

INDIANA MHFRP ACTIVITY CODE SUMMARY

The following information defines each of the activity codes for use in filling out the time study.

General rule as it relates to each activity code:

Time spent driving and doing paperwork should be coded the same code as the activity it supports.

ACTIVITY CODE	DESCRIPTION OF ACTIVITY CODE	Examples
A. Direct Medical Services and Other State Medicaid Programs	Activities that provide direct medical services to individuals or groups of individuals to diagnose correct or ameliorate a specific condition or the provision of other state Medicaid covered services. Note: Targeted Case Management services are coded here when the client is Medicaid enrolled and eligible to receive targeted case management services and/or if the activity is being BILLED.	 Examples: Provision of services reimbursed through the Medicaid Clinical Option (MCO) and Medicaid Rehabilitation Option (MRO), e.g. Targeted Case Management services Direct clinical/treatment and therapeutic services Developmental assessment and diagnostic testing Administering first aid, emergency care, or medication Providing individual, family, or group counseling services to treat health mental health or substance abuse conditions Developmental assessment, diagnostic testing, and evaluation of results Health Status Monitoring Time is covered by grant or contract Billing Medicaid Documenting progress notes Participating (BILLING) in treatment team meetings Supervision BILLING (staffing client issue with supervisor/doctor/nurse etc.) Medicaid services performed on behalf of Foster Care Clients
B. Non-Medical and Non-Medicaid Related, Educational, or Social Services	Activities provided which are not medically related services or Medicaid covered services.	Examples: Providing activities of daily living services other than through MRO Non-therapeutic counseling Teaching job skills Helping a client with employment applications or searching for jobs Appearing in court on behalf of a client Helping client with resume building

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	Medicaid	Activities that inform staff, eligible or	Examples:
C.	Outreach	potentially eligible clients, their families, and/or the community about Medicaid covered services and how to obtain them.	 Explaining the services that are covered under Medicaid Helping individuals and their families access Medicaid health resources or informing them about the benefits of the Medicaid program and how to obtain Medicaid covered services Identifying individuals who may be at risk of poor health outcomes and linking them to Medicaid covered services Creating or distributing educational materials about Medicaid services Informing individuals and their families about the benefits of Medicaid services such as Targeted Case Management Developing a system for ensuring that clients obtain needed preventive and health services by providing information on accessing transportation and assistance with scheduling of appointments, paperwork, and travel time directly associated with any of the above activities Informing individuals for directions to agency, hours of business, or programs/services offered Health fairs
D.	Non-Medicaid Outreach	Activities that inform staff, eligible or potentially eligible clients, their families, and/or the community about non-Medicaid services and how to obtain them.	 Examples: Developing, disseminating, or presenting non-Medicaid materials to effectively inform eligible individuals about non-Medicaid services and where to obtain services Informing individuals and their families about non-Medicaid programs such as the Hoosier Assurance Plan (HAP), WIC, TANF, housing services Explaining services available under non-Medicaid programs. Conducting outreach campaigns directed toward persons to access social, education and legal services.
E.	Facilitating Access to Medicaid Eligibilty	Activities that assist an individual, client, or their family in becoming eligible for Medicaid.	 Examples: Explaining Medicaid eligibility rules and the enrollment process to potentially eligible clients and their family Referring an individual or family to the Local Assistance Office to fill out an application for Medicaid benefits Assisting an individual in completing the Medicaid eligibility application, including interpreting the application and gathering information and documents in support of the application Verifying a client's current Medicaid eligibility status and prior authorization activities Assisting client to maintain eligibility

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F.	Facilitating Non- Medicaid Program Eligibilty	Activities that assist an individual, client, or their family in becoming eligible for non-Medicaid programs, such as the Hoosier Assurance Plan (HAP), food stamps, WIC, child care, TANF, housing, vocational programs or legal aid.	 Monitoring/assisting eligibility with re-determination for Medicaid and Assisting individuals to provide third party resource information at Medicaid eligibility intake Prior authorizations Examples: Explaining non-Medicaid eligibility rules & the enrollment process to potentially eligible clients and their family Completing the assessment and paperwork for HAP (CANS or ANSA) Checking eligibility for private insurance or any other payor Referring an individual or his/her family with eligibility for non-Medicaid programs.
	Referral Coordination and Monitoring of Medicaid Services	Activities that include making referrals, coordinating, or monitoring the delivery of Medicaid covered health services. Linking individuals and families with Medicaid service providers to plan, carry out, and maintain a health service plan. These activities do not require participants' skilled professional medical knowledge. If case planning, referral, coordination and monitoring of Medicaid services is being performed on the behalf of foster care clients, the activities should be coded under Code A.	 Examples: Referring a client to clinical treatment and therapeutic services including mental health, alcohol, and drug disability and behavioral services. Gathering information that may be required in advance of referrals or evaluations to assist with administrative case coordination. Arranging for and/or providing transportation or translation services for a client or family to access Medicaid services. Coordinating necessary medical, mental health, or substance abuse services for clients. Monitoring and evaluating medical components of the individual's plan of care and ensuring that the plans of care objectives are achieved and appropriate Scheduling appointments Clinical Supervision (not billing) Preparing on call schedules Chart review for accurate case coordination Participating (not billing) in treatment team meetings Giving shift change (client related)
	SPMP Referral Coordination and Monitoring of Medicaid Services	Activities that include making referrals, coordinating or monitoring the delivery of Medicaid covered health services. Linking individuals and families with Medicaid service providers to plan, carry out, and maintain a health service plan. These activities require providers' skilled professional medical knowledge.	Examples: ■ Participating in a meeting where the SPMP's medical knowledge assures that an individual receives the prescribed medical/mental health services ■ Determining the medical necessity appropriateness for requested medical services ■ Reviewing the medical necessity of continued medically supervised services ■ Referring to medical diagnosis or treatment services

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	Only staff categorized as one of the following are eligible to use this code: Physician. Nurse. Psychologist. Therapist. and Social Worker-MSW. If case planning, referral, coordination and monitoring of Medicaid services is being performed on the behalf of foster care clients, the activities should be coded under Code A.	 Gathering information that may be required in advance of referrals or evaluations to Medicaid covered services Coordinating necessary Medicaid covered services for clients Monitoring and evaluating the medical components of the individual's plan of care and ensuring that the plans of care objectives are achieved and appropriate Clinical supervision (not billing)
H. Referral Coordination and Monitoring of Non-Medicaid Services	Activities that include making referrals, coordinating or monitoring the delivery of non-Medicaid covered services	 Referring to non-medical diagnostic or treatment services Gathering information that may be required in advance of referrals or evaluations to non-Medicaid covered services such as the Hoosier Assurance Plan (HAP), food stamps, WIC, child care, TANF, housing, vocational programs or legal aid. Coordinating necessary non-Medicaid covered services for clients Monitoring and evaluating the non-medical components of the individual's plan of care and ensuring that the plan of care Objectives are achieved and appropriate Arranging for and/or providing transportation or translation services for a client or family to access Non-Medicaid services Working with Probation Officers or DCS
I. Medicaid Provider Relations	Activities that include establishing, maintaining, and increasing provider resources to identify and have available qualified providers of essential Medicaid covered health services.	 Examples: Recruiting providers to provide Medicaid covered services Identifying potential Medicaid providers and linking them with HP or other payor's to facilitate Medicaid provider enrollment Facilitating the dissemination of information to providers on Medicaid policy and regulations. Developing Medicaid service provider directories Participating in meetings with Medicaid providers to assure maintenance or improvement of covered health services Job fairs Recruiting or Credentialing providers
J1. Program Planning Development and Agency-Wide	Activities that include planning and developing Medicaid covered health related programs and services and the interagency	Examples: Developing advisory or work groups of health professionals to provide consultation and advice regarding the delivery of Medicaid covered

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Coordination	and intra-agency coordination of those Medicaid covered health related services. These activities do not require participants' skilled professional medical knowledge.	services. Monitoring effectiveness of programs and/or services Chart audits Quality improvement activities Working with other agencies to create/improve/expand Medicaid services to clients
J2. SPMP Program Planning Development and Agency-Wide Coordination	Activities that include planning and developing Medicaid covered health related programs and services and the interagency and intra-agency coordination of those Medicaid covered health related services. These activities require providers' skilled professional medical knowledge. Only staff categorized as one of the following are eligible to use this code: Physician. Nurse. Psychologist. Therapist. and Social Worker-MSW.	 Examples: Developing best practices or evidence based treatments for specific DSM-IV diagnosis Developing internal plans and strategies that address the clinical capacity of medical/mental health services provided to Medicaid eligible individuals by the agency Using skilled medical knowledge for auditing/quality management Providing technical assistance on practitioner protocols, including the development of uniform policy and procedures on the care and treatment of Medicaid eligible individuals Participating in the development of program direction and annual scope of work program budget, objectives, activities and evaluation tools to measure Medicaid program outcomes Participation in state or other governmental committees to assess, review, and/or enhance Medicaid Services
K. Medicaid Administrative Training	Activities that include coordinating, conducting or participating in training events and seminars for outreach/administrative staff regarding the benefit of the Medicaid program, how to assist individuals and families in accessing Medicaid covered health services, and how to more effectively refer to Medicaid covered services.	 Examples: Training on referral and coordination of individuals to Medicaid services. Participating in or coordinating training which improve the skills of skilled medical personnel that is necessary to perform Medicaid administrative services which may include training related to other Medicaid Services, e.g. MRO How to fill out paperwork pertaining to Medicaid Training about Medicaid benefits, how to identify Medicaid clients, and how to refer clients to Medicaid
L. Non-Medicaid Administrative Program Training	Activities that include coordinating, conducting or participating in training events and seminars for staff regarding the benefit of non-Medicaid programs, such as the Hoosier Assurance Plan (HAP), food stamps, WIC, child care, TANF, housing, vocational programs or legal aid, how to assist	 Examples: Participating in or presenting training that improves the quality of identification, referral, and coordination of individuals to non-Medicaid services Participating in or coordinating training which improves the knowledge and skills of personnel that is necessary to perform non-Medicaid program services

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M. Family Planning Referral	individuals and families in accessing non-Medicaid covered health services, and how to more effectively refer to non-Medicaid programs. Activities that include providing family planning Medicaid administrative case management, outreach coordination and pregnancy prevention referral services to individuals of childbearing age to Medicaid covered services.	 Participating in or coordinating training which improves the delivery of services for programs such as vocational rehabilitation Training on HAP Examples: Identifying and referring at risk clients who may be in need of Medicaid family planning services Coordinating Medicaid Family planning services Referring to Planned Parenthood or Health Department
N. General Administrative	Activities that include performing general administrative activities in support of the local agency. NOTE: Attending continuing education training that gives licensed personnel CEUs toward maintenance of their license is considered to be a Code A activity.	Examples: Taking paid lunch, break, or leave (vacation/PTO/ holidays) Reviewing technical literature and research articles Attending or facilitating general agency meetings Developing budgets and maintaining records Processing payroll or other personnel related documents Maintaining inventories and ordering supplies Participating in Human Resource training. Performing other administrative or clerical activities related to general building or agency functions/operations Time spent filling out Time Study Bubble Sheet Checking emails Meeting minutes Typing notes for providers Required agency trainings unrelated to clients Managerial/supervisory tasks unrelated to clients Giving shift change (unrelated to clients) Receiving and documenting shift change information
O. Non-Paid Time	This Activity Code is selected when there is no paid activity time.	Examples: Not scheduled to work Person's workday has not started Staff person is Part-time Staff person is on an unpaid status Staff person is carrying a pager or is on call but is not on the clock

Should you have questions related to this program or questions associated with completing the time study, please call InteCare at 1-888-591-6128.

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