

Illinois Department of Public Aid

COST ALLOCATION PLAN

**For Local Education Agencies
Participating in the
Medicaid School-Based Health Services (SBHS) Program**

December 2001

Cost Allocation Plan

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Requirements for the reporting of administrative expenses related to the provision of School-based Health Services

100 Periodicity of Reporting

The participating local education agency (LEA) is to submit claims for expenditures on approved Title XIX administrative functions to the Illinois Department of Public Aid (DPA) on a quarterly basis (Jul 1 - Sep 30, Oct 1 - Dec 31, Jan 1 - Mar 31, Apr 1 - Jun 30). In order for DPA to submit a claim for the most recently completed reporting period, the submission is due to DPA on or before the 15th calendar day after the end of the reporting quarter. Claims may not be submitted prior to end of the quarter being claimed.

All claims must be submitted in accordance with the reporting requirements established by DPA. Claims are to be filed electronically, using the reporting format and certification statement provided by DPA.

Current quarter claims received after the due date will be processed in the following quarter. Claims not conforming to reporting requirements will not be accepted or processed.

200 Financial Data

The financial data (salaries, benefits, supplies, *etc.*) used to calculate the claim are to be based on actual detailed expenditure reports obtained directly from the participating LEA's financial accounting system. The financial accounting system data are to be accumulated based on applicable administrative rule (*23 Ill. Admin. Code, 110 et seq.*), the *Program Accounting Manual* or generally accepted governmental accounting standards. The expenditures accumulated for calculating the claim are to include only actual expenditures incurred during the claiming period.

300 Funding Sources

Claims for approved Title XIX administrative functions may not include expenditures of:

- Federal funds received by the LEA directly.
- Federal funds that have been passed through a State or local agency (*e.g.*, KidCare outreach funding, *IDEA* grants).
- Non-federal funds that have been committed as local match for other federal or State funds or programs.

Note: Funds received by the LEA from the Special Education Medicaid Matching Fund for school-based health services, whether for billed services or approved Title XIX administrative functions, are not federal funds. They are reimbursement for prior expenditures and are, upon receipt, local funds, not state or federal. LEAs are advised to ensure they are in compliance with requirements established by the Illinois State Board of Education (ISBE) regarding use of Medicaid dollars.

400 Allocation of Staff Time

All claims shall be based on time studies conducted in compliance with *OMB Circular A-87*. Pursuant to *A-87*, this Cost Allocation Plan is established to define how administrative activities are to be allocated as claimable costs under Title XIX. Participants in a time study include all Direct Personnel whose costs are to be included in a claim. See Exhibit II for description and definitions of activities used in the time study. Direct Personnel employed or contracted by a special education cooperative will be included only in the time study of the special education cooperative. Direct Personnel employed or contracted by a member school district will be included only in the time study of the school district. If Direct Personnel work part time for both a member school district and the cooperative or part time between school districts, the individuals may be included in multiple claims. However, in all instances full-time equivalency and costs must be no more than what is attributable to each respective billing entity. Direct Personnel that must be included in the time study encompass the following classes of individuals:

- Skilled professional medical personnel (SPMP) who directly perform approved Title XIX administrative functions, whether directly employed by the LEA or contracted personnel for which the LEA can document a *de facto* employer-employee relationship. (See Exhibit I.)
- All other personnel who perform approved Title XIX administrative functions, whether directly employed by the LEA or contracted personnel for which the LEA can document a *de facto* employer-employee relationship. (“Other Personnel” in Exhibit I.)
- Contracted personnel for whom a *de facto* employer-employee relationship cannot be documented cannot be claimed.

Costs associated with direct support personnel are allocable and reimbursable at the same level as the employees they support. Direct support personnel do not need to be included in the sample population since they do not directly perform Medicaid administrative activities. A listing of direct support personnel identified as potentially providing administrative activities is included in Exhibit I. Several types of sampling may occur. Days of the quarter in which Direct Personnel must complete time studies shall be determined by DPA under day sampling procedures described below. Employees themselves may be sampled and the summer quarter may be averaged. If an LEA chooses not to sample their Direct Personnel, all Direct Personnel who perform claimable activities and whose costs are included in a claim must complete a time study on the randomly selected sample time study days.

410 Day Sampling

DPA will determine which days in a quarter are to be used for sampling of employees in a time study. DPA will provide each LEA with two random start dates for each quarter. All participating LEAs will use the random start date, along with the next four consecutive days in which school employees are required to report to work, as their representative week for a time study. Thus, each claim will consist of time study data from two five-day blocks of time for each quarter.

DPA will determine random start days through the use of a random number generator. The universe of days from which start dates may be selected will include typical school work days, which include every Monday through Friday, excluding Thanksgiving Day, the Friday after Thanksgiving and the week beginning on Christmas Day through New Years Day. To allow for a full five-day period, the last four typical schoolwork days from each quarter will be excluded as

potential random start dates. To avoid overlap between two five day blocks, the initially chosen five-day block will be eliminated as potential days for the selection of the second random start date for each quarter.

420 Summer Quarter Averaging

For the quarter beginning July 1 and ending September 30 of each year, an LEA shall have the option to submit a claim based on the weighted average of time study results from the LEA's three previous quarters. In such a case, the averaged time shall be multiplied by the costs incurred by the LEA during the July through September quarter. Thus, the costs of employees who are not paid during the summer quarter should not be included.

If an LEA chooses to not use averaged prior time, a time study must be applied to all of the Direct Personnel (skilled professionals and other personnel) whose costs are to be included in the claim for the summer quarter. For LEAs that pay the majority or all of its employees on a nine-month contract and have a separate set of costs incurred during the summer, it may be advantageous to conduct a time study for those employees that are paid and working through the summer. However, the cost requirements must be strictly applied. An LEA may not submit a combination of time studied and time averaged employees in its claim for the summer quarter.

430 Sampling of Direct Personnel

An LEA may choose to base their time study on a sample of Direct Personnel within an LEA or a sample of Direct Personnel within a homogeneous group of LEAs under the conditions described in this section. Under both scenarios, the sample must be of sufficient size to ensure statistical validity at 95 percent confidence level and 5 percent margin of error (95/5) for the entire claim. If sampling is used, the sampling process must assure that all Direct Personnel to be claimed have an equal chance of being selected in the sample. The sampling universe must include all direct personnel whose salaries, benefits, travel or training costs are to be allocated to the Medicaid program, including individuals who spend only a portion of their paid work time performing claimable administrative activities. The sampling process must also assure proportional representation from each cost pool.

If sampling within a group of LEAs (peer group) is used, this approach must maintain homogeneity within each group and thereby reduce the variance between group members. To maintain such homogeneity, groupings must be established based on the number of children with IEPs in each LEA. In such an event, each LEA within the group will submit an individual claim that includes the LEA specific direct and indirect costs, as well as specific Medicaid discounting rates and ISBE provided indirect cost rate. Time study results in each group will be common to all members and based on the total reported time of all sampled employees for each occupational category. As described above, samples from each group must be representative of each occupational category and be large enough to assure a 95 percent level of confidence and 5 percent margin of error for each occupational category within each group.

Whether sampling occurs within a single LEA or for a homogeneous group of LEAs, the LEAs must provide DPA with a sampling methodology that includes, at a minimum, the following information:

- A description of the population of employees from which the sample will be selected. The sampling program should describe in detail the employee database and/or lists from which the sample will be selected,
- A description of the appropriate sample size. The sample size for each occupational category necessary to assure statistical validity at a 95/5 level will be based on the number of Direct Personnel included in the LEA's claim. The appropriate sample size for possible populations is provided in Exhibit IV,
- A description of the sampling methods, including a discussion of the sample selection procedure. LEAs may use either systematic random (interval) or simple random sampling procedures to select the participants for the time study,
- A discussion of how such methods adequately represent the universe of employees, and
- A description of how the sample results will be used to calculate a claim.

500 Allocation of Salaries and Benefits of Direct Personnel

Actual expenditures for salaries, benefits, travel and training costs of all personnel included in a claim are to be obtained from the participating LEA's financial accounting system. Expenditures related to the performance of approved Title XIX administrative functions by contracted service providers (*e.g.*, occupational therapists, physical therapists) who contribute to the performance of approved Title XIX administrative functions must also be obtained from the participating LEA's financial accounting system. Any other LEA may not claim expenditures for individuals employed by or contracted through an LEA that is a special education cooperative. Exhibit I provides a listing of the categories of staff that may be included in the claim.

510 Enhanced Federal Financial Participation Rates for Skilled Professional Medical Personnel and Their Direct Support Staff

The enhanced federal financial participation (FFP) rate (75%) may be available for some medically necessary administrative activities provided by SPMP and their direct support staff if certain professional education, training and supervision requirements are met. These requirements are based on federal regulation (42 *CFR* 432.50, *et seq.*). That regulation allows for enhanced FFP if **all** of the following conditions, as applicable, are met:

- The expenditures are for activities that relate directly to the administration of the Medical Assistance (Medicaid) Program and, as such, do not include expenditures for direct medical services.
- The SPMP have professional education and training in the field of medical care or appropriate medical practice. "Professional education and training" means the completion of a two-year or longer program leading to an academic degree or certificate in a medically related profession. That is demonstrated by possession of a medical license, certificate, or other document issued by a recognized national or State medical licensure or certifying organization or a degree in a medical field issued by a college or university certified by a professional medical organization.

Experience in the administration, direction, or implementation of the Medical Assistance (Medicaid) Program is not considered the equivalent of professional training in a field of medical care.

- The SPMP are in positions that have duties and responsibilities that require those professional medical knowledge and skills.
- There exists documentation of an employer-employee relationship between the LEA and the SPMP and direct supporting staff, or a documented *de facto* employer-employee relationship for such contracted personnel.
- The direct supporting staff are secretarial, stenographic, and copying personnel and file and records clerks who provide clerical services that are directly necessary for the completion of the professional medical responsibilities and functions of the SPMP. The SPMP must directly supervise the supporting staff and the performance of the supporting staff's work. All direct supporting staff do not have to fill out a time study; and **only** direct supporting staff with documented applicable and appropriate employer-employee relationships can be considered as direct supporting staff. Direct supporting staff is the only category of employees that may have their salaries, benefits, travel and training costs included in a claim without completing a time study.
- Only activities that require the use of medical expertise may be claimed at the enhanced rate. Exhibit II defines such activities.

In order to obtain enhanced rates, LEAs must maintain documentation necessary for DPA to determine that such claimed administrative activities required the medical expertise of SPMP, as described in Section 560.

LEAs must also maintain files that contain:

- Quarterly lists of individuals in each SPMP classification;
- Documentation that each SPMP possesses the required education and training;
- Documentation of the supervisory relationship of all claimed direct supporting staff to specific SPMP; and,
- Documentation of the LEA's determination of the *de facto* employer-employee relationship for each of the contracted (SPMP or direct support) staff claimed as such.
- Clear documentation of the specific use of medical expertise for each instance in which enhanced claiming codes are used in a claim. Such documentation must demonstrate why such skills could not be delegated to a non-SPMP employee.

Any changes to federal regulation regarding such claims for administrative expenditures are incorporated by reference into this agreement. Exhibit I lists the SPMP and their respective appropriate credentials necessary for claiming expenditures at the enhanced FFP rate.

520 Administrative Outreach Functions

Expenditures on administrative functions that are consistent with the allowable outreach functions under Title XIX include Medicaid Public Awareness and Information, Facilitating Access to Medicaid, Identification and Referral Outreach, and Medicaid Health Provider Networking and

Interagency Coordination. These activities are necessary to identify students who are most in need of medical benefits, inform their families of benefits, assist in their enrollment, and maintain access to claimable services. As outreach functions, these activities are not discounted except to the extent necessary to exclude costs attributable to Title XXI. The approved Title XIX administrative outreach functions have been referenced as Category I functions in Exhibit II of this document.

530 Administrative Functions for Eligible Students

Expenditures on administrative functions that are associated with and in support of eligible students include Case Management for non-IEP Related Medical Programs and Case Management for IEP Related Medical Programs. These activities are generally allowed case management activities and are discounted in order to allocate that portion of the activity that is attributable to Title XIX. These administrative functions have been referenced as Category II functions in Exhibit II of this document.

540 General Administration Function

The function listed under Category III (see Exhibit II) may not be claimed directly. However, a methodology for General Administration provides for the calculation of an allowable portion by apportioning its time study results against all other claimable time study results.

550 Non-allowable Administrative Costs

Time attributable to a direct service, whether or not such a service is billed, is reported in the time study. However, costs associated with direct services reported in the time study are not treated as allowable costs in the administrative claim. Similarly, costs attributable to School-Related and Educational Activities are reported but excluded as an allowable cost. Such time is reported under Category IV. In addition, each claimable group includes a parallel non-claimable code.

560 Time Study Documentation

All administrative claims must be based off of the results of time studies completed by various employee groups (occupational categories) as described above. All reported time must be recorded on a time study sheet that includes, at a minimum, the following data:

- Participant name, personnel category, and employment status (full/part-time, FTE proportion),
- LEA name,
- Quarter time studied,
- Date of time study,
- Descriptions of activity codes,
- Time for the entire workday reported in 15-minute increments,
- For any activity claimed at the enhanced rate, a statement or notation in which the employee describes the activity and why such time required the skills of a medical professional.

Note: A reference to case notes will satisfy this requirement if such notes clearly describe and tie to the specific date and time of the activity, and provide sufficient detail to assure the necessity of professional medical skills; and

- Signature and date of employee where the employee attests to the accuracy of the reported information.

570 Non-salary Expenditures

Expenditures for materials and supplies related to approved Title XIX administrative functions may be included in the claim, if they can be attributed directly to individuals who are claimed. Such expenditures are to be based upon actual detailed departmental expenditure reports obtained directly from the participating LEA's financial accounting system. These expenditures may not include items identified in Indirect Costs, such as central business office operations, general building maintenance and repair costs, or any other cost classified as an indirect cost.

580 Claimable LEA-wide Expenditures

Expenditures for certain costs that are incurred by the LEA are in part attributable to Title XIX but not specific to individuals who are claimed. Such costs include rent, insurance, dues and fees, and interest payments incurred on behalf of the LEA. Expenditures, such as dues for individual employees, may not be included. The amount of such costs attributable to Title XIX is calculated by multiplying reported costs by the ratio of gross claimable personnel expenditures divided by total LEA-wide personnel expenditures.

590 Indirect Costs

Allocable indirect costs are the product of the LEA's aggregate calculated approved Title XIX administrative claim amount multiplied by the LEA's unrestricted indirect cost rate, as approved by the ISBE. The LEA's unrestricted indirect cost rate is calculated using the Office of Management and Budget *Circular A-87* indirect cost allocation principles. The ISBE methodology used to determine the indirect cost rate specific to each LEA has been approved by the federal cognizant agency. The indirect cost rates are updated annually by the ISBE using the approved methodology.

600 Adjustment for the Medicaid Eligibility Rate

In order to determine each LEA's adjustment factors, DPA will utilize the following LEA-specific information.

- The total number of all students, and the total number of students with an individualized education program (IEP) or individual family service plan (IFSP).
- The number of students who are eligible for benefits under Title XIX (Medical Assistance) and Title XXI (State Children's Health Insurance Program) of the *Social Security Act*.
- Of those students eligible under Title XIX or Title XXI, the number that has IEPs or IFSPs.

These eligibility data elements must be reported as of December 1, of each school year, using coding conventions authorized by the Department and in the format required by the Department.

DPA will provide each LEA with a count, by eligibility category, of school-aged children who reside in their district. The individual LEA will be responsible for determining the eligibility status of enrolled children with IEPs through the use of Recipient Eligibility Verification (REV) vendors authorized by the Department. The LEA has the option to use a REV vendor to calculate all required eligibility data and can do so on a quarterly basis. In such case, the LEA must demonstrate why use of a REV vendor results in more accurate data. These data will be used to adjust expenditures reported in the LEA's claim.

DPA is not claiming school-based administrative expenditures under Title XXI. In order to adjust the claim to exclude expenditures allocable to Title XXI, Category I activities will be adjusted by multiplying the reported time study findings by one minus the ratio of students eligible under Title XXI divided by the total number of students enrolled in the LEA.

In order to discount Category II activities to that portion of the activity that is attributable to Title XIX, the following formulas are used:

- As Case Management for IEP-related Medical Programs restricts activity to only that which is in support of a medical disability, claimable time reported in the code is multiplied by the ratio of IEP or IFSP students eligible under Title XIX divided by the total number of IEP or IFSP students enrolled in the LEA.
- As Case Management for non-IEP related Medical Programs is not restricted to a medical disability, claimable time reported in the code is multiplied by the ratio of all students eligible under Title XIX divided by the total number of students.

700 Claim Certification and Agreements

The superintendent or cooperative director, as applicable, of the participating LEA, must certify the accuracy of the submitted claims. Such certification is to be documented on an DPA-approved certification statement (see below), and conform to the certification requirements of 42 *CFR* 433.51. Detailed claim analyses and supporting documentation will be maintained by the LEA for audit or future reference purposes, according to the terms identified in the interagency agreement.

“I certify that, to the best of my knowledge, the costs used to construct this claim represent actual expenditures documented in the financial accounting system of (LEA Name), for Medicaid administrative costs for (claiming period). The claim amount is pursuant to our Medicaid intergovernmental agreement with the Illinois Department of Public Aid.

All expenditures presented in this (claiming period) claim are allowable in accordance with the requirements of *OMB Circular A-87*, “Cost Principles for State and Local Governments,” Medicaid principles of reimbursement in accordance with the *Code of Federal Regulations*, and all claiming requirements of the Illinois Department of Public Aid.

None of the expenditures listed are supported by federal funds. The claim does not duplicate any other claim for federal reimbursements, including claims for school-based special rehabilitation services under the fee-for-service program.”

All LEAs submitting a claim for administrative costs must be enrolled with DPA as a Medicaid Provider and have an interagency agreement with the Department.

710 Annual Reconciliation

At the end of the participating LEA's fiscal year and after the annual financial audit is completed, a reconciliation of the filed administrative claims with the annual certified financial statements must be performed. Adjustments to future administrative claims must be made based on the results of the reconciliation analyses to consider any year-end adjustments to accounting entries of any items which might have impacted the claim amounts.

720 Financial Review

DPA will conduct random and directed reviews of claims in order to assure their accuracy and to determine that appropriate documentation exists to support such claims. This includes, but is not limited to, review of documentation to assure that the accuracy, randomness, and completeness of time studies as well as documentation necessary to justify claimed expenditures.

730 Administrative Claim Reporting Forms

An outline of DPA-approved claim reporting forms is contained in Exhibit III.

740 Reporting Compliance

Failure to meet the requirements set forth herein may result in rejection of part or all of a claim.

750 Terminated or Suspended Providers and Barred Individuals

Payment will not be made to any entity in which a terminated or suspended or barred individual is serving as an employee, administrator, operator or in any other capacity for any services, including administrative and management services furnished, ordered or prescribed on or after the effective date of the sanction or voluntary withdrawal. Also, no claim may be made for payments made for items or services provided by an individual or entity that has been barred or suspended or who has voluntarily withdrawn from the program. It is the responsibility of the LEA to assure that all claims for federal funds meet this requirement. A complete list of barred or suspended providers can be found at the following website: <http://www.state.il.us/agency/oig/sanctionslist.htm>

Exhibit I
Staff Categories and Qualifications Necessary to
Claim Expenditures at Enhanced FFP Rates

Staff categories	Qualification	FFP rates*
SKILLED PROFESSIONAL MEDICAL PERSONNEL**		
Audiologist	IDPR licensure or Certificate of Clinical Competency from the American Speech and Hearing Association	0%, 50%, 75%
Registered Nurse (RN)	IDPR licensure	0%, 50%, 75%
Occupational therapist	IDPR licensure	0%, 50%, 75%
Occupational therapist assistant (COTA)	IDPR certification	0%, 50%, 75%
Physical therapist	IDPR licensure	0%, 50%, 75%
Physical therapist assistant (CPTA)	IDPR certification	0%, 50%, 75%
Medical social worker	Master’s degree in medical social work and ISBE Type 73 certificate ***	0%, 50%, 75%
School psychologist	Master’s degree in psychology or educational psychology and ISBE Type 73 certificate endorsed in school psychology	0%, 50%, 75%
Speech/language pathologist	Master’s degree in speech/language pathology (or a “grandfathered” baccalaureate degree) and ISBE Type 10 standard special certificate	0%, 50%, 75%
DIRECT SUPPORT PERSONNEL		
Secretarial, stenographic, and copying personnel and file and records clerks who provide clerical services that are directly necessary for the completion of the professional medical responsibilities and functions of the skilled professional medical staff. The skilled professional medical staff must directly supervise the supporting staff and the performance of the supporting staff’s work. To be claimed, applicable and appropriate employer-employee relationships must be documented.		0%, 50%, 75%
OTHER PERSONNEL		
Other personnel who perform approved Title XIX administrative functions, including but not limited to: school social workers (non-SPMP); speech assistants/aides; school counselors; psychologist interns; special education and pupil support specialists; identification and referral personnel; special education and pupil support services administrators; interpreters and school bilingual assistants; principals, assistant principals and deans; case managers and service coordinators; other clerical support staff; and licensed practical nurses (LPNs), with appropriate IDPR licensure.		0%, 50%

*Enhanced FFP rates (75%) are for **certain** claimable medically necessary administrative activities provided by skilled professional medical personnel and their direct support personnel. The FFP rate for all other claimable administrative activities, without regard to medical qualifications of personnel, is 50%.

**Only Skilled Professional Medical Personnel who are LEA employees or are contracted staff for which a *de facto* employer-employee relationship can be documented.

***In order for an individual to be considered as a medical social worker, one of the following criteria must be met:

- The individual is licensed by the Illinois Department of Professional Regulation as a Licensed Clinical Social Worker (LCSW);
- The individual holds a Masters of Social Work (MSW) degree from an accredited university with a concentration in medical social work, clinical social work, mental health social work, or other concentration indicative of attaining skills of a medical professional as deemed by DPA, or
- The individual has the equivalent of the requirements above, which DPA has defined as: (1) possessing an MSW degree which includes 10 semester hours of medical course work; (2) possessing an MSW which includes two quarters of full time clinical experience in a hospital, mental health center, nursing home, a school setting where mental health services are provided to students, or other medical setting; or (3) a combination of class work and practical experience that DPA has determined will meet the criteria.

Documentation must be available to demonstrate that each MSW claimed at the enhanced rate meets one of the criteria above. This may include a copy of the individual's LCSW license. Documentation for individuals meeting criteria listed above includes transcripts as well as sufficient supporting documentation needed for DPA to determine their medical professional status. Given that the information on transcripts alone may not adequately describe whether a specific class is deemed to be medical in nature, additional information such as a course description may be required.

LEAs must also maintain documentation necessary for the Department to determine that such administrative activities require the use of medical expertise. Such documentation should include information necessary to determine (1) the type and purpose of activity that was completed, (2) the provider of the activity, (3) the date of the activity, and (4) the amount of time.

To assure that medical social workers meet the credential requirements described above, the Department will sample such individuals and require that LEAs are able to produce appropriate documentation. In submitting claims for medical social workers, names of qualifying individuals must be included as an attachment. The Department will review a sample of social workers' time to assure that time claimed at an enhanced rate required the use of medical expertise.

Exhibit II
Medicaid Administrative Claim
Definitions and Examples of Activity

Codes to be Recorded in the Staff Time Study

CATEGORY I ACTIVITIES (discounted to reduce attributable Title XXI costs)

A1. Medicaid/KidCare Public Awareness and Information (non-SPMP)

All staff should use this code when (1) informing the populations served by their school districts about available Medicaid/KidCare services and how to access them, (2) attending necessary training related to these activities, and (3) traveling to perform these activities.

Examples include, but are not limited to:

1. Preparing, coordinating, assembling or disseminating materials designed to inform the public about the Medicaid program and benefits, including where and how to obtain those services.
2. Disseminating brochures designed to inform effectively all Medicaid-eligible individuals (or their families) about programs and services, about where and how to obtain those services.
 - a. Distributing information by the clinician or school staff to parents of children at risk of health/medical problems about health screening services for children available through the EPSDT program.
 - b. Distributing information by the clinician or school staff about the Medicaid application process.
3. Coordinating with the local media (newspaper, TV, radio, video) to inform Medicaid-eligible and potentially Medicaid-eligible children and families about Medicaid services.
4. Coordinating the inclusion of, or promoting, Medicaid at child health fairs.
5. Informing families about the Medicaid programs.
 - a. Providing information about screenings that will help improve the identification of medical conditions that can be corrected or ameliorated through Medicaid services.
 - b. Providing information by the clinician or school staff about the availability of screenings and treatment services available through the Medicaid program.
6. Developing a bulletin board about the Medicaid program and the benefits of preventive health care.
7. Training necessary for personnel to provide the activities described under this activity code.
8. Providing parents on report card pick-up day information about the Medicaid program and health care services available to eligible children, including EPSDT screening services and medically necessary treatment.

9. Participating in a discrete campaign or an ongoing activity targeted at identifying Medicaid-eligible individuals such as: Participating in a telephone or walk-in service for identifying health needs and referring persons to Medicaid services for eligibility determination.
10. Any travel to perform any (A1) duties.

A3. Public Awareness and Information for non-Medicaid/KidCare Programs

All staff should use this code when informing the populations served by their school district about educational, social or any other program that does not include, or is not related to Medicaid/KidCare.

Examples include, but are not limited to:

1. Distributing materials regarding educational/curriculum issues.
2. Developing the school district's student/parent handbook.
3. Participating in public awareness initiatives relating to WIC, Food Stamps, or other social programs.
4. Any training associated with public awareness and information that is not directly associated with the activities defined in A1.
5. Any travel to perform any (A3) duties.

B1. Facilitating Access to Medicaid/KidCare (non-SPMP)

All staff should use this code when informing or assisting a child and the family with the Medicaid-eligibility determination process to facilitate access to allowable health benefits, necessary training related to these services, and travel necessary to perform these activities.

Examples include, but are not limited to:

1. Providing information in support of the Medicaid-eligibility application process.
 - a. Informing students/parents about Medicaid services and referring them to the Department of Human Services to make an application.
 - b. Explaining Medicaid eligibility rules and the Medicaid eligibility process to prospective applicants.
 - c. Assisting an applicant to fill out a Medicaid eligibility application.
 - d. Assisting the parent to begin the Medicaid application process.
 - e. Providing necessary forms and packaging all forms in preparation for the Medicaid eligibility determination.
 - f. 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.
 - g. Verifying an individual's current Medicaid eligibility status.

- h. Referring an individual or family to the local Department of Human Services (DHS) office to make application for Medicaid benefits.
 - i. Assisting the individual or family in collecting gathering required information and documents for the Medicaid application.
 2. Reviewing or evaluating information to determine the likelihood that a student is eligible under either Medicaid or KidCare.
 3. Training and travel necessary for personnel to provide the activities described under this activity code.

B3. Facilitating Access to non-Medicaid/KidCare Programs

All staff should used this code when informing or assisting a child and the family with materials about educational, social or medical programs or benefits exclusive of benefits under Medicaid or KidCare.

Examples include, but are not limited to:

1. Assisting the family to enroll in other social service programs such as WIC and housing.
2. Facilitating access to Title V and WIC to ensure an effective child health program.
3. Any training for facilitating access that is not directly associated with the activities defined in (B1).
4. Any travel necessary to perform any (B3) activities.

C1. Identification and Referral to Access Medicaid/KidCare (non- SPMP)

All staff should use this code when actively informing and assisting medically at risk children and their family members to access the Medicaid/KidCare program. This code should be used in conjunction with Code C2. to capture non-SPMP support when specifically targeting outreach efforts to inform, and subsequently enroll those children with medical needs. Include related paperwork, clerical activities, staff travel, or training needed to perform this activity.

Examples of activities not requiring professional medical skills include, but are not limited to:

1. Informing targeted individuals and their families about the availability of Medicaid services.
2. Developing and presenting materials to explain Medicaid services that are available to Medicaid eligible children when such activities are a part of a targeted outreach effort.
3. Assisting the Medicaid agency to target outreach efforts by fulfilling objectives of the EPSDT program. Such efforts may include:
 - a. Informing eligibles of the benefits of prevention;
 - b. Helping children and families use health resources;
 - c. Assuring that health problems are diagnosed and treated early, before they become more serious and their treatment more costly.

C2. Identification and Referral to Access Medicaid/KidCare (SPMP)

SPMPs should use this code only when using medical expertise to actively look for medically at risk children in order to direct outreach efforts to those who are most in need of medical services and would thus benefit most from enrollment in Medicaid. This code should be used when specifically targeting outreach efforts to inform, and subsequently enroll those children with medical needs. Include related paperwork, clerical activities, staff travel, or training needed to perform this activity.

An SPMP may only use this code when she is utilizing her medical expertise and use of such expertise is clearly necessary and documented. Activities that reasonably could be delegated to a non-SPMP must be recorded in Code C1, even if those activities were performed by an SPMP. Travel related to this code is not claimable at the enhanced rate. Any direct service activities must be reported under Code H3.

Examples requiring skilled professional medical knowledge include, but are not limited to:

1. Designing and implementing strategies to identify students that have specific health care needs or needs, or are potentially at high risk of poor health outcomes.
2. Detecting, observing and identifying medically at-risk children who are potentially Medicaid eligible through
 - a. Visiting classrooms to observe medical conditions of students;
 - b. Reviewing student health histories in order to identify a condition that may be addressed by a Medicaid covered service;
 - c. Participating in a meeting/discussion where the SPMP's medical knowledge is required to coordinate or review a student's needs for health-related services covered by Medicaid.
3. Training necessary for personnel to provide the activities described under this activity code. Training under this code is limited to training by skilled medical professionals to non-medical professionals to impart medical expertise necessary to identify medically at-risk children, or training of medical professionals new to the school district.

C3. Identification and Referral to Access non-Medicaid/KidCare Programs

All staff should use this activity code when identifying and referring children to educational, social, or any other program that does not include, or is not related to the medical aspects of Child Find.

Examples include but are not limited to:

1. Non-medical aspects of any Child Find activity.
2. Making referrals to social service agencies for non-medical services.
3. Coordinating other screenings in the schools that are unrelated to a medical disability.
4. Medical training of medical professionals other than new employees.
5. Any training that is not directly associated with the activities defined in (C1).
6. Notifying parents regarding educational issues, or non-medical social service issues.

7. Translating an academic test for a student, (e.g., social studies).
8. Any travel to perform any (C3) duties.

D1. Health Provider Networking and Interagency Coordination for Medicaid Programs (non-SPMP)

School staff should use this code when performing activities associated with the development of strategies to improve the coordination and delivery of Medicaid coverable services to school age children, and when performing collaborative activities with other agencies. Such activities must be centered around 1) increasing the number of providers of Medicaid services, or 2) increasing the capacity of existing Medicaid providers. Only employees whose position descriptions include program planning, policy development and interagency coordination should use this code. Include related paperwork, clerical activities, or staff travel needed to perform this activity. Training under this category is not claimable

Examples not requiring professional medical skills include, but are not limited to:

1. Meeting with medical provider networks, health departments in an effort to increase participation in the Medicaid/KidCare program.
2. Providing information to providers about Medicaid policy, regulations, services, resources, etc.
3. Communicating, coordinating and participating with providers to identify and promote Medicaid.
4. Maintaining and ensuring the continuity of services needed to identify potentially Medicaid eligible children.
5. Meet with existing Medicaid providers to increase the capacity to serve Medicaid clients.

D3. Health Provider Networking and Interagency Coordination for non-Medicaid Programs

This code should be used by all staff whenever there is activity in establishing, increasing and maintaining provider resource and referral relations to providers or networks that do not participate in Title XIX, or activities related to networking of services unrelated to claimable services in a child's IEP.

Activities include, but are not limited to:

1. Developing the district's crisis plan.
2. Health networking beyond the scope of Medicaid and special education.
3. Any training activities associated with health provider networking and interagency coordination training activities.
4. Coordinating with child health initiatives funded by federal sources, such as WIC and Title V associated with the public health departments.

5. Developing procedures for tracking families' requests for assistance with non-medical services and the providers of such services.
6. Identifying gaps in non-medical services or eligibility.
7. Collaborating with other agencies on non-medical activities.
8. Any travel necessary to perform activities in (D3).

CATEGORY II ACTIVITIES (discounted to Title XIX)

E1. Case Management for non-IEP-related Medical Services (non-SPMP)

Making referrals for, coordinating, or monitoring the delivery of medical (Medicaid covered) services that are not related to an IEP. Conducting quality control and quality assurance for the administration of the EPSDT programs. Activities in support of non-IEP services that are provided free of charge to the student population at large and not claimable through Medicaid must be reported under E3. Any direct service activities must be reported under Code H3.

Examples not requiring professional medical skills include, but are not limited to

1. Identifying and referring adolescents who may be in need of Medicaid family planning services.
2. Making referrals for appropriate immunizations, but not to include the state-mandated immunizations when such services are provided free of charge by the school district.
3. Making referrals for and/or scheduling EPSDT screens.
4. Coordinating the delivery of community-based medical/mental health services for a child with health care needs.
5. Coordinating and scheduling the EPSDT health-related screens/ evaluations.
6. Translating orally, in writing, or in sign language EPSDT health-related information to the child and family.
7. Gathering any information that may be required in advance of these referrals.
8. Training necessary for personnel to provide the activities described under this activity code.
9. Conducting quality assurance reviews. Such activities could include assessments of referral and coordination activities, reviews of cases to assure the Medicaid services are appropriate and effectively delivered.

E2. Case Management for Non-IEP-Related Medical Services (SPMP)

SPMP staff should use this code when making referrals for, coordinating, or monitoring the delivery of medical (Medicaid covered) services that require the use of skilled professional medical knowledge and training. Activities in support of non-IEP services that are provided free

of charge to the student population at large, and not claimable through Medicaid must be reported under E3. Activities that are a part of a direct service are not claimable under this code. Conducting quality control and quality assurance for the administration of the EPSDT programs to ensure the proper and efficient administration of the Medicaid program when a medical professional requires expertise.

An SPMP may only use this code when she is utilizing her medical expertise and use of such expertise is clearly documented. Activities that could be delegated to a non-SPMP must be recorded in Code E1, even if those activities are performed by an SPMP. Training for case management is not claimable at the enhanced rate. Any direct service activities must be reported under Code H3.

Examples requiring professional medical skills include, but are not limited to:

1. Corresponding with parents **about** information based on observations in a discipline specific area regarding the student's observed needs for, and the availability of, appropriate screening, testing and treatment services through the EPSDT program for eligible students, i.e., communicating with parents the need for medical services when the symptoms and behaviors of the student have been observed that require medical diagnosis.
2. Monitoring and providing follow-up contact to ensure that a child has received the prescribed medical service for a health problem and to provide feedback as to whether further treatment or modification of existing treatment is required. For example, observing whether side effects may appear and whether symptoms remain and then referring for further treatment, if indicated.
3. Sharing results of screens or a student's evaluation and the need for any diagnostic or treatment services, which may be required as the result of a condition, identified during the student's EPSDT screen when there is a need for a medical professional to explain the nature of the condition and respond to medical questions.
4. Gathering and preparing discipline-specific medical information that may be required in advance of referrals or evaluations, including observation, interviews and health records specific to potential EPSDT and Medicaid service delivery participation.
5. Making determinations for referring students for necessary medical health, mental health, dental health, or substance abuse services covered by Medicaid.
6. Coordinating the completion of the prescribed services, termination of services, and the referral of the child to other Medicaid service providers as may be required to provide continuity of care.
7. Conducting quality assurance reviews, which include reviews of cases to assure the Medicaid service components of a medical care plan, is appropriate and effectively delivered.

E3. Case management for non-Medical Services

Case management activities that are in support of services that are not claimable under Titles XIX or XXI.

Examples include, but are not limited to:

1. Having a parent/teacher conference about a student's educational progress.

2. Consulting with a parent, teacher, physician, administrator or other agency regarding non-Medicaid services for, or the educational plan of a student.
3. Linking or referring a family to a non-medical service delivery system.
4. Monitoring student's academic achievement.
5. Evaluating curriculum and instructional services, policies, and procedures.
6. Translating an academic test for a student, (*e.g.*, social studies).
7. Providing translation services regarding non-medical issues.
8. Medical training of medical professionals.
9. Activities in support of services that are not part of IEP that are provided free of charge to the student population at large.
10. Any travel to perform (E3) duties.

F1. Case Management for IEP-related Medical Services (non-SPMP)

Assisting the IEP/IFSP eligible child and family to develop an integrated plan of care, including consideration of EPSDT and Medicaid eligible services. Includes linking the child and family with providers to modify, carry out, and maintain a medical care plan, and travel necessary to perform these activities. Any direct service activities must be reported under Code H3 Conducting quality control and quality assurance for the administration of the EPSDT programs relating to an IEP.

Examples not requiring professional medical skills include, but are not limited to:

1. Participating in a meeting/discussion to coordinate or review a student's needs for health-related services covered by Medicaid per an IEP.
2. Monitoring and evaluating the Medicaid service components of an IEP as appropriate.
3. Providing follow-up contact to ensure that a child has received the prescribed medical/mental health services per the IEP.
4. Gathering information for a medical care plan in the IEP in advance of referrals.
5. Working with children, families and other staff and providers to arrange for and coordinate specific medical services covered under Medicaid that may be required as the result of screens, evaluations or examinations and discussing outcomes of assessments and treatment of health conditions for the medical care plan in the IEP.
6. Referring students and their families and completing necessary documents per the IEP to refer students for necessary medical health, mental health, or substance abuse services covered by Medicaid.

7. Providing information per the IEP to other staff regarding the child's medical services and plans.
8. Coordinating a child's access to specific medical or mental health services covered by Medicaid as defined in an IEP.
9. Training necessary for personnel to provide the activities described under this activity code.
10. Conducting quality assurance reviews. Such activities could include assessments of referral and coordination activities, reviews of cases to assure the Medicaid service components of an IEP are appropriate and effectively delivered.

F2. Case Management for IEP-related Medical Services (SPMP)

SPMP staff should use this code when assisting the IEP/IFSP eligible child and family when the use of skilled professional medical knowledge and training is required to implement an integrated plan of care. This includes consideration of identified EPSDT and Medicaid services, along with linking the child and family with EPSDT service providers to plan, carry out and maintain the medical care plan in the IEP. Any direct service activities must be reported under Code H3. Conducting quality control and quality assurance for the administration of the EPSDT programs. Arranging for specific support provisions that are necessary to access health services identified in the plan of care and assist medical professionals by using their skills to observe in a structured setting functioning levels and outcomes and by logging behavior.

An SPMP may only use this code when she is utilizing her medical expertise and use of such expertise is clearly documented. Activities that could be delegated to a non-SPMP must be recorded in Code F1, even when such activities are performed by an SPMP. Training for case management is not claimable at the enhanced rate.

Examples requiring professional medical skills include, but are not limited to:

1. Coordinating and consulting with school staff, parents or Medicaid providers at a hospital or other health care agency to discuss the child's health problems per the IEP that may require clinical intervention or therapy needs.
2. Monitoring and evaluating the Medicaid service components of the IEP requiring the SPMP's medical knowledge and expertise.
3. Coordinating the completion of the prescribed services, termination of the services, and the referral of the child to other Medicaid service providers as may be required in the IEP to provide continuity of care.
4. Sharing results of screens or a student's evaluation and the need for any diagnostic or treatment services, which may be required as the result of a medical condition identified during the student's EPSDT screen as appropriate for an IEP.
5. Gathering any specific medical information that requires the use of the person's medical knowledge that may be required in advance of these referrals.
6. Making specific medical referrals for and/or coordinating medical or physical examinations and necessary medical/mental health evaluations that require medical knowledge and expertise.

7. Providing information to other staff on the child's related medical/mental health services and plans that only a person with the medical knowledge of an SPMP can provide.
8. Participating in a meeting/discussion where the SPMP's medical knowledge is required to coordinate or review a student's needs for health-related services covered by Medicaid.
9. Conducting quality assurance reviews, which include reviews of cases to assure the Medicaid service components of an IEP, is appropriate and effectively delivered.

CATEGORY III ACTIVITY (discounted and proportional)

G1. General Administration

Includes attending administrative staff meetings, supervising staff, reviewing rules and procedures, and includes activities that are not directly assignable to program activities. Includes related paperwork, clerical activities, or staff travel required to perform these activities. Includes lunch and break time and any paid vacation, sick or personal time. Note that certain functions, such as payroll, maintaining inventories, developing budgets are considered overhead and, therefore, are already captured in the approved indirect cost rate.

Examples include, but are not limited to:

1. Reviewing school or district procedures and rules.
2. Attending or facilitating general school or board meetings.
3. Providing general supervision of staff, including supervision of student teachers or classroom volunteers, and evaluation of employee performance.
4. Performing administrative or clerical activities related to general building or district functions or operations.
5. Reviewing technical literature and research articles.
6. Taking lunch breaks, leave, or time not at work for which the employee is paid.
7. Establishing goals and objectives of health-related programs as part of the school's annual or multi-year plan.
8. Performing other general administrative activities of a similar nature as listed above, which cannot be specifically, identified under other activity codes.

CATEGORY IV ACTIVITIES (not allowed as administrative costs)

H3. Direct Services

Providing care or treatment to a child, such as speech, occupational, or physical therapy, counseling, medical service or related activity to any plan of care or as a result of the care provided to the child. Other examples include: (1) equipment assessment, adjustment or repair of a child's equipment; (2) consultation with the child, and (3) development or adjustment of

communication aides/devices for a specific child. This includes all direct medical services, whether or not they are claimed for reimbursement through the Department of Public Aid.

Examples include, but are not limited to:

1. Providing or participating in face-to-face interventions with either an individual child or a group of children.
 - a. Providing health/mental health services.
 - b. Providing immunizations.
 - c. Providing diagnostic testing.
 - d. Providing health care/personal aide services.
 - e. Providing direct clinical/treatment services.
 - f. Performing an evaluation, assessments or screenings.
 - g. Reviewing medical records.
 - h. Preparing case notes.
 - i. Administering first aid, emergency care, or prescribed injection or medication.
 - j. Counseling a child about a health, mental health, or substance abuse issue.
 - k. Providing transportation services.
2. Assessing equipment, adjusting or repairing the equipment, as needed, to assure the safe and effective use by the individual student.
3. Contacting pregnant and parenting teenagers about the availability of prenatal and well-child care provided by Medicaid, *e.g.*, discussing health care needs and the importance of well-baby care with adolescents.

I3. School-Related and Educational Activities

Conducting any other school-related activities that are not health related, such as social services, educational and teaching services, employment and job training. These activities include the development, coordination, and monitoring of a student's education plan. Includes related paperwork, clerical activities, or staff travel required to perform these activities.

Examples include, but are not limited to

1. Reviewing the education record for students who are new to the school district.
2. Performing activities that are specific to instructional, curriculum, student-focused areas.
3. Monitoring student academic achievement.
4. Compiling, preparing, and reviewing reports on textbooks or attendance and report cards.

5. Enrolling new students or obtaining registration information.
6. Providing general supervision of students (*e.g.*, playground, and lunchroom).
7. Conferring with students or parents about discipline, academic matters or other school-related issues.
8. Providing classroom instruction (including lesson planning), grading papers and instructional or educational testing.
9. Providing individualized instruction (*e.g.*, math concepts) to a special education student.
10. Conducting external relations related to school educational issues/matters.
11. Applying discipline activities.
12. Performing clerical activities specific to instructional or curriculum areas.
13. Performing activities that are specific to instructional, curriculum, and student-focused areas.
14. Evaluating curriculum and instructional services, policies, and procedures.
15. Translating an academic test for a student.
16. Performing clerical activities specific to instructional or curriculum areas.
17. Any other educational activities not previously listed.

Illinois Department of Public Aid

INSTRUCTIONS FOR SUBMITTING AN ADMINISTRATIVE CLAIM

**For Local Education Agencies
Participating in the
Medicaid School-Based Health Services (SBHS) Program**

December 2001

Exhibit III Screens and Narratives

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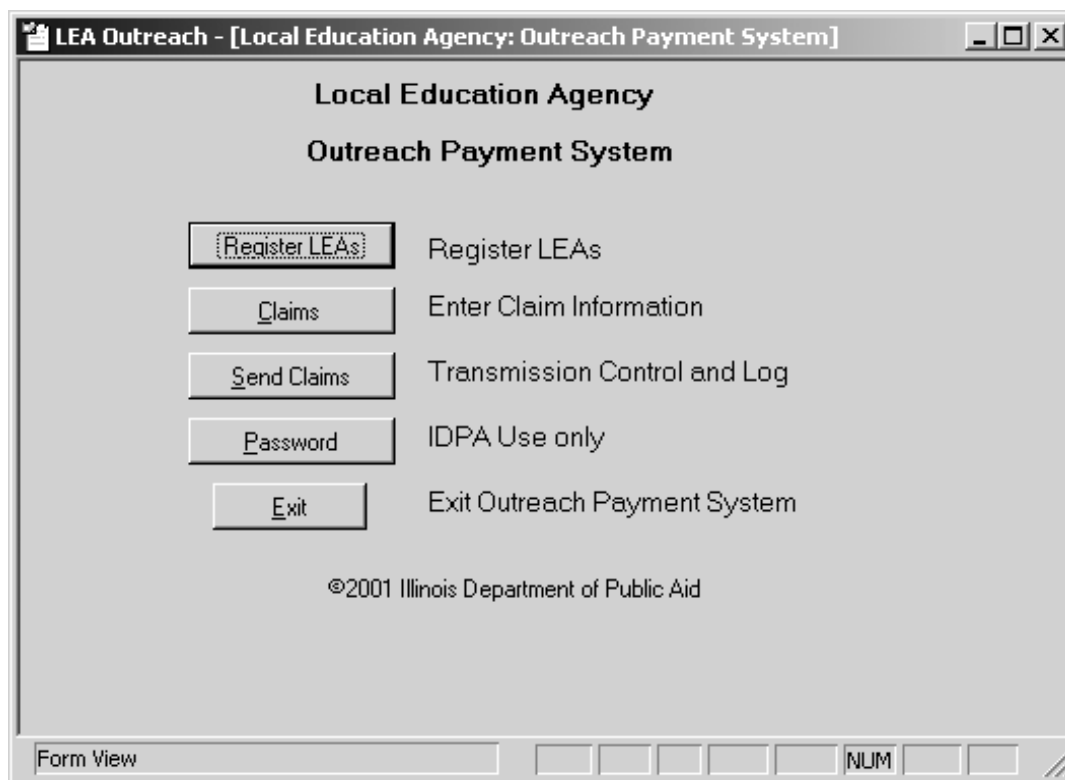
This exhibit will walk you through the administrative claim submission process and will present and describe each screen as it appears in the program.

**For each screen, depressing the "F1" key will open
Help text for that particular screen.**

**Clicking on the boxed "X" in the upper right-hand corner
of the Help window will close the Help text and
return the relevant screen.**

To begin, open the program from the start button menu or double-click on the icon.

The following screen will appear....



Local Education Agency Outreach Payment System Main Menu Screen:

- A. When accessing this system for the first time, or when the relevant LEA's billing agent changes, click on the "Register LEAs" button. This will open the "Register LEAs and Billing Agents" screen.
- B. Click on the "Claims" button to begin entering claim information data. This will open the "Billing Agent" screen.
- C. Click on the "Send Claims" button to transmit completed claims to IDPA. This will open a "Transmission Control and Log" screen to begin the transmittal process.
- D. To exit the Program click the "Exit" button.

LEA Outreach - [Register LEAs and Billing Agents]

LEA Medicaid Provider Number
LEA Name

Register To:

Responsible Billing Agent ID Number
Responsible Billing Agent Name

Currently Registered To:

Responsible Billing Agent ID Number
Responsible Billing Agent Name

*** This is a cross reference between billing agents and LEAs**

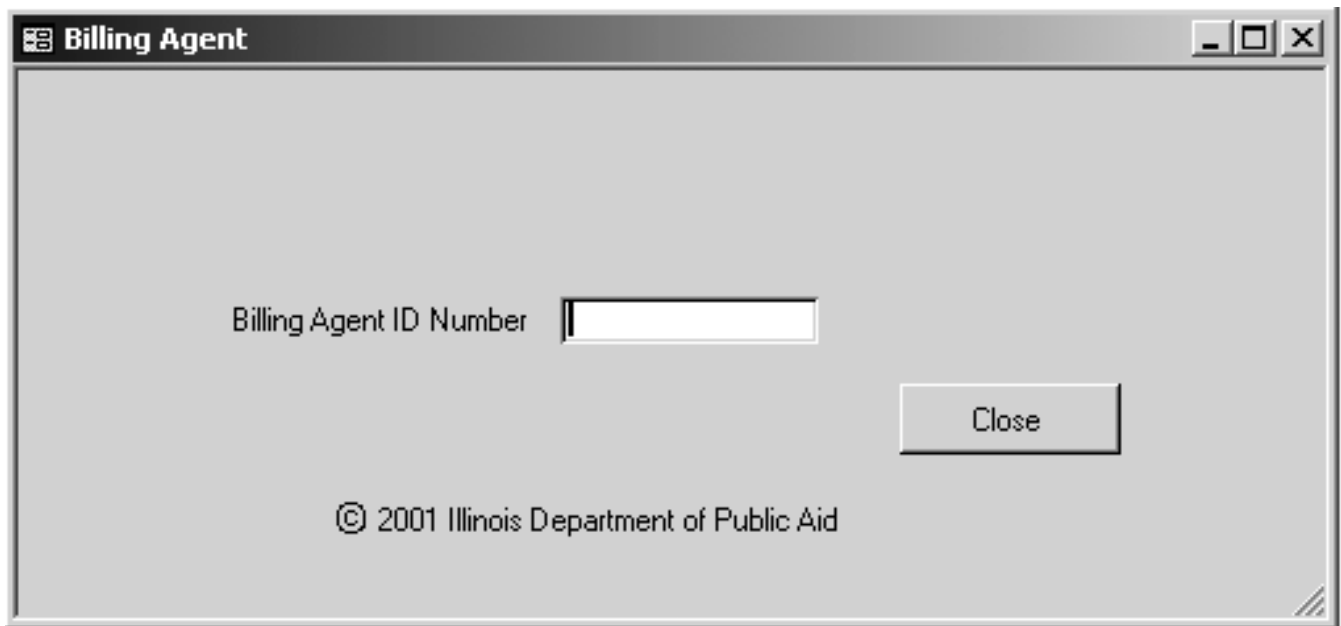
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Form View

Register LEAs and Billing Agents Screen:

- A. Enter LEA medical provider number and LEA name:
 1. Enter 12-digit LEA medical provider number.
 2. If this LEA is enrolled with the IDPA Provider Participation Unit as a medical provider then the LEA name will automatically appear.
 3. If the LEA is not registered with this unit an error message will appear so stating.
 4. In order to proceed with this program a valid LEA medical provider number must be entered.
- B. Enter responsible billing agent ID number and responsible billing agent name:
 1. If LEA is submitting its own claims:
 - a. In the "Register To" section of the screen:
 - Click on the "Edit" button.
 - Enter first nine digits of the LEA medical provider number.
 - Enter LEA name.
 - Click on the "Register LEA" button.
 - b. This exact information will then appear in the "Currently Registered To" section, indicating that the registration was successful.
 - c. To edit this information after it has been successfully inputted you will click the "Edit" button. Make your changes then click the "Register LEA" button. This updated information will then appear in the "Currently Registered To" section, indicating that the updated registration was successful.
 2. If billing agent is submitting claims on behalf of a number of LEAs:
 - a. In the "Register To" section of the screen:
 - Click on the "Edit" button.
 - Enter the Billing Agent's nine-digit federal employee identification number (FEIN).
 - Enter its name.
 - Click on the "Register LEA" button.
 - b. This exact information will then appear in the "Currently Registered To" section, indicating that the registration was successful.
 - c. To edit this information after it has been successfully inputted you will click the "Edit" button. Make your changes then click the "Register LEA" button. This updated information will then appear in the "Currently Registered To" section, indicating that the updated registration was successful.
 3. To enter the next relevant LEA medical provider number.
 - a. Repeat step (A1) above.
 - b. Click on the "Register LEA" button within the "Register To" section.
 - c. This will cause the same relevant responsible billing agent number and responsible billing agent name to continue to appear in the "Currently Registered To" section.
 - d. Continue step (A1) and then clicking on the "Register LEA" button until all relevant LEAs are registered with that billing agent.
 - e. This information is retained and need not be input again. It can be added to or changed subsequently via the above procedures. Changes or additions are then retained.
 4. To view or print a summary of the registration(s):
 - a. Click on the "Billing Agent Report" button, this will open a new window which will contain the LEA's summary report for viewing.
 - b. To print this summary report simultaneously press the "Control" and "P" keys.
 - c. To exit back to the "Register LEAs and Billing Agents" screen click the boxed "X" in the upper right-hand corner of the window.

- d. To exit back to the “Local Education Agency Outreach Payment System” main menu click on the “Close” button located in the lower right-hand portion of the screen.



Billing Agent Screen:

- A. Reenter the previously registered nine-digit billing agent ID number in the box.
- B. Click the "OK" button.
- C. This will open the "Claims Status/Control" screen.
- D. Clicking the "Cancel" button will return the user to the "Local Education Agency Outreach Payment System" main menu.

LEA Outreach - [Control/Status 123456789 Illinois Department of Public Aid]

Medicaid Provider Number IDPA SCHOOL DISTRICT 2001 Private Facility

To Add an Original Claim Select a Claim Period
 To Update/Inquire Existing Claim Select Claim
 To Make an Adjustment on the Selected Claim, Click Here

Current Claim:

ISBE Information Contacts Student Population Peer Group Information

Time Study Data

<input type="checkbox"/> Audiologist	<input type="checkbox"/> School Psychologist	<input type="checkbox"/> Bilingual / Interpreter	<input type="checkbox"/> Pyschologist Intern
<input type="checkbox"/> Medical Social Worker	<input type="checkbox"/> Speech/Language Path	<input type="checkbox"/> Case Manager	<input type="checkbox"/> School Counselor
<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Copying Personnel	<input type="checkbox"/> Clerical Support Staff	<input type="checkbox"/> Licensed Practical Nurse
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> File Clerk	<input type="checkbox"/> Identification and Referral	<input type="checkbox"/> S.E./ P.S. Administrator
<input type="checkbox"/> Occup. Therapist Asst	<input type="checkbox"/> Records Clerk	<input type="checkbox"/> Non-SPMP Social Worker	<input type="checkbox"/> Special Ed Specialist
<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Secretary	<input type="checkbox"/> Principal / Dean	<input type="checkbox"/> Speech Assistant/Aide
<input type="checkbox"/> Phys. Therapist Asst	<input type="checkbox"/> Stenographer	<input type="checkbox"/> Pupil Support Specialist	<input type="checkbox"/> SUMMARY DATA

Expenditures Certification Dollars Certification Text

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Form View NUM

FIRST EXAMPLE

LEA Outreach - [Control/Status 123456789 Illinois Department of Public Aid]
_ □ ×

Medicaid Provider Number 123456789999 IDPA SCHOOL DISTRICT 2001 Private Facility No

To Add an Original Claim Select a Claim Period 2000,Jul-Sep To Update/Inquire Existing Claim Select Claim To Make an Adjustment on the Selected Claim, Click Here	Current Claim: Original 2000,Jul-Sep Unknown
--	---

<input checked="" type="checkbox"/> ISBE Information	<input type="checkbox"/> Contacts	<input type="checkbox"/> Student Population	<input type="checkbox"/> Peer Group Information
--	-----------------------------------	---	---

Time Study Data

<input type="checkbox"/> Audiologist	<input type="checkbox"/> School Psychologist	<input type="checkbox"/> Bilingual / Interpreter	<input type="checkbox"/> Psychologist Intern
<input type="checkbox"/> Medical Social Worker	<input type="checkbox"/> Speech/Language Path	<input type="checkbox"/> Case Manager	<input type="checkbox"/> School Counselor
<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Copying Personnel	<input type="checkbox"/> Clerical Support Staff	<input type="checkbox"/> Licensed Practical Nurse
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> File Clerk	<input type="checkbox"/> Identification and Referral	<input type="checkbox"/> S.E./ P.S. Administrator
<input type="checkbox"/> Occup. Therapist Asst	<input type="checkbox"/> Records Clerk	<input type="checkbox"/> Non-SPMP Social Worker	<input type="checkbox"/> Special Ed Specialist
<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Secretary	<input type="checkbox"/> Principal / Dean	<input type="checkbox"/> Speech Assistant/Aide
<input type="checkbox"/> Phys. Therapist Asst	<input type="checkbox"/> Stenographer	<input type="checkbox"/> Pupil Support Specialist	<input type="checkbox"/> SUMMARY DATA

<input type="checkbox"/> Expenditures	<input type="checkbox"/> Certification Dollars	<input type="checkbox"/> Certification Text
---------------------------------------	--	---

Refresh Status	Reports	Close
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Form View						NUM	
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SECOND EXAMPLE

LEA Outreach - [Control/Status 123456789 Illinois Department of Public Aid]

Medicaid Provider Number: 123456789999 IDPA SCHOOL DISTRICT 2001 Private Facility: No

To Add an Original Claim Select a Claim Period: [] Current Claim: []

To Update/Inquire Existing Claim Select Claim: []

To Make an Adjustment on the Selected Claim.

Maintenance	Claim Period	Claim Type	Claim Status	Activity Dat
Updateable	2001 Jul-Sep	Original	Open	
Updateable	2000 Jul-Sep	Adjustment	Open	

ISBE Information | Contacts

Time Study Data

Audiologist
 School Psychologist
 Bilingual / Interpreter
 Psychologist Intern
 Medical Social Worker
 Speech/Language Path
 Case Manager
 School Counselor
 Registered Nurse
 Copying Personnel
 Clerical Support Staff
 Licensed Practical Nurse
 Occupational Therapist
 File Clerk
 Identification and Referral
 S.E./ P.S. Administrator
 Occup. Therapist Asst
 Records Clerk
 Non-SPMP Social Worker
 Special Ed Specialist
 Physical Therapist
 Secretary
 Principal / Dean
 Speech Assistant/Aide
 Phys. Therapist Asst
 Stenographer
 Pupil Support Specialist
 SUMMARY DATA

Expenditures
 Certification Dollars
 Certification Text

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Form View NUM

THIRD EXAMPLE

LEA Outreach - [Control/Status 123456789 Illinois Department of Public Aid]

Medicaid Provider Number 123456789999 IDPA SCHOOL DISTRICT 2001 Private Facility No

To Add an Original Claim Select a Claim Period [] Current Claim:

To Update/Inquire Existing Claim Select Claim Updateable Original 2001 Jul-Sep

To Make an Adjustment on the Selected Claim, Click Here [] Open

ISBE Information
 Contacts
 Student Population
 Peer Group Information

Time Study Data

<input checked="" type="checkbox"/> Audiologist	<input type="checkbox"/> School Psychologist	<input type="checkbox"/> Bilingual / Interpreter	<input type="checkbox"/> Psychologist Intern
<input type="checkbox"/> Medical Social Worker	<input type="checkbox"/> Speech/Language Path	<input checked="" type="checkbox"/> Case Manager	<input type="checkbox"/> School Counselor
<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Copying Personnel	<input type="checkbox"/> Clerical Support Staff	<input type="checkbox"/> Licensed Practical Nurse
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> File Clerk	<input type="checkbox"/> Identification and Referral	<input type="checkbox"/> S.E. / P.S. Administrator
<input type="checkbox"/> Occup. Therapist Asst	<input type="checkbox"/> Records Clerk	<input type="checkbox"/> Non-SPMP Social Worker	<input type="checkbox"/> Special Ed Specialist
<input checked="" type="checkbox"/> Physical Therapist	<input checked="" type="checkbox"/> Secretary	<input checked="" type="checkbox"/> Principal / Dean	<input type="checkbox"/> Speech Assistant/Aide
<input type="checkbox"/> Phys. Therapist Asst	<input type="checkbox"/> Stenographer	<input type="checkbox"/> Pupil Support Specialist	<input type="checkbox"/> SUMMARY DATA

Expenditures
 Certification Dollars
 Certification Text

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Form View NUM

FOURTH EXAMPLE

LEA Outreach - [Control/Status 123456789 Illinois Department of Public Aid]

Medicaid Provider Number 123456789999
 IDPA SCHOOL DISTRICT 2001
 Private Facility Yes

To Add an Original Claim Select a Claim Period
 Current Claim:

To Update/Inquire Existing Claim Select Claim Updateable
 Original 2001 Jul-Sep

To Make an Adjustment on the Selected Claim, Click Here
 Open

ISBE Information
 Contacts
 Student Population
 Peer Group Information

Time Study Data

<input type="checkbox"/> Audiologist	<input type="checkbox"/> School Psychologist	<input type="checkbox"/> Bilingual / Interpreter	<input type="checkbox"/> Psychologist Intern
<input type="checkbox"/> Medical Social Worker	<input type="checkbox"/> Speech/Language Path	<input type="checkbox"/> Case Manager	<input type="checkbox"/> School Counselor
<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Copying Personnel	<input type="checkbox"/> Clerical Support Staff	<input type="checkbox"/> Licensed Practical Nurse
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> File Clerk	<input type="checkbox"/> Identification and Referral	<input type="checkbox"/> S.E./ P.S. Administrator
<input type="checkbox"/> Occup. Therapist Asst	<input type="checkbox"/> Records Clerk	<input type="checkbox"/> Non-SPMP Social Worker	<input type="checkbox"/> Special Ed Specialist
<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Secretary	<input type="checkbox"/> Principal / Dean	<input type="checkbox"/> Speech Assistant/Aide
<input type="checkbox"/> Phys. Therapist Asst	<input type="checkbox"/> Stenographer	<input type="checkbox"/> Pupil Support Specialist	<input type="checkbox"/> SUMMARY DATA

Expenditures
 Certification Dollars
 Certification Text

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Form View NUM

FIFTH EXAMPLE

Claims Status / Control Screen:

- A. This is the main data input control screen for the claim. It is used to select labeled buttons that, when clicked, will open an appropriate data input screen.
- B. When this screen opens some data will automatically appear in the title bar:
 - 1. **Billing Agent Number** - one of two possible numbers will appear depending on if the billing agent is an LEA or an outside source.
 - a. First nine digits of the LEA's Medicaid provider number, or
 - b. Nine-digit federal employer identification number (FEIN)
 - 2. Associated **Responsible Billing Agent** name appears as well.
- C. You must select the following data:

- 1. **Medicaid Provider Number** – The Medicaid provider number of the relevant LEA can be obtained by clicking on the drop down list box. This displays a dropdown list containing each Medicaid provider number of all the LEAs previously registered with the applicable billing agent via the “Register LEAs and Billing Agents” screen. Clicking on the relevant number displays it in the “Medicaid provider number” box. The corresponding LEA name then automatically appears to the right of this box.
- 2. **Private Facility** - The default value for this variable is "No." This means the claim will be for a public school or special education cooperative. This is the usual case. However, if the claim is for contracted private facilities utilized by a public school district or special education cooperative to provide medical and educational services for special education students, then click on the drop down list box and select "Yes." This points the system to a different claiming methodology than that for public facilities. These differences will be noted in relevant portions of the following narrative as well as in subsequent sections of this manual.
- 3. **To Add an Original Claim Select a Claim Period** – Use this drop down box when submitting a given quarter's claim for the first time. Such a claim is termed an "Original" claim. Clicking on the down arrow of this drop down list box and then clicking on the relevant calendar quarter in the dropdown list inputs the current or a prior claiming period. Only completed calendar quarters will appear. Three years worth of relevant quarters will be retained in reverse chronological order.

Important Note: Use this box for all claims for quarters prior to October 1, 2001. These quarters are claimable, and adjustments are accomplished, under the claiming methodology in effect prior to this LEA Outreach Payment System. That methodology is defined in the Interagency Agreement Between IDPA and ISBE for the Purchase and Provision of EPSDT Administrative Outreach Services (June 30, 1994) as well as Provider Notices #01-1 (August 7, 2000) and #01-8 (August 8, 2001). All claims for quarters prior to October 1, 2001 will be recorded as an "Adjustment."

When a quarter prior to October 1, 2001, is selected, only the "ISBE Information", "Contacts", "SUMMARY DATA" and "Certification Text" buttons on this screen will be enabled. Only these buttons are needed to make such a claim. This will be discussed further in the "SUMMARY DATA" screen narrative. All other input buttons will be disabled. See the second example of this screen.

- D. To the right of this box is a "Current Claim:" area where information is recorded automatically. This information includes the "Claim Type", "Claim Period", "Claim Status" and "Activity Date". "Claim Type" is either "Original" or "Adjustment". "Claim Period" is the selected claiming quarter. "Claim Status" is one of four values specifying which step in the claiming process is being worked on or has been completed:
 - 1. UNKNOWN - Temporary status for "Original" claims until inputted data makes the circumstances more clear. When "ISBE Information" and "Contacts" information or (if applicable) "SUMMARY DATA" is input, the "Claim Status" changes from "Unknown" to "Open".
 - 2. OPEN – indicates that data is to be inputted. If a claim is being worked on the status is always "Open."

3. **CERTIFIED** – indicates that all data inputs have been completed to the satisfaction of the person inputting the data; and the data inputs have been certified as true and accurate. Moving from "Open" to "Certified" will be discussed later.
4. **CLOSED** – means that all certified inputs have been transmitted to IDPA. Moving from "Certified" to "Closed" will be discussed later.

"Activity Date" is the date when the most recent change in the "Claim Status" of the relevant claim occurred in the system.

- E. To examine or adjust the data for a claim already input into the system, you must select the following data:

1. **To Update/Inquire Existing Claim Select Claim** - Use this drop down box, instead of the one above it, when you wish to bring into the system previously input claim data for a given quarter. When you click on the drop down arrow of this box, the information noted on the second example of this screen appears. The entries are ordered by "Claim Period" in descending order (that is, most recent quarter first and so on), then "Claim Type" in ascending alphabetical order (that is, "Adjustment" first and "Original" second), and then "Activity Date" in descending order (that is, most recent first and so on). "Claim Status", "Claim Period", "Claim Type" "Claim Status", and "Activity Date" are defined as above. "Maintenance" is either "Inquire Only" or "Updateable." "Updateable" will appear only for "Open" claims. That is, those still being worked on. "Inquire Only" will appear for "Certified" or "Closed" status claims. Selecting the relevant claim will pull its current data into the system, to only examine the data, or finish, certify or close a claim, or adjust a previously closed claim.
2. **To Make an Adjustment on the Selected Claim, Click Here** - Click on this box when you wish to submit an adjustment to a previously submitted claim. The claim to be adjusted is selected via the "To Update/Inquire Existing Claim Select Claim" drop down box. Only an "Inquire Only", "Closed" claim can be adjusted.
 - a. When making an adjustment to a previous "Original" claim, select the original claim from the "To Update/Inquire Existing Claim Select Claim" drop down box list. Click on the "To Make an Adjustment on the Selected Claim, Click Here" box. The original claim data will be loaded into the system; the claim status will change from "Original" to "Adjustment;" and all relevant buttons will become enabled. Make needed changes to the original data, "Certify" then "Close" it. It will be transmitted to IDPA and stored in the system as an "Adjustment" claim for that calendar quarter.
 - b. When making another subsequent adjustment to a previous quarter's "Original" claim, the same procedures are used. However, in these cases, instead of selecting the "Original" claim for the relevant quarter from the "To Update/ Inquire Existing Claim Select Claim" drop down box list, select the "Adjustment" claim which has the most recent "Activity Date" for the same relevant quarter. This will be the first "Adjustment" claim for that quarter in the list, since claims are listed by quarter in reverse chronological order, by "Adjustment" then "Original" "Claim Status", and then by "Activity Date" in reverse chronological order. Select that "Adjustment" claim, and click on the "To Make an Adjustment on the Selected Claim, Click Here" box. In effect, you will be making an adjustment to the next previous adjustment. The selected adjustment claim data will be loaded into the system, and all relevant buttons will be enabled. Make needed changes to the adjustment data, "Certify" then "Close" it. It will be transmitted as an adjusted claim with the now most recent "Activity Date" for that calendar quarter.

Note: Adjustments that result in a net decrease in the original claim will be accepted by the system as far back in time as 11 quarters. Adjustments that result in a net increase in the original claim will be accepted by the system only as far back in time as seven quarters.

"Current Claim:" information appearing on the screen comes from the information stored in the "To Update/Inquire Existing Claim Select Claim" drop down box list. For example, if one selected the first claim listed in the "To Update/Inquire Existing Claim Select Claim" box of the third example of this screen, the "Current Claim:" information as portrayed in the fourth example of this screen would automatically appear.

- F. Clicking on any of the subsequent buttons located on the "Claim Status/Control" screen will display an input screen for each button clicked. Once the needed information is inputted on each of those screens and the "Close" button clicked, the "Claim Status/Control" screen will reopen, and you can select the next needed button in order to open its input screen. Each of these buttons will be

covered in subsequent sections of this manual. The order these screen will be covered will be as follows:

1. **Group I:**

- a. "ISBE Information" button
- b. "Contacts" button
- c. "Student Population" button
- d. "Peer Group Information" button (Use only if the claim relies on a peer group time study.)

2. **Group II:**

All the "Time Study Data" buttons located in the center of the "Claim Status/Control" screen. These buttons are used to record the time-study results and claimable aggregate personnel costs (or, for private facilities' claims, Allocated Health-Care Tuition Expenses) for each occupational category being claimed. There are three mutually exclusive general groupings of occupational categories:

- Skilled Professional Medical Personnel (SPMP)
- Direct Support Personnel (These will not be enabled for private facilities' claims. See the fifth example of this screen.)
- Other Personnel (Only some of these will be enabled for private facilities' claims. See the fifth example of this screen.)
- Also, the "SUMMARY DATA" button is located at the lower-most right hand corner of this part of the screen. It is used only for claims for quarters prior to October 1, 2001. It is disabled for claims for quarters beginning on or after October 1, 2001. See the fourth and fifth examples of this screen.

3. **Group III:**

- a. "Expenditures" button
- b. "Certification Dollars" button
- c. "Certification Text" button

- G. **Refresh Status** – located in the lower left-hand portion of the screen, can be used at any time during the claiming process. Clicking this button indicates on the "Claim Status/Control" screen which of the other screens have been previously accessed and contain inputted data. If a screen has been accessed and data inputted, a check will appear in the square to the left of that button. Before closing the claiming process and transmitting the data to IDPA, any screen can be accessed again by clicking on its button for purposes of checking or changing inputted data. Each screen is covered sequentially throughout the balance of this manual.
- H. **Reports** - located in the lower center portion of the screen, accesses a menu of viewable or printable reports on the input data and the resulting claim amounts. This will be discussed in greater detail in the "Reports" screen narrative.
- I. **Close** - located in the lower right-hand portion of the screen, closes this screen and returns the system to the "Local Education Agency Outreach Payment System Main Menu Screen".

ISBE Information			
Medicaid Provider	123456789999	Claiming Period:	2001,Jul-Sep
LEA	IDPA School District 2001		
<hr/>			
ISBE Region/County/District Number:	12345678901		
ISBE Joint Agreement Designation:	Z-99-99		
<hr/>			
<input type="button" value="Close"/>			
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ISBE Information Screen:

- A. Accessed by clicking on the “ISBE Information” button on the “Claim Status/Control” screen.
- B. Relevant Medicaid provider number, LEA name and claiming period automatically appear.
- C. The following information is loaded automatically:
 - 1. Relevant (11-digit) **ISBE Region/County/District Number** of the LEA.
 - 2. Relevant **ISBE Joint Agreement Designation** of the LEA.
- D. Check the accuracy of this data.
- E. Click on the “Close” button, system returns to the “Claim Status/Control” screen.

Contacts [Close]

Medicaid Provider 123456789999 IDPA School District 2001

CEO | CFO | Billing Agent | Legal Counsel

Name: First: James Last: Evans

Title: CEO

Last Modified Date: 11/05/01

Phone : Voice: 217.557-9575 Ext. Street: 201 South Grand Ave

Facsimile: 217.557-9576

Email: AID919C@publicai City: Springfield

State/Zip: IL 62718

[Save data] [Close]

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- A. Accessed by clicking on the “Contacts” button on the “Claim Status/Control” screen.
- B. Relevant Medicaid provider number, LEA name and claiming period automatically appear.
- C. Each labeled tab opens up a data input form regarding that particular aspect of the claim. Each data input form contains relevant information for a contact person responsible for that particular aspect. For example, relevant contact person information for the LEA in general (Chief Executive Officer (CEO)), the LEA's fiscal operations (Chief Financial Officer (CFO)), the billing agent (Billing Agent) and the LEA's legal affairs (Legal Counsel) would be inputted on each particular form.
- D. Select the appropriate tab by clicking on it. Input all the required information for the relevant responsible contact person. Continue to select the appropriate tab until all relevant data input is completed. For each tab, whenever data is entered or altered, the “Last Modified Date” automatically shows and retains the (current) date.
- E. Click on the “Save data” button, all inputted data is saved.
- F. Click on the “Close” button, the system returns to the “Claim Status/Control” screen.
- G. This information is retained and need not be input again. It can be changed subsequently, however. Changes are then retained.

Student Population ✕

Medicaid Provider 123456789999 **Claiming Period:** 2001, Jul-Sep

LEA IDPA School District 2001 **Claim Status:** Open

Number of Students on 12/01/2000

Student Population

	<u>All Students</u>	<u>Students w/IEP/IFSP</u>	
Total	5,394	569	
LEA0 Students Not Matchable	250	26	
LEA1 Students Medicaid Expansion Eligible	150	14	
LEA2 Students Title XXI Eligible	100	13	
LEA3 Students Medicaid Eligible	325	45	

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FIRST EXAMPLE

Student Population [X]

Medicaid Provider 123456789000 **Claiming Period:** 2000,Oct-Dec

LEA IDPA Cooperative 2001 **Claim Status:** Open

Number of Students on 12/01/1999

Student Population Co-op Selection

School Districts In Joint Agreement Z-99-99

Selected	Provider Name	Provider Number	RCD
Yes	IDPA School District	123456789999	12345678901

Apply

Save data Close

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SECOND EXAMPLE

Student Population ✕

Medicaid Provider 123456789000 **Claiming Period:** 2000,Oct-Dec
LEA IDPA Cooperative 2001 **Claim Status:** Open

Number of Students on 12/01/1999

Student Population

Co-op Selection

	<u>All Students</u>	<u>Students w/IEP/IFSP</u>
Total	2,500	267
LEA0 Students Not Matchable	249	123
LEA1 Students Medicaid Expansion Eligible	151	25
LEA2 Students Title XXI Eligible	110	26
LEA3 Students Medicaid Eligible	318	13

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THIRD EXAMPLE

Student Population Screen:

- A. Accessed by clicking on the "Student Population" button on the "Claim Status/Control" screen. (Not enabled for claims for quarters prior to October 1, 2001.)
- B. Relevant Medicaid provider number, LEA name, claiming period and claim status automatically appear. In addition, the "Number of Students on" automatically displays "December 1, (calendar year)" of the relevant school year.
- C. If the claiming LEA is a school district, only the screen tabbed "Student Population" will appear.
- D. You will need to input most of the following data in the appropriate boxes:
 - 1. **Total** – All Students
 - 2. **LEA0** – All Students not matchable.
 - 3. **LEA1** – All Students Medicaid Expansion-Eligible.
 - 4. **LEA2** – All Students Title XXI-Eligible.
 - 5. **LEA3** – All Students Medicaid-Eligible.

(The above underlined values will be input automatically by the system.)

- 1. **Total** – Students w/IEP/IFSP. (i.e., Students with an IEP or IFSP)
- 2. **LEA0** – Students w/IEP/IFSP not matchable.
- 3. **LEA1** – Students w/IEP/IFSP Medicaid Expansion-Eligible.
- 4. **LEA2** – Students w/IEP/IFSP Title XXI-Eligible.
- 5. **LEA3** – Students w/IEP/IFSP Medicaid-Eligible.

Note: Each LEA must report these respective student counts as of December 1 of each school year. This must be based on the relevant number of students enrolled in the LEA as of the indicated date. These counts will be used for claims for quarters in the following calendar year (that is, those quarters beginning on or after the next January 1 and ending on or before the following year's December 31). This data will be used to determine discounting rates for the following calendar year.

For each LEA, the IDPA will populate this screen with the relevant counts, by eligibility category, of all Medicaid-eligible school-aged children who reside in the district. Determining eligibility status for students with IEPs or IFSPs will be the responsibility of the LEA and may be determined by Recipient Eligibility Verification (REV) system inquiries. The LEA will have to contract with an IDPA-approved REV vendor to access this computerized recipient eligibility verification system.

The REV inquiry will return one of four possible codes.

- **LEA0** means Student is Not Matchable
- **LEA1** means Student is Medicaid Expansion-Eligible
- **LEA2** means Student is Title XXI-Eligible
- **LEA3** means Student is Medicaid-Eligible

For each inquiry made, for the eligibility period of December 1 of the school year, note the code returned (LEA0, LEA1, LEA2 or LEA3). For each of the four categories, accumulate the frequency of each returned code. Input the total number of all students. (The frequencies of LEA0, LEA1, LEA2 and LEA3 among all students automatically will appear when this screen is opened.) Tab forward and input the total number of students w/IEP/IFSP (all students with an IEP or IFSP), successively tab forward and do the same regarding the frequency of LEA0, LEA1, LEA2 and LEA3 students with an IEP or IFSP (students w/IEP/IFSP).

IMPORTANT: REV inquiries need **not** be made for all students with IEPs or IFSPs. Those students with IEPs or IFSPs that are known not to be Medicaid-eligible do not need a REV inquiry. However, in order to document Medicaid eligibility appropriately and fully, all students with IEPs or IFSPs who are reported here as LEA1, LEA2 or LEA3 must have had a REV inquiry.

Note: Accordingly, the respective sums of LEA0, LEA1, LEA2 and LEA3 will not equal the reported total students or total students w/IEP/IFSP unless a REV inquiry is made of each and every relevant student. Also, students with an IEP or IFSP are a subset of all students. So, for the total and LEA0, LEA1, LEA2 and LEA3 categories, the respective frequencies for students with an IEP or IFSP always will be less than the corresponding frequencies for all students.

- E. If a special education cooperative or joint agreement is claiming for any or all of its member school districts, this narrative applies to all districts being claimed. If the claiming LEA is a special education cooperative, then, in addition to the "Student Population" tabbed screen, another screen tabbed "Co-op Selection" also will appear. See the second example of this screen. Here the example is for a fictitious claim for the October through December 2000 quarter, which, according to the methodology, would have used student counts as of December 1, 1999.
- F. First, select the "Co-op Selection" tab. A drop down box will appear listing, in alphabetical order by district name, all the school districts in the relevant Joint Agreement. Four columns of information will be provided for each district: the district name (Provider Name); Medicaid provider number (Provider Number); ISBE Region/County/ District Number (RCD); and the first column labeled "Selected." The only values in the "Select" column are "No" or "Yes." Pointing and clicking on a district and then clicking on the "Apply" button will change the current value to the other (opposite) value (that is, "No" to "Yes" or "Yes" to "No"). This can be done one LEA at a time, or successively pointing and clicking on each relevant LEA and then clicking on "Apply." For each district being included in a Co-op claim, the value in the "Selected" column must be "Yes" and all other districts' values must be "No."
- G. Once this has been accomplished, then click on the "Student Population" tab. See the third example of this screen; again, an Oct. - Dec. 200 claim with a 12/01/1999 student count is shown. The LEA0, LEA1, LEA2 and LEA3 values for all students for all the selected ("Yes") districts will be loaded automatically. The co-op will have to acquire from, or generate for, all school districts in the Joint Agreement the remaining needed values: total number of all students, total number of students w/IEP/IFSP, and the REV-derived LEA0, LEA1, LEA2 and LEA3 counts for students w/IEP/IFSP, as of December 1 of the school year. Then the respective sums of those quantities for all the selected ("Yes") districts, and only for those districts, must be input successively into the respective boxes.
- H. Click on the "Save data" button, all inputted data is saved.
- I. Click on the "Close" button, system returns to the "Claim Status/Control" screen.

Peer Group Information			
Medicaid Provider	123456789999	Claiming Period	2001,Jul-Sep
LEA	IDPA School District 2001	Claim Status	Open

Peer Group:

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Peer Group Information Screen:

- A. Accessed by clicking on the “Peer Group Information” button on the “Claim Status/Control” screen.
(Not enabled for claims for quarters prior to October 1, 2001.)

- B. Relevant Medicaid provider number, LEA name, claiming period and claim status automatically appear.

- C. Input the following data in the text box:
 - 1. If the claim is the result of a peer group time study, enter the **peer group designation** of the LEA in the box.
 - 2. If the claim is NOT the result of a peer group time study, enter **nothing**.

- D. Click on the “Save data” button, all inputted data is saved.

- E. Click on the “Close” button, system returns to the “Claim Status/Control” screen.

Time Study Data

All relevant time study data Input will begin with the “Claim Status/Control” screen. Time study data includes time study results and claimable aggregate personnel costs for each occupational category being claimed.

All buttons listed under the “Time Study Data” heading in the center of the “Claim Status/Control” screen will, when clicked, open a “Time Study Data” screen. (They are not enabled for claims for quarters prior to October 1, 2001.) Although the same screen format is opened each time a button is selected what exact information is required for data input will be determined by which occupational category that button belongs to. There are three mutually exclusive general groupings of occupational categories:

- Skilled Professional Medical Personnel (SPMP)
- Direct Support Personnel (Not enabled for private facilities' claims.)
- Other Personnel (Only some are enabled for private facilities' claims.)
- Also, the "SUMMARY DATA" button is enabled only for claims for quarters prior to October 1, 2001.

Each general group's corresponding occupational category button labels have an identical color-coding. All button labels for Skilled Professional Medical Personnel (SPMP) are “Bright Blue”. Those for Direct Support Personnel are “Magenta”. Other Personnel are “Dark Blue”. The "SUMMARY DATA" button is "Black."

Note: For a definition of each occupational group see Appendix “A”.

Time Study Data			
Medicaid Provider	123456789999	Claiming Period	2001, Jul-Sep
LEA	IDPA School District 2001	Claim Status	Open
Staff Category:	Medical Personnel	FTEs Total:	FTEs In Sample: 1
Title/Function:	Audiologist	Salaries	\$28,350
Claimable Personnel Cost:	\$33,813	Benefits	\$4,200
		Training	\$798
		Travel	\$465
Category I Activities			
	Non-SPMP	SPMP	Non-Medicaid
A - Public Awareness and Information	65		0
B - Facilitating Access	0		24
C - Identification and Referral Outreach	0	0	0
D - Health Provider Networking and Interagency Coordination	36		25
Category II Activities			
E - Case Management (Non-IEP-Related)	56	56	0
F - Case Management (IEP-Related)	0	0	
Category III Activity			
G - General Administration	58		
Category IV Activities			
H - Direct Services			0
I - School-Related and Educational Activities			0
Total Units:	320	<input type="button" value="Save data"/>	<input type="button" value="Remove data"/>
		<input type="button" value="Close"/>	
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FIRST EXAMPLE

Time Study Data
✕

Medicaid Provider 123456789999 **Claiming Period** 2001,Jul-Sep

LEA IDPA School District 2001 **Claim Status** Open

Staff Category: FTEs Total: FTEs In Sample:

Title/Function:

Allocated Health-Care Tuition Expenses

Category I Activities	Non-SPMP	SPMP	Non-Medicaid
A - Public Awareness and Information	<input type="text" value="80"/>		<input type="text" value="0"/>
B - Facilitating Access	<input type="text" value="0"/>		<input type="text" value="0"/>
C - Identification and Referral Outreach	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
D - Health Provider Networking and Interagency Coordination	<input type="text" value="0"/>		<input type="text" value="0"/>
Category II Activities			
E - Case Management (Non-IEP-Related)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
F - Case Management (IEP-Related)	<input type="text" value="0"/>	<input type="text" value="0"/>	
Category III Activity			
G - General Administration	<input type="text" value="0"/>		
Category IV Activities			
H - Direct Services			<input type="text" value="240"/>
I - School-Related and Educational Activities			<input type="text" value="0"/>

Total Units:

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SECOND EXAMPLE

Time Study Data Screen:

Occupational Group: **Skilled Professional Medical Personnel (SPMP)**

Clicking on a bright blue-labeled “SPMP” button within the “Time Study Data” section of the “Claim Status/Control” screen will open a “Time Study Data” screen for that particular SPMP occupational category. (Not enabled for claims for quarters prior to October 1, 2001.) The occupational category example used here is “Audiologist”.

- A. Relevant Medicaid provider number, LEA name, claiming period and claim status automatically appear.
- B. Relevant staff category (here “Medical Personnel”) and title/function (here “Audiologist”) automatically appear.
- C. Input the **Relevant Number of FTEs Total** – FTEs employed or contracted SPMP in this title/function for the relevant claiming period.
- D. Input the same for the FTEs in the Time Study Sample – If all FTEs are time-studied, place the same number in both slots.
- E. Input **Salaries** – the total allowable employee salaries and contracted personnel purchased services for this title/function for the relevant claiming period. (Does not appear for private facilities' claims.)
- F. Input **Benefits** – the similar allowable relevant total. (Does not appear for private facilities' claims.)
Note: Salaries and benefits are defined according to *OMB Circular A-87*, Cost Principals for State, Local and Indian Tribal Governments, Attachment B, Selected Items of Cost, 11. Compensation for personnel services, and 33. Professional service costs.
- G. Input **Training** – the total allowable training costs for this title/function: for the relevant claiming period. (Does not appear for private facilities' claims.)
Note: The cost of training is allowable only in so far as it is provided for professional development of LEA employees, not contracted personnel (see *OMB Circular A-87*, Cost Principals for State, Local and Indian Tribal Governments, Attachment B, Selected Items of Cost, 40. Training), and necessary for fulfilling Medicaid-claimable administrative outreach activities (see definitions of activities). (Note: Training costs necessary for the provision of respective medical services should be included in the computation of cost-based reimbursement rates claimed for those corresponding services, not in the administrative outreach claim. Statewide maximum screens for these services include these costs.)
- H. Input **Travel** – the total allowable travel and per diem costs for this title/function for the relevant claiming period. (Does not appear for private facilities' claims.)
Note: The cost of travel and per diems is allowable only in so far as it is provided for LEA employees, not contracted personnel (see *OMB Circular A-87*, Cost Principals for State, Local and Indian Tribal Governments, Attachment B, Selected Items of Cost, 41. Travel costs), and necessary for fulfilling Medicaid-claimable administrative outreach activities (see definitions of activities). (Note: Travel costs necessary for the provision of respective medical services should be included in the computation of cost-based reimbursement rates claimed for those corresponding services, not in the administrative outreach claim. Statewide maximum screens for these services include these costs.)
- I. **Claimable Personnel Cost** – is the sum of salaries, benefits, training and travel. It automatically accumulates, as salaries, benefits, training and travel are entered successively. (Does not appear for private facilities' claims.)
Note: An allowable amount for salaries, benefits, training or travel involves non-federal funds only; federal monies must not be included in any of these quantities.
For private facilities' claims, input the **Allocated Health-Care Tuition Expenses** for this occupational category. Before utilizing private facility claiming, an LEA must have submitted to IDPA, and have IDPA approval for, a methodology for obtaining **Allocated Health-Care Tuition Expenses**. See the second example of this screen.
- J. Successively tab forward and input total units of service in each relevant activity slot resulting from the time study for this title/function for the relevant claiming period (see definitions of activities). Total Units – automatically accumulate, as units of service are input.

1. Each activity's letter-number alphanumeric designation in the definitions corresponds with the input box at the intersection of the lettered row and non-SPMP, SPMP or non-Medicaid column on the screen.
 - a. (1) -- Non-SPMP (50% FFP claiming level)
 - b. (2) -- SPMP (75% FFP claiming level)
 - c. (3) -- Non-Medicaid (not claimable)
2. Examples:
 - a. A1 - (A = Public Awareness and Information) corresponds to the input box at the Row A and the column (non-SPMP) intersection.
 - b. C2 – (C = Identification and Referral Outreach) corresponds to the input box at Row C, and the column (SPMP) intersection.
 - c. H3 – (H = Direct Services) corresponds to Row H, and the Column (non-Medicaid) intersection.
- K. "Remove data" button – If inputting mistakes are made, correct values can be inputted again. If mistakes are numerous, clicking on the "Remove data" button located in the lower center of the screen will delete all manually inputted data.
- L. Click on the "Save data" button, all inputted data is saved.
- M. Click on the "Close" button to return to the "Claim Status/Control" screen.
- N. "Claim Status/Control" screen – Once all relevant SPMP, direct support personnel and other personnel "Time Study Data" screens have been satisfactorily completed, click on the "Expenditures" button located in the lower left-hand portion of the screen. This will move the system to the "Claim Expenditures" screen.

Time Study Data			
Medicaid Provider	123456789999	Claiming Period	2001, Jul-Sep
LEA	IDPA School District 2001	Claim Status	Open
Staff Category:	Direct Support Personnel	FTEs Total:	FTEs In Sample:
Title/Function:	Secretaries	Salaries	Benefits
Claimable Personnel Cost:	\$66,500	Training	Travel
Category I Activities	Non-SPMP	SPMP	Non-Medicaid
A - Public Awareness and Information	0		0
B - Facilitating Access	0		0
C - Identification and Referral Outreach	0	0	0
D - Health Provider Networking and Interagency Coordination	0		0
Category II Activities			
E - Case Management (Non-IEP-Related)	0	0	0
F - Case Management (IEP-Related)	0	0	
Category III Activity			
G - General Administration	0		
Category IV Activities			
H - Direct Services			0
I - School-Related and Educational Activities			0
Total Units:	0	Save data	Remove data Close

Direct Support Personnel include Secretaries who provide clerical services that are directly necessary for the completion of the professional medical responsibilities and functions of the skilled professional medical staff. The skilled Professional Medical staff must directly supervise the Secretaries and the performance of the Secretaries work. To be claimed, applicable and appropriate employer-employee relationships must be documented

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Time Study Data Screen:

Occupational Group: **Direct Support Personnel**

Clicking on a magenta-labeled “Direct Support Personnel” button within the “Time Study Data” section of the “Claim Status/Control” screen will open a “Time Study Data” screen for that particular direct support personnel occupational category. (Not enabled for claims for quarters prior to October 1, 2001, nor for private facilities' claims.) The occupational category example used here is “Secretaries”.

- A. Relevant Medicaid provider number, LEA name, claiming period and claim status automatically appear.
- B. Relevant staff category (here “Direct Support Personnel”) and title/function (here “Secretaries”) automatically appear.
- C. Input the relevant number of **FTEs** total – FTEs employed or contracted direct support personnel in this title/function for the relevant claiming period.
- D. FTEs Sample – Since direct support personnel are not time-studied, FTEs in the time study sample, as well as all time study units of service boxes, are blanked out and cannot be filled in.
- E. Input **Salaries** – the total allowable employee salaries and contracted personnel purchased services for this title/function for the relevant claiming period.
- F. Input **Benefits** – similar allowable relevant total.

Note: “Salaries” and “Benefits” are defined according to *OMB Circular A-87, Cost Principals for State, Local and Indian Tribal Governments, Attachment B, Selected Items of Cost, 11. Compensation for personnel services, and 33. Professional service costs.*

- G. Input **Training** – the total allowable training costs for this title/function for the relevant claiming period.

Note: The cost of training is allowable only in so far as it is provided for professional development of LEA employees, not contracted personnel (see *OMB Circular A-87, Cost Principals for State, Local and Indian Tribal Governments, Attachment B, Selected Items of Cost, 40. Training*), and necessary for fulfilling Medicaid claimable administrative outreach activities (see definitions of activities). (**Note:** Training costs necessary for the provision of respective medical services should be included in the computation of cost-based reimbursement rates claimed for those corresponding services, not in the administrative outreach claim. Statewide maximum screens for these services include these costs.)

- H. Input **Travel** – the total allowable travel and per diem costs for this title/function for the relevant claiming period.

Note: The cost of travel and per diems is allowable only in so far as it is provided for LEA employees, not contracted personnel (see *OMB Circular A-87, Cost Principals for State, Local and Indian Tribal Governments, Attachment B, Selected Items of Cost, 41. Travel costs*), and necessary for fulfilling Medicaid claimable administrative outreach activities (see definitions of activities). (**Note:** Travel costs necessary for the provision of respective medical services should be included in the computation of cost-based reimbursement rates claimed for those corresponding services, not in the administrative outreach claim. Statewide maximum screens for these services include these costs.)

- I. **Claimable personnel cost** is the sum of salaries, benefits, training and travel. It automatically accumulates, as salaries, benefits, training and travel are entered successively.

Note: An allowable amount for salaries, benefits, training or travel involves non-federal funds only; federal monies must not be included in any of these quantities.

- J. “Remove data” button – If inputting mistakes are made, correct values can be inputted again. If mistakes are numerous, clicking on the “Remove data” button located in the lower center of the screen will delete all manually inputted data.
- K. Click on the “Save data” button, all inputted data is saved.
- L. Click on the “Close” button to return to the “Claim Status/Control” screen.

M. Claim Status/Control Screen:

Once all relevant SPMP, direct support personnel and other personnel “Time Study Data” screens have been satisfactorily completed, click on the “Expenditures” button located in the lower left-hand portion of the screen. This will move the system to the “Claim Expenditures” screen.

Time Study Data			
Medicaid Provider	123456789999	Claiming Period	2001, Jul-Sep
LEA	IDPA School District 2001	Claim Status	Open
Staff Category:	Other Personnel	FTEs Total:	1
Title/Function:	Case Manager	Salaries	\$56,000
Claimable Personnel Cost:	\$76,100	Benefits	\$18,000
		Training	\$0
		Travel	\$2,100
Category I Activities			
A - Public Awareness and Information	Non-SPMP	SPMP	Non-Medicaid
	0		0
B - Facilitating Access	0		0
C - Identification and Referral Outreach	0	0	0
D - Health Provider Networking and Interagency Coordination	0		0
Category II Activities			
E - Case Management (Non-IEP-Related)	0	0	0
F - Case Management (IEP-Related)	0	0	
Category III Activity			
G - General Administration	320		
Category IV Activities			
H - Direct Services			0
I - School-Related and Educational Activities			0
Total Units:	320		
		Save data	Remove data
			Close
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FIRST EXAMPLE

Time Study Data ✕

Medicaid Provider 123456789999 **Claiming Period** 2001, Jul-Sep

LEA IDPA School District 2001 **Claim Status** Open

Staff Category: FTEs Total: FTEs In Sample:

Title/Function:

Allocated Health-Care Tuition Expenses

Category I Activities	Non-SPMP	SPMP	Non-Medicaid
A - Public Awareness and Information	<input type="text" value="35"/>		<input type="text" value="12"/>
B - Facilitating Access	<input type="text" value="0"/>		<input type="text" value="0"/>
C - Identification and Referral Outreach	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
D - Health Provider Networking and Interagency Coordination	<input type="text" value="65"/>		<input type="text" value="0"/>
Category II Activities			
E - Case Management (Non-IEP-Related)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
F - Case Management (IEP-Related)	<input type="text" value="0"/>	<input type="text" value="0"/>	
Category III Activity			
G - General Administration	<input type="text" value="0"/>		
Category IV Activities			
H - Direct Services			<input type="text" value="200"/>
I - School-Related and Educational Activities			<input type="text" value="8"/>

Total Units:

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SECOND EXAMPLE

Time Study Data Screen:

For Occupational Group: **Other Personnel**

Clicking on a dark blue-labeled “Other Personnel” button within the “Time Study Data” section of the “Claim Status/Control” screen will open a “Time Study Data” screen for that particular other personnel occupational category. (Not enabled for claims for quarters prior to October 1, 2001. For private facilities' claims, only buttons for the occupational categories of Case Manager, Non-SPMP Social Worker, Psychologist Intern, School Counselor, Licensed Practical Nurse (LPN), and Speech Assistant/Aide are enabled.) The occupational category example used here is “Case Manager”.

- A. Relevant Medicaid provider number, LEA name, claiming period and claim status automatically appear.
 - B. Relevant staff category (here “Other Personnel”) and (here “Case Manager”) automatically appear.
 - C. Input the relevant number of **FTEs Total** – FTEs employed or contracted other personnel in this title/function for the relevant claiming period.
 - D. Input the same for the FTEs in the Time Study Sample – If all FTEs are time-studied, place the same number in both slots.
 - E. Input **Salaries** – the total allowable employee salaries and contracted personnel purchased services for this title/function for the relevant claiming period. (Does not appear for private facilities' claims.)
 - F. Input **Benefits** – the similar allowable relevant totals. (Does not appear for private facilities' claims.)
- Note:** Salaries: and Benefits: are defined according to *OMB Circular A-87, Cost Principals for State, Local and Indian Tribal Governments, Attachment B, Selected Items of Cost, 11. Compensation for personnel services, and 33. Professional service costs.*
- G. Input **Training** – the total allowable training costs for this title/function for the relevant claiming period. (Does not appear for private facilities' claims.)

Note: The cost of training is allowable only in so far as it is provided for professional development of LEA employees, not contracted personnel (see *OMB Circular A-87, Cost Principals for State, Local and Indian Tribal Governments, Attachment B, Selected Items of Cost, 40. Training*), and necessary for fulfilling Medicaid claimable administrative outreach activities (see definitions of activities). (Note: Training costs necessary for the provision of respective medical services should be included in the computation of cost-based reimbursement rates claimed for those corresponding services, not in the administrative outreach claim. Statewide maximum screens for these services include these costs.)

- H. Input **Travel** – the total allowable travel and per diem costs for this title/function for the relevant claiming period. (Does not appear for private facilities' claims.)
- Note:** The cost of travel and per diems is allowable only in so far as it is provided for LEA employees, not contracted personnel (see *OMB Circular A-87, Cost Principals for State, Local and Indian Tribal Governments, Attachment B, Selected Items of Cost, 41. Travel costs*), and necessary for fulfilling Medicaid claimable administrative outreach activities (see definitions of activities). (**Note:** Travel costs necessary for the provision of respective medical services should be included in the computation of cost-based reimbursement rates claimed for those corresponding services, not in the administrative outreach claim. Statewide maximum screens for these services include these costs.)
- I. **Claimable Personnel Cost** – sum of salaries, benefits, training and travel. It automatically accumulates, as salaries, benefits, training and travel are entered successively. (Does not appear for private facilities' claims.)
- Note:** An allowable amount for salaries, benefits, training or travel involves non-federal funds only; federal monies must not be included in any of these quantities.

For private facilities' claims, input the **Allocated Health-Care Tuition Expenses** for this occupational category. Before utilizing private facility claiming, an LEA must have submitted to IDPA, and have IDPA approval for, a methodology for obtaining **Allocated Health-Care Tuition Expenses**. See the second example of this screen.

- J. **Relevant Activity Slots** – input total units of service in relevant activity slots resulting from the time study of this title/function for the relevant claiming period. Since costs for other personnel can be claimed only at the 50% FFP level, the SPMP column for all relevant activities are blanked out and can not be filled in. Total units automatically accumulate, as units of service are input.

- K. "Remove data" button - If inputting mistakes are made, correct values can be inputted again. If mistakes are numerous, clicking on the "Remove data" button located in the lower center of the screen will delete all manually inputted data.
- L. Click on the "Save data" button, all inputted data is saved.
- M. Click on the "Close" button to return to the "Claim Status/Control" screen.
- N. "Claim Status/Control" screen – Once all relevant SPMP, direct support personnel and other personnel "Time Study Data" screens have been satisfactorily completed, click on the "Expenditures" button located in the lower left-hand portion of the screen. This will move the system to the "Claim Expenditures" screen.

Summary Data for Prior Claims [X]

Medicaid Provider 123456789999 **Claiming Period:** 2000,Jul-Sep
LEA IDPA School District 2001 **Claim Status:** Open

Original Claim Summary Information; or Net Summary Information for an Adjustment

	50%	75%	90%	Total
Claim	<input type="text" value="\$32,000.00"/>	<input type="text" value="(\$32,000.00)"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
FFP	<input type="text" value="\$16,000.00"/>	<input type="text" value="(\$24,000.00)"/>	<input type="text" value="\$0.00"/>	<input type="text" value="(\$8,000.00)"/>

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Summary Data Screen:

- A. Accessed by clicking on the black-labeled “Summary Data” button on the “Claim Status/Control” screen. (Not enabled for claims for quarters beginning on or after October 1, 2001.)
- B. Relevant Medicaid provider number, LEA name, claiming period and claim status automatically appear.
- C. You will need to input the following data in the appropriate boxes:
 - 1. For an original claim for a quarter prior to October 1, 2001, successively tab forward and input the 50%, 75% and 90% FFP (Computable Gross) Claim amounts in the appropriate boxes. The actual FFP amounts and totals will be computed automatically. Documentation previously supplied to IDPA for claims prior to this LEA Outreach Payment System also must be supplied in the customary fashion.
 - 2. For an adjustment for a claim for a quarter prior to October 1, 2001, follow the same procedure. However, for these cases, only input the net result of the adjustment. That is, input only the difference between the original claim and the adjusted (corrected) claim, or the difference between the claim amounts of the last most previous adjustment and the current adjustment. Documentation previously supplied to IDPA for claims prior to this LEA Outreach Payment System also must be supplied in the customary fashion. (NOTE: The screen example shown is for an adjustment.)
 - 3. For the purposes of this LEA Outreach Claiming System, all claims for quarters prior to October 1, 2001 will be labeled as an "Adjustment."
- D. “Remove data” button – If inputting mistakes are made, correct values can be inputted again. If mistakes are numerous, clicking on the “Remove data” button located in the lower center of the screen will delete all manually inputted data.
- E. Click on the “Save data” button, all inputted data is saved.
- F. Click on the “Close” button, system returns to the “Claim Status/Control” screen.

Claim Expenditures [Close]

Medicaid Provider 123456789999 **Claiming Period:** 2001,Jul-Sep
LEA IDPA School District 2001 **Claim Status:** Open

Indirect Cost Rate:
REV Costs:
Claimable Materials and Supplies (Relevant nonsalary expenses)

Claimable LEA Wide Expenditures for:	For All LEA Personnel
Insurance <input type="text" value="\$6,000"/>	Salaries <input type="text" value="\$2,000,500"/>
Rental <input type="text" value="\$89,000"/>	Benefits <input type="text" value="\$180,000"/>
Dues and Fees <input type="text" value="\$550"/>	Training Costs <input type="text" value="\$65,000"/>
Interest Payments <input type="text" value="\$688,000"/>	Travel Costs <input type="text" value="\$18,000"/>
	Total <input type="text" value="\$2,263,500"/>

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Claim Expenditures Screen:

Note: All dollar amounts to be inputted on this screen must involve only non-federal funds; federal monies must not be included in any of these quantities.

- A. Accessed by clicking on the “Claim Expenditures” button on the “Claim Status/Control” screen. (Not enabled for claims for quarters prior to October 1, 2001.)
- B. Relevant Medicaid provider number, LEA name, claiming period and claim status automatically appear.
- C. Input the **Indirect Cost Rate** – (the unrestricted indirect cost rate provided by ISBE) for the relevant claiming period. (Only this box will be enabled for private facilities' claims.)
- D. Input the accumulated **REV Costs** for the relevant claiming period paid by the LEA to its contracted IDPA-approved REV vendor.

Note: Allowable REV costs are those incurred by the LEA in order to perform the computerized REV inquiries for the LEA0, LEA1, LEA2 and LEA3 frequencies, for students with IEPs/IFSPs, entered in the “Student Population” screen. Only REV costs incurred to determine these student population frequencies as of the number of students on December 1 may be included in REV costs.

- E. Input **Claimable Materials and Supplies** expenditures for the relevant claiming period for all the individuals, and only those individuals (FTEs total in the respective “Time Study Data” screens), in the occupational categories that are being claimed.

Note: To be claimable, materials and supplies expenditures must be allocable and attributable **only** to those individuals whose claimable personnel costs (again, as recorded in the respective “Time Study Data” screens) also are being claimed. In addition, see *OMB Circular A-87, Cost Principals for State, Local and Indian Tribal Governments, Attachment B, Selected Items of Cost, 29. Materials and supplies.*

- F. Tab forward to the column of boxes labeled “Claimable LEA Wide Expenditures for”:

- 1. Successively input the total expenditures for the LEA for the relevant claiming period:
 - a. **Insurance**
 - b. **Rental**
 - c. **Dues and Fees**
 - d. **Interest Payments.**

Note: Further specification of these respective expenditures for the LEA can be found in *OMB Circular A-87, Cost Principals for State, Local and Indian Tribal Governments, Attachment B, Selected Items of Cost, 25. Insurance and indemnification, 38. Rental costs, 30. Memberships, subscriptions, and professional activities, and 26. Interest.*

- G. Tab forward to the column of boxes labeled “For All LEA Personnel”:

- 1. At the “Salaries” box enter the total employee salaries and contracted personnel purchased services for the LEA for the relevant claiming period.
- 2. At the “Benefits” box enter the similar relevant total for benefits.

Note: “Salaries” and “Benefits” are defined according to *OMB Circular A-87, Cost Principals for State, Local and Indian Tribal Governments, Attachment B, Selected Items of Cost, 11. Compensation for personnel services, and 33. Professional service costs.*

- 3. At the “Training Costs” box enter total training costs for the LEA for the relevant claiming period.

Note: The cost of training is allowable only in so far as it is provided for professional development of LEA employees, not contracted personnel (see *OMB Circular A-87, Cost Principals for State, Local and Indian Tribal Governments, Attachment B, Selected Items of Cost, 40. Training*).

- 4. At the “Travel Costs” box enter total allowable travel and per diem costs for the LEA for the relevant claiming period.

Note: The cost of travel and per diem is allowable only in so far as it is provided for LEA employees, not contracted personnel (see *OMB Circular A-87, Cost Principals for State, Local and Indian Tribal Governments, Attachment B, Selected Items of Cost, 41. Travel costs.*)

5. The "Total" box is the sum of salaries, benefits, training costs and travel costs. It automatically accumulates, as salaries, benefits, training costs and travel costs are entered successively.
6. Click on the "Save data" button, all inputted data is saved.
7. Click on the "Close" button, the system returns to the "Claim Status/Control" screen.

LEA Outreach - [Claim Reports]
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LEA Claim Reports

Data Entry Reports

- LEA001 - SPMP Time Study Detail
- LEA002 - Other Personnel Time Study Detail
- LEA003 - Direct Support Time Study Data

Gross Claim Computational Reports (Detail)

- LEA011 - Skilled Professional Medical Personnel
- LEA012 - Other Personnel
- LEA013 - Direct Support From Weighted Averages of SPMP

Gross Claim Computational Reports (Summary)

- LEA019 - Summed Gross Claim Computational Report for all Personnel
- LEA020 - All Claimable Non-Salary Expenses from Weighted Averages
- LEA098 - Quarters prior to Implementation of new methodology
- LEA099 - Summed Gross Claim Computational Sheets for all Claimable Costs

Print/Preview

Print

Preview

View/Print

Close

Final Calculated Claim

- LEA900 - Gross and Net Claim Summary
- LEA901 - LEA-Wide Expenditures Discounted

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Form View
NUM

LEA Claim Reports:

The purpose of this screen is to permit the viewing or printing of the input data and the resulting claim amounts. After reviewing these reports and checking all data and results, final screens can be completed, the input data certified and the claim transmitted to IDPA.

- There are three data entry reports:
 1. **LEA001** - SPMP Time Study Detail
 2. **LEA002** - Other Personnel Time Study Detail
 3. **LEA003** - Direct Support Time Study Data
- Three detailed Gross Claim Computational Reports:
 1. **LEA011** - Skilled Professional Medical Personnel (SPMP)
 2. **LEA012** - Other Personnel
 3. **LEA013** - Direct Support from Weighted Averages of SPMP
- Four Summary Reports:
 1. **LEA019** - Summed Gross Claim Computational Report for All Personnel
 2. **LEA020** - All Claimable Non-Salary Expenses from Weighted Averages
 3. **LEA098** - Quarters prior to implementation of new methodology (Only this report will be enabled for quarters prior to October 1, 2001.)
 4. **LEA099** - Summed Gross Claim Computational sheets for all Claimable Costs
- Two Final Calculated Claim Reports:
 1. **LEA900** - Gross and Net Claim Summary
 2. **LEA901** - LEA-Wide Expenditures Discounted

- A. Accessed by clicking on the "Reports" button on the "Claims Status / Control" screen.
- B. Click on the relevant report button, click on the "Print" or "Preview" button in the "Print/Preview" box, and then click on the "View/Print" button.
 1. Preview will display the report on the screen. Clicking on the "x" in the upper right-hand part of the screen returns the system to the "LEA Claim Reports" screen.
 2. Print will print the report on the local printer.Either way (Preview or Print) can be used to check for accuracy of data input or the resulting claim, and obtaining a hard copy of the input data or claim.
- C. Clicking the "Close" button returns the system to the "Claims Status/Control" screen in order to correct previously inputted data or move on to the final screens.

Certification Dollars		
Medicaid Provider	123456789999	Claiming Period: 2001,Jul-Sep
LEA	IDPA School District 2001	Claim Status Open
Special Education Expenditures		
	Direct Expenditures	Indirect Expenditures
Administrative Claim	\$555,447	\$31,105
Direct Services	\$56,000	\$3,136
Other	\$65,000	\$3,640
Totals	\$676,447	\$37,881
Total Special Education Expenditures	\$714,328	
<input type="button" value="Save data"/> <input type="button" value="Close"/>		
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Certification Dollars Screen:

The purpose of this screen is to report, by mutually exclusive categories, the LEA's total special education expenditures for the relevant claiming period. The purpose of the expenditures (rows) and whether the expenditures were for direct or indirect costs (columns) define the six mutually exclusive categories.

- A. Accessed by clicking on the "Certification Dollars" button on the "Claim Status/Control" screen. (Not enabled for claims for quarters prior to October 1, 2001. However, these values must be reported as in the customary documentation previously supplied to IDPA for claims prior to this LEA Outreach Payment System.)
- B. Relevant Medicaid provider number, LEA name, claiming period and claim status automatically appear.
 - 1. **Administrative Claim:**

Direct Expenditures and Indirect Expenditures for this administrative claim will appear automatically from the computation of this claim. Only the allowable and claimable direct and indirect expenditures for the LEA's administrative outreach efforts will be recorded.
 - 2. **Direct Services:**

Input the total Direct Expenditures for all direct services billable to IDPA provided by the LEA to non-Medicaid as well as Medicaid-eligible special education students in the relevant claiming period. The similar amount for Indirect Expenditures associated with this LEA-wide provision of direct services will appear automatically. It will be computed from the inputted direct expenditures and the indirect cost rate from the "Claim Expenditures" screen.
 - 3. **Other:**

Input the Direct Expenditures amount for all other special education purposes. This amount also would include expenditures for administrative outreach that were not allowable or claimable. The similar amount for Indirect Expenditures associated with all other special education expenditures will appear automatically. It will be computed from the inputted direct expenditures and the indirect cost rate from the "Claim Expenditures" screen.
 - 4. **Totals:**

Totals are the respective sums of the direct expenditures and indirect expenditures for the administrative claim, direct services and other. They automatically accumulate, as administrative claim, direct services and other appear or are inputted successively.
 - 5. **Total Special Education Expenditures:**

Total Special Education Expenditures is the automatic sum of the direct and indirect expenditures **Totals**. This amount should equal the total Special Education expenditures of the LEA for the relevant **Claiming Period**.
- C. Click on the **Save data** button, all inputted data is saved.
- D. Click on the **Close** button, the system returns to the **Claim Status / Control screen**.

Certification Text		✕
Medicaid Provider	123456789999	Claiming Period: 2001,Jul-Sep
LEA	IDPA School District 2001	Claim Status: Open

Certification Statement

I certify that, to the best of my knowledge, the costs used to construct this claim represent actual expenditures documented in the financial accounting system of IDPA School District 2001, for Medicaid administrative costs for 2001,Jul-Sep. The claim amount is pursuant to our Medicaid intergovernmental agreement with the Illinois Department of Public Aid.

All expenditures presented in this 2001,Jul-Sep claim are allowable in accordance with the requirements of OMB Circular A-87, "Cost Principles for State and Local Governments," Medicaid principles of reimbursement in accordance with the Code of Federal Regulations, and all claiming requirements of the Illinois Department of Public Aid.

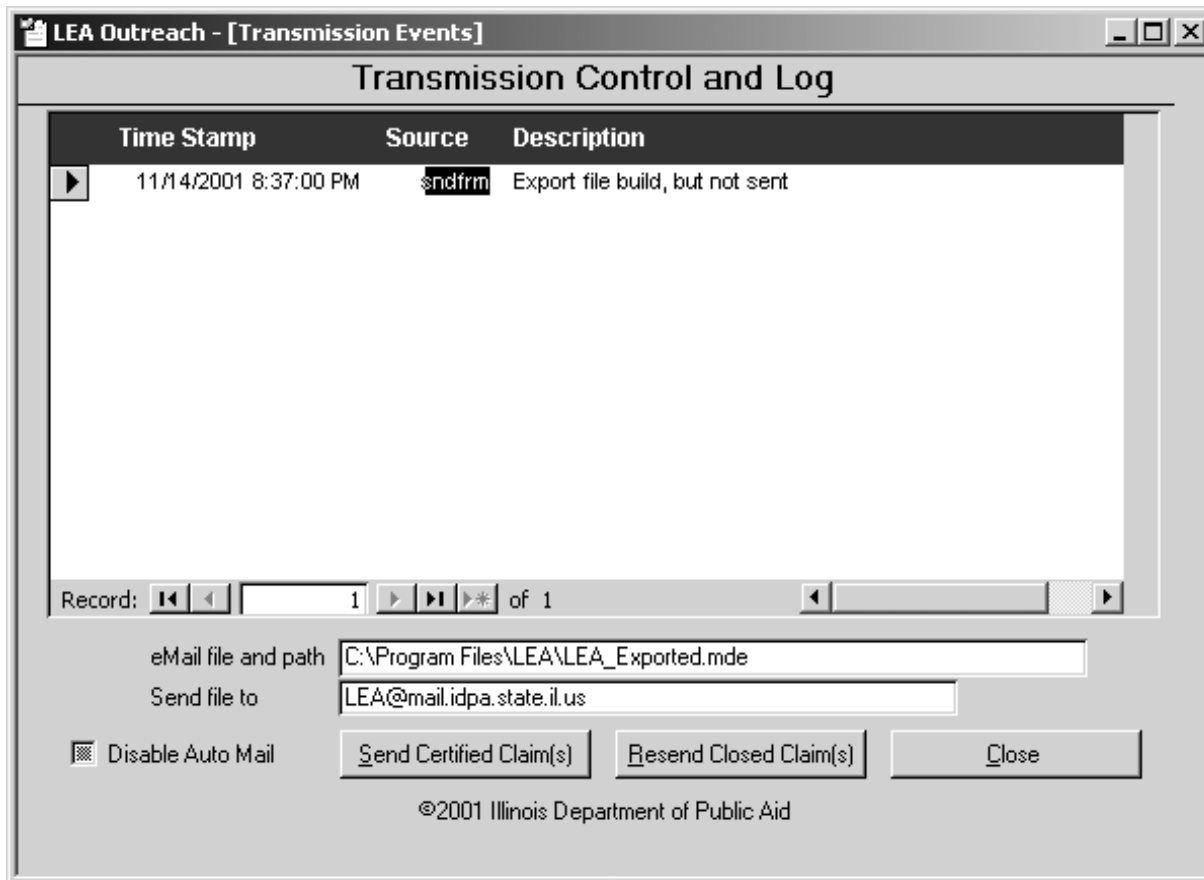
None of the expenditures listed are supported by federal funds. The claim does not duplicate any other claim for federal reimbursements, including claims for school-based special rehabilitation services under the fee-for-service program.

Total LEA Administrative Outreach Claim	<input type="text" value="\$586,552"/>	<input type="button" value="Certify Data"/>
Total LEA Administrative Outreach FFP	<input type="text" value="\$293,662"/>	
Password:	<input type="text"/>	

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Certification Text Screen:

- A. Accessed by clicking on the “Certification Text” button on the “Claim Status/Control” screen.
- B. Relevant Medicaid provider number, LEA name, claiming period and claim status automatically appear.
- C. **Text Box Verbiage** – The supplied verbiage in the text box are the terms and conditions the LEA must attest as true and accurate in order to certify and submit the claim.
- D. **Total LEA Administrative Outreach Claim** (Gross Allowable and Claimable Expenditures) will appear automatically from the computation of this claim.
- E. **Total LEA Administrative Outreach FFP** (Net Receivable FFP) will appear automatically from the computation of this claim.
- F. **Password** – Each LEA will receive from IDPA a unique password. Enter it in the “Password” box.
- G. **Certify Data** – If all the data inputs have been completed to the satisfaction of the person inputting the data, and the data inputs can be attested as true and accurate according to the verbiage in the text box, click on the “Certify Data” button in the lower right-hand side of the screen. This moves the claim status from “Open” to “Certified.” Once the “Certify Data” button has been clicked, the inputted data cannot be altered.
- H. Click on the “Close” button to return to the “Claim Status/Control” screen.
- I. Claim status will now read “Certified” on all appropriate screens.
- J. If another LEA’s data needs to be entered, click on the down arrow to Medicaid provider number. Clicking on the relevant (next) number displays it in the “Medicaid Provider Number” box. The corresponding (next) LEA name then automatically appears below this box. In a similar fashion, click on the relevant claiming period. Begin inputting data as before, starting with the appropriate claim status. (Again, “Open” will be the default status.)
- K. If data for all LEAs have been entered, click on the “Close” button located in the lower right-hand portion of the “Claim Status/Control” screen. This will return the system to the “Local Education Agency Outreach Payment System” main menu.



Enter closed date of claims to be pulled

OK

Cancel

Transmission Control and Log Screen, and Message Box:

The purpose of this screen is to transmit claim(s) to IDPA, simultaneously change the claim status from "Certified" to "Closed," provide a means to retransmit closed claims, and maintain a log of transmissions from the LEA or billing agent to IDPA as well as from IDPA to the LEA or billing agent. The associated message box assists the retransmission process.

- A. Accessed by clicking on the "Send Claims" button of the "Local Education Agency Outreach Payment System" main menu.
- B. The center window displays all transmission activity. It contains three fields: date and time stamp of the activity; the transmission source (e.g., "SndFrm", Send Form); and a brief description of the activity (e.g., "File sent to IDPA", "File resent for [date] to IDPA"). Messages of a similar form will be generated for transmissions from IDPA to the LEA or billing agent.
- C. Clicking on the "Send Certified Claim(s)" button, located in the lower left hand side of the screen, will transmit all current certified claims to IDPA. However, FIRST, in the lower left-hand portion of this screen is a check box labeled "Disable Auto Mail." If, when the screen opens, that check box is grayed out. BEFORE ATTEMPTING TO SEND ANY CLAIMS, click on this grayed out box, it will turn into a box with a check mark in it. CLICK ON THE CHECK MARK. The box will turn white. Now send claims, by clicking on the "Send Certified Claim(s)" button. In order to send claims successfully the box must be white. Reenter your 9-digit billing agent number in the window that will then appear. Click "Close" or "OK" on any subsequently appearing windows.
 1. The statuses of all current certified claims are changed to "Closed."
 2. All relevant data associated with the claims are extracted, copied to a work file designated "LEA_Exported.mde," and e-mailed to IDPA with a subject line reading "[Billing Agent ID Number] Admin Claiming for [relevant Claiming Period]." As indicated in the "eMail file and path" box (the first one in the center lower portion of the screen), the path for this export file will be "C:\Program Files\LEA\".
 3. When the message and attached data is received by IDPA, IDPA's e-mail system will alert the LEA payment system operator and send an acknowledgement reply to the e-mail address of the sender.
 4. The center window will display the transmittal information (date and time, "SndFrm," and "File sent to IDPA").
 5. If, for some reason, the "Send Certified Claim(s)" process cannot establish automatically a connection to the sender's e-mail services, the LEA or billing agent will need to use its standard e-mail, attaching the generated LEA_Exported.mde to the message and using IDPA's LEA@mail.idpa.state.il.us e-mail address. This e-mail address is reiterated in the "Send file to" box (the second one located in the center lower portion of the screen). DO NOT use this e-mail address for any other communication with IDPA. This address is ONLY for the receipt of administrative claims. When the message and attached data is received by IDPA, IDPA's e-mail system will alert the LEA payment system operator and send an acknowledgement reply to the e-mail address of the sender. If this problem persists, click on the "Disable Auto Mail" box until a check mark appears there. This will avoid inadvertently ending up in an e-mail loop. Use the standard e-mail, attaching the relevant C:\Program Files\LEA\LEA_Exported.mde file.
- D. If, for some reason, (a) "Closed" claim(s) need(s) to be resent, and the Send Certified Claim(s) process worked, click on the Resend Closed Claim(s) button, located in the lower center part of the screen.
 1. A message box will appear prompting for the date of the original transmittal.
 2. Enter the relevant date as it appears in the center window display transmission log.
 3. Click on the "OK" button. The claim(s) will be retransmitted, and the program will return to the "Transmission Control and Log" screen.
 4. The center window will display the transmittal information (date and time, "SndFrm," and "File resent for [date] to IDPA"). IDPA processing will be as in C. 3.

5. Clicking on the "Cancel" button of the message box will abort the "Resend Closed Claim(s)" process and return the system to the "Transmission Control and Log" screen.
- E. If the original "Send Certified Claim(s)" process did not work, and (a) "Closed" claim(s) need(s) to be resent, use the directions specified in C. 5.
- F. Click on the "Close" button, located in the lower right hand portion of the screen, the system returns to the "Local Educational Agency Outreach Payment System" main menu.
- G. Click on the "Exit" button to exit the program.

APPENDIX "A"

Occupational Category Definitions

Skilled Professional Medical Personnel (SPMP)

SPMP must have professional education and training in the field of medical care or appropriate medical practice. "Professional education and training" means the completion of a two-year or longer program leading to an academic degree or certificate in a medically related profession. This is demonstrated by possession of a medical license, certificate, or other document issued by a recognized national or state medical licensure or certifying organization or a degree in a medical field issued by a college or university certified by a professional medical organization. Experience in the administration, direction, or implementation of the Medicaid program is not considered the equivalent of professional training in a field of medical care. SPMP must be in positions that have duties and responsibilities that require those professional medical knowledge and skills. A state-documented employer-employee relationship must exist between the LEA and the SPMP. SPMP must be time-studied in each claiming period according to a statistically valid, random sample. Some SPMP activities can be claimed at a 75% FFP level. All other claimable activities are claimed at the 50% FFP level.

For SPMP refer to the "Staff Qualifications" sections of the *Definitions of Medicaid Special Rehabilitation Services for Local Education Agencies in the School-Based Health Services Program* (Revised March 2000). Also, to be included as an SPMP an individual must have completed a two-year or longer program leading to an academic degree or certificate in a medically related profession, otherwise he or she must be included in the appropriate occupational category in "Other Personnel". In that regard, also please note that:

- A physical therapist assistant (PTA) must be a certified physical therapist assistant (CPTA) practicing under the direction of a licensed physical therapist.
- An occupational therapist assistant (OTA) must be a certified occupational therapist assistant (COTA) practicing under the direction of a registered occupational therapist.
- Speech/language pathologist may include speech assistant/aide if at a minimum he or she has completed all academic requirements and is in the process of acquiring supervised work experience to qualify for the certificate. Otherwise, he or she must be included in the "Speech Assistant/Aide" category in "Other Personnel".
- School Psychologist may include Psychologist Intern if at a minimum he or she has ISBE approval to provide services under the direction of a qualified School Psychologist. Otherwise, he or she must be included in the "Psychologist Intern" category in "Other Personnel".

Direct Support Personnel

Direct support personnel must be secretarial, stenographic, and copying personnel and file and records clerks who provide clerical services that are directly necessary for the completion of the professional medical responsibilities and functions of the SPMP. The SPMP must directly supervise the direct support personnel and the performance of the direct support personnel's work. A state-documented employer-employee relationship must exist between the LEA and the direct support personnel. Also, the specific supervisor/subordinate relationships between SPMP and direct support personnel must be state-documented. Direct support personnel are not time-studied. Their claimable personnel costs are allocated and claimed at the 50% and 75% levels according to the weighted-average results of the time studies of the SPMP.

Other Personnel

Other personnel must be individuals who perform approved LEA administrative outreach activities, but do not qualify as SPMP or direct support personnel. Other personnel must be time-studied in each claiming period according to a statistically valid, random sample. A state-documented employer-employee relationship must exist between the LEA and the other personnel. Claimable activities for other personnel are claimed at the 50% FFP level only. Other personnel occupational categories are as follows.

- **Principal/Dean** (includes Assistant Principal)

- **Clerical Support Staff**

Note: Includes school secretary and all other secretarial, stenographic, and copying personnel and file and records clerks who do **not** fulfill the requirements of direct support personnel.

- **School Social Worker** (non-SPMP)

Note: May include social work intern if he or she has ISBE approval to provide counseling and evaluation services under the direction of a school social worker or a medical social worker.

- **School Counselor**

- **Case Manager** (includes Service Coordinator)

- **Identification and Referral**

Note: Includes Child Find team, early intervention (EI) placement, special education placement, low incidence assessment, out of district assessment, vision screening technicians, audiometric technicians.

- **Special Education Specialist** (includes Special Education Coordinators and Technicians)

- **Pupil Support Specialist** (includes Pupil Support Coordinators and Technicians).

- **Bilingual/Interpreter** (includes bilingual or interpreter assistants)

- **S.E./P.S. Administrator** (Special Education or Pupil Support Administrator)

- **Speech Assistant/Aide**

- **Psychologist Intern**

- **Licensed Practical Nurse (LPN)**

Note: May include certified individuals licensed under the *Illinois Nursing Act* working under the direction of a Registered Nurse.

Exhibit IV

**Minimum Sample Size of
Direct Personnel Table**

Exhibit IV

LEAs choosing to base their time study on a sample of direct personnel will use the tables below to determine the appropriate sample size for a claim.

In the table below, “N” represents the total number of direct personnel (skilled professional medical personnel and other personnel) of an LEA or peer group whose costs are included in a claim.

With the sample, there must be proportioned representation of the direct personnel within each cost pool. For example, if 10% of the direct personnel are in the audiologists cost pool and the required sample size for the claim is 200, then 20 of the sampled individuals must be from the audiologists cost pool.

The table shows the sample sizes necessary to assure statistical validity at a 95% confidence level and tolerable error level of 5%.

N =	SAMPLE SIZE =	N =	SAMPLE SIZE =	N =	SAMPLE SIZE =	N =	SAMPLE SIZE =	N =	SAMPLE SIZE =
1-14	entire population	51	45	89	72	127	96	165	116
15	14	52	46	90	73	128	96	166	116
16	15	53	47	91	74	129	97	167	117
17	16	54	47	92	74	130	97	168	117
18	17	55	48	93	75	131	98	169	118
19	18	56	49	94	76	132	98	170	118
20	19	57	50	95	76	133	99	171	119
21	20	58	51	96	77	134	100	172	119
22	21	59	51	97	78	135	100	173	119
23	22	60	52	98	78	136	101	174	120
24	23	61	53	99	79	137	101	175	120
25	24	62	54	100	80	138	102	176	121
26	24	63	54	101	80	139	102	177	121
27	25	64	55	102	81	140	103	178	122
28	26	65	56	103	81	141	103	179	122
29	27	66	56	104	82	142	104	180	123
30	28	67	57	105	83	143	104	181	123
31	29	68	58	106	83	144	105	182	124
32	30	69	59	107	84	145	105	183	124
33	30	70	59	108	84	146	106	184	125
34	31	71	60	109	85	147	107	185	125
35	32	72	61	110	86	148	107	186	126
36	33	73	61	111	86	149	108	187	126
37	34	74	62	112	87	150	108	188	126
38	35	75	63	113	87	151	109	189	127
39	35	76	64	114	88	152	109	190	127
40	36	77	64	115	89	153	110	191	128
41	37	78	65	116	89	154	110	192	128
42	38	79	66	117	90	155	111	193	129
43	39	80	66	118	90	156	111	194	129
44	40	81	67	119	91	157	112	195	130
45	40	82	68	120	92	158	112	196	130
46	41	83	68	121	92	159	113	197	130
47	42	84	69	122	93	160	113	198	131
48	43	85	70	123	93	161	114	199	131
49	44	86	70	124	94	162	114	200	132
50	44	87	71	125	94	163	115	201	132
		88	72	126	95	164	115	202	133

N =	SAMPLE SIZE =	N =	SAMPLE SIZE =	N =	SAMPLE SIZE =	N =	SAMPLE SIZE =	N =	SAMPLE SIZE =
203	133	242	149	282	163	321	175	360	186
204	133	243	149	283	163	322	175	361	186
205	134	245	150	284	164	323	176	362	187
206	134	246	150	285	164	324	176	363	187
207	135	247	151	286	164	325	176	364	187
208	135	248	151	287	165	326	177	365	187
209	136	249	151	288	165	327	177	366	188
210	136	250	152	289	165	328	177	367	188
211	136	251	152	290	165	329	177	368	188
212	137	252	152	291	166	330	178	369	188
213	137	253	153	292	166	331	178	370	189
214	138	254	153	293	166	332	178	371	189
215	138	255	154	294	167	333	179	372	189
216	138	256	154	295	167	334	179	373	189
217	139	257	154	296	167	335	179	374	190
218	139	258	155	297	168	336	179	375	190
219	140	259	155	298	168	337	180	376	190
220	140	260	155	299	168	338	180	377	191
221	141	261	156	300	169	339	180	378	191
222	141	262	156	301	169	340	181	379	191
223	141	263	156	302	169	341	181	380	191
224	142	264	157	303	170	342	181	381	192
225	142	265	157	304	170	343	181	382	192
226	143	266	157	305	170	344	182	383	192
227	143	267	158	306	171	345	182	384	192
228	143	268	158	307	171	346	182	385	193
229	144	269	158	308	171	347	183	386	193
230	144	270	159	309	172	348	183	387	193
231	144	271	159	310	172	349	183	388	193
232	145	272	159	311	172	350	183	389	194
233	145	273	160	312	172	351	184	390	194
234	146	274	160	313	173	352	184	391	194
235	146	275	161	314	173	353	184	392	194
236	146	276	161	315	173	354	184	393	195
237	147	277	161	316	174	355	185	394	195
238	147	278	162	317	174	356	185	395	195
239	148	279	162	318	174	357	185	396	195
240	148	280	162	319	175	358	186	397	195
241	148	281	163	320	175	359	186	398	196

N =	SAMPLE SIZE =	N =	SAMPLE SIZE =	N =	SAMPLE SIZE =	N =	SAMPLE SIZE =	N =	SAMPLE SIZE =
399	196	438	205	477	213	516	220	555	227
400	196	439	205	478	213	517	221	556	227
401	196	440	205	479	213	518	221	557	228
402	197	441	206	480	214	519	221	558	228
403	197	442	206	481	214	520	221	559	228
404	197	443	206	482	214	521	221	560	228
405	197	444	206	483	214	522	222	561	228
406	198	445	206	484	214	523	222	562	228
407	198	446	207	485	215	524	222	563	229
408	198	447	207	486	215	525	222	564	229
409	198	448	207	487	215	526	222	565	229
410	199	449	207	488	215	527	222	566	229
411	199	450	207	489	215	528	223	567	229
412	199	451	208	490	216	529	223	568	229
413	199	452	208	491	216	530	223	569	230
414	200	453	208	492	216	531	223	570	230
415	200	454	208	493	216	532	223	571	230
416	200	455	209	494	216	533	223	572	230
417	200	456	209	495	217	534	224	573	230
418	200	457	209	496	217	535	224	574	230
419	201	458	209	497	217	536	224	575	231
420	201	459	209	498	217	537	224	576	231
421	201	460	210	499	217	538	224	577	231
422	201	461	210	500	217	539	225	578	231
423	202	462	210	501	218	540	225	579	231
424	202	463	210	502	218	541	225	580	231
425	202	464	210	503	218	542	225	581	231
426	202	465	211	504	218	543	225	582	232
427	202	466	211	505	218	544	225	583	232
428	203	467	211	506	219	545	226	584	232
429	203	468	211	507	219	546	226	585	232
430	203	469	211	508	219	547	226	586	232
431	203	470	212	509	219	548	226	587	232
432	204	471	212	510	219	549	226	588	233
433	204	472	212	511	220	550	226	589	233
434	204	473	212	512	220	551	227	590	233
435	204	474	212	513	220	552	227	591	233
436	204	475	213	514	220	553	227	592	233
437	205	476	213	515	220	554	227	593	233

N =	SAMPLE SIZE =	N =	SAMPLE SIZE =	N =	SAMPLE SIZE =	N =	SAMPLE SIZE =	N =	SAMPLE SIZE =
594	234	633	239	672	245	711	250	750	254
595	234	634	239	673	245	712	250	751	254
596	234	635	240	674	245	713	250	752	254
597	234	636	240	675	245	714	250	753	255
598	234	637	240	676	245	715	250	754	255
599	234	638	240	677	245	716	250	755	255
600	234	639	240	678	245	717	250	756	255
601	235	640	240	679	246	718	250	757	255
602	235	641	240	680	246	719	251	758	255
603	235	642	241	681	246	720	251	759	255
604	235	643	241	682	246	721	251	760	255
605	235	644	241	683	246	722	251	761	256
606	235	645	241	684	246	723	251	762	256
607	236	646	241	685	246	724	251	763	256
608	236	647	241	686	246	725	251	764	256
609	236	648	241	687	247	726	251	765	256
610	236	649	242	688	247	727	252	766	256
611	236	650	242	689	247	728	252	767	256
612	236	651	242	690	247	729	252	768	256
613	236	652	242	691	247	730	252	769	256
614	237	653	242	692	247	731	252	770	257
615	237	654	242	693	247	732	252	771	257
616	237	655	242	694	248	733	252	772	257
617	237	656	243	695	248	734	252	773	257
618	237	657	243	696	248	735	253	774	257
619	237	658	243	697	248	736	253	775	257
620	237	659	243	698	248	737	253	776	257
621	238	660	243	699	248	738	253	777	257
622	238	661	243	700	248	739	253	778	257
623	238	662	243	701	248	740	253	779	258
624	238	663	243	702	249	741	253	780	258
625	238	664	244	703	249	742	253	781	258
626	238	665	244	704	249	743	253	782	258
627	238	666	244	705	249	744	254	783	258
628	239	667	244	706	249	745	254	784	258
629	239	668	244	707	249	746	254	785	258
630	239	669	244	708	249	747	254	786	258
631	239	670	244	709	249	748	254	787	258
632	239	671	245	710	250	749	254	788	258

Sample Sizes for a 95% confidence level and tolerable error of 5%							
N =	SAMPLE SIZE =	N =	SAMPLE SIZE =	N =	SAMPLE SIZE =	N =	SAMPLE SIZE =
1-788	see previous pages	1140-1155	288	1825-1858	318	3632-3744	348
789-797	259	1156-1171	289	1859-1893	319	3745-3863	349
798-807	260	1172-1188	290	1894-1929	320	3864-3989	350
808-816	261	1189-1205	291	1930-1965	321	3990-4123	351
817-826	262	1206-1222	292	1966-2004	322	4124-4266	352
827-836	263	1223-1240	293	2005-2043	323	4267-4417	353
837-846	264	1241-1258	294	2044-2084	324	4218-4579	354
847-857	265	1259-1277	295	2085-2126	325	4580-4752	355
858-867	266	1278-1295	296	2127-2169	326	4753-4938	356
868-878	267	1296-1315	297	2170-2214	327	4934-5000	357
879-889	268	1316-1335	298	2215-2261	328	6000	361
890-900	269	1336-1355	299	2262-2309	329	7000	364
901-911	270	1356-1376	300	2310-2359	330	8000	367
912-923	271	1377-1397	301	2360-2412	331	9000	368
924-935	272	1398-1419	302	2413-2466	332	10000	370
936-946	273	1420-1441	303	2467-2500	333	15000	375
947-959	274	1442-1464	304	2523-2589	334	20000	377
960-971	275	1465-1488	305	2581-2641	335	30000	379
972-984	276	1489-1512	306	2642-2705	336	40000	381
985-996	277	1513-1536	307	2706-2771	337	50000	381
997-1009	278	1537-1562	308	2772-2840	338	75000	382
1010-1023	279	1563-1588	309	2842-2912	339	100000	383
1024-1036	280	1589-1615	310	2913-2988	340	>222639	384
1037-1050	281	1616-1642	311	2989-3067	341		
1051-1064	282	1643-1670	312	3068-3150	342		
1065-1079	283	1671-1699	313	3151-3236	343		
1080-1093	284	1700-1729	314	3237-3328	344		
1094-1108	285	1730-1760	315	3329-3424	345		
1109-1124	286	1761-1792	316	3425-3525	346		
1125-1139	287	1793-1824	317	3526-3631	347		