groups/individuals that perform Medicaid allowable services activities.

- h) The RMTS generates the Administration Services time study percentages; The RMTS method polls participants on an individual basis at random time intervals over a given time period and totals the results to determine work effort for the entire population of eligible staff over that same time period. The RMTS method provides a statistically valid means of determining what portion of the selected group of participant's workload is spent performing administrative activities. The Administrative Service time study percentages are applied to only those costs associated with Administrative services to generate the cost amount for services provided pursuant Administrative Services cost amount. The



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Administrative services costs and time study results must be aligned to ensure proper cost allocation. The CMS approval letter for the time study is maintained by the State of South Dakota and CMS.

i) Certification of Funds Process

- i. Each provider certifies on a quarterly basis. In addition, each provider certifies on a quarterly basis through its cost report its total actual, incurred allowable costs/expenditures, including the federal share and the non-federal share.
- ii. Providers are permitted only to certify Medicaid-allowable costs and are not permitted to certify any indirect costs that are outside their unrestricted indirect cost rate.

a. Quarterly Cost Report Process

- 1. Each provider will complete a quarterly cost report for all school Administrative services delivered during the previous state fiscal year covering July 1 through June 30. The quarterly cost report is due 90 days after the close of the quarter end. The primary purposes of the cost report are to:
  - i. Document the provider's total Medicaid allowable scope of costs for Administrative services, including direct costs and indirect costs, based on cost allocation methodology procedures; and
  - ii. Reconcile its total Medicaid-allowable scope of costs based on federal cost allocation methodology procedures. The process will follow the cost principles as outlined in 45 CFR 75. The quarterly School District Cost Report includes a certification of funds statement to be completed, certifying the provider's actual, incurred costs/expenditures. All filed annual School District Cost Reports are subject to a desk review by the department or its designee.
- b. For cost reconciliation purposes, the state may not modify the CMS-approved scope of costs, the CMS-approved cost allocation methodology procedures, or its CMS-approved time study for cost reporting purposes. Any modification to the scope of cost, cost allocation methodology procedures, or time study for cost reporting purposes requires approval from CMS prior to implementation; however, such approval does not necessarily require the submission of a new state plan amendment.
- iii. Awareness of Federal Audit and Documentation Regulations: South Dakota Medicaid and any contractors used to help administer any part of the school district services program are aware of federal regulations listed below for audits and documentation:

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- 42 CFR § 431.107 Required provider agreement
- 45 CFR § 447.202 Audits
- 45 CFR § 75.302 Financial management and standards for financial management systems

## **APPENDIX D – MISSOURI: STATE PLAN**

## **Table of Contents**

**State/Territory Name: MO**

**State Plan Amendment (SPA) #: 18-0005**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 East 12<sup>th</sup> Street, Suite 355  
Kansas City, Missouri 64106



**Division of Medicaid and Children's Health Operations**

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February 13, 2019

Steve Corsi, Psy.D., Director  
Missouri Department of Social Services  
Broadway State Office Building  
P.O. Box 1527  
Jefferson City, MO 65102-1527

Dear Dr. Corsi:

On November 15, 2018, the Centers for Medicare & Medicaid Services (CMS) received Missouri's State Plan Amendment (SPA) transmittal #18-0005. This SPA is adding a cost-based reimbursement process for school-based IEP direct services based on certified public expenditures including a process for quarterly reconciliation and final settlement based on actual expenditures. The direct services being covered are physical therapy, occupational therapy, speech therapy, private duty nursing, behavioral health, and personal care services.

SPA #18-0005 was approved February 13, 2019, with an effective date of July 1, 2019, as requested by the state. Enclosed is a copy of the CMS-179 Summary Form, as well as the approved pages for incorporation into the Missouri State Plan.

Missouri also submitted their School District Administrative Claiming & Random Moment Sampling Manual along with the SPA submission. This guide is being reviewed separately from the SPA. Missouri will receive a separate approval once CMS' review has been completed.

If you have any questions regarding this amendment, please contact Karen Hatcher or Deborah Read at (816) 426-5925.

Sincerely, \_\_\_\_\_

2/13/2019

James G. Scott  
Associate Regional Administrator  
for Medicaid and Children's Health Operations

Sign

Enclosure

cc:  
Todd Richardson, Medicaid Director  
Marissa Crump  
Glenda Kremer

bcc: Megan Buck  
Deborah Read  
Karen Hatcher  
Jerimiah Sabir  
Mary Cieslicki

|                                                                                                                   |                                                                                  |                      |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL</b><br>FOR: HEALTH CARE FINANCING ADMINISTRATION | 1. TRANSMITTAL NUMBER:<br><u>1 8 -- 0 0 0 5</u>                                  | 2. STATE<br>Missouri |
|                                                                                                                   | 3. PROGRAM IDENTIFICATION:<br>TITLE XIX OF THE SOCIAL SECURITY ACT<br>(MEDICAID) |                      |
| TO: REGIONAL ADMINISTRATOR<br>HEALTH CARE FINANCING ADMINISTRATION<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES     | 4. PROPOSED EFFECTIVE DATE<br><del>July 1, 2018</del> * July 1, 2019             |                      |

## 5. TYPE OF PLAN MATERIAL (Check One):

☒ NEW STATE PLAN      ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN      ☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

|                                                                                          |                                                                                                 |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| 6. FEDERAL STATUTE/REGULATION CITATION:<br>42 CFR 433.51                                 | 7. FEDERAL BUDGET IMPACT:<br>a. FFY 2020 <u>\$15,450,000</u><br>b. FFY 2021 <u>\$16,995,000</u> |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br>Attachment 4.19-B Pages 48-51 (New) | 9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION<br>OR ATTACHMENT (If Applicable):                 |

10. SUBJECT OF AMENDMENT:  
Cost-based reimbursement process for school-based IEP direct services based on certified public expenditures including a process for quarterly reconciliation and final settlement based on actual expenditures.

11. GOVERNOR'S REVIEW (Check One)

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT      ☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

|                                         |                                                                                      |
|-----------------------------------------|--------------------------------------------------------------------------------------|
| 12. SIGNATURE OF STATE AGENCY OFFICIAL: | 16. RETURN TO:<br>MO HealthNet Division<br>P.O. Box 6500<br>Jefferson City, MO 65102 |
| 13. TYPE NAME: <u>Steve Corsi</u>       |                                                                                      |
| 14. TITLE: <u>Director</u>              |                                                                                      |
| 15. DATE SUBMITTED: <u>10/24/18</u>     |                                                                                      |

## FOR REGIONAL OFFICE USE ONLY

|                                                          |                                                                                              |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 17. DATE RECEIVED: November 15, 2018                     | 18. DATE APPROVED: February 13, 2019                                                         |
| PLAN APPROVED - ONE COPY ATTACHED                        |                                                                                              |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:<br>July 1, 2019 | 20. SIGNATURE OF REGIONAL OFFICIAL:                                                          |
| 21. TYPED NAME:<br>James G. Scott                        | 22. TITLE: Associate Regional Administrator<br>for Medicaid and Children's Health Operations |
| 23. REMARKS:                                             |                                                                                              |

\* pen and ink change per email dated 2.4.19.

**School-Based Individualized Education Plan (IEP) Direct Services**

The Missouri Department of Social Services (DSS) MO HealthNet Division (MHD) shall provide Medicaid reimbursement for certain Medicaid services provided by a participating public school district (“district”). The medically-necessary Medicaid services must be provided by a qualified school-based provider to students who are Title XIX-eligible and eligible for school-based IEP direct services (hereafter referred to as direct services) pursuant to the Individuals with Disabilities Education Act (IDEA), Part B. The direct services covered are physical therapy, occupational therapy, speech therapy, private duty nursing, behavioral health services, hearing aid, and personal care services. Providers shall be enrolled in accordance with MHD policies.

General Description of Payment Methodology

Effective with dates of service on or after July 1, 2019, direct services provided by school districts will be paid on a cost basis. Public schools will initially be paid interim rates for direct services per unit of service. The interim rate the state pays for school based services is the same rate as the state plan service for non-school based services. On an annual basis a provider-specific cost reconciliation and cost settlement for all overpayments and underpayments will be processed.

The units of service are defined by each Health Insurance Portability and Accountability Act (HIPAA)-compliant Current Procedural Terminology (CPT) code or Healthcare Common Procedure Coding System (HCPCS) code. Direct services may be encounter-based or in 15-minute unit increments.

Specific Components of Cost-Based Payment Methodology

Total direct and indirect costs of providing direct services, less any federal payments for these costs, will be captured utilizing the following sources:

- a. Annual cost reports received from school districts
  1. Direct Costs include:
    - i. Salaries and Benefits of direct medical staff who provide allowable health related services
    - ii. Contractor costs for providers who deliver allowable health related services



- iii. Medical supplies and equipment that are purchased to aid in the delivery of the health related services
  - b. Missouri Department of Elementary and Secondary Education (DESE) Unrestricted Indirect Cost Rate (UICR)
    - 2. Indirect Costs
      - i. School Districts cannot list indirect costs outside of the UICR
  - c. Direct Medical Services Random Moment Time Study (RMTS) Percentage comprised of Activity Code 4b: Direct Medical Services and Activity Code 10: General Administration
  - d. School district specific IEP Ratio

The UICR is applied to the Allowable costs and will be multiplied by the Direct Medical Services-related RMTS Percentage. The product will be multiplied by the IEP Ratio to determine the total reimbursable costs for each participating school district.

#### IEP Ratio

A school district-specific IEP ratio will be established for each participating school district. The purpose of the IEP Ratio is to determine Medicaid's portion of direct medical service costs incurred by school district's for the provision of direct medical services. It is calculated by taking the total number of Medicaid eligible children with a health related service on their IEP divided by the number of all students with a health related service on their IEP. When applied, this IEP ratio will reduce the direct services cost pool by the percentage of participants eligible for MO HealthNet services who have an IEP.

#### Cost Reports

Each school district will complete an annual cost report for all direct services delivered during the previous State fiscal year (July 1 through June 30). The cost reconciliation process is completed within 24 months after the close of the state fiscal year (July 1 – June 30). The cost report will provide the following detail:

- document the school district's total Medicaid-allowable direct and indirect costs for delivering direct services, including Direct Medical Equipment costs and health-related supplies and materials, and tuition payments for health related services
- reconcile the school district's interim payments to its total Medicaid-allowable costs . Allowable cost is identified by applying cost principles specified at 2 CFR, part 200 as implemented by the Department of Health and Human Services at 45 CFR, part 75.

The annual cost report includes a certification of funds statement, certifying the school district's actual costs and expenditures. The annual cost reports are subject to a desk review by the Department or its designee.

STATE: MISSOURI

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Each school district certifies annually through its cost report the total actual allowable costs and expenditures incurred, including the federal and non-federal share, the amount of interim payments and the number of units billed for the fiscal year. Certifiable indirect costs are limited to each school district's UICR.

#### Direct Medical Services Random Moment Time Study Percentage

The Random Moment Time Study (RMTS) is used to determine the percentage of time that personnel spend on direct medical services, general and administrative time and all other activities to account for 100% of time to assure that there is no duplicate claiming. This time study methodology includes individuals performing direct services and administrative activities. The percentages are applied to the cost pool to determine the Direct Medical Services portion (Activity Code 4b). Activity Code 10 General Administration is equitably distributed based on RMS results for Activity Codes 01a through 09b.

#### IEP Ratio Determination

A school district-specific IEP ratio will be established for each participating school district. When applied, this IEP ratio will reduce the direct services cost pool by the percentage of participants eligible for MO HealthNet services who have an IEP.

The names and birthdates of participants with an IEP will be identified and matched against the Department's eligibility files to determine the percentage of those who are eligible for MO HealthNet. The numerator of the rate is the count of MO HealthNet eligible IEP students with related services, and the denominator will be the total number of IEP students with related services. The students used for this purpose will be based on the December 1 IEP Count Report submitted by the school district.

#### Cost Reconciliation and Settlement

The cost reconciliation process is completed within 24 months after the close of the state fiscal year (July 1 – June 30). The total claimable costs are compared to the school district's interim payments for direct services paid for dates of service during the fiscal year, as documented in the MO HealthNet Division's claims processing system. Allowed cost is identified by applying cost principles specified at 2 CFR, part 200 as implemented by the Department of Health and Human Services at 45 CFR, part 75.

State Plan TN# 18-0005  
Supersedes TN# New Page

Effective Date July 1, 2019  
Approval Date February 13, 2019

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The Department or its designee will issue a notice of settlement that denotes the amount due to or from the school district.

The scope of costs and cost allocation methodology must be in accordance with 2 CFR, part 200 as implemented by HHS at 45 CFR, part 75.