

MAC Activity Codes and Descriptions

MAC Time-Study System



MAC Codes

Code Activity

- 1 Direct Patient Care**
Providing client care, treatment and/or counseling services to an individual in order to correct or ameliorate a specific condition.
- 2 Non-Medicaid Other Program and Social Service Activities**
This code should be used when performing any activities that are not health related, such as education, employment, job training, social services and other activities or services as well as **non-Medicaid** health related activities.
- 3 Medicaid Outreach Can not be used in the home setting**
A campaign, program or ongoing activity targeted to 1) bringing potential eligibles into the **Medicaid** system for the purpose of determining eligibility or 2) bringing **Medicaid** eligible individuals into specific **Medicaid** services.
- 4 Non-Medicaid Outreach**
Use when informing individuals about social, educational, legal or other services not covered by **Medicaid** and how to access them.
- 5 Facilitating Medicaid Eligibility Determinations**
Use this code when assisting an individual in becoming eligible for **Medicaid**.
- 6 Facilitating Eligibility for Non-Medicaid Programs**
Use when assisting an individual to become eligible for **non-Medicaid** programs, such as food stamps, SSI, TANF, WIC, Section 8 housing, etc.
- 7 Referral, Coordination & Monitoring of Medicaid Services**
Use when performing referral, coordination, and monitoring activities that facilitate access to and coordination of **Medicaid** covered services.
- 8 Referral, Coordination & Monitoring of Non-Medicaid Services**
Use when performing referrals, coordinating, and/or monitoring the delivery of social, educational, legal, or other services not covered by **Medicaid**.
- 9 Transportation and Translation for Medicaid Services**
Use when assisting an individual to access services covered by **Medicaid** through arranging or scheduling (by car, taxi, van bus, etc., but not an ambulance) to a **Medicaid** covered service or accompanying the individual to a **Medicaid** service. Use when arranging, obtaining or providing translation services for the purpose of accessing **Medicaid** services.

- 10 Transportation and Translation for Non-Medicaid Services**
Use when assisting an individual to access services not covered by **Medicaid** through arranging, scheduling or providing transportation, accompanying the individual to a **non-Medicaid** service, and obtaining translation services so the individual can access a **non-Medicaid** service.
- 11 Program Planning, Development & Interagency Coordination of Medical Services**
Planning and development of services, programs and resources that relate to **Medicaid** covered medical/dental/mental health services, such as the development of policy, procedures and protocols for the delivery and coordination of care to individuals.
- 12 Program Planning, Development & Interagency Coordination of Non-Medical Services**
Use when performing activities associated with the development of strategies to improve the coordination and delivery of non-medical services, including educational, social, vocational, and other services and when performing collaborative activities with other agencies.
- 13 Medical Related Provider Relations**
Use this code when performing activities to secure and maintain the pool of eligible **Medicaid** (medical/dental/mental health) providers.
- 14 Non-Medical Provider Relations**
Use when performing activities related to securing and maintaining non-health related providers.
- 15 General Administration**
Performing general administrative activities (i.e., those that are not specific to any identified function or that relate to multiple functions of the agency) and paid time off.
- 16 Time Not Documented**
The time study participant's supervisor can use this code if there is time not documented.
- L Lunch**
- O Out of Office - Unpaid**

MEDICAID ADMINISTRATIVE CLAIMING PROGRAM ACTIVITY CODES

CODE 1: DIRECT PATIENT CARE

All staff may use this code.

Providing client care, treatment and/or counseling services to an individual in order to correct or ameliorate a specific condition. Includes the provision of direct services reimbursed through Medicaid, as well as direct services that are not reimbursed by Medicaid. Any activities as billable Targeted Case Management should be included in this code. Includes paperwork, clerical activities, staff travel or training directly related to performing these activities.

State suggested codes and descriptions:

1-A: Preparing for providing Direct Patient Care covered (Medical/Dental/Mental Health/Waiver) services.

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training) regardless to type of communication (phone, mail, email, face-to-face, etc) related to preparing and/or setting up for a clinic/office visit (e.g. prenatal, immunization, TB, family planning, etc.). These are examples but not limited to;

- Ordering or Stocking supplies for clinic
- Preparing for Clinic by pulling files, preparing charts, reviewing charts and collecting medical history
- Answering calls about clinic hours
- Scheduling for a clinic

1-B: Providing Direct Patient Care of covered (Medical/Dental/Mental Health/Waiver) services.

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training) related to providing services for a clinic/office visit (e.g. prenatal, immunization, TB, family planning, etc.). These are examples but not limited to;

- Direct clinical/treatment services including performing assessments/medical exams, and patient education that is part of the clinic visit
- Distributing TB medication for latent tuberculosis clients
- Administering shots (e.g. Immunizations) or, medications at Adult IM , Children's IM, Well Child, Dental or Mental Health Clinics
- Direct Care for Medical/Dental and Mental Health Clinics
- Providing Counseling and/therapy services
- Developing a treatment plan for Medical/Dental/Mental Health services
- Performing specialty clinic examinations

- Developmental assessments for Medical/Dental/Mental Health services
- Health screenings and diagnostic evaluation (e.g. orthopedic evaluation, vision screen and audiological testing services)
- Skills training for medical/dental/mental health services

1-C: Closing down and other administrative duties related to providing Direct Patient Care of covered (Medical/Dental/Mental Health) services.

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training) regardless to type of communication (phone, mail, email, face-to-face, etc.) related to closing down and/or administrative activities on services for a clinic/office visit (e.g. prenatal, immunization, TB, family planning, etc.). These are examples but not limited to;

- Submitting billing documents for Medical/Dental/Mental Health patient care
- Posting of Medical/Dental/Mental Health Patient Care checks
- Cleaning-up after a Medical/Dental/Mental Health clinic
- Monthly nursing reports related to Medical/Dental/Mental Health clinic

CODE 2: NON-MEDICAID OTHER PROGRAM AND SOCIAL SERVICE ACTIVITIES

All staff may use this code.

This code should be used when performing any activities that are not health related, such as education, employment, job training, social services and other activities or services as well as **non-Medicaid** health related activities. Includes activities unrelated to the administration of the **Medicaid** program. Includes paperwork, clerical activities, staff travel or training directly related to performing these activities.

State suggested codes and descriptions:

2-A: Preparing for Non Medicaid-Covered services.

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training) and regardless to type of communication (phone, mail, email, face-to-face, etc.) related to preparing and/or setting up for **Non Medicaid-covered services**. These are examples but not limited to;

- Ordering or Stocking supplies related to non-medical or health related services
- Answering calls about non-medical or health related services and hours
- Scheduling for a non-medical or health related service
- Non-medical or health care related chart preparation by pulling chart for review, collecting client history, preparing for client visit, etc

2-B: Providing direct Non Medicaid-covered services.

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training) related to providing **Non Medicaid-covered services**. These are examples but not limited to;

- Teaching individuals and their family member's ways to improve or maintain their health status (e.g., nutrition, physical activity, weight reduction, infectious disease prevention, etc.)
- Providing written lead hazard orders for reduction or abatement of lead hazards including the prohibited use of a structure
- Providing education on non-medical or health related services
- Teaching CPR classes
- Purchasing/providing food, clothing or other supplies for a client
- Investigating communicable diseases or environmental health issues
- Skills training for **Non Medicaid-covered services**

2-C: Closing down and other administrative duties related to providing Non Medicaid-covered services.

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training) regardless to type of communication (phone, mail, email, face-to-face, etc.) related to closing down and/or administrative activities on **Non Medicaid-covered** services. These are examples but not limited to;

- Submitting billing documents for non-medical or health related services
- Posting of non-medical or health related services checks
- Cleaning-up after a non-medical or health related service
- Monthly nursing reports related to non-medical or health related services
- Administrating contracts related to non-medical or health related services
- Preparing for and attending court appearances and any court-related activity related to non-medical or health related services

CODE 3: MEDICAID OUTREACH

All staff may use this code. **This code can not be used in the home setting.**

A campaign, program or ongoing activity targeted to 1) bringing potential eligibles into the **Medicaid** system for the purpose of determining eligibility or 2) bringing **Medicaid** eligible individuals into specific **Medicaid** services. Activities may include informing **Medicaid** eligible or potentially eligible individuals, agencies, and community groups about the range of health services covered by the **Medicaid** program including preventive or remedial health care services offered by the **Medicaid** program that may benefit them. Oral or written informing methods may be used. Includes paperwork, clerical activities, staff travel or training directly related to performing these activities.

Use this code when conducting outreach campaigns directed to the entire population to encourage potentially **Medicaid** eligible individuals to apply for **Medicaid** and outreach campaigns directed toward bringing **Medicaid** eligible individuals into **Medicaid** covered services, such as Healthchek, **Medicaid** prenatal care, a **Medicaid** medical home, etc.

A health education program or campaign may be allowable as a **Medicaid** outreach activity, if it is targeted specifically to **Medicaid** services and for **Medicaid** eligible individuals, such as an educational campaign on immunization addressed to parents of **Medicaid** eligible children. 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, car passenger safety, or antismoking programs should be code 4.

Report under this code only that portion of time spent in activities that specifically address **Medicaid** outreach. Report the **non-Medicaid** portion of these outreach campaigns for Code 4 (for example, general health education programs such as car passenger safety, lice control, etc).

State suggested coding and descriptions.

3-A Conducting Medicaid Outreach by identifying **Medicaid** population to inform the eligibles about **Medicaid-covered** services.

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training), regardless of type of communication (phone, mail, email, face-to-face, etc.), **for outreach activities to identify potential Medicaid eligible population.** These are examples but not limited to;

- Identifying pregnant women who are medically-at risk and referring them to seek services through the **Medicaid** system
- Researching for the specific purpose of identifying the **Medicaid** eligible population(s), by zip code, school district, etc.
- Identifying families with a medically fragile child
- Discussion with health care providers and professionals about where and how to target the **Medicaid** population for **Medicaid-covered** services

3-B Conducting **Medicaid** Outreach by providing materials and information to the **Medicaid** population about **Medicaid-covered** services.

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training) related to providing materials, explaining services, or presenting information to the public about **Medicaid covered** services for the purpose of bringing **Medicaid** eligibles into **Medicaid** health care services. These are examples but not limited to;

- Contact with individual(s) or families by phone, email, postal mail, health care services, walk in or other contact to explain available **Medicaid** services such as Healthchek, prenatal health care, family planning, dental, mental health, etc.
- Presentations to agencies and community groups regarding **Medicaid-covered** services
- Providing information to the general population about the **Medicaid** program to encourage potential **Medicaid** eligibles to apply for **Medicaid** through health fairs, car passenger safety programs, etc.

3-C Conducting **Medicaid** Outreach by doing follow-up activities to the **Medicaid** population contacted for the purpose of bringing an individual to specific **Medicaid-covered** services.

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training), regardless of type of communication (phone, mail, email, face-to-face, etc.), related to making sure the individual or family followed through about the range of health services offered by the **Medicaid** program. These are examples but not limited to;

- Contact individual(s) by phone, email, postal mail or other follow-along activities to assure that they fully understand the **Medicaid-covered** services available.

CODE 4: NON-MEDICAID OUTREACH

All staff may use this code.

Use when informing individuals about social, educational, legal or other services not covered by **Medicaid** and how to access them. Also use when conducting general health education programs addressed to the general population. Oral or written methods may be used. Includes paperwork, clerical activities, staff travel or training directly related to performing these activities.

State suggested codes and descriptions:

4-A Conducting Outreach by identifying eligibles to apply for **Non-Medicaid-covered services**.

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training), regardless of type of communication (phone, mail, email, face-to-face, etc.), related to identifying the population to receive **Non Medicaid-covered** services. These are examples but not limited to;

- Identifying families that qualify for WIC services
- Researching for the specific purpose of identifying the WIC eligible population(s); by zip code, school district, etc.

4-B Conducting **Non Medicaid-covered** Outreach by providing materials, explaining services and presenting materials regarding **Non Medicaid** outreach services for the purpose of bringing into various available services.

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training) related to providing materials, explaining services, or presenting information to the public about **Non Medicaid covered** services. These are examples but not limited to;

- Contact individual(s) by phone, email or postal mail to explain WIC services available
- Presentations to agencies and community groups regarding **Non Medicaid-covered** services
- Scheduling and promoting activities that educate individuals about the benefits of healthy lifestyles and practices

4-C Conducting **Non Medicaid-covered** Outreach by doing follow-up activities to the population contacted for the purpose of bringing an individual to specific **Non Medicaid-covered** services.

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training), regardless of type of communication (phone, mail, email, face-to-face, etc.), related to making sure the individual or family followed through about the range of services offered by the **Non Medicaid-covered** program. These are examples but not limited to;

- Contact individual(s) by phone, email or postal mail or other follow-along activities to assure that they fully understand the **Non Medicaid-covered** services available

CODE 5: FACILITATING MEDICAID ELIGIBILITY DETERMINATIONS

All staff may use this code.

Use this code when assisting an individual in becoming eligible for **Medicaid**. Includes paperwork, clerical activities, staff travel or training directly related to performing these activities.

This activity does **not** include the actual **Medicaid** eligibility determination.

State suggested coding and descriptions.

5-A Assisting an individual and/or the family/guardian with the Medicaid eligibility process of a **Medicaid-eligible client**.

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training), regardless of type of communication (phone, mail, email, face-to-face, etc.), related to assisting the **Medicaid** population in completing the Combined Program Application (CPA) to receive **Medicaid** services. These are examples but not limited to;

- Providing or packaging necessary **Medicaid** forms (CPA) needed for the Medicaid eligibility determination
- Gathering information related to the **Medicaid** application and eligibility determination (or re-determination) from an individual, including resource information and third party liability (TPL) information, in preparation for submitting a formal **Medicaid** application
- Assisting an applicant to fill out the CPA in order to obtain **Medicaid** eligibility or re-determination by explaining the **Medicaid** eligibility process
- Accompanying individual or sending to local JFS office to apply for **Medicaid**
- Discussing and/or following-up with a local JFS worker on the status of an application or re-determination

CODE 6: FACILITATING ELIGIBILITY FOR NON-MEDICAID PROGRAMS

All staff may use this code.

Use when assisting an individual to become eligible for non-Medicaid programs, such as food stamps, SSI, TANF, WIC, Section 8 housing, etc. Includes paperwork, clerical activities, staff travel or training directly related to performing these activities.

State suggested coding and descriptions.

6-A Assisting an individual and/or the family/guardian with the non-Medicaid eligibility process for **Non Medicaid-covered** services.

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training), regardless of type of communication (phone, mail, email, face-to-face, etc.), related to assisting to receive **Non Medicaid-covered** services. These are examples but not limited to;

- Providing or packaging necessary **Non Medicaid-covered** forms needed for eligibility determination
- Gathering information related to the **Non Medicaid-covered** application and eligibility determination (or re-determination) from an individual, including resource information and third party liability (TPL) information
- Assisting an applicant to fill out proper forms to obtain **Non Medicaid-covered** eligibility or re-determination by explaining the eligibility process
- Accompanying individual or sending to an office to apply for **Non Medicaid-covered** services
- Discussing and/or following-up with a local worker on the status of an application or re-determination

CODE 7: REFERRAL, COORDINATION AND MONITORING OF MEDICAID SERVICES

All staff may use this code.

For Medicaid eligible providers: Use Code 1 when conducting any screening, referral, coordination and monitoring that are part of a routine office visit or Targeted Case Management visit and reimbursed as part of the Medicaid program and Targeted Case Management. Activities that are part of direct services or an extension of medical services are not claimable as an administrative activity.

Use when performing referral, coordination, and monitoring activities that facilitate access to and coordination of Medicaid covered services. Includes identifying the need for and types of medical care an individual needs, making referrals to **Medicaid** providers, and doing follow up or monitoring to assess individual's progress. This includes consultation with other providers to access **Medicaid** services for a client. Includes paperwork, clerical activities, staff travel or training directly related to performing these activities.

State suggested coding and descriptions.

7-A Making referrals to Medicaid-covered (Medical/Dental/Mental Health/Waiver) services that facilitate access to proper care of an individual.

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training), regardless of type of communication (phone, mail, email, face-to-face, etc.), related to making a referral to **Medicaid (Medical/Dental/Mental Health/Waiver)** services to entire population. These are examples but not limited to;

- Gathering information that may be required in advance of medical/dental/mental Health/waiver referral.
- Providing information to a provider of medical/dental/ mental health/waiver services for the purpose of making a referral on behalf of an individual
- Providing medical/dental/mental health/waiver referrals, including the families of the medically fragile child, regarding all medical/dental/mental health/waiver services

7-B Coordinating Medicaid-covered (Medical/Dental/Mental Health/Waiver) services on behalf of an individual.

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training), regardless of type of communication (phone, mail, email, face-to-face, etc.), related to the coordination of **Medicaid-covered (Medical/Dental/Mental Health/Waiver)** services to entire population. These are examples but not limited to;

- Working with families to coordinate services as a result of screenings, evaluations or examinations

- Coordinating necessary medical/dental/mental health evaluations including screenings (e.g. Healthchek, interperiodic screens) and arranging diagnostic or treatment services from a screening
- Providing follow-along activities that ensure high-risk populations (pregnant women or new mothers) achieve positive health outcomes
- Consulting with the client to improve the client's understanding of complex medical issues and how they relate to the coordination of services
- Providing information to a provider of medical/dental/mental health services for the purpose of coordinating care on behalf of an individual
- Coordinating care for the medically fragile child

7-C Monitoring Medicaid-covered (Medical/Dental/Mental Health/Waiver) services on behalf of an individual.

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training), regardless of type of communication (phone, mail, email, face-to-face, etc.), that monitor the medical/dental/mental health services to the entire population. These are examples but not limited to;

- Implementation or monitoring of a plan of care including the monitoring for a medically fragile child
- Providing information to a provider of medical/dental/mental health services for the purpose of monitoring an individual's medical care
- Assuring individual receives prescribed medical/dental/mental health services and care and further follow-up care is needed
- Assessing the necessity for and adequacy of medical care and services provided, as in quality improvement activities that benefit the individual such as:
 - quality assurance reviews
 - peer reviews
 - special studies
 - standards of practice
 - best practices

CODE 8: REFERRAL, COORDINATION AND MONITORING OF NON-MEDICAID SERVICES

All staff may use this code.

Use when performing referrals, coordinating, and/or monitoring the delivery of social, educational, legal, or other services not covered by Medicaid. Includes paperwork, clerical activities, staff travel or training directly related to performing these activities.

State suggested coding and descriptions.

8-A Making referrals to Non Medicaid-covered services that facilitate access on behalf of an individual.

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training), regardless of type of communication (phone, mail, email, face-to-face, etc.), related to making a referral to all **Non-Medicaid or health related** service to the entire population. These are examples but not limited to;

- Gathering information that may be required in advance of non-medical or health related service
- Providing information to a provider of non-medical or health related services for the purpose of making a referral on behalf of an individual
- Providing non-medical or health related referrals to the general public

8-B Coordinating Non Medicaid-covered services on behalf of an individual.

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training), regardless of type of communication (phone, mail, email, face-to-face, etc.), related to the coordination of **Non Medicaid-covered** services to entire population. These are examples but not limited to;

- Working with families to coordinate series as a result of screenings, evaluations or examinations
- Coordinating necessary **Non Medicaid-covered** evaluations including screenings or services from a screening
- Providing information to a provider of **Non Medicaid-covered** services for the purpose of coordinating services/care on behalf of an individual

8-C Monitoring Non Medicaid-covered services on behalf of an individual.

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training), regardless of type of communication (phone, mail, email, face-to-face, etc.), that monitor the medical/dental/mental health services to the entire population. These are examples but not limited to;

- Implementation or monitoring of a **Non Medicaid-covered** plan of care
- Providing information to a provider of **Non Medicaid-covered** services for the purpose of monitoring
- Assuring individual receives **Non Medicaid-covered** services and care and further follow-up service/care is needed

CODE 9: TRANSPORTATION AND TRANSLATION FOR MEDICAID SERVICES

All staff may use this code.

Use when assisting an individual to access services covered by **Medicaid** through arranging or scheduling (by car, taxi, van bus, etc., but not an ambulance) to a Medicaid covered service or accompanying the individual to a **Medicaid** service. Includes paperwork, clerical activities, staff travel or training directly related to performing these activities.

Translation services furnished by a direct patient care provider (e.g., speech therapist, nurse, physician) during a direct patient care visit should be reported to Code 1.

Use when arranging, obtaining or providing translation services for the purpose of accessing **Medicaid** services. Includes paperwork, clerical activities, staff travel or training directly related to performing these activities.

Non-Medicaid transportation and translation services should be reported under Code 10.

State suggested coding and descriptions.

9-A Arranging transportation to Medicaid-covered (Medical/Dental/Mental Health/Waiver) services that facilitate access to proper care.

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training), regardless of type of communication (phone, mail, email, face-to-face, etc.), related to arranging/scheduling transportation to **Medicaid-covered (Medical/Dental/Mental Health/Waiver)** services to entire population. These are examples but not limited to;

- Gathering information that may be required in advance of transportation including scheduling the transportation
- Follow-along and follow-up to assure access to medical/dental/mental health/waiver care

9-B Providing translation to assure proper access and understanding of Medicaid-covered (Medical/Dental/Mental Health/Waiver) services.

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training), regardless of type of communication (phone, mail, email, face-to-face, etc.), related to arranging/scheduling translation to **Medicaid-covered (Medical/Dental/Mental Health/Waiver)** services to entire population. These are examples but not limited to;

- Gathering information that may be required in advance of translation including scheduling for the translation
- Follow-along, accompanying individual, or follow-up to assure access to medical/dental/mental/ health care/waiver services
- Developing translation materials that assist individual to access and better understand necessary **Medicaid-covered** (medical/dental/mental health/waiver) services

CODE 10: TRANSPORTATION AND TRANSLATION FOR NON-MEDICAID SERVICES

All staff may use this code.

Use when assisting an individual to access services not covered by **Medicaid** through arranging, scheduling or providing transportation, accompanying the individual to a **non-Medicaid** service, and obtaining translation services so the individual can access a **non-Medicaid** service.

Translation services furnished by a direct patient care provider (e.g., speech therapist, nurse, physician) during a direct patient care visit should be reported to Code 1.

Use when assisting an individual to access **non-Medicaid** services through arranging, obtaining or providing translation services. Includes paperwork, clerical activities, staff travel or training directly related to performing these activities.

State suggested coding and descriptions.

10-A Arranging transportation to **Non Medicaid-covered** services that facilitate access.

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training), regardless of type of communication (phone, mail, email, face-to-face, etc.), related to arranging/scheduling transportation to **Non Medicaid-covered** services to entire population. These are examples but not limited to;

- Gathering information that may be required in advance of transportation including scheduling the transportation for **Non Medicaid-covered** services
- Follow-along and follow-up to assure access to **Non Medicaid-covered** services

10-B Providing translation to assure proper access and understanding of **Non Medicaid-covered** services.

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training), regardless of type of communication (phone, mail, email, face-to-face, etc.), related to arranging/scheduling translation to **Non Medicaid-covered** services to entire population. These are examples but not limited to;

- Gathering information that may be required in advance of translation including scheduling for the translation for **Non Medicaid-covered** services
- Follow-along, accompanying individual, or follow-up to assure access to **Non Medicaid-covered** care
- Developing translation materials that assist individual to access and better understand necessary **Non Medicaid-covered** health services

CODE 11: PROGRAM PLANNING, DEVELOPMENT AND INTERAGENCY COORDINATION OF MEDICAL SERVICES

All staff, whose job descriptions or duty statements include responsibilities for program planning, policy development, and interagency coordination, may use this code.

Planning and development of services, programs and resources that relate to **Medicaid** covered medical/dental/mental health services, such as the development of policy, procedures and protocols for the delivery and coordination of care to individuals. Use this code for collaborative activities that involve planning and resource development with other agencies, which will improve the availability and quality of medical/dental/mental health services and the cost-effectiveness of the health care delivery system. Includes paperwork, clerical activities, staff travel or training directly related to performing these activities.

State suggested coding and descriptions.

NOTE: If planning care or working with another agency on behalf of an individual, then use Code 7 (REFERRAL, COORDINATION AND MONITORING OF MEDICAID SERVICES).

11-A Planning for Medicaid-covered (Medical/Dental/Mental Health/Waiver) services within a local community or on behalf of a community.

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training), regardless of type of communication (phone, mail, email, face-to-face, etc.), related to planning or obtaining **Medicaid-covered (Medical/Dental/Mental Health/Waiver)** services to entire population. These are examples but not limited to;

- Gathering information that may be required in advance of planning including and using medical/dental /mental health data, reports, health statistics, data from **Medicaid** claims, and local medical and financial resources. Identifying and applying for resources to provide access to proper medical/dental/mental health services. Assessing the necessity for and adequacy of medical care and services provided at the program/project/community or agency level, as in quality improvement activities such as:
 - quality assurance reviews
 - peer reviews
 - special studies
 - standards of practice
 - best practices
- Conducting needs assessments (within your agency or in conjunction with other local agencies) related to medical/dental/mental health services within a community or on behalf of a community
- Development/updating/revision of plans /policies/procedures related to medical/dental/mental health care on behalf the community

11-B Interagency coordination for Medicaid-covered (Medical/Dental/Mental Health/Waiver) services within a local community or on behalf of a community.

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training), regardless of type of communication (phone, mail, email, face-to-face, etc.), related to working with all agencies (both medical and non-medical) in order to coordinate proper **Medicaid-covered (Medical/Dental/Mental Health/Waiver)** services to entire population. These are examples but not limited to;

- Coordinating efforts with other agencies to improve access to medical/dental/mental health services on behalf of the entire population Interagency coordination to improve the delivery of **Medicaid** services
- Participating in interagency coordination efforts where medical expertise is needed to identify barriers to care and patient management issues around specific medical conditions
- Interagency coordination to improve the delivery of medical/dental/mental health services
- Developing and improving interagency relationships including working on advisory boards and cabinets
- Providing advice to other agencies on quality control or standards of care

CODE 12: PROGRAM PLANNING, DEVELOPMENT AND INTERAGENCY COORDINATION OF NON-MEDICAL SERVICES

All staff may use this code.

Use when performing activities associated with the development of strategies to improve the coordination and delivery of non-medical services, including educational, social, vocational, and other services and when performing collaborative activities with other agencies. Includes paperwork, clerical activities, related staff travel or training.

State suggested coding and descriptions.

12-A Planning for Non-Medicaid covered services within a local community or on behalf of a community.

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training), regardless of type of communication (phone, mail, email, face-to-face, etc.), related to planning or obtaining **Non-Medicaid covered** services to entire population. These are examples but not limited to;

- Gathering information that may be required in advance of planning including and using **Non-Medicaid covered** data, reports and statistics. Developing funding proposals for **Non-Medicaid covered** services
- Conducting needs assessments (within your agency or in conjunction with other local agencies) related to **Non-Medicaid covered** services within a community
- Development/updating/revision of plans related to **Non-Medicaid covered** services

12-B Interagency coordination for Non-Medicaid covered services within a local community or on behalf of a community.

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training), regardless of type of communication (phone, mail, email, face-to-face, etc.), related to working with all agencies (both medical and non-medical) in order to coordinate proper **Non Medicaid-covered** services to entire population. These are examples but not limited to;

- Coordinating efforts with other agencies to improve access to **Non Medicaid-covered** services on behalf of the entire population
- Interagency coordination to improve the delivery of **Non Medicaid-covered** services
- Gathering information that may be required in advance of interagency coordination
- Follow-along and follow-up to assure access to **Non Medicaid-covered** services

CODE 13: MEDICAL RELATED PROVIDER RELATIONS

All staff may use this code.

Use this code when performing activities to secure and maintain the pool of eligible **Medicaid** (medical/dental/mental health) providers. Includes paperwork, clerical activities, staff travel or training directly related to performing these activities.

State suggested coding and descriptions

13-A Expanding, securing and maintaining the existing pool of eligible **Medicaid** providers.

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training), regardless of type of communication (phone, mail, email, face-to-face, etc.), related to expanding, securing and maintaining the existing pool of eligible providers to **Medicaid-covered (Medical/Dental/Mental Health/Waiver)** services. These are examples but not limited to;

- Gathering information that may be required in advance of provider referrals
- Recruiting new medical/dental/mental health providers into the **Medicaid** Program
- Providing information and technical support to providers on medical policy and regulations
- Developing and maintaining medical service/provider directories
- Providing technical assistance and support to medical/dental/mental health/waiver providers

CODE 14: NON-MEDICAL PROVIDER RELATIONS

All staff may use this code.

Use when performing activities related to securing and maintaining non-health related providers. Includes paperwork, clerical activities, staff travel or training directly related to performing these activities.

State suggested coding and descriptions

14-A Expanding, securing and maintaining the existing pool of Non Medicaid-covered providers.

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training), regardless of type of communication (phone, mail, email, face-to-face, etc.), related to expanding, securing and maintaining the existing pool of **Non Medicaid-covered** providers to services. These are examples but not limited to;

- Gathering information that may be required in advance of provider referrals
- Recruiting new **Non Medicaid-covered** providers
- Providing information and technical support to **Non Medicaid-covered** providers
- Developing and maintaining **Non Medicaid-covered** directories
- Providing technical assistance and support to **Non Medicaid-covered** providers

CODE 15: GENERAL ADMINISTRATION

All staff may use this code.

Performing general administrative activities (i.e., those that are not specific to any identified function or that relate to multiple functions of the agency) and paid time off. This coding is used by program staff that is not included in the federally approved indirect cost rate.

State suggested coding and descriptions

15-A Paid time off

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training), regardless of type of communication (phone, mail, email, face-to-face, etc.), related to taking paid time off. These are examples but not limited to;

- Vacation, sick leave holiday time, compensatory, jury duty, paid breaks and other paid time off

15-B Completing the MAC time study

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training), regardless of type of communication (phone, mail, email, face-to-face, etc.), related to completing the MAC time study. These are examples but not limited to;

- Filing out MAC time study

15-C Activities not specific to any identified function or that relate to multiple functions of the agency.

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training), regardless of type of communication (phone, mail, email, face-to-face, etc.), related to broad agency-wide procedures or policies. These are examples but not limited to;

If any of the following is NOT associated with another code or function, then Code 15-C can be used for:

- Attending or facilitating general agency or unit staff meetings where discussion of completion of tasks done by entire agency (e.g. sick leave forms, performance evaluations). NOTE: Most weekly staff meetings will **not** be considered part of this coding and should be associated with other codes.
- Developing and monitoring agency or non program-specific budgets
- Providing general supervision of staff and employee performance reviews
- Processing payroll/personnel-related documents
- Maintaining inventories and ordering general office supplies that are not used by program areas
- Reviewing or writing agency, departmental policies and procedures that will be used by the entire agency

- Conducting health promotion activities for staff
- Providing or attending training on non-program specific topics (e.g. payroll, new agency policies that are not program specific, etc.)
- Providing or attending general in-services or training, including new employee orientation, supervision or computer training

CODE 16: TIME NOT DOCUMENTED

All staff may use this code. The time study participant's supervisor can use this code if there is time not documented.

State suggested coding and descriptions

16-A Time Not Documented

The purpose of this description is to capture all activities (e.g., includes paperwork, clerical activities, staff travel or training), regardless of type of communication (phone, mail, email, face-to-face, etc.), related to not being able to document time. These are examples but not limited to;

- Use to document the time staff identified to participate in the time study either did not complete the time study or cannot produce their time study log
- Time the supervisor does not feel can be documented correctly
- Time prior to being properly MAC trained