NEW MEXICO CHILDREN, YOUTH, AND FAMILIES DEPARTMENT

COST ALLOCATION PLAN NARRATIVE

July 1, 2023

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CERTIFICATION

PUBLIC ASSISTANCE COST ALLOCATION PLAN

Date Plan / Amendment Submitted: 6/30/23

Proposed Effective Date: 7/1/2023

In accordance with 45 CFR 95.507(b)(8), I certify that:

1. The information contained in the New Mexico Children, Youth and Families effective July 1, 2019 is prepared in compliance with Office of Management and Budget Circular A-87 (2 CFR Part 225).

2. The costs are accorded consistent treatment through the application of generally accepted accounting principles appropriate to the circumstances.

3. An adequate accounting and statistical system exists to support claims that will be made under the Cost Allocation Plan.

4. The information provided in support of the proposed cost allocation plan is accurate.

Signature: Phillipe V. Rodriguez Digitally signed by Phillipe V. Rodriguez Date: 2023.06.28 12:14:30 -06'00' Date: _____

Name: _____ Title: _____

A. CHANGES TO PREVIOUSLY SUBMITTED PLAN

The following is a list of all cost allocation plan amendments since 2020 submitted by CYFD.

Item	Date Submitted	Summary	Date Approved
ECS Removed	06/30/2020	Early Childhood Services is no longer part of CYFD.	Pending
Updated org charts	06/30/2020	Updated org charts for OTS, JJ, PS, and BH	Pending
OTS Reorganization	06/30/2020	Updated hierarchy of units	Pending
RMTS Response Screen Update	06/30/2020	Updated response page screen shots. Clarified language on screens relating to Medicaid and Case Management.	Pending
Renumbering of Behavioral Health	06/30/2020	Renumbering of Behavioral Health in the Cost Plan Narrative to replace ECS that was removed.	Pending
Re-org of BH and addition of detail to PACAP.	06/30/2020	Added additional program detail, renamed programs, claiming remains the same. Added Domestic Violence.	Pending
Added new Juvenile Justice Program and amended descriptions of existing programs	06/30/2020	Added Juvenile Continuum Grant Funds Program	Pending
Updated PSD narrative	06/30/2020	Added a field deputy and updated programs. Removed Domestic Violence.	Pending
Update Appendix D: Inspector General/OGC Time study	06/30/2020	Removed ECS as an activity.	Pending
Update Appendix E	06/30/2020	Updated Federal Programs to delete ECS-related programs and duplicates.	Pending

Item	Date Submitted	Summary	Date Approved
Update Foster Care Penetration Rate Footnote	7/17/2020	Addition of Foster Care to 21 language in Foster Care Penetration Rate footnote 2.	Pending
Updated Introduction	7/17/2020	Define Fostering Connections Foster Care to 21	Pending
100% Time studies in JJ and BH.	7/1/2022 (active since 4/1/2021)	Medicaid Claiming Plan Included as submitted to CMS. Time studies active since 4/1/2021 and processed/claimed outside of cost allocation through JPA with HSD. 100% Time studies will be converted to a RMTS on 10/1/2022 and will be included in Cost Allocation at that time, with a new amendment.	Pending
Updated CCWIS and non-CCWIS methodology	7/1/2022	Updated CCWIS and non-CCWIS methodology	Pending
Updated Org Charts for all Divisions	7/1/2022	Organizational changes	Pending
RMTS methodology revisions	12/31/2022	Replacement of prior vendor (IVA) to Fairbanks LLC, which includes revisions to include Behavioral Health and Juvenile Justice in RMTS for consistency in claiming and allocation methodologies. Includes updated RMTS Codes, Definitions, Response Pages, and Funding Matrix. Personal Time Tracking methodology was removed and recently submitted Medicaid Administrative Claiming Guide to CMS was added. Changes to	Pending

Item	Date Submitted	Summary	Date Approved
		RMTS impacted appendices B, C and D.	
Allocation Method and Statistic revisions	12/31/2022	Revised allocation methods and statistics to reflect Fairbanks LLC streamlined methodology of allocating payroll costs and other costs.	Pending
Updated CCWIS and non-CCWIS methodology	12/31/2022	Updated CCWIS and non-CCWIS methodology	Pending
RMTS Response Survey	6/30/2023	Removed web-based screenshots and provided language detailing the survey model, including radio button and free form format.	Pending
RMTS Compliance Clarification	6/30/2023	Updated Appendix B regarding RMTS sample design and methodology to include RMTS compliance	Pending
Allocation Method and Statistic revisions	6/30/2023	Revised allocation methods and statistics to reflect Fairbanks LLC streamlined methodology of allocating payroll costs and other costs.	Pending
The Allocation Process	6/30/2023	Changed the description of the methodology but not the methodology itself. The new description is a simpler definition of the process used in the calculation.	Pending

B. OVERVIEW AND INTRODUCTION

The New Mexico Children, Youth and Families Department (CYFD) became a Cabinet Department effective July 1, 1992. Substantial modifications to CYFD occurred on July 1, 1993, that increased CYFD's responsibilities and scope. These modifications involved the movement of various segments from other cabinet departments to consolidate the focus on children, youth and families into one department. CYFD continues to evolve. The most recent changes being the departure of Early Childhood Services and the implementation of Foster Care to 21 under the Fostering Connections Act.

Fostering Connections extends the age of support and services available to young adults involved with CYFD from the age of 18 to 21. New Mexico passed legislation in 2019 and 2020 to opt in the 2008 Fostering Connections federal law. Services include but are not limited to guaranteed housing, connection to community based behavioral health supports, job assistance, food access, and secondary education support. The implementation allows for voluntary participation, and youth to opt-in to the program and allowed to exit and re-enter receiving services and financial support through their eligibility period.

In the first year of implementation, SFY 2021 (effective July 1, 2020) youth turning 18 are eligible to opt into the program, SFY 2022 extending to age 19 and SFY 2023 extending to 20 years old. CYFD may claim reimbursement for eligible Youth opting into the program through Title IV-E maintenance and administrative staff effort.

CYFD is dedicated to enhancing the safety, dignity and well-being of children, youth and families in New Mexico. CYFD protects children from abuse and neglect. CYFD operates the juvenile corrections' system; and CYFD seeks to prevent abuse, reduce juvenile crime, rehabilitate juvenile offenders, , and support healthy families.

This Public Assistance Cost Allocation Plan (PACAP) has been prepared for the U.S. Department of Health and Human Services (USDHHS) pursuant to the following documents:

- Title 7 Code of Federal Regulations
- Title 42 Code of Federal Regulations
- Title 45 Code of Federal Regulations
- DHHS Grants Administration Manual and
- Implementation Guide for OMB Circular A-87 (ASMB C-10)

The purpose of this PACAP is to document both the Federal programs administered by CYFD and the procedures by which the administrative costs of CYFD are allocated to these programs.

The CYFD PACAP consists of the following sections:

Section A: Presents changes to previous plans.

Section B: Presents the overall description of CYFD and the methodology used to allocate the major components of CYFD.

Section C: Presents the narrative description of the structure and functions of CYFD.

Section I. Office of the Secretary

Section II. Administrative Services

Section III. Information Technology Services

Section IV. Juvenile Justice Services

Section V. Behavioral Health

Section VI. Protective Services

Section D: Presents the Allocation Methods referenced in the narrative description.

Section E: Presents a description of the costs identified in the plan.

The appendices to the PACAP provide documentation for the narrative information presented in the plan and will be referenced, as appropriate, in the narrative plan. Also, included, as an appendix, is a listing of all of the Federal programs administered by CYFD.

This Plan is effective **July 1, 2023** and will be kept current by CYFD and will be revised to reflect major changes in CYFD's organization or programs.

Recommendations for corrections or questions concerning this plan should be directed to:

Phillipe Rodriguez, Acting Director
Administrative Services Division
Phone Number: (505) 699-9473
Email: Phillipe.Rodriguez2@state.nm.us

C. ORGANIZATIONAL UNIT AND ALLOCATION DESCRIPTION

This section of the cost allocation plan describes the functions of each major component of CYFD's organization, the method by which the salaries, benefits, and contractual services of those components are allocated, and the allocation statistic used to make that allocation. For the Medicaid Administrative Claim, some of the below components' costs will be included via an approved Indirect Cost Rate, when such a rate is available and allowable. In those cases, the components' costs will not be included by any other allocation method.

SECTION I. OFFICE OF THE SECRETARY

The Office of the Secretary (OTS) provides leadership and direction to the programs and services operated and administered by each Program Area. The following executive officers report directly to the Department Secretary:

- Deputy Cabinet Secretary -Operations,
- Deputy Cabinet Secretary -Programs,
- Juvenile Justice Director,
- Behavioral Health Services Director,
- Protective Services Director,
- IT CIO,
- Administrative Services Division Director,
- Chief Financial Director,
- Special Director,
- Special Director Kevin S. Settlement-Tribal,
- Kevin S. Settlement Program Manager,
- Director of Office of Children's Rights
- Public Information Officer,
- General Counsel, and
- Inspector General

The functions of each of the organizational components headed by these executives are described below. An organizational chart for CYFD, including the Office of the Secretary and all other major components of CYFD is provided in Appendix A.

1. Department Secretary

The Department Secretary and staff are responsible for establishing the strategic direction for CYFD, implementing departmental policy and procedures, and the overall administration and support of the programs operated by CYFD.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

1.1. Deputy Secretary for Programs

The Deputy Secretary for Programs supports the Department Secretary in establishing the strategic direction for CYFD, implementing departmental policy and procedures, and the overall administration and support of the programs operated by CYFD.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

1.2. Deputy Secretary of Operations

The Deputy Secretary of Operations is responsible for the oversight and management of the Human Resources Bureau, Records, Office of Permanency and Accountability which includes the Cross Division Data Program, Workforce Development, and Enterprise Project Management, Safety and Emergency Preparedness, and Loss Prevention and Control functions that serve the entire department, as well as, CYFD's Privacy Officer, who is responsible for the oversight of all HIPAA compliance for the entire Department.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

1.2.1. Human Resources Bureau

Human Resources Bureau encompasses recruitment and retention, transactions, Payroll and Benefits, employee discipline, Labor Relations, internal complaints, medical issues such as FMLA, ADA and Workers' Compensation, and background checks. The Human Resources Director oversees six units consisting of Organizational Development, Talent Acquisition and Recruitment, Payroll and Benefits, Employee Relations, Medical Issues, and Background Checks.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

1.2.2. Records Bureau

The Records Bureau oversees records maintenance and production, including but not limited to Inspection of Public Records Requests, and litigation discovery. The Bureau is beginning the process of digitizing CYFD records.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

1.2.3. Loss Prevention and Control

Loss Control oversees agency compliance with the General Services Department Loss Prevention and Control regulations.

Allocation Method: FTE Allocation

Allocation Statistic: FTE by Department

1.2.4. Office of Tribal Affairs

The Office of Tribal Affairs acts as liaison to the tribes and oversees tribal relationships for CYFD, including ICWA compliance and various programs the agency is involved in with them. This Office also plays a significant role in achieving compliance with Kevin S. Settlement requirements related to Native American Affairs.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

1.2.5. Director of Performance and Accountability

The Director of Performance and Accountability oversees the Cross Division Data Unit, the Enterprise Project Management Office, and Workforce Development.

Allocation Method: FTE Allocation
Allocation Statistic: **FTE by Department**

1.2.5.1. Cross Division Data Program

The Cross Division Data Director and staff manage the data programs for Juvenile Justice, Protective Services, and Behavioral Health. They are pivotal in providing data related to Legislative Finance Committee performance measures and the requirements of the Kevin S. Settlement agreement.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

1.2.5.1.1. Cross Division Data Program Juvenile Justice

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

1.2.5.1.2. Cross Division Data Program Behavioral Health

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

1.2.5.1.3. Cross Division Data Program Protective Services

The PSD Quality Assurance unit is also housed in this program.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

1.2.5.2. Workforce Development

The Workforce Development Bureau Chief and staff manage the new employee training, programmatic training, and broad training for Juvenile Justice, Protective Services, and Behavioral Health. Training may also benefit other CYFD staff as needed. They also provide workforce coaching to the Protective Services Division.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

1.2.5.3. Enterprise Project Management (EPM)

The Director of EPM and three project managers oversee agency-wide projections involving Information Technology, infrastructure and programs.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

1.2.6. OTS Manager

The OTS Manager oversees administrative support to the Cabinet Secretary, Deputy Cabinet Secretaries of OTS and provides high level support and project management to the Cabinet Secretary. This unit is also responsible for finance related to OTS.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

1.3. Public Information Officer

The Public Information Officer manages the agency's public media and communication with the press.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

1.4. Office of General Counsel

The Office of General Counsel provides legal guidance and expertise to the agency, including policy and contract pre-approval review, case counsel and litigation relevant to the major programs administered by CYFD.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

1.5. Office of the Inspector General

The Office of the Inspector General (OIG) provides fiscal and program quality control review and oversight for all programs within CYFD. Specifically, the OIG performs the following major functions:

- Conducts a comprehensive review of CYFD's vendor and provider payment systems to determine the potential risks and vulnerabilities leading to fraudulent activity,
- Engages in children's behavioral health oversight including involvement with RFP development and annual contract amendments, and
- Conducts special investigations as assigned by the Office of the Secretary.
- The hearing officer position in OIG conducts administrative hearings on childcare licensing, foster care licensing revocations, child care assistance, on substantiated findings of child abuse and neglect, background check denials, selected employee complaint and disciplinary matters, and claims of discrimination and harassment.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

1.6. Chief Financial Director

The Chief Financial Director coordinates and supports the federal funding optimization and expansion efforts of the agency. This includes, but is not limited to, Title IV-E, Medicaid, Supplemental Security Income (SSI) and the Comprehensive Child Welfare Information System (CCWIS). This position works in cooperation with the financial staff of Administrative Services, Protective Services, Behavioral Health and Juvenile Justice. No agency staff report directly to this position.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

1.7. Senior Advisor to the Cabinet Secretary

The Senior Advisor works on special projects as directed by the Cabinet Secretary.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

1.8. Special Director for Tribal Affairs

The Special Director for Tribal Affairs is responsible for design and intervention of programs related to Tribal Affairs. This position also oversees Tribal Affairs related to the Kevin S. Settlement.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

1.9. Kevin S. Settlement Program Manager

The Kevin S. Settlement Program Manager oversees the Kevin S. Settlement.

Allocation Method: FTE Allocation

Allocation Statistic: FTE by Department

1.10. Executive Director of Office of Children's Rights

The Director of the Office of Children's Rights (OCR) oversees the office. Launched in 2021 the core function of OCR is to ensure that the most vulnerable system-involved children and youth are receiving all available legal and financial entitlements and supports. Services offered to children and youth include but are not limited to immigration services, educational advocacy, disability rights, public benefits, and access to least restrictive placements. OCR also oversees the CYFD child and youth grievance procedure. The purpose of the grievance process is to ensure all children and youth who are in CYFD custody are empowered to advocate for their rights. OCR is currently comprised of three attorneys specializing in immigration, disability, and education rights, Every Student Succeeds Act (ESSA) coordinator, and two Children's Rights Specialists.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

1.11. Administrative Services Division

A description of the organization of this component and how its costs are allocated is presented in Section II, below.

1.12. Information Technology Services

A description of the organization of this component and how its costs are allocated is presented in Section III, below.

1.13. Juvenile Justice

A description of the organization of this component and how its costs are allocated is presented in Section IV, below.

1.14. Behavioral Health

A description of the organization of this component and how its costs are allocated is presented in Section V, below.

1.15. Protective Services

A description of the organization of this component and how its costs are allocated is presented in Section VI, below.

SECTION II. ADMINISTRATIVE SERVICES

Administrative Services include providing financial management, budget and revenue control (including Federal cost allocation), property management and background checks.

2. Administrative Services Director's Office

The Administrative Services Director is responsible for the oversight of CYFD's Administrative Services. The Division Administrator provides support to the Administrative Services Director on human resources, budget, and other issues. The Deputy Director for Finance oversees the day-to-day operations of the Division. The Account/Compliance staff address special issues at the direction of the Administrative Services Director.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

2.1. Administrative Services Deputy Director - Finance

The Administrative Services Director is responsible for the oversight of the Background Checks Unit, Purchasing, General Services, and Financial Management programs.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

2.1.1. Financial Management

The Financial Management Manager is responsible for management and oversight of the financial functions within Administrative Services. Financial Management is responsible for ensuring accountability for all funds. The bureau handles general ledger functions, accounts receivable, accounts payable, and monitors contracts and grants for CYFD. The Fixed Assets unit is responsible for ensuring CYFD's capital assets are tagged, recorded and reconciled, and for providing guidance in the capital asset process to the assigned capital assets coordinators who are located throughout the state.

This section is responsible for managing the processing of the agency's accounts payable, maintaining the general ledger including, but not limited to, journal entry preparation, operating transfer preparation, balance sheet and fund balance statement validation/reconciliation, maintenance and reconciliation of Children's Trust Fund accounts, maintenance and reconciliation of client agency fund accounts.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

2.1.1.1. Reconciliation

The Reconciliation unit is responsible for ensuring the Children's Trust Fund accounts are maintained by recording any activity to each of clients who are under the care of the agency. It is also responsible for reconciling the amounts in the children's trust accounts

to the amounts that are being recorded in the agency's legacy system (Joint Accounting System – JAS) and the Access database that is maintained by the unit. These children who are in the agency's custody fall under the umbrella of the Protective Services program area. The unit reconciles the bank accounts that are used for the Client Emergency Maintenance Expense (CEME) accounts. These accounts are used to pay for expenses that are incurred for Protective Services clients. The unit reconciles any overpayments made to Child Care, Foster Care and Adoption providers. The reconciliation is done between the Joint Accounting System (JAS) and SHARE.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

2.1.1.2. Contract Audit/Review/Support

The Contract Audit/Review/Support unit provides support for all procurements and payments of CYFD's contracts. It is responsible for preparing the financial documents – Purchase Orders and Payment Vouchers and ensuring the contractors are paid accurately and timely. These contracts are funded by many different funds CYFD receives. Some contracts are funded entirely with state general fund, while other contracts are funded with one hundred percent Federal funds or a combination of funds. The unit also conducts fiscal reviews of these contractors by going to their places of business and reviewing the contractor's fiscal records, minutes of Board meetings, etc. These site visits are conducted by all the staff within the unit and are not assigned specifically to one program area.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

2.1.1.3. Accounts Payable

The Pre-post Audit unit provides support for payment of CYFD's obligations other than contracts. It is responsible for ensuring the accuracy of the payment vouchers and ensuring these payments are made in a timely manner. The Warrant Production unit is responsible for ensuring the warrants for CYFD's various providers that are produced by CYFD's family automated client tracking system (FACTS) is in sequential order. The unit then takes the warrants to the mailroom staff so they can be mailed out the same day, if possible. The staff members within this unit provide their support to all the program areas and are not assigned to support any specific program area.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

2.1.1.4. Fixed Assets

The Fixed Assets unit is responsible for ensuring CYFD's capital assets are tagged, recorded and reconciled. It is responsible for providing guidance in the capital asset process to the assigned capital assets coordinators who are located throughout the state.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

2.1.2. Purchasing

The Purchasing Manager is responsible for management and oversight of the Contracts Development and Procurement units within Administrative Services.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

2.1.2.1. Procurement

The unit is responsible for providing support for procuring goods and services for CYFD's staff members. It is responsible for ensuring the agency staff members are correctly procuring goods and services as specified in the state statutes, namely the State Procurement Code. It is responsible for ensuring the fiscal document, Purchase Order, is accurate and processed in a timely manner. The staff members assigned to this unit process these purchase orders for all of CYFD's program areas and as such, are not designated to any specific program area of CYFD.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

2.1.2.2. Contracts Development

The unit is responsible for the support of the development of the CYFD's contracts. Its responsibility is to ensure every contract coming out of CYFD is accurately prepared in accordance with Federal and state guidelines. Every contract is processed as it comes through the unit with no staff member being specifically assigned to a program area.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

2.1.3. General Services Section

The General Services Section manages all CYFD property leases, provides copy center support, administers the voice telecommunications network and work order process, accounts for department assets and vehicle leases, oversees procurement and contract development.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

2.1.3.1. General Services Units

This unit is responsible for ensuring leases of privately-owned buildings are accurate and payments to the landlords are accurate and paid in a timely manner. It is responsible for the procuring of office space and ensuring CYFD's staff members have adequate work areas. The unit is responsible for tracking the vehicles that are leased from the General Services Department – Transportation Services Division. It is responsible for ensuring the payments of these leases are accurate and paid in a timely manner. The unit ensures department staff has adequate telecommunications support. It ensures payments for the telecommunications costs are accurate and paid timely. The unit also prepares Internal Purchase Requests (IPR's) for the Program Support staff that is located in the PERA building. This unit provides mailroom and copy services as well. It delivers and picks up outgoing and incoming correspondence. The services provided by this unit cross the entire department.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

2.1.3.1.1. Telecom Network

The Telecom Network Unit of the Property Management Section is responsible for handling the payments of Telecom expenses. The State Department of Information Technology bills CYFD for expenses relating to Telephonic and Network Communications. The unit is also responsible for managing the phone network and setting up new employees on the network.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

2.1.3.1.2. Property Leases

The Property Leases Unit of the Property Management Section is responsible for handling the payments of leases for the various buildings that are rented by CYFD. Various leasers will bill CYFD for expenses relating to the rent of the space occupied by the various program areas.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

2.1.3.1.3. Mail Room / Copy Center

The Copy Center is responsible for maintaining copying equipment as well as carrying out requests for bulks copies. The Mail Room is responsible for receiving, sorting and organizing mail according to program area.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

2.1.3.1.4. Fleet Section-Vehicle Leases

The Vehicle Leases Unit of the Property Management Section is responsible for handling the payments of vehicle expenses. The State Department of General Services Department bills CYFD for expenses relating to vehicles used by the various program areas. The Section then passes the expenses to the corresponding program area and, where possible, program units and tracks the expenditures in the state's SHARE Financial System.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

2.1.4. Background Checks Section

Background Checks focuses on background investigations for potential employees, volunteers in CYFD facilities, and residential treatment centers.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

2.1.5. Administrative Services Research Analyst

The Research Analyst works to translate FACTS to SHARE for financial claiming and creates reporting categories.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

2.2. Budget and Revenue Bureau

The Budget and Revenue Bureau Chief is responsible for coordination and preparation of the annual budget cycle, monitoring expenditures and revenues, ensuring accurate cost allocation and federal draw downs and reconciliation of Federal funds.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

2.2.1. Budget Preparation / Projections

The budget section is responsible for preparing CYFD's annual budget request and operating budget. The bureau also coordinates the annual budgeting process that includes, but is not limited to, monitoring, revenue and expenditure projections, preparing budget

adjustment requests for all of the program areas. All of the staff within the section is responsible for all of the aspects of the budgeting process for an assigned program area.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

2.2.2. Revenue/Federal Grants Section

The Federal Grants section administers all Federal, state and private grants related to the Federal reporting, grant accounting, Federal cash draw downs, billing for services provided by the agency, reconciliation of grant expenditures and revenues. Each of the staff members is assigned Federal grants in which they are responsible for all of the accounting aspects of his/her assigned grants. Some of these aspects include, but are not limited to, ensuring expenditures and revenues are correctly recorded in the accounting system, Federal cash drawdowns are done accurately and timely, reconciliation of Federal grant worksheets to accounting system is done timely. The Section is also responsible for creating Journal Entries, Correcting Entry documents and for maintaining the chart of accounts.

The section is also responsible for inputting the statistical information for the quarterly cost allocation into the stand-alone cost allocation software, administering the random moment sampling software, and preparing cash reports for the agency's Federal grants.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

SECTION III. INFORMATION TECHNOLOGY SERVICES

The Information Technology Division (ITD) provides support for Enterprise applications include those that support Protective Services Division, Juvenile Justice Services, and Behavioral Health Services workers. These include the Family Automated Client Tracking System (FACTS), the National Electronic Interstate Compact Enterprise system (NEICE), development for the upcoming Comprehensive Child Welfare Information System (CCWIS), and Digital Services web applications, portals, and dashboards. CYFD has submitted an Implementation Advance Planning Document Update (IAPDU) to address outstanding conditions for the state's comprehensive health and human services information technology enterprise project, which has been approved for Development costs associated with the CCWIS system.

FACTS is the key automated system developed for CYFD. This system is not used by other state agencies. FACTS is used by direct line workers statewide within CYFD. In addition to child welfare functionality, FACTS has functionality that supports subsidy payments to providers and juvenile justice for the purposes of capturing and reporting data.

ITD provides the following services for FACTS:

- Application development and support;
- Data and reporting to include CYFD compliance with SACWIS, AFCARS, NCANDS, NYTD, Federal, and State requirements;
- Web System reporting to include CYFD compliance with Federal and state reporting;
- Database management;
- User Help Desk;
- Program management and administration (including data verification and correction);
- Production control for payment processing; and
- Publication of quarterly and annual statistics.

3. Chief Information Officer

The Chief Information Officer is responsible for oversight of the Information Technology Services, including the General Administration, Applications Support, Operations Support, and the Technical Support sections.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

3.1. IT Project Manager III (General Administration)

General Administration processes all administrative requirements for ITD including budget monitoring and control, purchase documents, IT contracts, Request for Proposal/Request for Information documents, annual IT maintenance, training, timesheets and personnel actions. General Administration oversees critical projects through all cycles of the project lifecycle,

facilitates the annual planning and development of CYFD's IT strategic plan and assists with Federal, state and legal reporting in cooperation with the service groups within CYFD.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

3.2. IT SECURITY & COMPLIANCE

The IT Security and Compliance is responsible for the IT security of the Agency to include Internet security, network security, server security, desktop security, physical IT security, software security, web application security and IT disaster recovery. The IT Security and Compliance Section is responsible for maintaining the agency's LAN/WAN all infrastructure security equipment, including but not limited to firewalls, virtual protocol network (VPN). IT Security and Compliance is responsible for Internet related applications such as firewall services and Internet access.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

3.3. IT DATA SERVICES

IT Data Services is responsible for all activities around data governance, data quality, and integrity and works closely with the program staff and IT applications development staff to assure that data reporting is performed in a timely and accurate basis.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

3.4. Deputy Chief Information Officer

The Deputy CIO oversees the Service Desk and Support units, the Operations section and Development sections of ITD.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

3.4.1. IT Operations and End User Support Section

The End User Support Section provides levels one and two customer service support to all FACTS users. Comprised of two units, one functions as the Service Desk and the other provides End User Support. IT Operations manages incidents, service and changes requests, and release and configuration management. IT Operations is responsible for problem management, assets management and release management to changes in desktop hardware or software. OPS also administers web systems, schedules and generates FACTS reports,

prints the agency's warrants and maintains ITS documentation. IT Operations manages file and print services and shared data storage; the online reporting environment.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

3.4.2. IT Infrastructure

IT Infrastructure is comprised of two units, one functions as the Systems Administration and the Network Administration. This Section is responsible for maintaining the agency's data and computing environments at its main data center and the offsite Disaster Recovery environment. This supports the CYFD and Juvenile Justice Education LAN/WAN infrastructure which include all network and security equipment, the blade server, storage and virtual environment that support the agency's core application and database environment. This is responsible for the servers that support user login/ID information, Dynamic Host Configuration Protocol (DHCP), file and print services and shared data storage; the online reporting environment; the email gateway (SMTP), Intranet and Domain Name Services (DNS) environments; and Internet related applications such as firewall services and Internet access.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Department

3.4.3. Applications Development

The Applications Development Section (ADS) provides all aspects of software support for the mission-critical FACTS application and CYFD web applications. ADS activities include daily operational support, planning and implementing enhanced system functionality and compliance with Federal and state reporting requirements. ADS also supports, the development of future enhancements to FACTS, taking increased advantage of the potential of web-based operations.

Allocation Method: IT Utilization Report
Allocation Statistic: CCWIS Development cost allocation

SECTION IV. JUVENILE JUSTICE SERVICES

The mission of Juvenile Justice Services (JJS) is to provide qualitative rehabilitative services and treatment for delinquent and at-risk juveniles in the least restrictive environment. JJS is committed to improving public safety and reducing juveniles' delinquent behavior in the State of New Mexico. To accomplish this mission, JJS must provide responsive, coordinated and cost- effective services to juveniles committed to CYFD custody. The services and activities are based on objective, measurable, well-defined criteria and are client and family focused and built on existing strengths.

JJS encompasses five specialized facilities and is responsible for monitoring and certification of all juvenile detention centers in the State of New Mexico.

4. Juvenile Justice Services Division Director

The JJS Division Director's office provides oversight to the Deputy Director of Administration, the Deputy Director of Facilities, and the Deputy Director of Field Operations. The JJS Division Director plans, develops and executes policy, as well as coordinates all program activities, including direction of the Juvenile Justice Advisory Committee. The JJS Division Director is directly responsible for all budgetary decisions within JJS.

The JJS Division Director's Office also provides administrative support to the Juvenile Justice Advisory Committee (JJAC) which is charged, under the Federal Juvenile Justice and Delinquency Prevention Act, with providing advice and recommendations to the Governor and the State Legislature on issues, trends and practices of the State's juvenile justice system.

Allocation Method: FTE Allocation
Allocation Statistic: **FTE by Division**

4.1. Deputy Director: Administration

The Deputy Director of Administration helps the Division Director in the development and execution of administrative policy. The administrative policy covers daily operations of the JJS Facilities. The Deputy Director of Administration is also responsible for the development of financial data (including budget management), personnel management, the contract/grant process, physical plant/Infrastructure Capital Improvement Plan (ICIP), and statistical data development and analysis. The administrative support staff assist the Deputy Director in these areas.

Allocation Method: FTE Allocation
Allocation Statistic: **FTE by Division**

4.1.1. Contracts

The Contracts section within Juvenile Justice Services is responsible for all contracts for the department, specifically those that are funded through general fund. This includes but is not limited to: creation and approval through Administrative Services Division of all RFPs, ITBs, and sole source items.

Allocation Method: State funded

4.1.2. Budget and Finance

The Budget and Finance section within Juvenile Justice Services is responsible for coordinating with the Budget and Finance bureaus within Administrative Services.

Allocation Method: State funded

4.1.3. Physical Plant

The Physical Plant unit is responsible for all buildings and grounds maintenance at the three secure state facilities and one reintegration center for the Juvenile Justice department.

Allocation Method: State funded

4.1.4. Personnel Management

The Personnel Management unit is responsible for the human resources actions within all JJS, encompassing Field and Facility staff actions.

Allocation Method: State funded

4.2. Deputy Director: Facilities

The Deputy Director: Facilities is responsible for the management of the various facilities within the Juvenile Justice system. Oversight includes the Youth Diagnostic and Development Center (YDDC), and the John Paul Taylor Center (JPTC).

Allocation Method: State funded

4.2.1. Youth Diagnostic and Development Center

The Youth Diagnostic and Development Center (YDDC) provides short-term (15-day diagnostics, as well as, 1 year, 2 year and up to 21 commitment) residential care, custody, diagnosis, evaluation, and individualized treatment programs. The programs are for male juveniles committed to the facility by the Juvenile Courts. It provides a positive reinforcement program for residents to experience and learn new behaviors that will enhance success both within and outside the facility. Individual programs developed for each resident include goals and objectives for the commitment period. Each cottage provides individual and group counseling.

The state supported school for YDDC is Foothills High School. The YDDC campus has a high school curriculum from which each resident is involved in an individualized educational plan. This plan can include special education, GED preparation, and gifted programs, depending on the assessed educational needs of the youth. Also, an in-depth vocational program is available for long-term residents. YDDC serves as the intake and diagnostic testing center. Medical Services include health evaluations, physical examinations, daily sick call, visual and dental exams, and health education.

Allocation Method: State funded

4.2.2. John Paul Taylor Center

The J. Paul Taylor Center is a 48-bed facility for males that is located in southern New Mexico in Dona Ana County near the city of Las Cruces. The facility houses adjudicated males that have been committed to the Children, Youth and Families Department. The client's range in age from 13-20 and come from all across the state. The facility houses a state supported school – Aztec Youth Academy. The school offers regular and special education courses. In addition, they offer both a diploma and GED track. For those client's that have either graduated or receive their GED, they have the opportunity to enroll in on-line classes through the Central New Mexico Community College (CNM). There are medical services that are available 24 hours a day. JPTC has vocational programming and a greenhouse. The facility provides a number of services that the clients have the opportunity to take advantage of including Welding, Native American Programming, AA groups, mentoring groups, Santa Fe Mountain Center outings and Young Father's Programming.

Allocation Method: State funded

4.2.3. Deputy Director of Behavioral Health

The Deputy Director of Behavioral Health provides oversight and management supervision of the psychologists and clinical staff within each of the facilities enumerated above.

Allocation Method: State funded

4.2.4. Health Services Administrator

The Health Services Administrator oversees the work of the medical, nursing, dental, psychiatry, and medical support staff within the JJS facilities.

Allocation Method: State funded

4.2.5. Performance and Policy Bureau

The Performance and Policy Bureau provides a strategic link between CYFD's vision, JJS' operating philosophy, and our day-to-day operations. Recruitment, hiring practices, and proper training must be supplemented with updated policies and procedures that support and reflect our commitment to self-improvement/self-regulatory processes.

Allocation Method: State funded

4.2.6. SOC COM Coordinators

The JPSAB consists of up to seven members appointed by the Governor. The Board's purpose is to advise CYFD on release decisions for juvenile offenders committed to the custody of CYFD. The Board also provides recommendations regarding the care and

treatment of youth assigned to facilities and any other matters pertinent in the judgment of the Board.

The coordinator of Volunteer Programs is responsible for the management and oversight of all activity of volunteering in JJS Facilities or on behalf of the organization for which they are recruiting volunteers to advance the Human Welfare of our disadvantaged Client population. The Coordinator of Volunteer Programs work focuses on all aspects of planning, development, implementation and evaluation of the volunteer program which connects Clients to community resources & social services programs.

Allocation Method: State funded

4.2.7. Superintendent of Education

The Education Superintendent administers the educational programs within the JJS facilities.

Allocation Method: State funded

4.2.8. Juvenile Corrections Officer Supervisor

The primary purpose of this position is to provide proper security, treatment, care and custody of juvenile clients in a correctional/ rehabilitation facility.

Allocation Method: State funded

4.3. Deputy Director: Field Operations

Field Operations integrates community-based probation and supervised release services with community-based transition, behavioral health, and other prevention and intervention services.

Field Operations plans, directs, coordinates and provides comprehensive and integrated services to children and youth by providing, opportunities to serve communities and by intervening with at-risk children to prevent further problems and maximizing the overall health and stability of children and their families. Services emphasize prevention and early intervention in probation services, aftercare and transition in supervised release services. Transition services and independent living assist older youth in achieving a healthy adulthood, whether they are exiting juvenile justice or protective services. The Deputy Director is responsible for the oversight and management of all the services and programs within the purview of Field Operations, including the Special Programs Unit (SPU), the Interstate Compact for Juveniles (ICJ) program, Transition Services, and the Juvenile Reintegration Centers (JRC).

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Program

4.3.1. Associate Deputy Director – Central Region

The Associate Deputy Director -Central Region oversees field services completes the following functions for the Central Region: administering Department and Division mandates with the region, supervising Chief JPO's within the region, administering regional budgets, overseeing the client tracking system, coordinating regional services, monitoring all region activity related to JJS, helping the Director and Deputy Director in program development, planning direction with the Director, and performing Quality Assurance functions.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Program

4.3.1.1. Chief JPOs – Central Region

The Chief JPOs -Central Region oversees JPO supervisors and their units.

Allocation Method for Managers: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

Allocation Method for JPOs: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

4.3.2. Associate Deputy Director – Southern Region

The Associate Deputy Director -Southern Region oversees field services completes the following functions for the Southern Region: administering Department and Division mandates with the region, supervising Chief JPO's within the region, administering regional budgets, overseeing the client tracking system, coordinating regional services, monitoring all region activity related to JJS, helping the Director and Deputy Director in program development, planning direction with the Director, and performing Quality Assurance functions.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Program

4.3.2.1. Chief JPOs – Southern Region

The Chief JPOs -Southern Region oversees JPO supervisors and their units.

Allocation Method for Managers: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

Allocation Method for JPOs: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

4.3.3. Special Programs

The Special Programs Unit consists of the Disproportionate Minority Contact Coordinator, Grants Management, Detention Compliance Monitor, JDAI, Research Analysts, and Clerical Staff.

Allocation Method: State funded

4.3.4. Associate Deputy Director— Northern Region

The Associate Deputy Director – Northern Region oversees field services statewide and complete the following functions: administering Department and Division mandates with the region, supervising Chief JPO's within the region, administering regional budgets, overseeing the client tracking system, coordinating regional services, monitoring all region activity related to JJS, helping the Director and Deputy Director in program development, planning direction with the Director, and performing Quality Assurance functions.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Program

4.3.4.1. Chief JPOs – Northern Region

The Chief JPOs -Northern Region oversees JPO supervisors and their units.

Allocation Method for Managers: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

Allocation Method for JPOs: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

4.3.5. Juvenile Reintegration Center Superintendent

The three Juvenile Reintegration Centers/Community Based Facilities seek to provide for the successful reintegration of committed juveniles from institutions to parole through community residential programs. All programs use available community resources and develop individual program plans for each program participant. Emphasis is placed on positive community interaction and development of social skills. A centralized administrative staff team is responsible for the management of the centers.

Allocation Method: State funded

4.3.5.1. JRC Program Managers and Juvenile Corrections Officers

The JRC Program Managers oversee the Juvenile Corrections Officer supervisors and their units.

Allocation Method: State funded

4.3.5.1.1. Eagles Nest Reintegration Center

The Eagle Nest Reintegration Center is a former forestry camp located in the Sangre De Cristo mountain range of northern New Mexico. The center takes juveniles from an urban setting to a rural setting. This movement helps in preparing these juveniles for transfer to other reintegration centers.

Allocation Method: State funded

4.3.5.1.2. Albuquerque Girls Reintegration Center

The Albuquerque Girls Reintegration Center provides a positive reinforcement program for residents to experience and learn new behaviors that will enhance success both within and outside the facility. The campus also has a high school curriculum which provides each resident with an individualized educational plan.

Allocation Method: State funded

4.3.5.1.3. Albuquerque Boys Reintegration Center

The Albuquerque Boys Reintegration Center offers independent living skills programs and emphasizes public school, and alternative high school programs and vocational training.

Allocation Method: State funded

4.3.6. Transitions Unit

Upon commitment to a CYFD correction facility, youth are linked with a Transition Coordinator who works intensively with them and their families through their commitment and release or discharge from parole. Transition coordination with the youth and family includes active planning, coordination with and linkage to concrete services (housing/independent living, educational/vocational, employment, Medicaid, Social Security Disability Insurance, etc.), as well as intensive clinical, recovery- oriented planning and coordination for, contact with, and monitoring of identified youth in appropriate behavioral health services, to include mental health and substance abuse services. Transitional living plans are developed for all youth in CYFD custody.

Allocation Method for Managers: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

Allocation Method for JPOs: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

4.4. QA Director and Units

The QA Director signs, designs, implements, administers, manages, and oversees quality assurance functions for Juvenile Justice Services; mainly relating to the secure facilities and including involvement in JJS Administration. These QA functions directly address the Division's performance related to client and public, public safety and security, and client rights and services. It requires detailed understanding and analysis of a complex set of Statutes, rules, regulations, policies, procedures, protocols, and other governing authorities; as well as support in policy development and materials distributed to explain and enable them.

Allocation Method: State funded

SECTION V. BEHAVIORAL HEALTH SERVICES

CYFD is the behavioral health authority for all children in New Mexico. BHS is the lead on children's behavioral health policy in collaboration with other State Agencies to include the Human Services Department (HSD), Department of Health (DOH), Public Education Department (PED), Early Childhood Education and Care Department (ECECD), and the Behavioral Health Collaborative. BHS staff provide technical assistance and consultation with providers and other CYFD colleagues serving children and youth who are:

- At-risk of CYFD custody
- Involved with CYFD
- Post-CYFD involvement
- Never involved with CYFD

Statewide Behavioral Health Services to improve the quality of life for youth and families include the following:

Community Behavioral Health Clinicians (CBHC):

- Provides additional clinical consultation to team members of CYFD involved children to decrease out-of-home placements
- Improves access to trauma responsive community behavioral health services and supports

Licensing & Certification Authority (LCA) Bureau:

5. Behavioral Health Services Division Director

The BHS Director is responsible for the management of all programs regarding children's behavioral health services.
This position further represents CYFD on children's behavioral health policy decisions statewide.
Allocation Method: FTE Allocation
Allocation Statistic: **FTE by Division**

5.1. Behavioral Health Services Division Program and Finance Deputy Director

The BHS Program and Finance Deputy Director is responsible for the management of all programs regarding children's behavioral health services. This position further represents CYFD on children's behavioral health policy decisions statewide. Managers and staff work on programs that are funded in part through SAMHSA, Systems of Care, and Healthy Transitions Expansion Program grants, that support the startup of services that are sustainable via Medicaid billing or other funding sources, where appropriate.

Allocation Method: FTE Allocation
Allocation Statistic: **FTE by Division**

5.1.1. Financial Manager

This position acts as the BHS Finance Manager and supervises the administrative functions of the division. This position is responsible for oversight of state general and federal funds through oversight, quality assurance, and compliance monitoring.
Allocation Method: FTE Allocation
Allocation Statistic: **FTE by Division**

5.1.1.1. Contracts Manager

The Contracts Managers is responsible for oversight of all state and federally funded contracts that are processed either directly through CYFD or via the Behavioral Health Collaborative Administrative Services Organization (ASO). This position will oversee the division's administrative services work. This position will serve as the CYFD liaison to the Behavioral Health Collaborative Contract Manager for the ASO contract. This position will supervise a team of finance and administration staff.

Allocation Method: FTE Allocation
Staff allocation: **FTE by Division**

5.1.1.1.1. Financial Coordination Manager

This position is necessary to oversee the development, processing, and fiscal oversight of over the hundreds of contracts that CYFD BHS holds at the ASO, as well as new contracts in the future. This position will provide financial updates to leadership and make recommendations to program managers as needed to ensure that budgets are approved, line-item changes are made, and allocations are spent timely and appropriately.

Allocation Method: State funded

5.1.1.1.2. Grant Compliance Coordinator

The Federal Grant Compliance Coordinator is responsible for analyzing, monitoring and reconciling the grant. This position monitors the grant expenditures to ensure transactions are posting correctly; monitor the contracts within the grant; and track the expenditures and un-obligated balances to assist with completing the FFR and other grant related documents. It assists the Grant Project Directors with review of grant budget and completing grant carryover requests and close outs. In addition, this position assists CYFD with ensuring that is in compliance with the terms and conditions of the grant.

Allocation Method: Direct to Grant 50/50% (Systems of Care and Healthy Transitions Expansion)

5.1.1.1.3. Administrative Services Manager

This position is responsible for monitoring BHS administrative functions of the division, to include equipment, supplies, telecom, travel, and building space. This position will complete financial tasks at the direction of their supervisor to ensure that program deadlines are met. This position will supervise a team of finance staff.

Allocation Method: State funded

5.1.1.2. Quality Manager

The Quality Manager is responsible for overseeing the quality improvement efforts of the division to ensure process methods are in alignment and in compliance with state and federal regulations. The position oversees compliance with the division's contract deliverables, oversight of the collection of outcomes, and collaboration with program evaluators, to ensure a process for continuous improvement within BHS while meeting programmatic requirements. This position oversees production of reports and recommendations to division and department leadership. This position will supervise a team of Standards and Compliance staff.

Allocation Method: State Funded and Direct to Grant 50/50% (Systems of Care Grant)

5.1.1.2.1. Standards and Compliance Manager

The Standards and Compliance Manager is responsible for overseeing the processing of contracts and allocations to the Behavioral Health Collaborative Administrative Services Organization (ASO). This position collaborates with the Project Director, Federal Grant Analyst, and Quality Manager to ensure that grant funds are processed effectively and appropriately.

Allocation Method: State Funded and Direct to Grant 33/33/33% (Healthy Transitions Grant/Systems of Care/State Funded)

5.1.2. Behavioral Health Manager

The Behavioral Health Manager is responsible for providing leadership and oversight of mental health initiatives and federal grants for BHS. This position serves as a children's behavioral health subject matter expert for internal and external initiatives, participating in relevant policy and program committees and workgroups. This position supervises a team of managers and staff who oversee Infant Mental Health, Substance Use/Transition Age Youth, and Domestic Violence services and supports. This position provides leadership and oversight of the fiscal management of its team's initiatives.

Allocation Method: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

5.1.2.1. ASURE Manager

The Adolescent Substance Use Reduction Effort (ASURE) Manager is responsible for all programs and activities related to substance use services to adolescents, including intensive outpatient programs, and other programs for adolescents and transition age youth. This position is responsible for overseeing and ensuring compliance with related federal grants. This position also oversees shelter continuum programs.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Program

5.1.2.1.1. ASURE Program Managers

The Adolescent Substance Use Reduction Effort (ASURE) Program Manager provide oversight and guidance to services and supports for transition-age youth. They collaborate with community behavioral health providers to support successful implementation of related federal grants. These positions also provide technical assistance to community behavioral health providers to ensure fidelity to services.

Allocation Method: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

5.1.2.1.1.1. ASURE Transition Age Program Manager

The Transition Age ASURE Program Manager provides oversight and guidance of behavioral health programs for transition age youth.

Allocation Statistic: State Funded

5.1.2.1.1.2. ASURE Intensive Outpatient Program Managers

The Intensive Outpatient ASURE Program Manager collaborate with Behavioral health providers to support successful implementation of intensive outpatient services.

Allocation Method: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

5.1.2.1.2. Housing Program Manager

This position will oversee BHS housing initiatives, to include Facility and Community-Based Shelter Services, Young Parent Homes, New and Innovative Housing Programs, and Safe Homes.

Allocation Method: State Funded

5.1.2.2. Infant Mental Health Manager

The Infant Mental Health Manager position is to manage the Infant Mental Health (IMH) program for BHS. This includes IMH Teams and Child Parent Psychotherapy (CPP) contracts, as well as infrastructure contracts to include training, data system, consultations and community of practice. This position also serves as the department's subject matter expert and advocate for Infant Mental Health. This position supervises a team of two staff.

Allocation Method: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

5.1.2.3. Domestic Violence Manager

The Domestic Violence Manager exists to develop, oversee, and coordinate statewide service delivery activities for Domestic Violence Services. This position addresses policies and efforts relative to Domestic Violence survivors, offenders and children as well as the implementation of related trainings, services and supports to staff, partners, providers and other key stakeholders. This position oversees Domestic Violence federal grants and ensures compliance with grant goals. This position partners with key stakeholders, community providers and funders to support successful delivery of services and supports statewide.

Allocation Method: State Funded or Direct to Grant

5.1.2.3.1. Domestic Violence Program Managers (Staff)

The Domestic Violence Program Managers oversee Domestic Violence provider contracts statewide. They provide technical assistance to providers, oversee contract compliance, and support providers as they collaborate with other system partners. These positions collect program outcome information necessary for federal reporting and compliance with Domestic Violence performance measures.

Allocation Method: State Funded

5.1.3. Clinical Manager

The Clinical Manager exists to develop, oversee and coordinate statewide service delivery activities. In addition, this position provides training, supervision, consultation and resources related to BHS' High-Fidelity Wraparound program. This position addresses policies and efforts relative to children and youth experiencing multi-system involvement, and the implementation of related trainings, services and supports to staff, partners, providers and other key stakeholders for the development of a trauma responsive system of care. This position oversees workforce development efforts for children's behavioral health providers with the NMSU Center of Innovation. The Clinical Manager oversees efforts on the Health Transitions Expansion Program (HTEP) and System of Care III grants.

Allocation Method: State Funded or Direct to Grant

5.1.3.1. Service Array Manager

The Service Array Manager serves as the lead for BHS to identify and support a comprehensive continuum of children's behavioral health services statewide that are trauma–responsive, culturally and linguistically responsive, and youth and family driven. This Manager oversees youth and family engagement efforts for the Division. The Service Array unit works on the Healthy Transitions Expansion Program (HTEP) Grant and the Systems of Care grant. This position serves as the HTEP Project Director. This position supervises Youth and Family Engagement positions.

Allocation Method: State Funded or Direct to Grant

5.1.3.1.1. Family Engagement Lead

The Family Engagement Lead oversees Family Engagement trainings and Family Peer Support Implementation. This position recruits and engages family members for New Mexico's Family Peer Support Worker training and certification. This position oversees the implementation of Family Peer Support Services statewide. It also oversees the Family Peer Support Worker certification process with the New Mexico Credentialing Board for Behavioral Health Professionals. The Family Engagement Specialist elicits family member input on policies to further develop the behavioral health system in New Mexico.

Allocation Method: State Funded or Direct to Grant

5.1.3.1.2. Statewide Youth Coordinators

The Statewide Youth Coordinators oversee Youth Engagement and Youth MOVE NM local chapter development for grant sites. These positions recruit and engage young people for New Mexico's Youth MOVE NM chapter of Youth MOVE National. These positions support youth participation and voice at local and state governance committees and the Behavioral Health Planning Council/Child and Adolescent Subcommittee. They elicit youth input on policies, supporting youth at national conferences, assisting in the planning and implementation of the annual Youth Satisfaction Survey.

Allocation Method: State Funded

5.1.3.1.3. Statewide Youth Coordinators

The Statewide Youth Coordinators oversee Youth Engagement and Youth MOVE NM local chapter development for grant sites. These positions recruit and engage young people for New Mexico's Youth MOVE NM chapter of Youth MOVE National. These positions support youth participation and voice at local and state governance committees and the Behavioral Health Planning Council/Child and Adolescent Subcommittee. They elicit youth input on policies, supporting youth at national

conferences, assisting in the planning and implementation of the annual Youth Satisfaction Survey.

Allocation Method: Direct to Grant (Systems of Care)

5.1.3.2. Grant Project Director

The Project Director is responsible for direct oversight of the grant project budget, contracts, and meeting grant deliverables. This position will assemble and serve as the chair of the Statewide Governance Team, collaborate with grant staff, and oversee evaluation staff.

Allocation Method: State Funded or Direct to Grant

5.1.3.3. Wraparound Manager

The Wraparound Manager oversees the planning, development, policies and procedures, steering committees, implementation and evaluation of the CYFD BHS High-Fidelity Wraparound model and supervises the Wraparound Coordinators.

Allocation Method: State Funded

5.1.3.3.1. Wraparound Coordinators

The Wraparound Coordinator participates in the planning, development, policies and procedures, steering committees, implementation and evaluation of the CYFD BHS High-Fidelity Wraparound (HFW) model. This position helps ensure compliance and fidelity to **HFW** model and implementation plan through training, coaching, mentoring and technical assistance to Wraparound Facilitators across the state.

Allocation Method: State Funded

5.1.3.3.2. Wraparound Coordinators

The Wraparound Coordinator participates in the planning, development, policies and procedures, steering committees, implementation and evaluation of the CYFD BHS High-Fidelity Wraparound model. This position helps ensure compliance and fidelity to Wraparound model and implementation plan through training, coaching, mentoring and technical assistance to Wraparound Facilitators across the state.

Allocation Method: Direct to Grant

5.2. Behavioral Health Services Office Supervisor/HR Unit

The Behavioral Health Office Support/HR Unit is responsible for administrative functions to provide human resource support to BHS in the areas of compensation, classification, benefits,

payroll, recruitment and transactions processing. The position liaises with the CYFD Human Resources staff who provides assistance with the interpretation of State Personnel Board Rules, PERA Rules, CYFD policies and procedures, federal and state laws related to Human Resources such as Fair Labor Standards Act, Equal Pay Act, Age Discrimination Act, and Family Medical Leave Act. Demonstrates independent performance of all activities with considerable latitude to plan and organize daily work within established procedures. Responsible for management support service activities.

Allocation Method: State Funded

5.3. Licensing and Certification Authority Deputy Director

The Licensing and Certification Authority (LCA) Bureau Deputy Director is responsible for the direct oversight of the LCA Bureau. This position collaborates with leadership and key stakeholders on policies related to the LCA. This includes working with the assigned OGC regarding content and formatting of reports and complicated situations. This position works closely with OGC and OTS with high profile situations. The LCA Bureau certifies compliance with state and federal regulations for an array of six children/youth Medicaid behavioral health services operated by in-state Medicaid providers. The LCA's certification reviews assess compliance with active treatment, quality of care, monitoring of trauma-responsive care, health and safety, personnel requirements and other service delivery regulatory standards. The LCA licenses Medicaid facility-based providers as well as non-Medicaid Children's Crisis Shelters operating in New Mexico. The LCA also supports the development of additional services as identified by Behavioral Health Services.

Types of Facilities the LCA Regulates:

- Accredited Residential Treatment Centers (ARTC)
- Non-accredited Residential Treatment Centers (RTC)
- Group Home Services (GHS)
- Treatment Foster Care Services (TFC)
- Day Treatment Services (DTS)
- Behavioral Management Services (BMS)
- Community Shelters
- Multi-Service Homes
- New or Innovative Programs

Allocation Method: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

5.3.1. Licensing and Certification Authority (LCA) Bureau Chief

The LCA Bureau Chief is responsible for the overall management and oversight of the LCA Staff Managers who provide licensing and certification for Medicaid funded children's behavioral health services.

Allocation Method: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

5.3.1.1. LCA Staff Managers

The LCA Staff Manager positions manage and oversee the day-to-day operations of the CYFD Behavioral Health Services Licensing and Certification Authority (LCA), reporting to the LCA Bureau Chief. The LCA is responsible for certification of six child/youth Medicaid behavioral health services; performing statewide facility licensing surveys of identified providers operating in NM; receiving all CYFD Statewide Central Intake (SCI) reports of abuse/neglect allegations involving any child/youth receiving Medicaid BH Services from one LCA's certified and/or licensed providers; applying its licensing and/or certification regulations to its review of the SCI Report for provider compliance; receiving Serious Incident Reports (SIRS) from its regulated Providers and triaging the SIRs according to the acuity, risk and urgency of the incident and/or allegation; and investigating acute allegations of health and safety violations. These positions supervise LCA staff, with expertise in quality assurance/quality improvement mechanisms for implementation within the LCA Bureau and across New Mexico.

Allocation Method: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

5.3.1.1.1. LCA Clinician Program Monitors

The LCA Clinician Program Monitor positions conduct licensure and certification surveys of Medicaid residential treatment facilities and community-based programs that provide Medicaid behavioral health services to children and adolescents in order to evaluate service quality and determine whether prospective providers have met criteria for initial licensure and certification of medically necessary services. These positions write up detailed regulatory reports as the result of any licensing and/or certification findings identified as the result of surveys. In consultation with LCA management, these positions propose corrective action plans or more stringent interventions such as sanctions for programs substantially out of compliance with Medicaid Standards of Care and CYFD licensing and certification requirements. These positions monitor and track Medicaid provider progress on the LCA Program Monitor and Nurse Compliance Monitor's assigned caseload to ensure that all provider corrective action assignments are completed within designated timeframes. These positions conduct desk audits and writes certification reports.

Allocation Method: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

LCA Program Monitors LCA Program Monitors assist SPMPs during licensure and certification surveys and investigations of Medicaid residential treatment facilities and

community-based programs that provide Medicaid behavioral health services to children and adolescents in order to evaluate service quality and determine whether prospective providers have met criteria for initial licensure and certification. These positions provide feedback for regulatory/survey reports as the result of any licensing and/or certification findings identified as the result of surveys/investigations. In consultation with LCA management, these positions provide feedback regarding corrective action plans or more stringent interventions such as sanctions for programs substantially out of compliance with Medicaid Standards of Care and CYFD licensing and certification requirements. These positions monitor and track Medicaid regulatory compliance data.

Allocation Method: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

5.3.1.1.2. LCA Licensing Quality Assurance Specialists

LCA Licensing Quality Assurance Specialists process serious incident reports for crisis shelters and/or participate in investigations with clinicians and staff as needed under SPMP supervision. Licensing Quality Assurance Specialists are responsible for investigative report writing and notification to Medicaid regarding serious incidents/investigations related to licensing requirements for Medicaid residential treatment facilities. Licensing Quality Assurance Specialists are responsible for consulting with supervisor regarding the severity of the incidents and/or need for investigations as well as throughout the investigative process. These positions provide technical assistance to Medicaid residential treatment providers on regulatory licensing requirements as needed.

Allocation Method: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

5.3.1.1.3. LCA Office Administrators

The LCA Office Administrator ensures documents are provided to LCA Program Monitors and saved appropriately. Assist in screening Medicaid Provider SIR and SCI reports for high priority and notify LCA Program Monitors as to the severity and distribute accordingly. The LCA Office Administrator also notifies LCA Management of all high priority incident and SCI reports.

Allocation Method: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

5.3.1.1.4. Licensing and Certification Executive Assistant

The LCA Executive Assistant provides executive assistant support to the LCA Deputy Director and other LCA leadership by preparing reports, handling information requests, and performing clerical functions, all of which will result in better planning, follow through, correspondence and collaboration with internal and external partners.

Allocation Method: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

5.4. Community Behavioral Health Clinician Deputy Director

The CHBC Deputy Director is responsible for the direct clinical oversight of two CBHC Bureau Chiefs, indirect oversight of CBHC Regional Managers, and indirect clinical oversight of the 28 Community Behavioral Health Clinicians located in the CYFD field offices and Behavioral Health Therapists located at Juvenile Justice secure facilities. The position will coordinate, facilitate and oversee best practice, trauma-responsive care activities provided by the Department in the areas of diagnostic assessment and evaluation of probation and supervised release youth as well as act upon leave requests, conducting annual performance evaluations and recommending disciplinary actions. This position is responsible for interviewing and recommending selection of applicants and conducting training of personnel.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Program

5.4.1. CBHC Bureau Chiefs

These positions directly supervise Community Behavioral Health Clinicians (CBHCs) Regional Managers whose teams are located statewide. Primary functions include clinical reviews, the use of the Child and Adolescent Needs and Strengths (CANS) tool, oversight of children and youth in out-of-home placement, detention, and homeless shelters with regards to their clinical needs. This position is responsible for program development, professional development of employees, clinical initiatives, and interfacing with collaborative partners. Participation in statewide or district wide committees related to children's behavioral health services and initiative and working with Deputy Director to identify ways to support growth in the community.

Allocation Method: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

5.4.1.1. CBHC Regional Manager Reintegration Centers

The CBHC Regional Manager supervises CBHC Clinicians who treat adjudicated youth in a secure rehabilitative facility. The position assists in the implementation of behavioral health programs and protocols within a team environment. The Managers, Supervisors, and Clinicians participate in the time study.

Allocation Method: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

5.4.1.2. CBHC Regional Manager Albuquerque

The CBHC Regional Manager is responsible for multiple counties in their designated region. The CBHC Regional Manager is responsible for clinical supervisor of their designated staff along with assuring the behavioral health needs of youth and families involved with CYFD are being met. The Managers, Supervisors, and Clinicians participate in the time study.

Allocation Method: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.**)**

5.4.1.3. CBHC Regional Manager Santa Fe

The CBHC Regional Manager is responsible for multiple counties in their designated region. The CBHC Regional Manager is responsible for clinical supervision of their designated staff along with assuring the behavioral health needs of youth and families involved with the CYFD are being met. The Managers, Supervisors, and Clinicians participate in the time study.

Allocation Method: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

5.4.1.4. CBHC Regional Manager Las Cruces

The CBHC Regional Manager is responsible for multiple counties in their designated region. The CBHC Regional Manager is responsible for clinical supervision of their designated staff along with assuring the behavioral health needs of youth and families involved with the CYFD are being met. The Managers, Supervisors, and Clinicians participate in the time study.

Allocation Method: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

5.4.1.5. CBHC Regional Manager Roswell

The CBHC Regional Manager is responsible for multiple counties in their designated region. The CBHC Regional Manager is responsible for clinical supervision of their designated staff along with assuring the behavioral health needs of youth and families

involved with the CYFD are being met. The Managers, Supervisors, and Clinicians participate in the time study.

Allocation Method: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

5.4.1.6. CBHC Regional Manager Rio Rancho

The CBHC Regional Manager is responsible for multiple counties in their designated region. The CBHC Regional Manager is responsible for clinical supervision of their designated staff along with assuring the behavioral health needs of youth and families involved with the CYFD are being met. The Managers, Supervisors, and Clinicians participate in the time study.

Allocation Method: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

SECTION VI. PROTECTIVE SERVICES

The Protective Services (PS) program area is responsible for the protection and well-being of children and is a federally designated state child welfare agency. PS provides child protective and child welfare services to children and families within the State. Child protective and child welfare services are provided through over 30 county offices with more than 800 employees. PS is responsible for administering the State's child abuse and neglect reporting hotline, and public foster care system, providing voluntary in-home services to at-risk children and their families to prevent children coming into foster care, licensing private child placement agencies, providing services to youth aging out of foster care, monitoring all public and private adoptions, administering interstate compact programs and an array of Federal grants related to child welfare.

The PS field offices respond to all allegations of child maltreatment and work to protect children from abuse and neglect. Services in the field offices include:

- Child Protective Services (CPS) Investigations
- Substitute care of children
- Voluntary In-home Services
- Adoption Services
- Fostering Connections Services
- Placement Services
- CPS Legal Services

PS maintains a 24-hour State Centralized Intake Unit, which is the first line for report and referral of possible cases of abuse and neglect. PS also develops policies and procedures for protective services workers as guidelines for protecting children. PS provides and tracks foster care and adoption services for children needing placement and supports those youth that are transitioning from foster care to adulthood and independent living. PS is responsible for administering the Federal and state funds used to provide services to and/or support maltreated children.

Protective Services is under the general direction and supervision of the Division Director, and consists of county offices, bureaus and units.

6. PROTECTIVE SERVICES DIVISION DIRECTOR

The Protective Services Division Director is responsible for the oversight and management of all the units that exist within the Division and is assisted by six (6) Deputy Directors (Administrative Deputy Director, Program Deputy Director, three Field Deputy Directors, and Chief Children's Court Attorney) in carrying out those responsibilities.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Division

6.1. Administrative Deputy Director

The Administrative Deputy Director is responsible for the management of the administrative functions within the Protective Services Division, Statewide Central Intake, fiscal/budget/ contract management, and human resources and administration.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Division

6.1.1. Fiscal / Budget

The Fiscal/Budget unit within Protective Services works in conjunction with the Budget and Federal Revenue sections within Administrative Services. The bureau develops appropriation requests, budget management/projections, handles all purchasing and payments for the Division, is responsible for fund deposits, telecommunications and property management, develops cost analyses, and oversees all Federal program reporting as it applies to child welfare grants.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Division, except for Federal Revenue Manager who is direct to grant.

6.1.2. Human Resources and Administration

The Human Resources and Administration unit of Protective Services is responsible for additional oversight of the program area, in addition to those of Employee Support Services. In addition to generating routine and special reports, this unit tracks all Title IV- E stipend students and provides the human resources functions for all new hires.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Division

6.1.3. Contracts Manager

PSD contracts managers process ALL PSD contracts. Duties include approving CRF, Scope of Work, templates, obtain signatures from TRD, State Purchasing, CYFD/Vendor, and DFA. Monitor all contracts and track encumbrances and all payments.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Division

6.1.4. Statewide Central Intake

The Statewide Central Intake receives and evaluates all reports of abuse and neglect twenty-four hours a day, seven days a week. The unit also provides a toll-free number for foster and adoptive parents and conducts risk assessments for children involved with Juvenile Justice Services to determine the need for detention.

The SCI Regional Manager oversees two County Office Managers, a Receiving Center Manager, Family Outreach Community Engagement (FORCE) Supervisor, and REACH NM Supervisor.

Allocation Method: State funded

6.1.5. Constituency

The Constituent Liaison serves as the link between the PS Director's Office, the Office of the Secretary, the Governor's Office, PS management, PS staff and constituents statewide. The liaison responds to all calls, emails and letters related to Protective Services and constituent concerns involving children and families served by the program area.

Allocation Method: Foster Care Case-Mix Ratio
Allocation Statistic: Quarterly Foster Care Case-Mix Ratio

6.2. Program Deputy Director

The Program Deputy Director is responsible for the special programs and clinical services that directly support field operations, e.g., adoption and foster care recruitment, services to youth in transition, policies and procedures, and other program areas around behavioral health services.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Program

6.2.1. Prevention and Initiatives Bureau

The Prevention and Initiatives Bureau consists of contract Specialists who work on the following programs: Children's Justice Act, IV-B Subpart II (PSSF-CBPIR), CBCAP, and CAC.

Allocation Method: Direct to Grant

6.2.2. Federal Reporting Bureau

The Federal Reporting Bureau is responsible for:

- Developing, revising and maintaining Protective Services policies and procedures;
- Preparing reports as required for Federal funding sources;
- Managing the submission of the Title IV-E, Title XX and Child and Family Services Plans and the Annual Progress and Services Report;
- Planning and coordinating the delivery of training for PS staff, contractors, service providers and others; and
- Administering the Title IV-E stipend program with the various public universities through the state.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Program

6.2.2.1. CARA Unit

The CARA unit provides safe plans of care to newborns who are substance affected and their caretakers to reduce the likelihood of child maltreatment and increase positive wellbeing outcomes.

Allocation Method: State General Fund, except for one CARA Navigator who is direct to CAPTA

6.2.2.2. Policy and Procedures Unit

The Policy and Procedure Unit is responsible for:

- Updating policies and procedures;
- Ensuring that policies and procedures are consistent with practice, Federal and state law, and other requirements; and
- Publishing notices and conducting public hearings regarding new and revised policies.

Allocation Method: Foster Care Case-Mix Ratio
Allocation Statistic: Quarterly Foster Care Case-Mix Data

6.2.2.3. Title IV-E/Medicaid Eligibility Unit

The Eligibility Unit has overall responsibility to ensure that all foster children are reviewed for Title IV-E eligibility, that Title IV-E agreements are sufficient, and that the Title IV-E state plan is filed.

- Provides ongoing training and audits;
- Works as a liaison with NM Human Services Department's Medical Assistance Division to provide information on IV-E eligibility status of all children in foster care;
- Tracks the receipt and disbursement of Retirement, Survivors and Disability Insurance (RSDI), Supplemental Security Income (SSI) and child support payments;
- Reviews 100 percent of all foster care cases statewide to validate eligibility for Title IV-E; and
- Performs initial eligibility determinations and all re-determinations.

Allocation Method: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

6.2.3. Placement and Adoptions Bureau

The Placement and Adoptions Bureau is responsible for providing oversight to the Kinship and Adoption Unit and Foster Care Unit. It also manages the Statewide Foster Care**,** ICPC, Child Placement Agency Specialist, Adoption Recruitment, and Criminal Records Checks.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Program

6.2.3.1. Kinship and Adoptions Unit

The Kinship and Adoptions Unit tracks all subsidized adoptions and guardianships for approval and payment. The unit is also responsible for archiving, filing and monitoring all independent adoptions and for processing all adult adoptee inquiries. Kinship specialists provide support, referrals, and resources to multiple families throughout the state. To provide relative and kinship care givers access to quality trauma informed legal services and increase community collaboration that will promote and empower relative caregivers.

Allocation Method: Adoption/Guardianship Case-Mix Ratio
Allocation Statistic: Quarterly Adoption/Guardianship Case-Mix Data

6.2.3.2. Foster Care Unit

The Foster Care Unit houses the Interstate Compact for the Placement of Children (ICPC) coordinator. The ICPC coordinator processes all interstate placements of children and families. The Foster Care Unit is responsible for the licensing of all private foster care and adoption child placement agencies as well as the licensing of and consultation to those agencies. It also provides policy, procedures, and consultation for all foster placement activities in the state. The Criminal Records Check Unit processes all NCIC and Adam Walsh Abuse and Neglect Checks for prospective foster, relative foster, adoptive, guardianship, CASA volunteers and tribal foster and adoptive families seeking to become a placement for children that have entered foster care, in state and out of state. It handles all issues related to background checks, tracks and document all background checks conducted, participates in FBI and DPS audits relating to such checks and records.

Allocation Method: Foster Care Case-Mix Ratio
Allocation Statistic: Quarterly Foster Care Case-Mix Data

6.3. Field Deputy Director-Metro

The Field Deputy Director is responsible for field offices that report to up to five regionally-based managers. The regional managers report directly to a Field Deputy Director. The County Office Managers and Regional Placement Supervisors report to the Regional Manager. Field Staff units report to the County Office Manager. The field offices house investigative units, in-home services units, permanency planning units, and placement units.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Program

6.3.1. Child Protective Services Investigations Units

The Child Protective Services Investigations Unit responds to all reports of abuse and neglect of children. Investigations of these reports decide substantiation of the allegations and disposition of the case.

Allocation Method: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

6.3.2. In-Home Services Units

The In-Home Services Units consists of in-home services workers who are responsible for conducting ongoing safety and risk assessments and for developing and implementing case plans designed to ensure safety, reduce risk and enhancing parental protective capacities so as to allow children to remain in their homes. The In-Home Services Units conduct foster care candidacy determinations.

Allocation Method: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

6.3.3. Permanency Planning Units

The Permanency Planning Units consist of permanency planning workers whose activities are directed toward ensuring the children in department custody received appropriate, safe care while efforts are made to achieve permanency. The purpose of the permanency planning program is to achieve permanency for children in CYFD's custody by developing, coordinating, and accomplishing court-ordered case plans for children and their parents. While providing these services, the permanency planning workers must follow all state and federal statutes and regulations governing children in state care.

Allocation Method: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

6.3.4. Placement Units

Placement Units are responsible for conducting home studies, training and licensing and monitoring foster and adoptive family homes and special needs foster and adoptive family homes. Homes that qualify receive placement of children in CYFD's custody through court order or voluntary placement agreements signed by the parents and CYFD. Field placement staff complete this work. The Placement Unit is also responsible for searching for adoptive families for eligible children and supporting children in adoptive placements up to and after finalization.

Allocation Method: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

6.4. Field Deputy Director-North

The Field Deputy Director is responsible for county-based field offices that report to up to five regionally based managers. The regional managers report directly to a Field Deputy Director. The County Office Managers and Regional Placement Supervisors report to the Regional Manager. Field Staff units report to the County Office Manager. The field offices house investigative units, in-home services units, permanency planning units, and placement units.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Program

6.4.1. Child Protective Services Investigations Units

The Child Protective Services Investigations Unit responds to all reports of abuse and neglect of children. Investigations of these reports decide substantiation of the allegations and disposition of the case.

Allocation Method: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

6.4.2. In-Home Services Units

The In-Home Services Units consists of in-home services workers who are responsible for conducting ongoing safety and risk assessments and for developing and implementing case plans designed to ensure safety, reduce risk and enhancing parental protective capacities so as to allow children to remain in their homes. The In-Home Services Units conduct foster care candidacy determinations.

Allocation Method: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

6.4.3. Permanency Planning Units

The Permanency Planning Units consist of permanency planning workers whose activities are directed toward ensuring the children in department custody received appropriate, safe care while efforts are made to achieve permanency. The purpose of the permanency planning program is to achieve permanency for children in CYFD's custody by developing, coordinating, and accomplishing court-ordered case plans for children and their parents. While providing these services, the permanency planning workers must follow all state and federal statutes and regulations governing children in state care.

Allocation Method: Random Moment Time Study, See Appendix B

Allocation Statistic: Time Study Results (processed outside of cost allocation.)

6.4.4. Placement Units

Placement Units are responsible for conducting home studies, training and licensing and monitoring foster and adoptive family homes and special needs foster and adoptive family homes. Homes that qualify receive placement of children in CYFD's custody through court order or voluntary placement agreements signed by the parents and CYFD. Field placement staff complete this work. The Placement Unit is also responsible for searching for adoptive families for eligible children and supporting children in adoptive placements up to and after finalization.

Allocation Method: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

6.4.5. Family-Centered Meeting Program

The Family-Centered Meeting Program provides facilitators to conduct Family-Centered Meetings (a form of Guided Family Group Decision-Making) prior to filing an abuse or neglect petition and at change in placement or in the child's permanency goal.

Allocation Method: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

6.5. Field Deputy Director-South

The Field Deputy Director is responsible for county-based field offices that report to up to five regionally based managers. The regional managers report directly to a Field Deputy Director. The County Office Managers and Regional Placement Supervisors report to the Regional Manager. Field Staff units report to the County Office Manager. The field offices house investigative units, in-home services units, permanency planning units, and placement units.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Program

6.5.1. Child Protective Services Investigations Units

The Child Protective Services Investigations Unit responds to all reports of abuse and neglect of children. Investigations of these reports decide substantiation of the allegations and disposition of the case.

Allocation Method: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

6.5.2. In-Home Services Units

The In-Home Services Units consists of in-home services workers who are responsible for conducting ongoing safety and risk assessments and for developing and implementing case plans designed to ensure safety, reduce risk and enhancing parental protective capacities so as to allow children to remain in their homes. The In-Home Services Units conduct foster care candidacy determinations.

Allocation Method: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

6.5.3. Permanency Planning Units

The Permanency Planning Units consist of permanency planning workers whose activities are directed toward ensuring the children in department custody received appropriate, safe care while efforts are made to achieve permanency. The purpose of the permanency planning program is to achieve permanency for children in CYFD's custody by developing, coordinating, and accomplishing court-ordered case plans for children and their parents. While providing these services, the permanency planning workers must follow all state and federal statutes and regulations governing children in state care.

Allocation Method: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

6.5.4. Placement Units

Placement Units are responsible for conducting home studies, training and licensing and monitoring foster and adoptive family homes and special needs foster and adoptive family homes. Homes that qualify receive placement of children in CYFD's custody through court order or voluntary placement agreements signed by the parents and CYFD. Field placement staff complete this work. The Placement Unit is also responsible for searching for adoptive families for eligible children and supporting children in adoptive placements up to and after finalization.

Allocation Method: Random Moment Time Study, See Appendix B
Allocation Statistic: Time Study Results (processed outside of cost allocation.)

6.6. CPS Legal Services

CPS Legal Services are provided by the Children's Court Attorneys. The Children's Court Attorneys act as the legal arm of the Protective Services Division, representing CYFD Protective Services and the State in legal efforts related to child welfare and child dependency cases. The Children's Court Attorney represents CYFD PS throughout all aspects of the child welfare case including the initial filing of the abuse and neglect petition, custody hearing, the adjudication and dispositional hearings, permanency hearings and judicial reviews and termination of parental right motions.

Allocation Method: Blended Foster Care/Adoption Case-Mix Ratio

Allocation Statistic: Quarterly Case-Mix Data

6.6.1. Forensic Pediatrician

This position provides consultation and technical assistance regarding medical opinion and expert forensic testimony to Protective Services legal and casework staff on cases involving sexual and physical abuse.

Allocation Method: State funded

6.7. Fostering Connections Deputy Director

The Fostering Connections Program works with adolescents, most generally from around the age of sixteen onward with a more intensive focus once the youth turns seventeen, to assist them with managing the transition into adulthood. Services are also provided to those youth who have emancipated from foster care and youth who were sixteen years older at the time of their adoption. The bureau provides direct services to the youth and contracts for services for housing and support. The bureau also administers the State's Chafee Independent Living Grant and the Education and Training Vouchers (ETV) program.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Program

6.7.1. Fostering Connections Business Ops/Administrator

Administrator will be responsible for processing invoices, scheduling and processing travel arrangements for staff, procurement of services and goods, conducting research, preparing reports, monitoring fiscal activities for each bureau, assisting with budget preparation for each bureau, and handling information requests.

Allocation Method: State funded

6.7.2. Fostering Connections Bureau Chief

Provide oversight and supervision to field and systematic services for youth and foster care or that have emancipated from foster care between the ages of 18 and 21. Manage the daily operations of the foster and connections field and systems bureau.

Allocation Method: Direct to Grant

6.7.2.1. Program Manager for Compliance and Systems

Provides oversight and administration for the strategic planning, implementation, and evaluation of services and outcomes for Older Youth Services activities related to contract management, federal compliance, supports and services for youth with

disabilities, and supports and services related to educational/vocational opportunities for young people transitioning to adulthood.

Allocation Method: State funded

6.7.2.2. Program Manager Engagement and Training

Supervision of a team of youth advocates, a youth grievance officer, trainer/coaches, and a housing navigator to ensure delivery of high quality, developmentally appropriate, and identity affirming services and supports to older youth in foster care and young people transitioning to adulthood; effectively balances the supervisory functions of education, administration, and support to ensure staff develop the knowledge, awareness, and skills needed to align practice with the Older Youth Services values and worker competencies.

Allocation Method: State funded

6.7.3. Field Statewide Manager

The Fostering Connections Field Systems provide direct services to youth currently in foster care or youth that have aged out of foster care between the ages of 18 and 21 years old. Provide technical assistance to the field, foster/adoptive families, providers, and the community regarding youth and emerging adult development, the impact of trauma, and best practices to support engagement and thriving; provide technical assistance regarding the Chafee Act, NM Older Youth Services, and ETV program. Provide support and assistance to youth who were adopted or entered into a guardianship at age 18 and have extended adoption and guardianship subsidy and support to age 21.
The Field Statewide Manager is responsible for the field staff. The County Office Managers and Fostering Connections Supervisors report to the Field Statewide Manager. The Fostering Connection Specialists report to the Supervisors and County Office Manager.

Allocation Method: FTE Allocation
Allocation Statistic: FTE by Program

6.7.3.1. Fostering Connections Specialist Unit

Fostering Connections Specialists provide direct services to youth currently in foster care or youth that have aged out of foster care between the ages of 18 and 21 years old. Specialists provide support and assistance to youth who were adopted or entered into a guardianship at age 18 and have extended adoption and guardianship subsidy and support to age 21.

Allocation Method: Random Moment Time Study, See Appendix B
Allocation Statistics: Time Study Results (processed outside of cost allocation.)

6.8. Reimbursable PSD Federally Approved Costs or through IGA

6.8.1. Transportation Costs for Foster Parents

Transportation costs for the purposes of reimbursing foster parents are processed through the FACTS System and interfaced to SHARE by those costs reimbursed on behalf of a child who is Title IV-E eligible and reimbursable into a single cost pool that is directly assessed to Title IV-E Foster Care.

Allocation Method: Direct Charge to Title IV-E Foster Care

6.8.2. Citizen's Review Board Governmental Agreement

The Revenue/Federal Grants section processes the bills and payments under the Government Agreement between the Department of Finance and Administration (DFA) and CYFD to transfer federal Title IV-E funds to support the contract administered by DFA for services provided on behalf of CYFD Foster Care Children by the Citizen's Review Board.

The Citizen's Review Board is primarily responsible for holding reviews regarding substitute care in accordance with the New Mexico Citizen's Substitute Care Review Act.

Allocation Method: Foster Care Case Mix Ratio
Allocation Statistic: Quarterly Foster Care Case Mix

6.8.3. Respondent Attorneys Governmental Agreement

The joint powers agreement allows the title IV-E agency to claim title IV-E administrative costs of independent legal representation by an attorney for a child who is a candidate for title IV-E foster care or in foster care and his/her parent to prepare for and participate in all stages of foster care legal proceedings, such as court hearings related to a child's removal from the home.

Allocation Method: Foster Care Case- Mix Ratio
Allocation Statistic: Quarterly Case-Mix Data

D. ALLOCATION METHODOLOGIES

FTE Allocation
FTE Allocation is the allocation method used to allocate indirect costs that benefit the various management levels within the Department.

CYFD calculates the actual number of employees paid based on its Payroll Report (where allowed by benefitting programs and grants) at the end of each quarter.

FTE by Department
Costs are allocated based on the Actual Number of Employees Paid within the entire Department calculated for each particular reporting code. The FTE by Department is the allocation method used to allocate high-level indirect costs that benefit the entire Department. The statistic used to allocate the costs assigned to this method is based on the Actual Number of Employees Paid count of the entire Department.

FTE by Division
Costs are allocated based on the Actual Number of Employees Paid within the Division, e.g. Protective Services, calculated for each particular reporting code.

FTE by Program
Costs are allocated based on the Actual Number of Employees Paid within the Program or unit, calculated for each particular reporting code. The allocation is detailed at the program area level, or unit where allowed by benefitting programs and grants. These levels are denoted in our numbering scheme. An organizational unit, that is identified with a two-digit number shall be the beneficiary of the corresponding single digit code. An organizational unit that is identified with a three-digit number shall be the beneficiary of the corresponding two-digit code and so on.

EFFORT REPORTING

Costs are distributed to multiple services, grants, programs or activities based on reporting of time using data from Random Moment Sampling (Appendix B-processed through cost allocation) . Costs that benefit a single program will be direct charged to that program; any non-reimbursable time or time associated with state-funded programs, will be charged to non-reimbursable code. Staff who are dedicated to activities that benefit only one program or function do not need to keep daily time logs or participate in random moment sampling.

Direct Costs
Within the PACAP, administrative costs that are directly identifiable to a single, specific program are identified as being direct charged to the benefiting program, grant or service as appropriate. Staff who are direct charged self-certify that their time is accurately reported within the time entry process in SHARE. Time is approved by a supervisory official who has a firsthand knowledge of the activities performed to affirm 100% of time benefitting one specific program.
The certification is stored in SHARE.

TRANSACTION BASED

IT Utilization Report
The IT Utilization Report delineates the percentage of work related to operational and development IT project budget.

Non-CCWIS Operational Cost Allocation
The statistic used for non-CCWIS operational cost allocation is the PSD Foster Care Penetration Rate and 50% Title IV-E FFP.

CCWIS Development Cost Allocation
The statistic used for CCWIS development cost allocation is detailed in Appendix F.

DIRECT EFFORT CERTIFICATION

Staff who are direct charged self-certify that their time is accurately reported within the time entry process in SHARE. Time is approved by a supervisory official who has a firsthand knowledge of the activities performed to affirm 100% of time benefitting one specific program.
The certification is stored in SHARE.

PENETRATION RATES

Foster Care Case-Mix Ratio

The foster care case-mix ratio is the methodology used for calculating the portion of the State's administrative costs[1] for foster care that are eligible for Federal financial participation (FFP) under the provisions of the Title IV-E program. This is also referred to as the "IV-E Foster Care Penetration Rate."

The case-mix ratio must be calculated and applied uniformly in order to meet Federal cost allocation plan requirements for consistent and equitable treatment of costs as specified in 0MB Circular A-87.

Ratio Construction:
The foster care[2] case-mix ratio is computed quarterly as specified below:

Numerator:
Title IV-E Eligible - The numerator of the foster care case-mix is the total unduplicated number of children in foster care who have been found Title IV-E eligible and in Title IV-E eligible placements, including children receiving Supplemental Security Income [SSI] in lieu of Title IV-E maintenance payments and including, and Title IV-E eligible children placed with a specified relative for up to five months (if the relative is in the process of being licensed).

Denominator:
Children in Foster Care - The denominator of the foster care case-mix is the total unduplicated number of children in foster (out-of-home) care.

Additional Information:
Cases that remain as "undetermined" after 90-days will be classified as State-only or IV-B in computing the foster care case-mix ratio.

Composition of Cases/Cost Data:
The foster care case-mix ratio is computed quarterly based on data contained in the fm030ld

[1] Eligible administrative costs under title IV-E for State expenditures for foster care are defined at 45 CFR §1356.60(c).
[2] Foster care for the purposes of Title IV-E is defined at 45 CFR § 1355.20(a) as "24-hour substitute care for children placed away from their parents or guardians and for whom the State agency has placement and care responsibility. ... A child is in foster care in accordance with this definition regardless of whether the foster care facility is licensed, and payments are made by the State or local agency for the care or the child, whether adoption subsidy payments are being made prior to the finalization of an adoption, or whether there is Federal matching of any payments that are being made." Fostering Connections extends the age of support and services available to young adults involved with CYFD from the age of 18 to 21. As youth opt into the program, they will be included in the penetration rate calculation.

and sm10b38 reports. The fm030ld[3] report includes all children in out of home placement, except children under the Interstate Compact for the Placement of Children placed in New Mexico who are not in New Mexico custody. The sm10b38 report includes children in the agency's custody who are on runaway or trial home visit. Cases involving minor parents in foster care placed with their child (ren) are counted only if a separate order or agreement has been made for both the minor parents and their child (ren).

The data from the fm030Id and sm10b38 reports for children who were found in the reports on the first day of each month of the preceding quarter (the assessment quarter) will be extracted at the first day of the last month of each quarter. The assessment quarter data for each three months will be averaged and used to allocated costs for the quarter in which the data is extracted (the claiming quarter). For example, data will be drawn on March 1st for the eligibility and foster care statistics for children in care the first day of each month in the quarter ending December 31st and averaged. That data will be used to allocate costs for the quarter ending March 31.

The reports for each quarter of the Federal fiscal year will include the data as follows:

First Quarter (October-December) –Report as of July 1, August 1, and September 1**.**
Second Quarter (January-March) –Report as of October 1, November 1, and December 1.
Third Quarter (April-June) –Report as of January 1, February 1, and March 1.
Fourth Quarter (July- September) –Report as of April 1, May 1, and June 1.

In summary, the data from the fm0301d will consistently be used to report the total children in foster care at the beginning of each month.

[3] The fm030ld report includes all children in out of home placement, except children under the Interstate Compact for the Placement of Children (ICPC) placed in New Mexico who are not in New Mexico custody. The fm0301d is a look back report that captures the children in Out of Home Placement on the first day of the month and reports eligibility status for that date if determined prior to, on that date, or within 90 days of that point in time. The report does include children in New Mexico custody who are placed out of state through ICPC. The sm10b38 report includes children in PSD custody who are on runaway or Trial Home Visit for the same assessment quarter as the fm0301d.

Adoption Case-Mix Ratio

The adoption case-mix ratio is the Federally-approved methodology for calculating the portion of the State's administrative costs[4] for adoptions that are eligible for Federal financial participation (FFP) under the provisions of the Title IV-E program.

The adoption case-mix ratio must be calculated and applied uniformly in order to meet Federal cost allocation plan requirements for consistent and equitable treatment of costs as specified in OMB Circular A-87.

Ratio Construction:
The adoption case-mix ratio is computed quarterly as specified below:

Numerator:
IV-E Adoptions – The total unduplicated number of children who have been determined to be eligible and are receiving Title IV-E adoption subsidy.

Denominator:
Non-IV-E Adoptions – The total unduplicated number of children receiving an adoption subsidy.

Composition of Cases/Cost Data:
The case counts for the denominator and the numerator defined above are compiled for each quarter of the Federal fiscal year based on data contained in the 301b report.

The data from the 301b report will be extracted at the beginning of each month for that quarter. The data for each three months will be averaged and used to allocated costs for the quarter in which the data is extracted. Those reports contain data for the prior month. That is, for each quarter of the Federal fiscal year, the data used will be as follows:

First Quarter (October-December) – Report as of October 1, November 1, and December 1.
Second Quarter (January-March) – Report as of January 1, February 1, and March 1.
Third Quarter (April – June) – Report as of April 1, May 1, and June 1.
Fourth Quarter (July – September) – Report as of July 1, August 1, and September 1.

In summary, the data from the 301b will consistently be used to report the total children in adoption placements averaged for the quarter.

[4] Eligible administrative costs under title IV-E for State expenditures for foster care are defined at 45 CFR § 1356.60(c).

Guardianship Case-Mix Ratio

The guardianship case-mix ratio is the Federally-approved methodology for calculating the portion of the State's administrative costs [5] for guardianships that are eligible for Federal financial participation (FFP) under the provisions of the Title IV-E program.

The guardianship case-mix ratio must be calculated and applied uniformly in order to meet Federal cost allocation plan requirements for consistent and equitable treatment of costs as specified in OMB Circular A-87.

Ratio Construction:

The guardianship case-mix ratio is computed quarterly as specified below:

Numerator:

Guardianships - The total unduplicated number of children who have been determined to be eligible and are receiving Title IV-E Subsidized Guardianship Maintenance Payments.

Denominator:

Non-IV-E guardianships/Potential Guardianships - The total unduplicated number of subsidized guardianships *plus* foster care relative placements with a plan of guardianship.

Composition of Cases/ Cost Data:

The case counts for the denominator and the numerator defined above are compiled for each quarter of the Federal fiscal year based on data contained in the 301b [6] and sm16b04 [7] reports. The data from the 301b report will be extracted at the beginning of the last month of each quarter for that quarter. Those reports contain data for the prior month. That is, for each quarter of the Federal fiscal year. the data used will be as follows:

First Quarter (October-December) – Report as of October 1, November 1, and December 1.
Second Quarter (January-March) – Report as of January 1, February 1, and March 1.
Third Quarter (April – June) – Report as of April 1, May 1, and June 1.
Fourth Quarter (July – September) – Report as of July 1, August 1, and September 1**.**

In summary, the data from the 301b will consistently be used to report the total children in guardianship placements averaged for the quarter.

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[5] Eligible administrative costs under title IV-E for State expenditures for foster care are defined at 45 CFR §I 356.60(c).
[6] The 301b report includes all children currently receiving Title IV-E Guardianship Maintenance Payments.
[7] The sm16b04 report includes all subsidized guardianships and post decree adoptions

Foster Care Candidacy Case-Mix Ratio

The foster care candidacy case-mix ratio is the Federally-approved methodology for calculating the portion of the State's administrative costs[8] for foster care candidates that are eligible for Federal financial participation (FFP) under the provisions of the Title IV-E program.

The case-mix ratio must be calculated and applied uniformly in order to meet Federal cost allocation plan requirements for consistent and equitable treatment of costs as specified in OMB Circular A-87.

Ratio Construction:
The foster care candidacy case-mix ratio is computed quarterly as specified below:

Numerator:
Reasonable Candidates for Foster Care – The total unduplicated number of children served in the In-Home Services (IHS) Program who have been determined to be reasonable candidates for Title IV-E foster care.

Denominator:
In-Home Services Children Served – The total unduplicated number of children served through CYFD In-Home Services.

Composition of Cases/Cost Data:
The case counts for the denominator and the numerator defined above are compiled for each quarter of the Federal fiscal year based on data contained in the SM08A01B FCC Monthly PIT Report (Foster Care Candidate – FCC).[9]

The data from the SM08A01B FCC Monthly PIT report or SM08A01C FCC Automated Monthly PIT Report will be extracted at the beginning of the last month of each quarter for that quarter. Those reports contain data for the prior month. That is, for each quarter of the Federal fiscal year, the data used will be as follows:

First Quarter (October-December) – Report as of December 1 reporting for data for November.
Second Quarter (January-March) – Report as of March 1 reporting data for February.
Third Quarter (April – June) – Report as of June 1 reporting data for May.
Fourth Quarter (July – September) – Report as of September 1 reporting data for August.

In summary, the data from the SM08A01B FCC Monthly PIT Report or SM08A01C FCC Automated Monthly PIT Report will consistently be used to report the total number of children served in In-Home Services averaged for the quarter.

[8] Eligible administrative costs under title IV-E for State expenditures for foster care are defined at 45 CFR § 1356.60(c).
[9] The SM08A01B Active In-Home Services Cases Report (Foster Care Candidate – FCC) includes all children served through In-Home Services at a point in time. SM08A01C FCC Automated Monthly PIT Report

Blended Adoption/Guardianship Case-Mix Ratio

This Ratio is an average of the Adoption and Guardianship Case-Mix Ratios. These two ratios are weighted based on the total number of children for whom an adoption subsidy is being paid and the total number of children in a guardeanship placement for whom an eligibility determination has been made.

Blended Foster Care/Adoption/Guardianship Case-Mix Ratio

This ratio is an average of the Foster Care, Adoption, and Guardianship Case-Mix Ratios. These three ratios are weighted based upon the total number of children in foster care for whom an eligibility determination has been made and the total number of children for whom an adoption or guardianship subsidy is being paid.

Consolidated Foster Care/Adoption/Guardianship/Reasonable Candidate Case-Mix Ratio

This ratio is an average of the Foster Care, Adoption, Guardianship, and Foster Care Candidacy Case-Mix Ratios. These four ratios are weighted based upon the total unduplicated number of children in foster care for whom an eligibility determination has been made, the total unduplicated number of children for whom an adoption or guardianship subsidy is being paid, and the total unduplicated number of children served through CYFD In-Home Services.

PSD Foster Care Medicaid Eligibility Rate

The total number of PSD Children in custody that are Medicaid eligible divided by the total number of children in custody is the Medicaid eligibility or penetration rate.

E. ADMINISTRATIVE COSTS

ACCUMULATION OF COSTS

The CYFD accounting system (SHARE) records expenditures by department, program area, bureau, section, organization, and reporting code. Costs are accumulated based on the chart of accounts setup for CYFD. Each component of CYFD has a unique Program Code in the Chart of Accounts.

Costs are identified at the reporting code level for allocation. In addition to being assigned to a departmental component, costs are classified with a statewide account number. Account numbers beginning with 1 through 4 pertain to revenues and are not allocated in the plan. Account numbers that begin with a 5 are expenditure codes and are considered for allocation in accordance with OMB Circular A-87 (2 CFR Part 225).

TYPES OF ADMINISTRATIVE COSTS

Salaries / Fringe Benefits

The largest administrative expenditure category is salaries / benefits.

Each CYFD employee is assigned to a Reporting Category to account for all salaries and fringe benefits by program area in the agency. Daily leave taken as a normal part of the employees' schedule is included within the salaries and benefits.

Lump sum leave paid at termination and excess sick leave payments are included with salaries and benefits. Also included are worker's compensation, employee liability, and unemployment insurance premiums.

The data to accurately document these costs are derived from the Department of Finance and Administration's PeopleSoft system, known as SHARE's Human Capital Management (HCM) module.

Contractual Services

CYFD records administrative costs through the payment mechanism established by the Department of Finance and Administration. Under that process CYFD prepares vendor bills or other documents identifying the expenses that are to be paid for by CYFD. CYFD assigns appropriate Organizational Category describing the type of expenditure. The benefiting program/grant and administrative component of the organization benefiting from the expenditure is assigned through the Reporting Category coding. Examples of the types of Contractual Service expenditures include Medical Services, Professional Service Contracts, and Other Contractual Services.

Other Operating Expenditures

Costs related to the Operation of CYFD are recorded in a similar fashion as Salaries and Contractual services. A cost is identified as an Other Operating Expenditure based on Organizational Category.

Allowable Department-wide costs that cannot be easily identified at the employee level such as audit, bonding, legal, maintenance, materials and supplies, professional services, rental, taxes, and travel costs. These costs will be allocated based on the New Mexico Human Services Department's approved allocation methodology.

STATEWIDE COST ALLOCATION PLAN

The State of New Mexico/Department of Finance and Administration develops the Annual Statewide Cost Allocation Plan (SWCAP) and negotiates its implementation with the Federal Government. The SWCAP allocates the central service costs of operating State Government to the various Departments and subunits. The SWCAP allocates statewide costs to the Children, Youth and Families Department. SWCAP costs are directly assigned to the Cabinet Secretary in the Office of the Secretary and are allocated based on the Department Allocation.

COST ALLOCATION

The Allocation Process

A computerized cost allocation system generates cost reports to determine the Children, Youth and Families (CYFD) cost claims for Federal reimbursement. The system shall reflect the cost finding and reporting methodologies described in this Narrative Cost Allocation Plan.

The computerized cost allocation reporting system employs the direct method of allocating costs from the three central support divisions and the administrative units within the service divisions. The reporting system makes an initial allocation of the costs from three central support divisions to the three service divisions, based on the allocation methodology documented for each unit. After the first step of the allocation is complete, the second step makes an allocation of the costs from each division's administrative units to the other units within the division, based on the allocation methodology documented for each unit. Any further allocation within a unit is based on the documented allocation methodology for that unit. All allocation methodologies are described in the Allocation Methodologies section of this document.

CYFD operates the cost allocation system once a quarter. During the operation, a new set of allocation statistics are generated for each allocation basis. The results of those statistics are then applied to expenditures for the same quarter or period of time that coincide with the costs that are accumulated and identified.

Retention of Records

Consistent with 45 CFR **§** 92.42, –Retention and access requirements for records**:**
"Except as otherwise provided, records must be retained for three years from the starting date specified in paragraph (c) of this section."

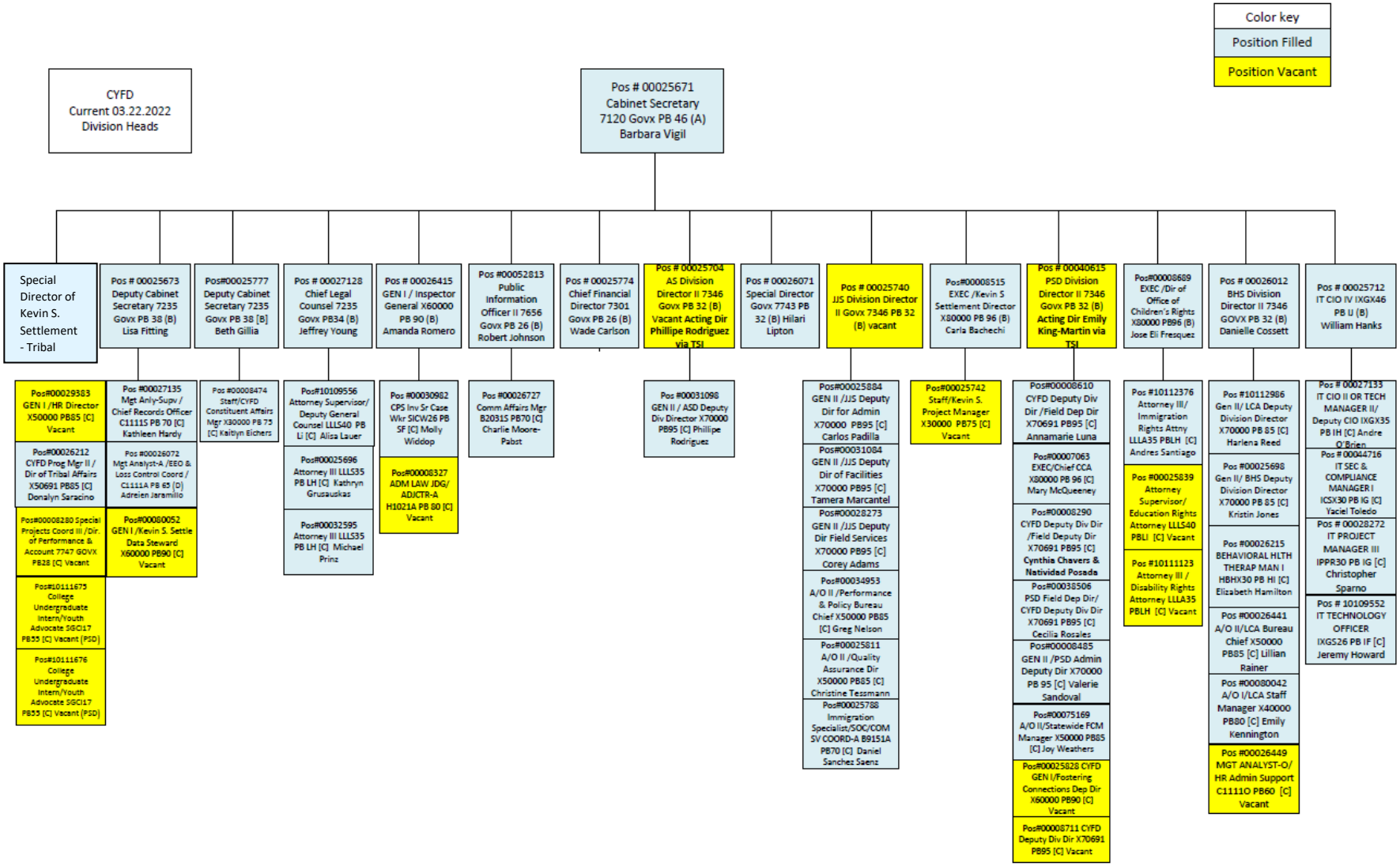
If any litigation, claim, negotiation, audit or other action involving the records has been started before the expiration of the 3-year period, the records must be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular 3-year period, whichever is later.
To avoid duplicate recordkeeping, awarding agencies may make special arrangements with grantees and sub-grantees to retain any records which are continuously needed for joint use. The awarding agency will request transfer of records to its custody when it determines that the records possess long-term retention value. When the records are transferred to or maintained by the Federal agency, the 3-year retention requirement is not applicable to the grantee or subgrantee.

(c) *Starting date of retention period*— (1) *General.* When grant support is continued or renewed at annual or other intervals, the retention period for the records of each funding period starts on the day the grantee or subgrantee submits to the awarding agency its single or last expenditure report for that period. However, if grant support is continued or renewed quarterly, the retention period for each year's records starts on the day the grantee submits its expenditure report for the last quarter of the Federal fiscal year. In all other cases, the retention period starts on the day the grantee submits its final expenditure report. If an expenditure report has been waived, the retention period starts on the day the report would have been due.

APPENDICES

Appendix A: CYFD ORGANIZATIONAL CHARTS

Office of the Secretary – CYFD Organizational Chart



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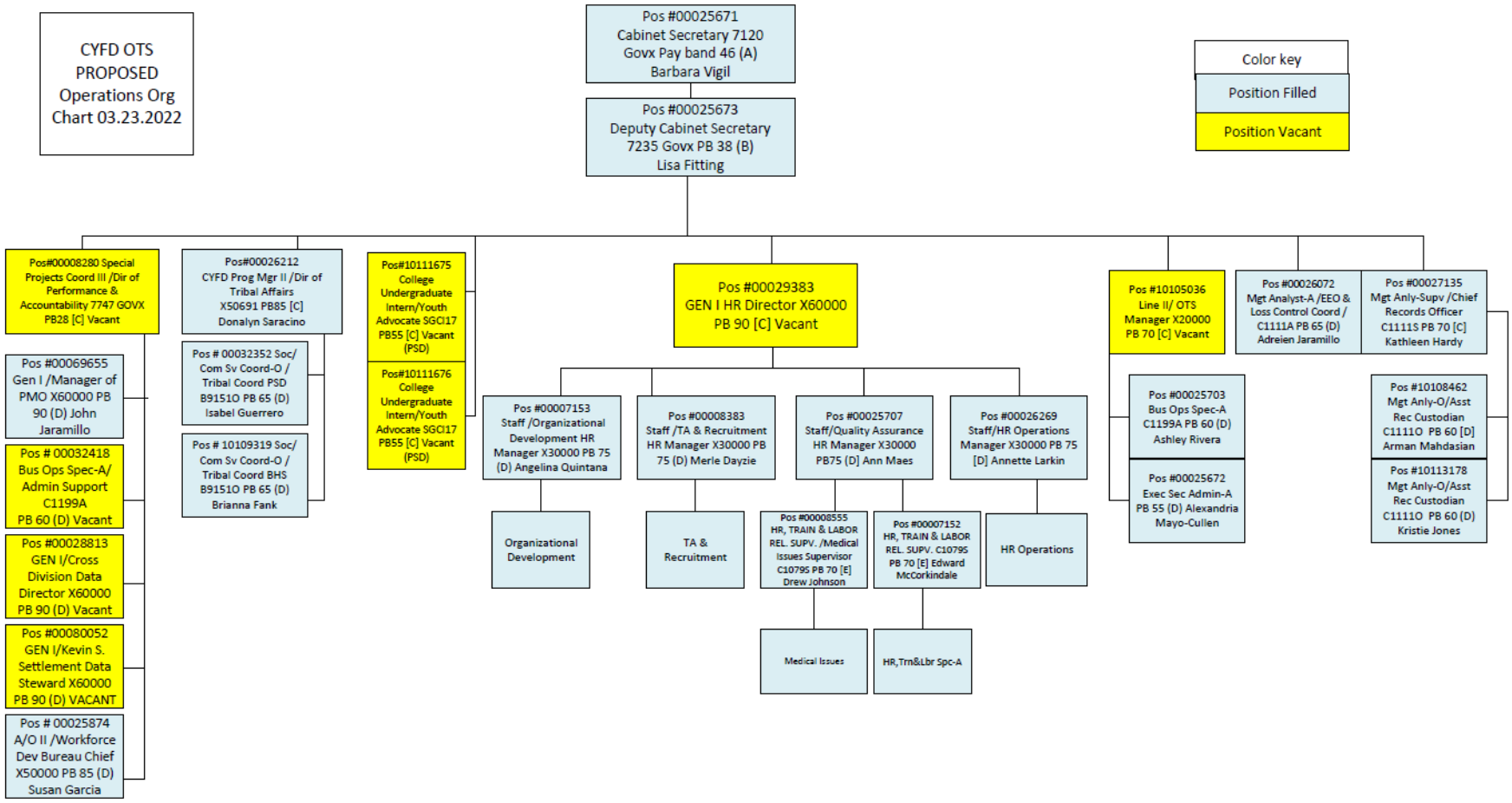

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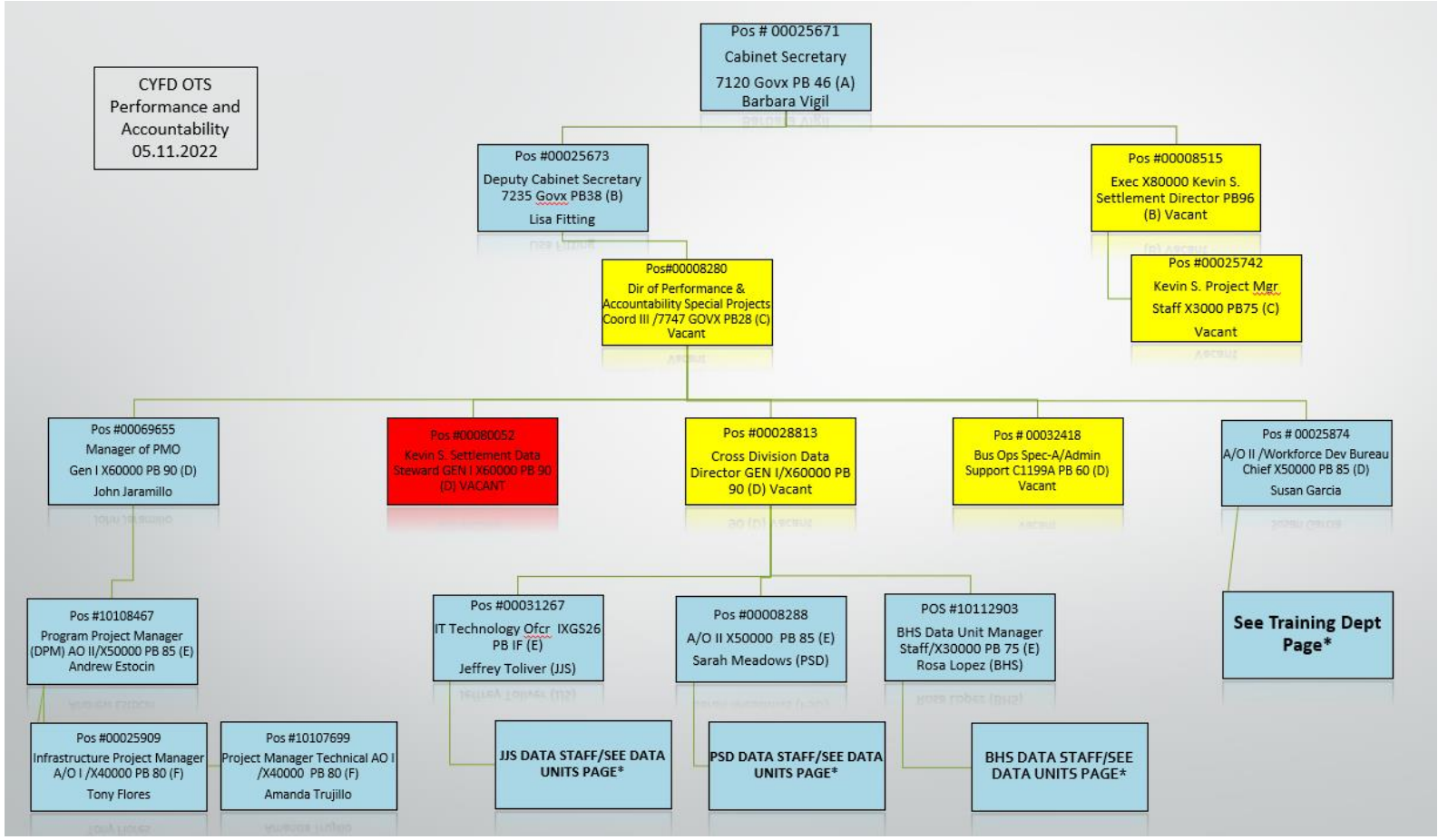

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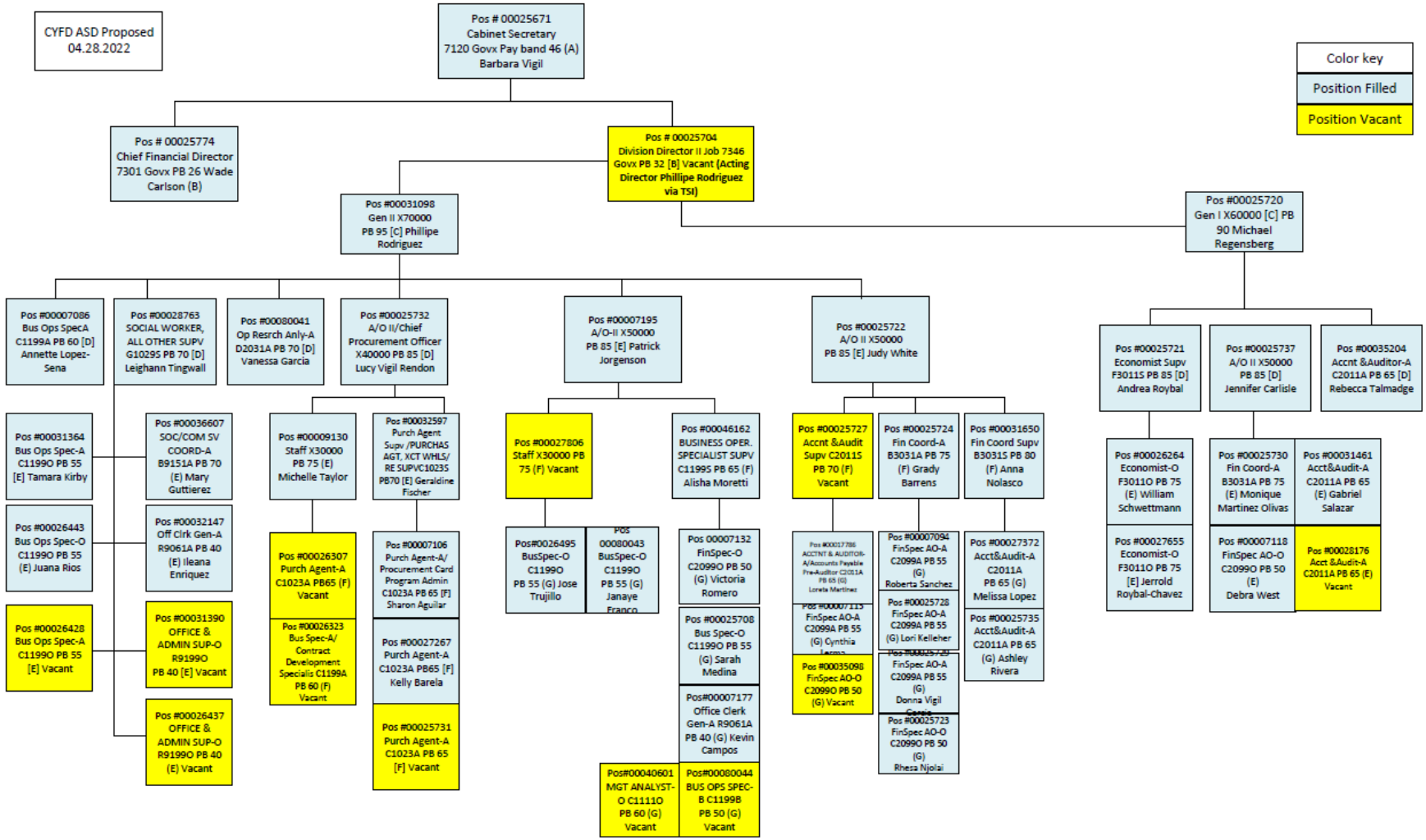

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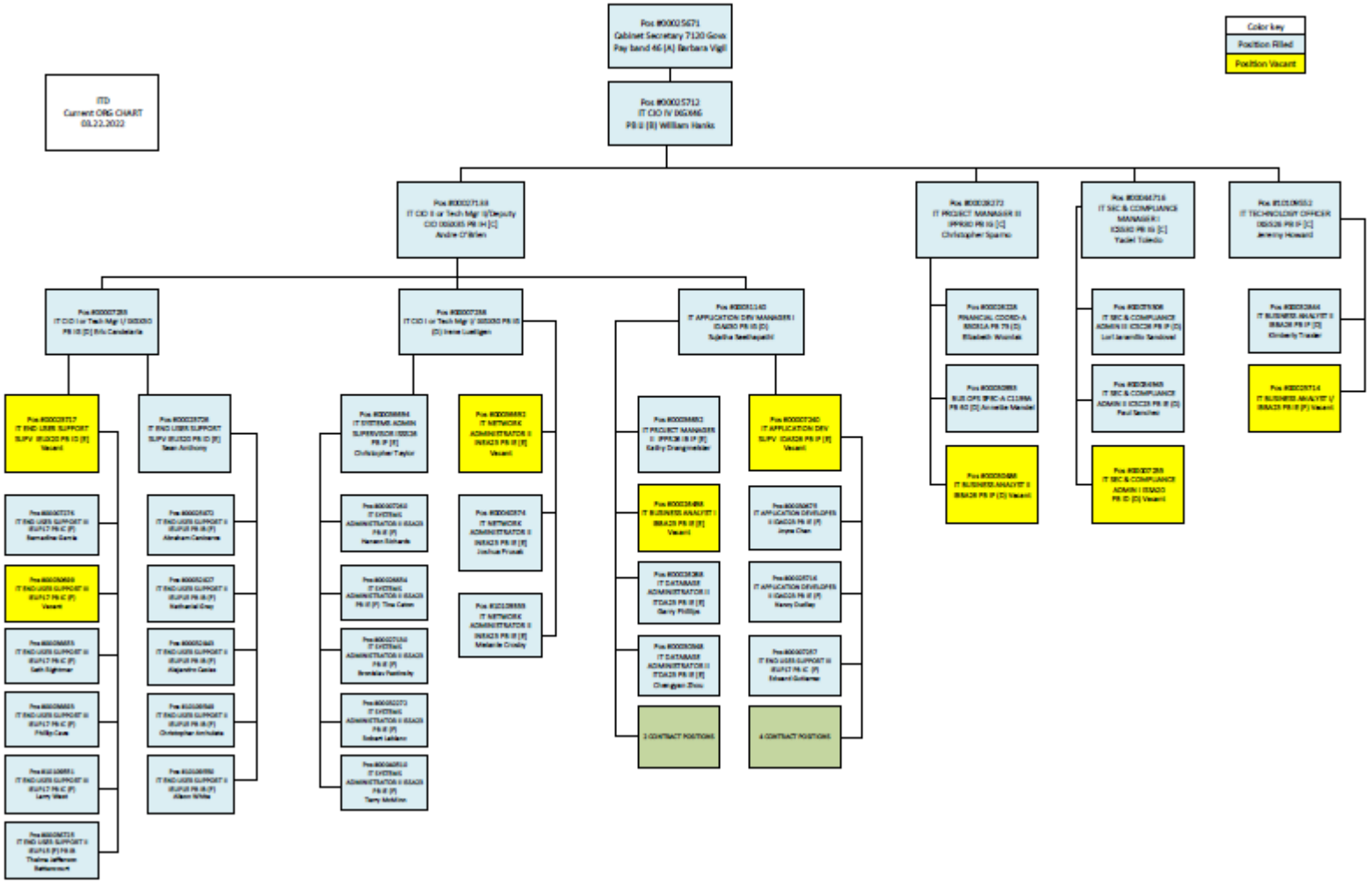

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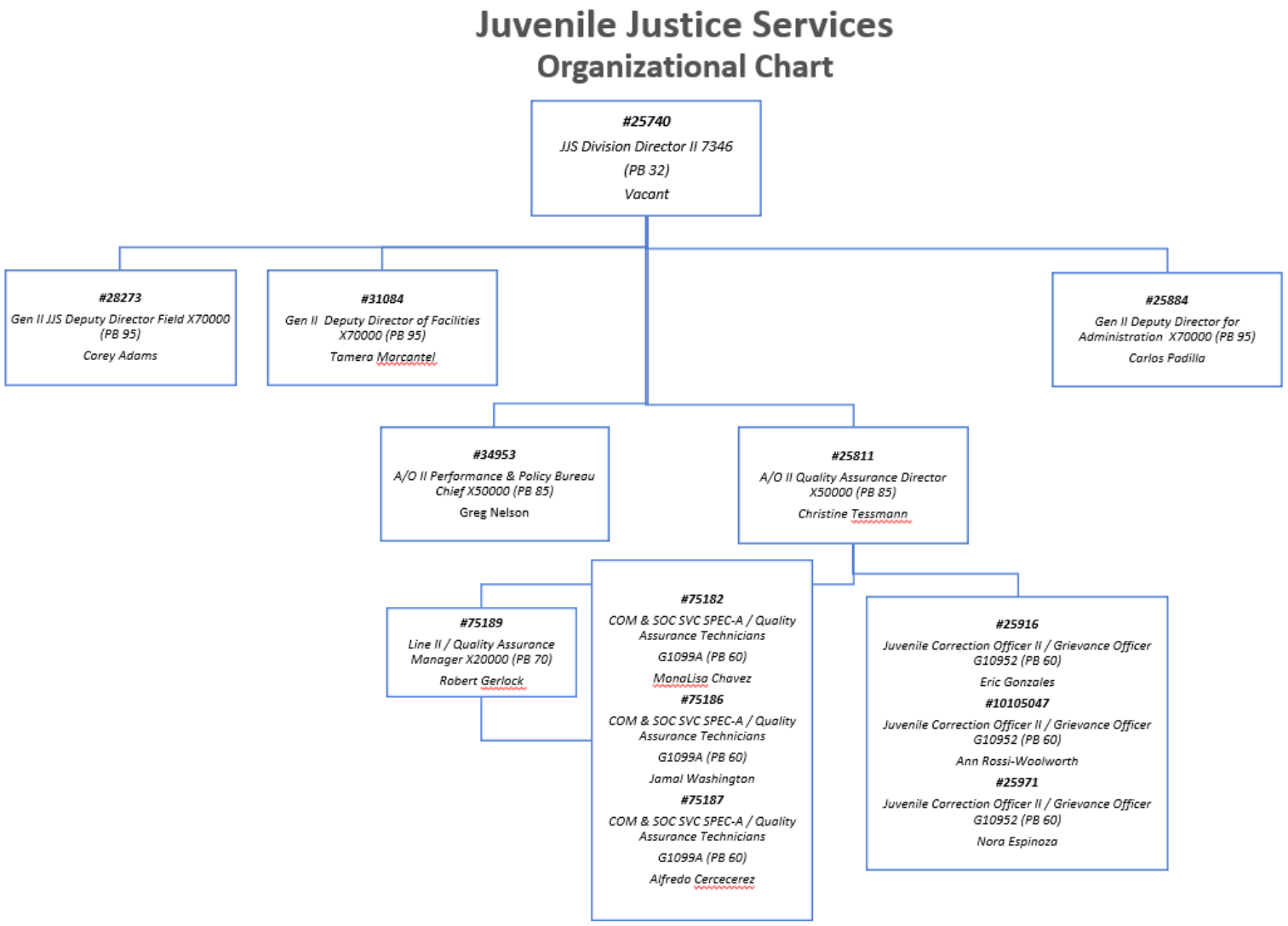

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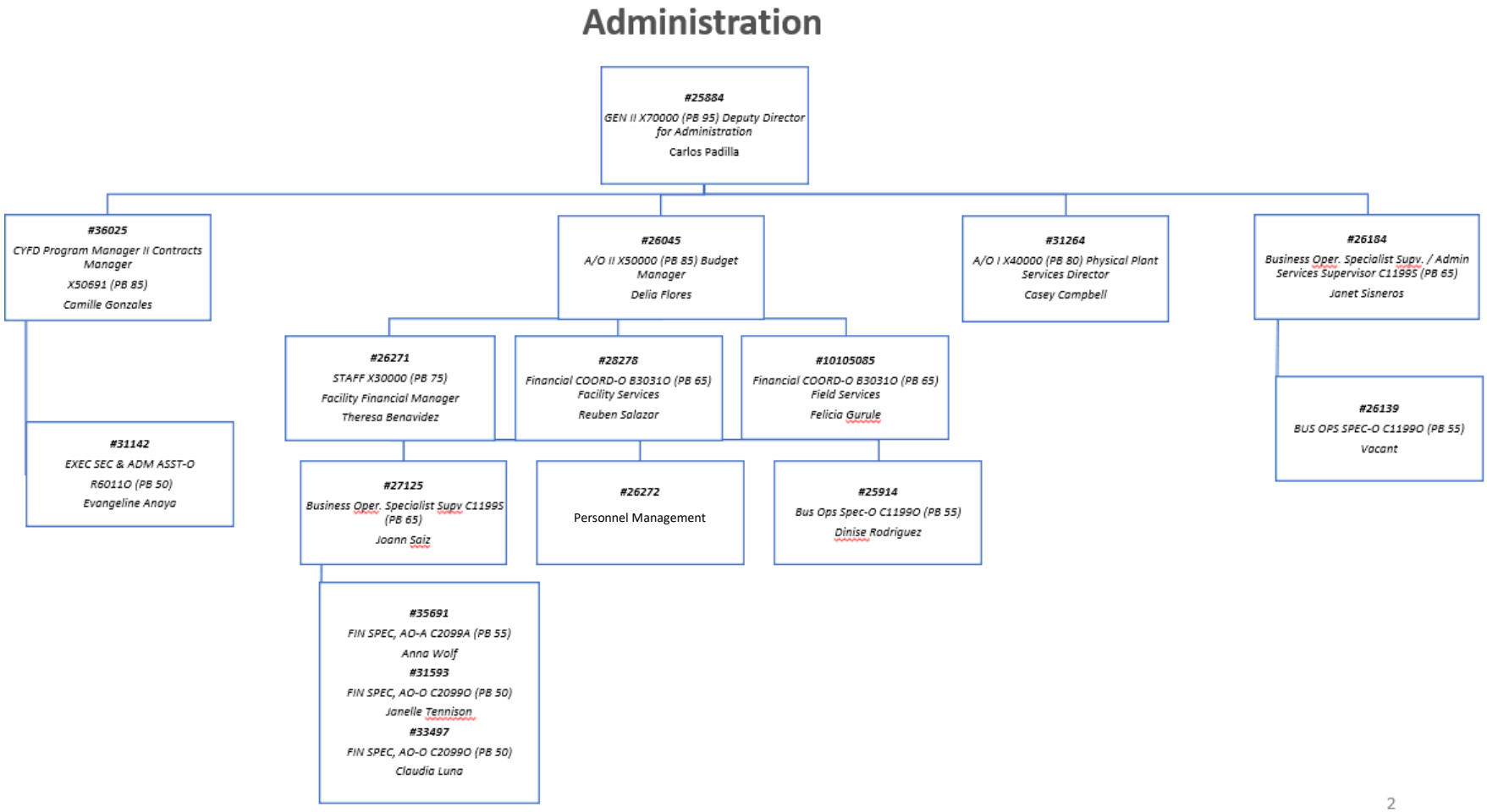

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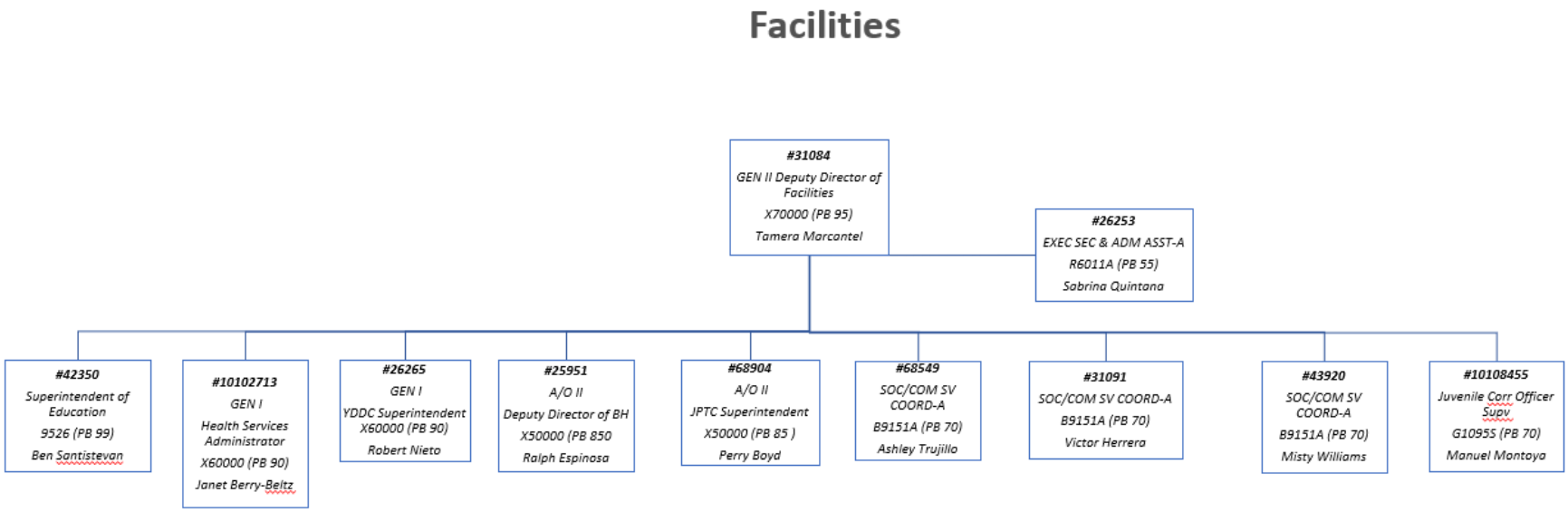
Juvenile Justice Services



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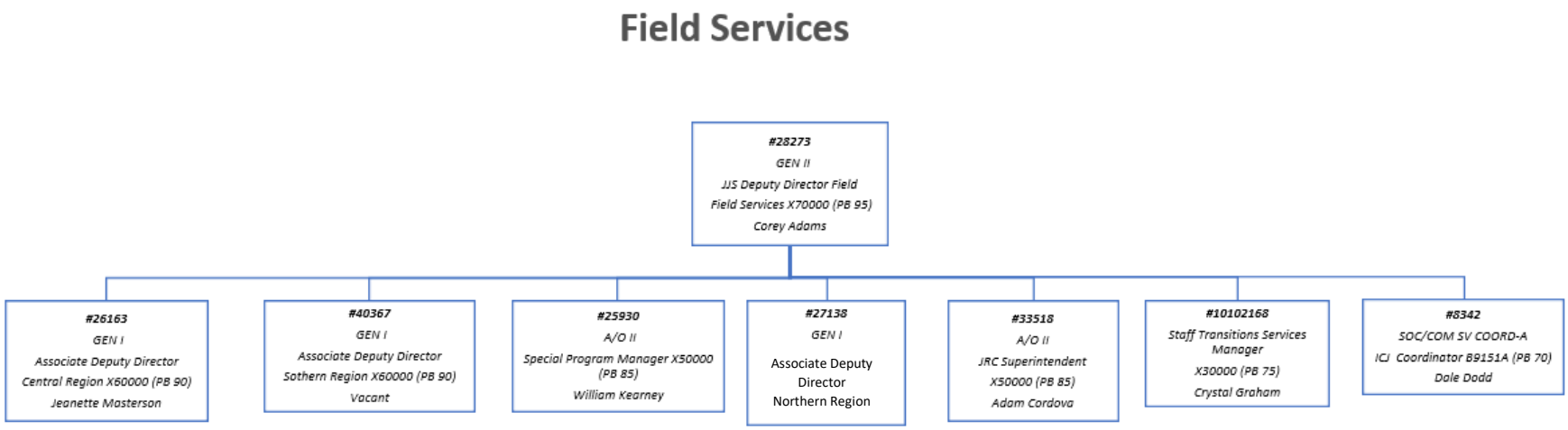

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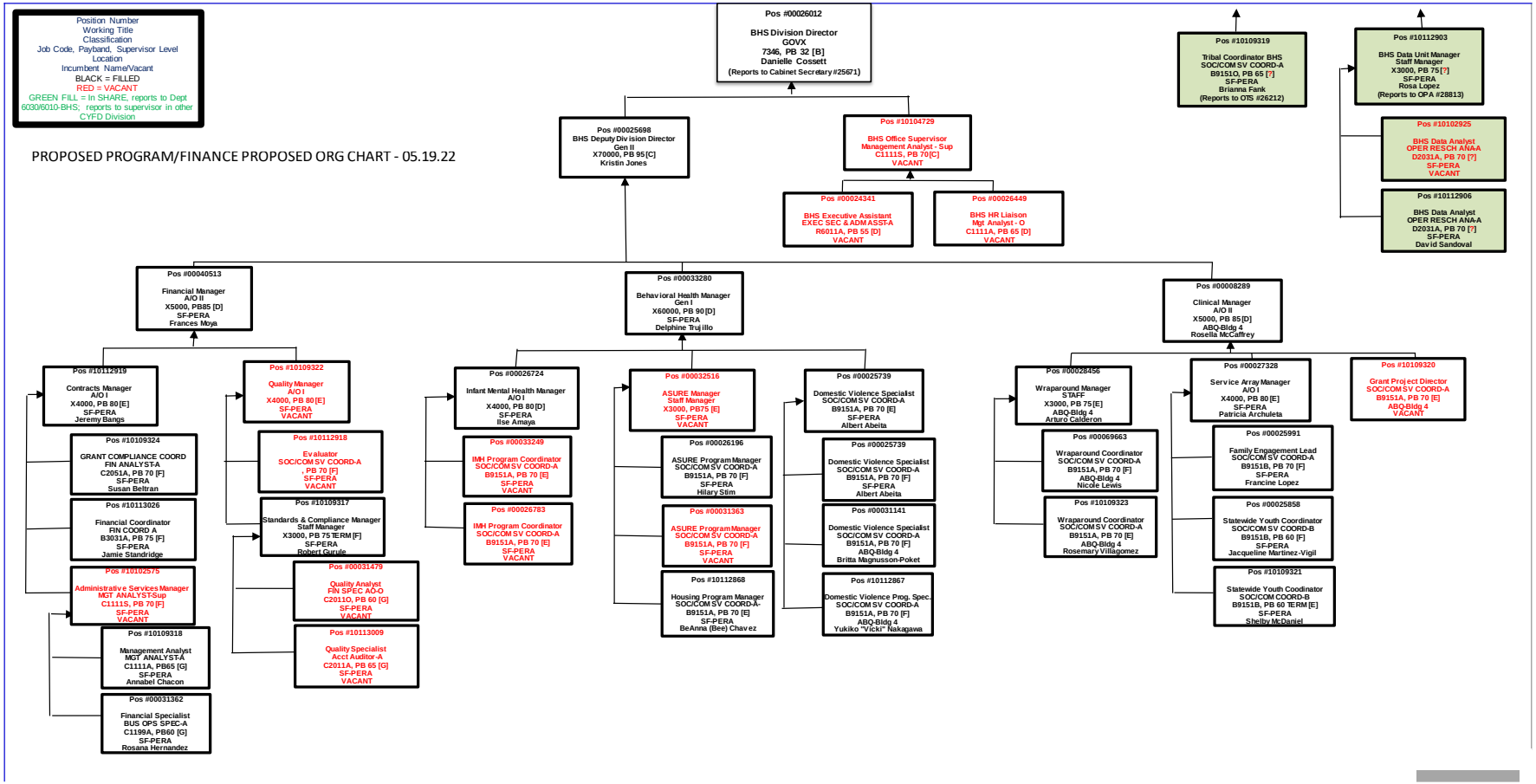

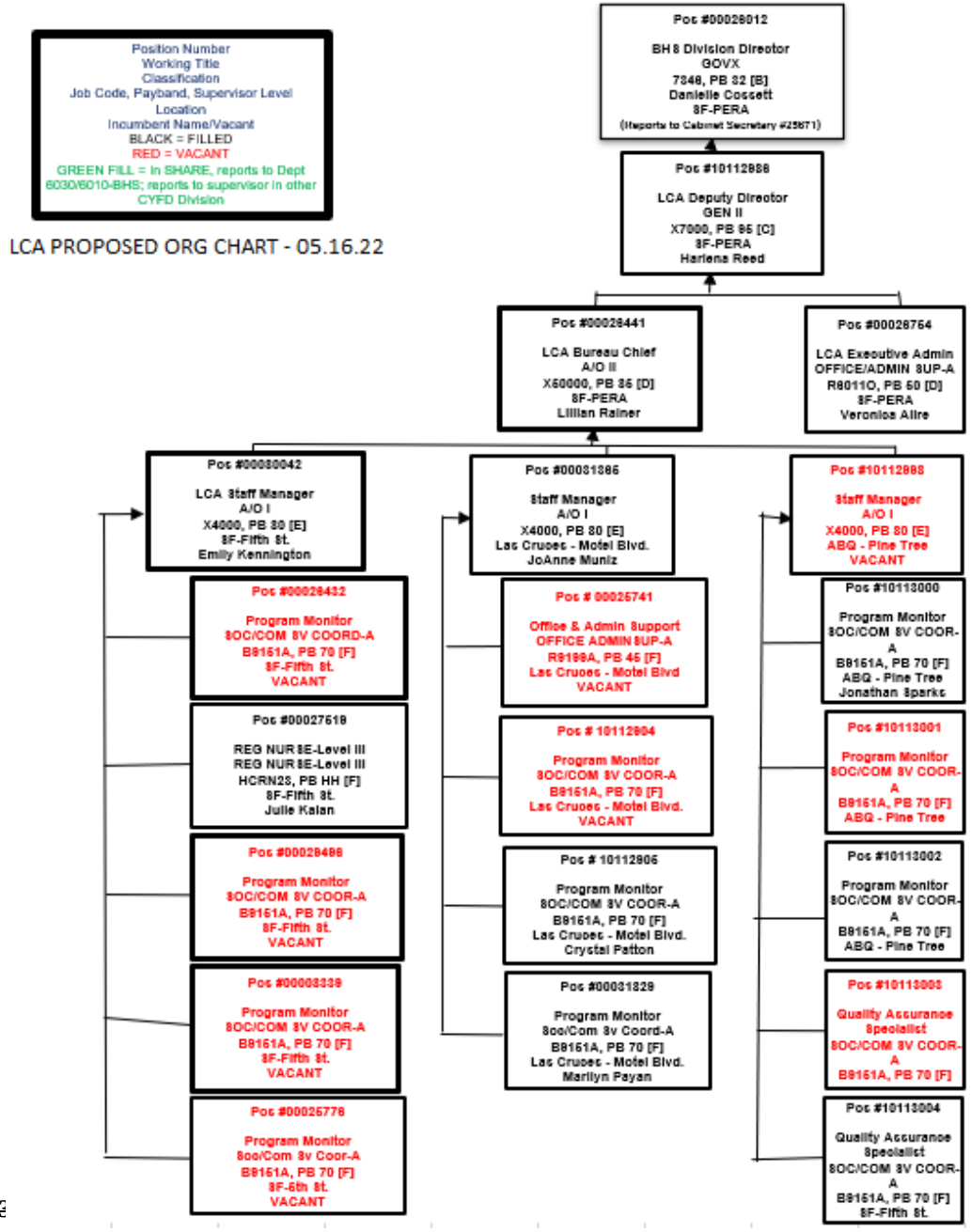

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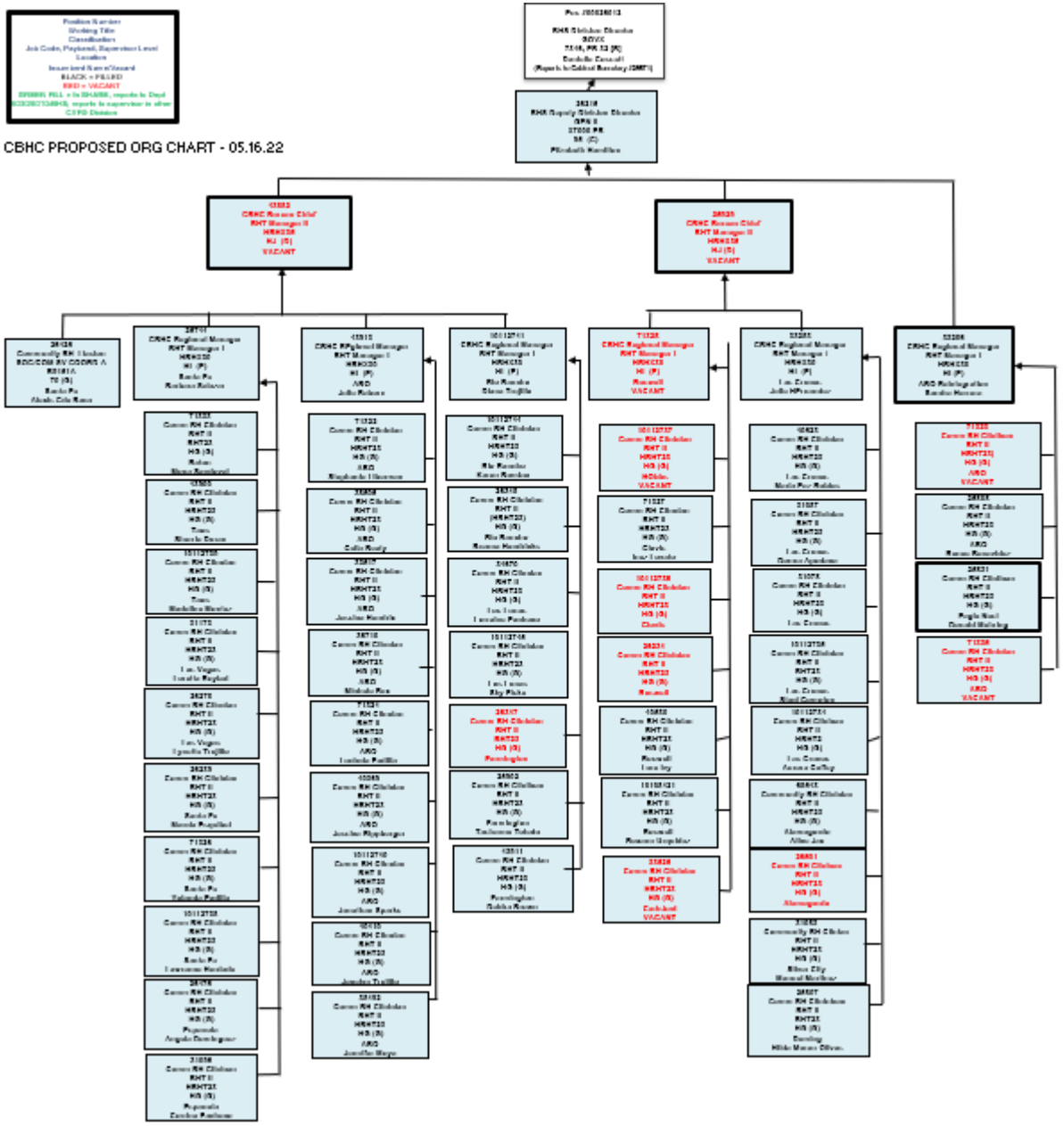
EFFECTIVE JULY 1, 2023


CBHC PROPOSED ORG CHART - 05.16.22

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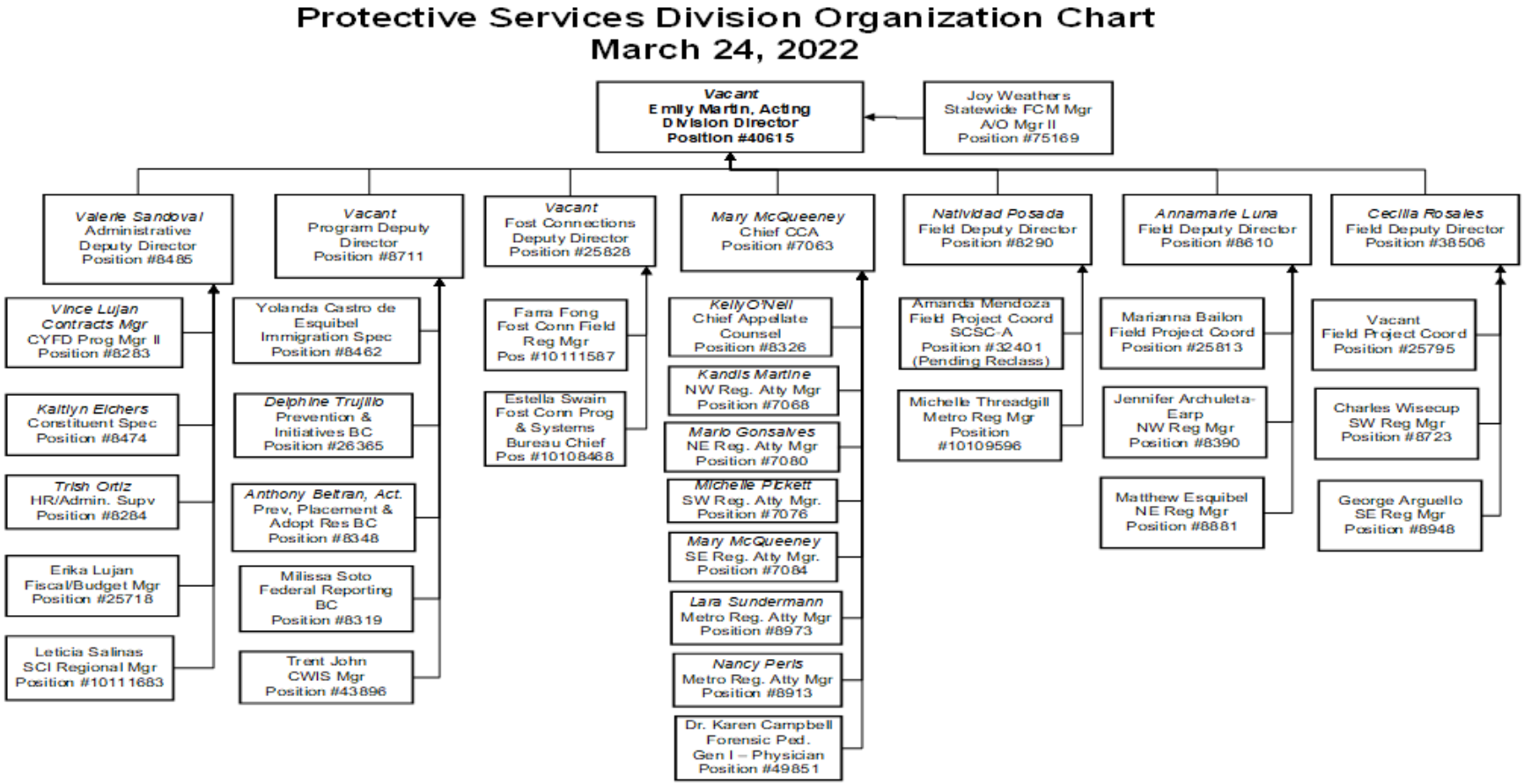
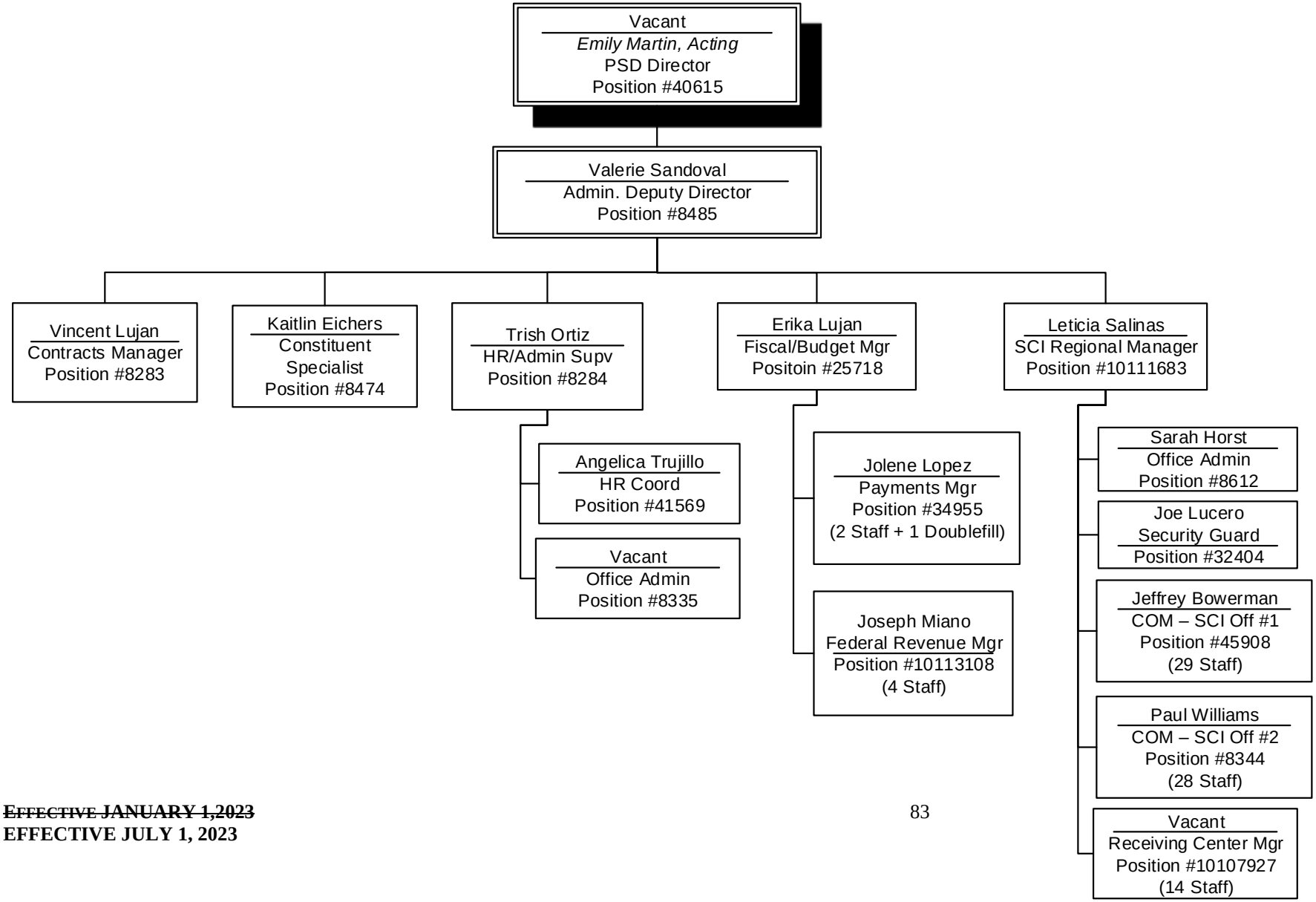


Protective Services Division
Administrative Deputy Director
March 24, 2022



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Program Deputy Director
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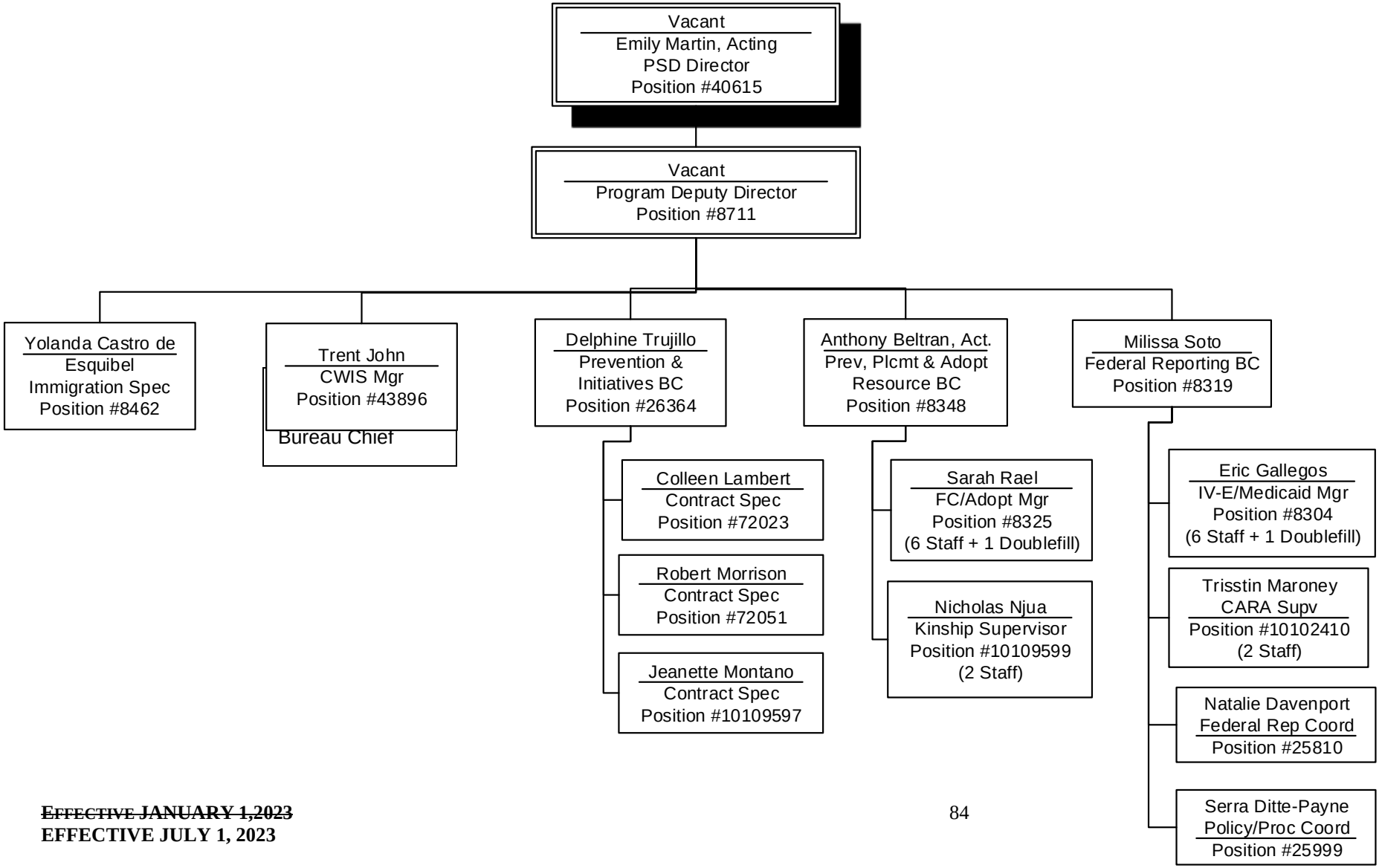

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Fostering Connections Deputy Director
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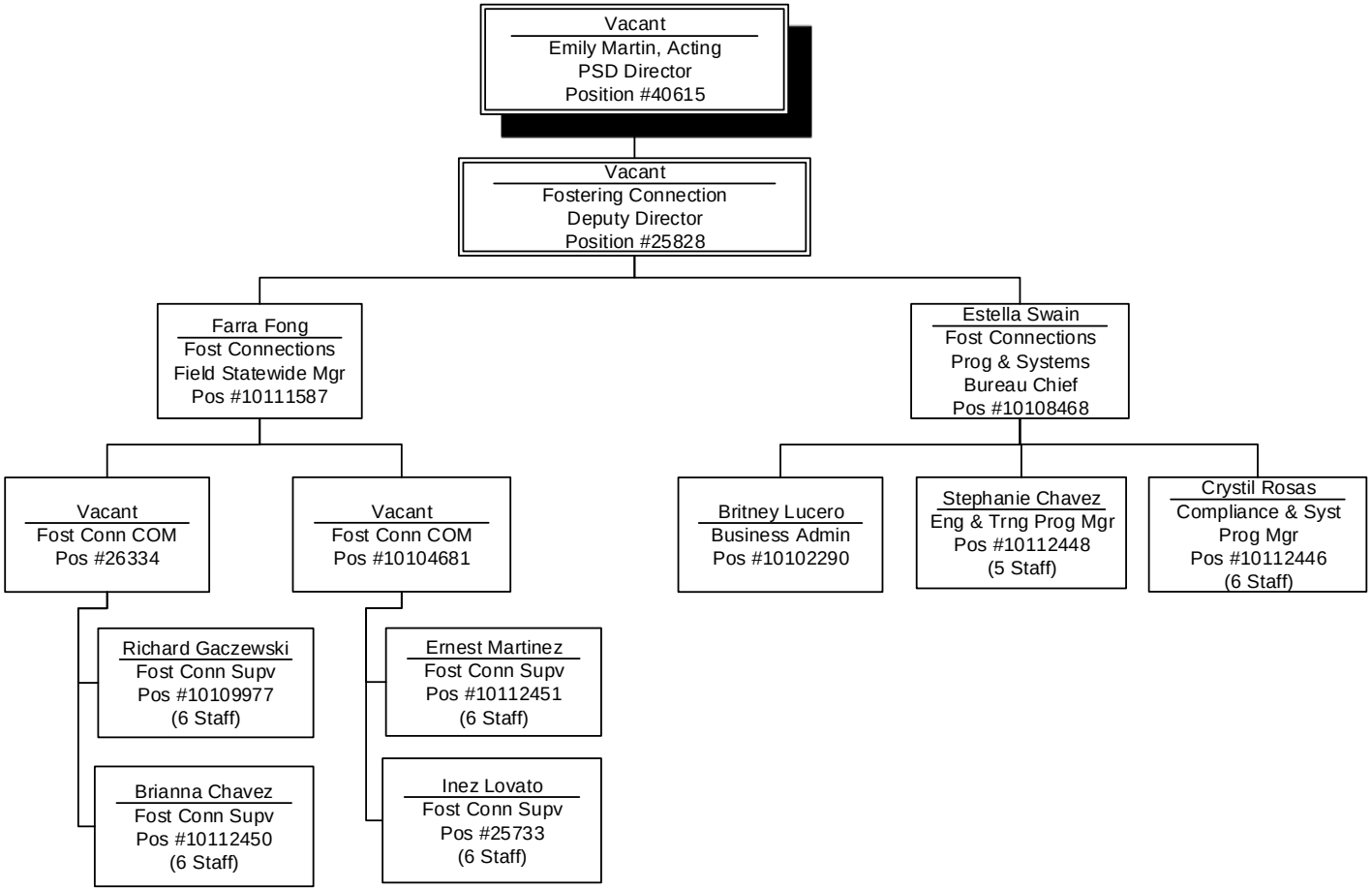
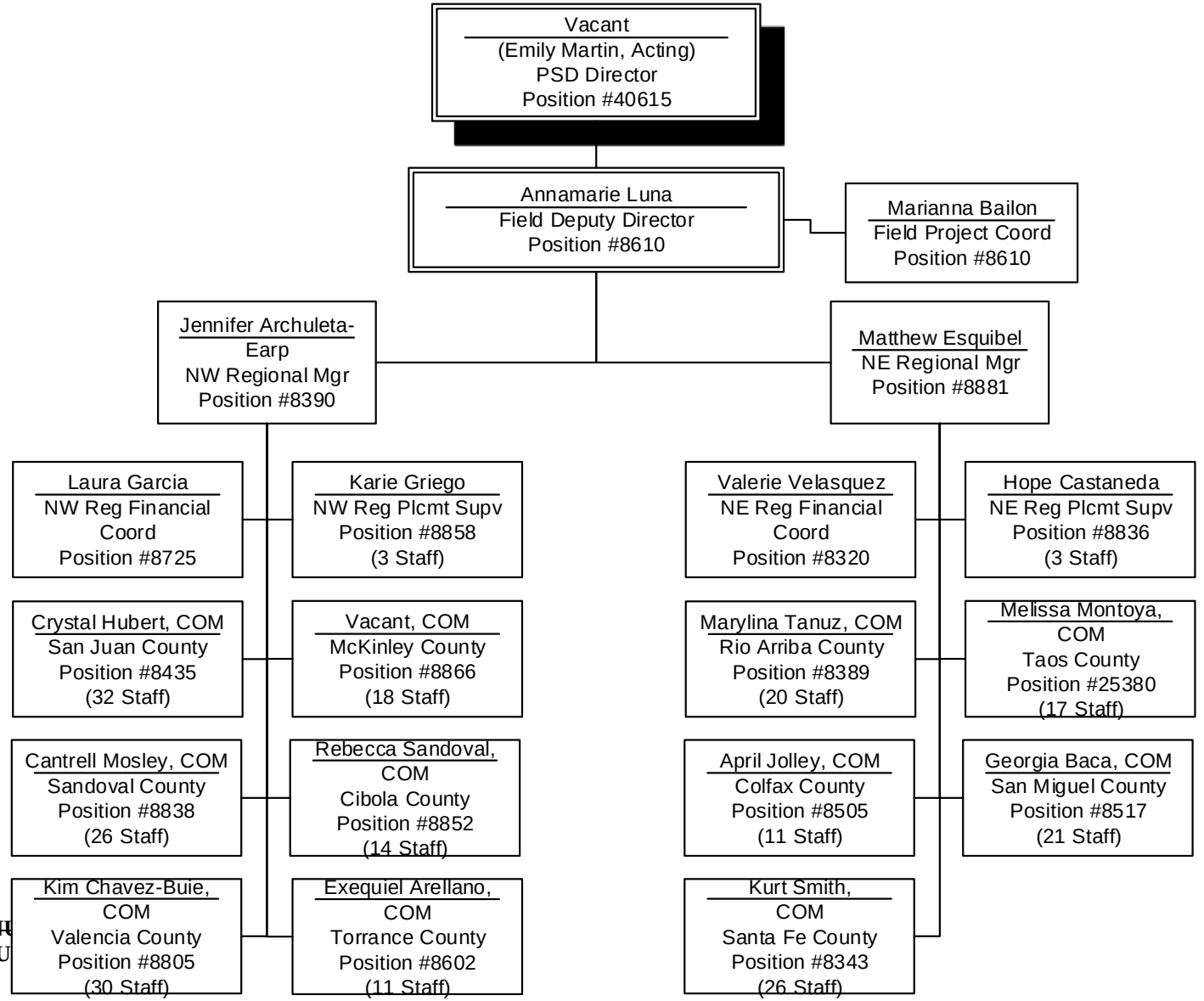
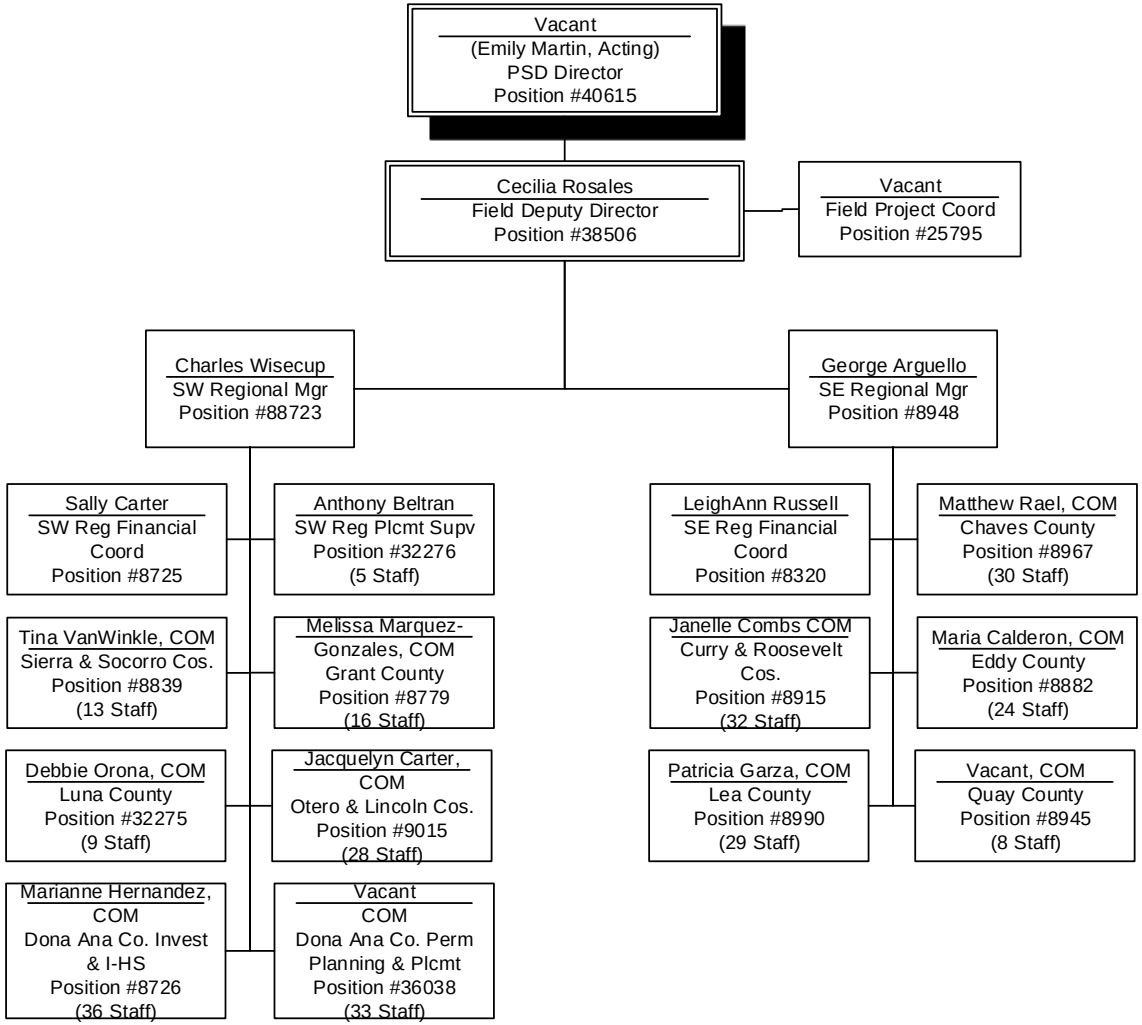


Protective Services Division
North Field Deputy Director
March 24, 2022

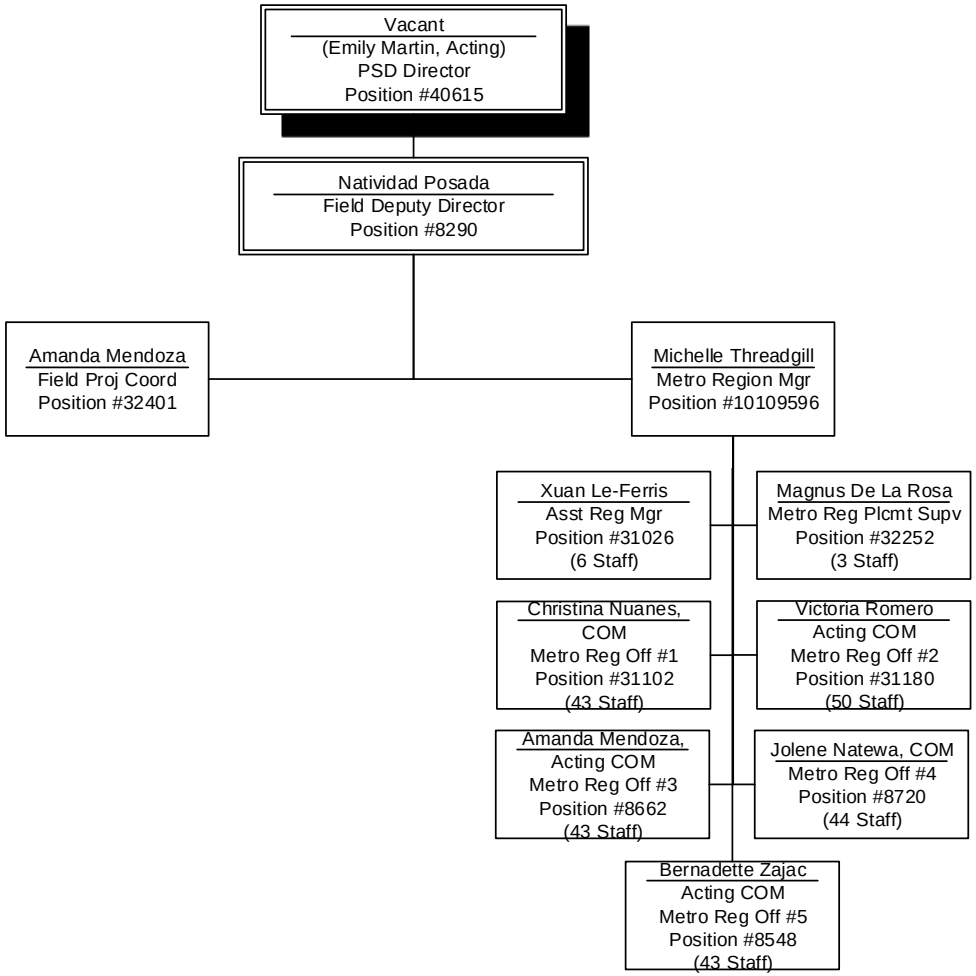


~~EFFECTIVE JANU~~
EFFECTIVE JU

Protective Services Division
South Field Deputy Director
March 24, 2022



Protective Services Division
Metro Field Deputy Director
March 24, 2022



Appendix B: RANDOM MOMENT SAMPLING SYSTEM

TABLE OF CONTENTS

INTRODUCTION

The Random Moment Time Sampling (RMTS) system will be used to distribute costs appropriate to the various programs and services provided by Children, Youth and Families Department (CYFD) Behavioral Health (BHD), Juvenile Justice (JJD) and Protective Services Divisions (PSD). The changes in this revision include a complete rework of the activity codes and a modification of the response screens.

SYSTEM DESIGN

Identification of Sampling Objectives

In addition to the use of the RMTS to identify employee effort related to specific activities within protective service programs, CYFD will use the RMS system for the purpose of allocating allowable costs.

Identification of the Universe

The following worker groups are included in the RMTS.
The Protective Services Division (PSD) of CYFD will be time studied separately from the Juvenile Justice (JJD) and Behavioral Health (BHD) populations due to the Title IV-E activities uniquely performed by PSD. The staff pools below will apply to the separate time study conducted for the Protective Services Division as well as the Juvenile Justice and Behavioral Health Divisions.

Staff Pool 1:
- Clinical Psychologist – SPMP
- Licensed Counselor – SPMP
- Licensed Medical Personnel – SPMP
- Licensed Social Worker – SPMP
- Physician – SPMP
- Registered Nurse – SPMP

Staff Pool 2:
- Program Administrator
- Juvenile Probation Parole Officer
- Reintegration Staff
- Unlicensed Infant Mental Health Staff
- Domestic Violence Staff

- Adolescent Substance Abuse Reduction Effort (ASURE) Staff
- Family Engagement Lead
- Statewide Youth Coordinator
- Wraparound Coordinator
- Investigator
- Permanency Planning Worker
- Placement Worker
- Client Service Agent
- Eligibility Specialist
- Placement Specialist
- Unlicensed Social Worker
- In-Home Service Worker

Supervisors, clerical, and after-hours staff are not included in the sample, but are allocated with the results of the RMTS.

Sampling Techniques

The RMTS sampling methodology is constructed to achieve a level of precision of +/- 5% (five percent) with a 95% (ninety-five percent) confidence level for activities for each cost pool of the Behavioral Health/Juvenile Justice time study sample. Based on the meeting with Cost Allocation Services (CAS) on 9/1/22, the Protective Services Division will be sampled at the 95% +/-2% for their cost pools in their unique time study sample. The core work hours of 8:00 AM to 5:00 PM

Random moments are recorded on the RMTS database in the following manner:

- Day. Standard workday during the year. Official holidays will be excluded.
- Minute. Any minute between 8:00 a.m. and 5:00 p.m, no exclusions.
- Worker. Any employee in the position classes listed above for the local CYFD BHD, JJD and PSD offices.

The Fairbanks system provides the mechanism to produce a random selection of observations of the worker population during the reporting period. The sampling frame was constructed to provide each caseworker in the pool an equal opportunity, or chance, to be included in each sample observation. The sampling occurs with replacement, so as after a moment is selected for sampling it returned to the sampling pool where it will be eligible to be picked again. Each worker has the same chance as any other worker to be selected for each observation. Sampling with replacement ensures true independence of sample moments.

Time study participants are notified via email, or other method, of their requirement to participate in the time study and of their sampled moment.

- Sampled participants are notified of their sampled moment three weekdays prior to the moment.

- The email will include all necessary details to access the Fairbanks system to complete their sampled moment online.

Sample Period

The sampling period is defined as the three-month period comprising each quarter of the Federal Fiscal Year calendar. The following are the federal quarters followed for the Administrative Claiming program and a time study is performed for each of the quarters listed below:

- January 1 - March 31
- April 1 - June 30
- July 1 - September 30
- October 1 - December 31

Confidence Level and Precision

For BHD and JJD:

RMTS sampling methodology has been constructed to achieve a confidence level of 95 percent with precision level of +/- 5 percent.

+/- 5 Percent:

Statistical calculations show that a minimum sample of 384 completed moments each quarter, per time study staff pool, is adequate to obtain this precision when the total pool of moments is greater than 222,639. Additional moments are selected each quarter to account for any potential lost moments.

The following formula is used to calculate the number of moments sampled for the time study pool:

$$ss = \frac{Z2 * (p) * (1-p)}{c2}$$

Correction for Finite Population

$$new\ ss = \frac{ss}{1 + \frac{ss-1}{pop}}$$

Where:

ss = sample size

Z = Z value (e.g. 1.96 for 95 percent confidence level)

p = percentage picking a choice, expressed as decimal (.5 used for sample size needed)

c = confidence interval, expressed as decimal (e.g., .05 = ±5)

pop = population

The following table shows the sample sizes necessary to ensure statistical validity at a 95 percent confidence level and tolerable error level of 5 percent. Additional moments will be selected to account for lost moments, as previously defined.

N=	Sample Size Required
10,000	370
20,000	377
30,000	379
40,000	381
50,000	381
75,000	382
100,000	383
>222,639	384

Additional moments of at least 15% oversample should be selected each quarter to account for any lost moments (observations that cannot be used for analysis, i.e., incomplete moments or moments selected for staff no longer at the agency, etc.).

For PSD:
The Protective Services Division of CYFD will be time studied separately from the Juvenile Justice and Behavioral Health populations due to the Title IV-E activities uniquely performed by their division. As a result, this population will utilize the same time study to allocate time spent for both Medicaid Administrative and Title IV-E activities which requires a higher level of precision at +/- 2% (two percent) with a 95% (ninety-five percent) confidence level for activities:

$$ss = \frac{Z2 * (p) * (1-p)}{c2}$$

where:

Z = Z value (e.g. 1.96 for 95% confidence level)
p = percentage picking a choice, expressed as decimal
(.5 used for sample size needed)
c = confidence interval, expressed as decimal
(e.g., .02 = ±2)

Correction for Finite Population

$$new\ ss = \frac{ss}{1 + \frac{ss-1}{pop}}$$

The following table shows the sample sizes necessary to assure statistical validity at a 95% confidence level and tolerable error level of 2%. Additional moments will be selected to account for unusable moments, as previously defined. An oversample of 15% will be used to account for unusable moments.

N=	Sample Size Required	Sample Size plus 15% Oversample
100,000	2345	2697
200,000	2373	2729
300,000	2382	2739
400,000	2387	2845
500,000	2390	2849
750,000	2393	2852
1,000,000	2395	2854
3,000,000	2399	2859
>3,839,197	2401	2860

Valid Observation for Cost Allocation

The definition of a valid observation is any activity an employee is paid to engage in, and excludes activities the employee is not paid for. A valid observation could include the worker being on break or on paid leave, but does not include time the employee is not scheduled to work on the day of the observation or a moment that is not completed.

The invalid codes include:

- 22 Not Scheduled to Work/Unpaid Leave

RMTS Compliance

As further defined in the MAC Claiming Guide in Appendix C, HSD will require a compliance rate for the time study survey of at least 85 percent. The compliance rate is defined as the percent of certified moments, including those reported as unpaid time off/unpaid leave.

RMTS Administration

- Sampled participants are notified of their sampled moment three weekdays prior to the moment.
- Sampled participants have three weekdays from the sampled moment to complete and submit their response.
- Daily reminders (excluding weekends) are sent via e-mail to sampled participants who have not completed their sampled moment until the moment has either been certified or is no longer in the response period.
- Daily reminders (excluding weekends), are sent via e-mail to the designated RMTS Contact containing a list of all moments for which their sampled staff participants have not completed.
- The RMTS Contact is responsible for contacting sampled staff participants that have not completed their sampled moment to prompt the required response.
- For any moment not completed within three weekdays of the sampled moment date:
    - The participant's login will not work and they will no longer be able to **respond to** the time study. However, in the event that a participant is not working during their sampled moment, and unable to complete the moment, the RMTS Contact can report that participant was either on "Paid Time Off" or "Not Working/Not Paid". The Program Contact can report participants as "Paid Time Off" or "Not Working/Not Paid" at any time prior to the last business day of the quarter.
- For those participants who do not have online capability, the RMTS Contact at the represented agency will be able to print out the notification and distribute it to the participant. The participant can complete the sample by directly contacting the administrative claiming contractor's call center. The call center staff is trained to walk the participant through the appropriate questions, and then document the response in the system. The contractor's system then tracks and makes it visible to all system users that the response was taken over the phone.

Five (5) percent of the observations are marked for independent observation and review. Each response to one of the five (5) percent is reviewed by CYFD program managers for quality assurance.

ACTIVITY CODES

The RMTS system uses Activity Codes. The Activity Code is the specific activity the worker is engaged in for the service area. Because the Time Study methodology will be utilized to claim for both Medicaid Administrative Claiming (MAC) and Title IV-E, a dual Activity Code methodology will be applied. The first list of codes will be assignment for eligibility to claim for

Title IV-E. The second list of codes will be assignment for eligibility to claim for MAC. As a result, the first list of codes below will only reflect one Activity Code for a Medicaid related activity, indicating it is not eligible for reimbursement for Title IV-E. However, there will be a separate code additionally assigned to the moment determining the applicable Activity Code for MAC. This methodology will ensure there is no duplication in MAC claiming.

Included below are the Title IV-E Activity Codes:

CODE 01: TITLE IV-E FOSTER CARE/ADOPTION-GUARDIANSHIP/IN-HOME SERVICE CASE ELIGIBILITY DETERMINATION/ASSISTANCE

This activity involves the process of determining IV-E eligibility (or ineligibility) for Title IV-E Foster Care, Adoption Assistance, Guardianship, or In-Home Services "reasonable candidates" for out-of-home care. The determination, redetermination and verification of eligibility are considered necessary administrative activities in the Title IV-E program. You should use this code for activities related to negative as well as positive eligibility determinations.

Although the IV-E Eligibility Unit has the primary responsibility for determining Title IV-E eligibility, their determination typically rests on information provided by other CYFD PSD staff. Use this code when assisting in the eligibility process by collecting, verifying, or coordinating information needed by the Eligibility Services Unit to complete the IV-E eligibility process. This code also includes time spent assisting Eligibility Unit and activities in response to requests made by the staff of the Eligibility Unit regarding information necessary for determining the child's Title IV-E eligibility.

In addition to determining the child's eligibility or ineligibility for Title IV-E foster care, adoption, and guardianship subsidies, this activity also includes the process of determining whether or not a child is at "imminent risk" of being removed from his/her home and, thus, making a determination that the child or youth is a "reasonable candidate" for Title IV-E Foster Care.

Examples of activities to include under this code are**:**

- Providing a copy of all court orders;
- Collecting information from family or collateral sources which is necessary for the determination of eligibility including family income, assets and resources;
- Confirming family living arrangement at the time of the child's removal from the home and six months prior to the removal;
- Securing the child's Social Security number;
- Obtaining the child's birth certificate;
- Determining the child's status with the Immigration and Naturalization Service (INS);
- Verifying eligibility information;
- Completing associated eligibility forms;
- Assisting or communicating with the IV-E Specialist; and
- Gathering other information necessary for the determination of eligibility or ineligibility.

This code includes activity and research necessary for determining whether the child is eligible and verifying that the foster home placement is approved/licensed, and verifying that the placement is a Title IV-E reimbursable placement.

Title IV-E Foster Care eligibility activities may include such tasks as:

- Gathering documentation to determine Title IV-E Foster Care eligibility for all new placements;
- Completing applications for Title IV-E;
- Re-determining eligibility for Title IV-E;
- Obtaining or providing court orders to prove "contrary to the welfare" and "reasonable efforts" for Title IV-E;
- Preparing interstate letters regarding a child's Title IV-E eligibility;
- Discussing the issues related to a child's eligibility for Title IV-E foster care case with a supervisor or others;
- Arranging clerical functions for Title IV-E documents;
- Providing and explaining information about Title IV-E Foster Care to staff and others;
- Assisting in the application for Supplemental Security Income (SSI) and other disability programs;
- Coordinating a child's SSI and Title IV-E benefits; and
- Reconfirming the disability of SSI-eligible youth.

Title IV-E Adoption and Guardianship eligibility activities may include such tasks as:

- Gathering documentation to determine Title IV-E Adoption eligibility;
- Reviewing applications for Title IV-E Adoption and Guardianship Assistance Program (GAP) subsidies;
- Redetermining eligibility for Title IV-E Adoption and GAP subsidies;
- Negotiating adoption subsidy rates
- Responding to or researching inquiries about Title IV-E Adoption subsidy from courts, agencies, State staff, parents, or others;
- Preparing interstate letters regarding a child's Title IV-E eligibility;
- Discussing the Title IV-E adoption subsidy case with supervisor;
- Arranging clerical functions for Title IV-E documents;
- Providing and discussing information about Title IV-E Adoption or Guardianship Subsidy with supervisors and others;
- Making application for SSI or other disability programs; and
- Coordinating a child's SSI and Title IV-E benefits.

In-Home Services (Including Pre & Post Placement) Eligibility Activities include the work involved in determining whether the child/youth is at significant risk of out-of-home placement in the absence of effective preventive services.

All investigative child abuse and neglect cases that continue PSD in-home services past the initial investigative stage and have a written formal case or safety plan, which includes specific

tasks, services, and requirements that the child or family must meet or complete to resolve the identified issues/problems. The case or safety plan also includes the statement, "absent effective preventive services, foster care is the planned arrangement for the child". The worker must complete the determination in FACTS to identify the individual is or is not at "imminent risk" of removal. Activities involved in making this decision are considered "eligibility determination."

Eligibility determination for In-Home Services may also include such tasks as:

- Completing the safety assessment and other follow-up assessments to identify parental behaviors and family factors that influence the likelihood of a child being abused in the future;
- Responding to or researching inquiries from courts, agencies, State staff, parents or others regarding children receiving or in need of in-home care; or
- Providing and discussing a child's risk of out-of-home placement with supervisors and others.

This code should be used to capture time associated with participation in Title IV-E Eligibility Reviews that are conducted by the Federal government (generally every three years) of the eligibility of children receiving assistance under Title IV-E foster care. The purpose of Title IV-E Eligibility Reviews is to assess payment accuracy through an examination of case record documentation.

This code should also be used to capture time spent on all travel, paperwork, computer work, e-mails, phone calls, consultation with other staff or supervisors, and preparatory activities associated with this code.

NOTE: *This code <u>should not</u> be used for time spent gathering or verifying information for the purpose of investigating allegations of suspected child physical abuse, sexual or emotional abuse, or neglect. Such activity should be charged to Code 06: Incident Specific Investigations.*

Nor should this code be used for the time spent in accessing or entering data into FACTS or other automated data systems for the purpose of case planning or case management. Such activity should be charged to either Codes 02, 08, 09, 10, or 11. : Assessment/Case Planning/Case Management.

CODE 02: MEDICAID

This code is used to identify if the individual was working on an activity related to the Medicaid program. This is not reimbursable through Title IV-E.

CODE 03: TANF ELIGIBILITY AND OUTREACH

Responsibility for determining eligibility (or ineligibility) for the Temporary Assistance for Needy Families (TANF) program rests with the Human Services Department (HSD). This code should be used to capture time spent assisting HSD in this process.

This code should also be used to capture the time spent gathering and verifying information regarding income, household composition, resources, Social Security numbers, and birth certificates for use by HSD in the TANF eligibility process.

This code should also be used to capture activities directed toward bringing potential applicants into TANF program. Outreach includes explaining the TANF program eligibility rules and the eligibility process to prospective applicants, giving or receiving information related to TANF applications, or increasing access on the part of eligible individuals to TANF benefits. TANF provides not only cash assistance to low-income families, the program supports employment and training activities that may be important to families of children served by CYFD PSD.

This code should also be used to capture time spent on all travel, paperwork, computer work, e-mails, phone calls, consultation with other staff or supervisors, and preparatory activities associated with this code.

CODE 04: FOOD STAMPS (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM OR "SNAP") ELIGIBILITY AND OUTREACH

This activity involves participation in the process of assisting the HSD in the determination of eligibility (or ineligibility) for Food Stamps (also called the Supplemental Nutrition Assistance Program or "SNAP").

This code should be used for activities related to the preparation for and assistance in the eligibility determination process. As such, this code includes time spent gathering and verifying information regarding income, household composition, resources, Social Security numbers, and birth certificates for use by HSD.

This code should also be used to capture activities directed toward bringing potential applicants into the Food Stamp program. Access to SNAP benefits may be particularly important to provide families additional resources to enable them to provide a safe and stable environment for children.

Outreach includes explaining the SNAP program eligibility rules and the eligibility process to prospective applicants, giving or receiving information related to Food Stamp applications, or increasing access on the part of eligible individuals to Food Stamp benefits. An important part of the employment and training (E&T) benefits associated with SNAP eligibility are services to enable Food Stamp recipients to get a job or get a better job (including GED testing, adult education, and skills training).

This code may be particularly relevant to the activities of CYFD PSD staff to assure that youth aging out of the foster care system to Independent Living. Helping transitioning foster children to receive the Food Stamp benefits to which they are entitled and to participate in the SNAP E&T program are important for independent living or another planned permanent living arrangement.

SNAP E&T may also provide a valuable resource in stabilizing families as a part of the safe reunification of foster children to their homes.

This code should also be used to capture time spent on all travel, paperwork, computer work, e-mails, phone calls, consultation with other staff or supervisors, and preparatory activities associated with this code.

CODE 05: CHILD SUPPORT ENFORCEMENT AND OUTREACH

This code is used when the worker is engaged in any activities directed to the establishment, modification or enforcement of the obligation of parents to provide support for their children while the child is in foster care.

This code also applies if the employee is working to establish, modify, or enforce a child support order to provide additional resources to facilitate reunification of children with their families.

Examples include:

- Assisting HSD staff in their work (e.g., responding to questions from Child Support staff regarding children in foster care),
- Assisting in the location of a non-custodial parent (including LexisNexis searches),
- Preparing or gathering information such as personal information or financial data for child support purposes and information to be used to establish paternity,
- Making recommendations for not enforcing child support (including "good cause" exemptions),
- Redirecting child support in instances of hardship,
- Requesting or completing orders for support, and
- Preparing for, attending, or following up on hearings involving child support.

This code should also be used for efforts (including fatherhood, case management, and other services) intended to increase the ability of non-custodial parents (NCPs) to meet their child support obligations.

This code should also be used to capture time spent on all travel, paperwork, computer work, e-mails, phone calls, consultation with other staff or supervisors, and preparatory activities associated with this code.

NOTE: *When a child or youth is in out-of-home care, both of the child's parents are considered NCPs.*

CODE 06: INCIDENT-SPECIFIC INVESTIGATIONS

This code includes the investigation of allegations of suspected child physical abuse, sexual or emotional abuse, or child neglect, while the child is in the family setting and preceding any removal of the child from the home.

Examples of activities under this code include**:**

- Receiving and screening reports of child abuse and/or neglect, developing an assessment (investigation) plan and assessing reports of suspected child abuse and/or neglect;
- Gathering information, conducting or arranging interviews with children, parents, subjects and/or collaterals when the purpose of that activity is determining whether the child has been abused or neglected;
- Collaborating with other authorities such as police, law enforcement, attorneys, and courts in completing the Child Protective Services (CPS) assessment and referrals;
- Participating in family centered meetings for decision on whether child abuse/neglect if founded;
- Preparing the written report on each investigation; and
- Entering information into FACTS.

This activity is extremely time-limited. The investigation phase is usually completed within the first five days of a credible report of abuse or neglect and ends. Activities that extend beyond these time frames are more appropriately considered case management rather than incident-specific investigations.

Examples of activities that should be coded as Investigation include:

- *Initial Fact Finding Preliminary to the Assessment*: Upon receipt of a credible child abuse/neglect report, research to determine if other prior founded/unfounded reports were made on the child. Attempts to discuss the report of abuse or neglect directly with the reporter. Contacts with local law enforcement when appropriate. Consultation with supervisor to plan strategies to conduct the investigation. Determination if any prior reports are significant and relevant to the current circumstances.
- *Conducting the Interview*: Interviews with the alleged victim and other children living in the home, parents and caregivers. Inquiries about any history or presence of domestic violence and substance abuse. Discussion of the family's needs and strengths, current crisis and stresses, supervision of children and/or discipline of children.
- *Supervision/Case Consultation*: Determination as to whether the child is in imminent danger and determination of the immediate interventions appropriate to assure the child's safety. Determination if police or court action is needed to protect the child. Determination if child has been abused or neglected.

- *Completing Social Studies and Pre-Dispositional Investigations:* Assessing allegations/ petitions by reviewing court/other documents, meeting with family members and acquaintances, attorneys, school personnel, mental health specialists, law enforcement officials, and other resources.

This code should also be used to capture time spent on all travel, paperwork, computer work, e-mails, phone calls, consultation with other staff or supervisors, and preparatory activities associated with this code.

NOTE: *Obtaining or arranging for medical, psychological or other examinations and evaluations necessary or referral for medical/psychological treatment should be charged to Medicaid (Code 02).*

It is possible that staff may be participating in such activities as preparation for or participation in judicial proceedings or participation in preparation for transfer meetings before documentation is complete and the investigation is closed. Similarly, continuing case activity such as Assessment/Case Planning/Case Management (Codes 02, 08, 09, 10, or 11) should be reported under those codes instead of Investigation.

CODE 07: IDENTIFICATION OF SEX TRAFFICKING AND RELATED CASE MANAGEMENT

This code should be used to claim activities on behalf of any child or youth in the placement, care or supervision of CYFD PSD who is at-risk of becoming a sex trafficking victim or who is determined as a sex trafficking victim in accordance with section 471(a)(9) of the Social Security Act. This includes those children and youth not removed from home; those who have run away from foster care and are under age 18; youth not in foster care who are receiving services under the Chafee Foster Care Independence Program (CFCIP); and youth under age 26 who were or were never in foster care.

Examples of activities that should be claimed under this code include:

- Developing and implementing policies and procedures to identify, document in agency records, and determine appropriate services for victims of sex trafficking;
- Conducting human trafficking screenings and documenting victims of sex trafficking in agency files;
- Determining appropriate services for individuals identified as such victims, including referrals to services; and
- Completing reports required for law enforcement and the Federal government related to children or youth who the agency identifies as being a sex trafficking victim.

This activity should also include administrative activities on behalf of any child missing from foster care. This would include developing and implementing protocols to locate and assess children missing from foster care, including screening the child to identify if the child is a possible sex trafficking victim.

This code should also be used to capture time spent on all travel, paperwork, computer work, e-mails, phone calls, consultation with other staff or supervisors, and preparatory activities associated with this code.

NOTE: *Title IV-E funding may not be claimed for the costs of conducting investigations of allegations of sex trafficking or other forms of child abuse or neglect or for providing social services. Such activities should be reported under Incident-Specific Investigations (Code 06).*

CODE 08: FOSTER CARE STRENGTH-NEEDS ASSESSMENT/SAFETY & ACTION CASE PLANNING AND CASE MANAGEMENT – NON-HEALTH RELATED

OR IF THE CHILD IS AT HOME CHOOSE

CODE 09: IN-HOME SERVICES STRENGTH-NEEDS ASSESSMENT/SAFETY & ACTION CASE PLANNING AND CASE MANAGEMENT – NON-HEALTH RELATED

Federal and State policy require the development of a case plan and periodic updates thereto. This code should be used to capture the time devoted to case assessment and planning. This includes:

- Assessing the strengths, resources, and needs of the client;
- Completing a risk assessment;
- Action planning; and
- Determining and effecting placement options.

These activities include reviewing the client's information; assessing the presenting problem of the case and its associated circumstances, identifying those resources that are available and appropriate to the client's needs, writing the case plan, and conferring with supervisory personnel in the actual development of the case plan, participation in the IEP (Individualized Educational Program) process as the legal guardian, and any other activities related to development and preparation of the case plan. Activities may also include completing the foster care needs assessment, and youth and birth parent assessments.
A critical component of case planning is the worker's assessment of the child and family. A case assessment might consider information regarding psychological, developmental, behavioral and educational factors; explore underlying or disguised issues such as:

- Family violence;
- Substance abuse;
- Child's past history;
- Child's current adjustment;
- Information from the worker's direct observations;
- Child's family history;
- Examination of the child and the family's needs, strengths, resources and existing support systems;
- Worker's time spent analyzing specialized assessments to inform the case plan;
- Determination of the level of intervention needed to protect and care for the child; or

- Ongoing assessment of risk as to whether it is safe for the child to remain in or return to the home.

This code is used for activities including the review and revision of the case plan; case and administrative reviews; case management/supervision; and similar activities related to out-of-home foster care or in-home care. This includes preparing documentation for the case file, dictation, or entry of related information into FACTS systems and other automated systems.

This code should be used for time spent monitoring and communicating with the family regarding the progress made toward attaining the goals and timetable, as identified in the case plan including developing goals for permanency plan.

Specific case management tasks could include:

- Organizing, preparing for, participating in, and following up on family team meetings and facilitated family team meetings;
- Coordinating, preparing for and conducting Administrative Case Reviews;
- Preparing the case record, entering case information in FACTS and other automated systems;
- Documenting in FACTS and other automated systems and/or case record of each contact, required assessments and court reports, and the resulting information from providers;
- Ensuring all required forms are completed and included in case record;
- Discussing the case with supervisor;
- Ongoing assessing and evaluating of child and family's condition that could include supervising a trial home visit;
- Discussing critical case issues and makes decisions, in consultation with the supervisor;
- Monitoring the case plan, including home visits or other contact with school, family, acquaintances, and other sources;
- Responding to agencies, counties, state staff, nurses, attorneys, educational specialists and other CYFD PSD staff concerning the case plan; and
- Coordinating cases with educational resources.

This activity also involves referral for the delivery of social, educational, vocational and foster services as required by the case plan. Case management includes facilitating the use of natural helping networks, such as family members, church and/or other community members and friends; development of increased opportunities for community access and involvement including assistance in the location of housing, community learning skills, teaching vocational, civil and recreational service programs; and assisting children and their families to obtain services otherwise inaccessible or unavailable.

Case management includes contacting potential care providers; consultation with supervisory personnel; processing of required legal and Departmental documentation; informing the current care provider of the details of the change of care placement; coordination among all parties involved for the date of transfer; conducting a pre-placement visit or conference (with or without the client) to the new provider; physical placement of the client with new care providers; and

replacement assessment; preparation for removal from placement; pre-placement visits; notification of custodian; emergency interim placement; and alternate placement.

Case management and supervision also includes multi-disciplinary team meetings (e.g., the formal review of the case at a given time interval including formulation of revisions in the case plan based on the case staffing; meeting with providers and/or other related agencies to discuss the progress of the client).

This code should also be used to capture time spent in preparing for or participating in judicial proceedings, including the following activities:

- Participating in court hearings, conferences or reviews including, but not limited to shelter care, deprivation, dependency, guardianship, relinquishment, and termination of parental rights, including:
- Preparing a list of witnesses;
- Assisting legal counsel in identifying and preparing a witness;
- Writing and disseminating a court report;
- Obtaining or preparing attachments to a court report;
- Waiting for a court hearing to begin, when no other activity is conducted while waiting
- Participating in a court hearing;
- Preparing or otherwise assisting in an affidavit, motion, or petition for the child's placement and care to be the responsibility of CYFD PSD;
- Communicating or coordinating for non-investigative purposes with the Attorney General's Office, attorneys, probation officers, Court-Appointed Special Advocates (CASAs), guardians ad litem, or judicial personnel;
- Participating in 12-month permanency hearings or findings; and
- Responding to/researching inquiries from the court.

This code should be used to capture time spent of Fostering Connections Specialists and other staff on the following activities:

- Involvement in activities in preparation for independent living.
- Receiving or providing consultation, guidance, and other information on the Independent Living Program.

***NOTE**: Activities related to assuring that court orders are compliant with Title IV-E requirements (e.g., reasonable efforts and best interests of the child) should be reported as "eligibility" activity (Code 01).*

This code should be used to capture time spent on non-health related activities related to case closure. This may include discussing with family and providers case closure, establishing exact timeframes for when case activities will be completed, identifying community resources and supports available to the family after case closure.

Examples of activities that should be recorded under this code include reporting:

- That the reasonable progress has been made to implement the goals of the case plan for reunification or permanency.
- That the child has obtained legal age.
- That the child/family no longer needs or requests services.
- Closure of the case record, entering information in FACTS and other automated systems.

This code should also be used to capture time spent on all travel, paperwork, computer work, e-mails, phone calls, consultation with other staff or supervisors, and preparatory activities associated with this code.

NOTE: *Case management (Codes 08 or 09) should not include determining "reasonable candidacy" (this should be coded as Title IV-E Eligibility – Code 01).*

Specialized assessments, such as psychiatric, medical or educational assessments are medical or educational services, should be recorded as Medicaid (Code 02).

Case management, case planning and other administrative activities related to victims of child trafficking should be charged to Code 07.

Case management, case planning, and other administrative activities related to concurrent planning on behalf of foster children with a goal of adoption should be charged to Code 10.

CODE 10 : ADOPTION (INCLUDING PRE & POST ADOPTION) CASE PLANNING/CASE MANAGEMENT – NON-HEALTH RELATED

Adoption (including Pre and Post) provides adoption services to children whose parental rights have been terminated, who are in the process of being terminated, or who have a concurrent permanency goal of adoption so the children do not have to remain, or be placed, in foster homes, group care, or institutions.

This activity includes preparing children for adoption and for the adoption processes by work on terminating parental rights (TPR), counseling, assisting the child's current caretaker with separation, and helping the child through the transition.

This code should also be used to capture time spent on post-finalization activities to prevent disruption or dissolution of the adoptive placement.

This service also includes:

- Assessing the child's adoptability;
- Reviewing adoption homestudies for waiting children
- Discussing, explaining, preparing and processing consents to adopt;
- Participating in activities associated with the recruitment of adoptive parents (including contact with foster parents and assessing relatives to see if they might be interested in adoption);
- Supporting the adoptive placement including conducting home visits;
- Obtaining collateral information regarding the success of the placement;

- Arranging non-medical services for the adoptive family and child;
- Preparing requested documents including references and other materials on behalf of child who will be adopted;
- Preparing documents for and presentation of full disclosure;
- Maintaining Adoption Subsidy Program support including maintenance payments;
- Preparing and submitting to the court reports and documents to request adoption finalization;
- Providing post-placement case management activities;
- Providing information to Heart Galleries and other programs related to children awaiting adoption;
- Coordinating benefits related to Supplemental Security Income (SSI) and other disability programs with those available under adoption; and
- Documentation associated with any of the above activities.

This code should also be used to capture time spent on all travel, paperwork, computer work, e-mails, phone calls, consultation with other staff or supervisors, and preparatory activities associated with this code.

NOTE: *Activities such as obtaining medical histories or assessment of the child's needs for mental health, the autism spectrum, or other services to the child should be charged to Medicaid (Code 2).*

CODE 11 : GAP (INCLUDING PRE & POST GUARDIANSHIP) CASE PLANNING/CASE MANAGEMENT – NON-HEALTH RELATED

GAP (including Pre and Post) provides guardianship services to children who has a current permanency goal of guardianship so the children do not have to remain, or be placed, in foster homes, group care, or institutions.

This activity includes preparing children for guardianship and for the guardianship processes by work on court proceedings, counseling, assisting the child's current caretaker with separation, and helping the child through the transition.

This code should also be used to capture time spent on post-finalization activities to prevent disruption or dissolution of the guardianship placement.

This service also includes:

- Reviewing home studies of kinship caregivers;
- Assessing the child's preparedness for guardianship;
- Participating in activities associated with the recruitment of guardianship homes (including contact with foster parents and assessing relatives to see if they might be interested in guardianship);
- Supporting the potential guardian, including conducting home visits;
- Obtaining collateral information regarding the success of the placement;
- Arranging non-medical services for the guardianship family and child;

- Preparing requested documents including references and other materials on behalf of child who will enter a guardianship home;
- Preparing documents for and presentation of full disclosure;
- Maintaining Guardianship Assistance Program support including maintenance payments;
- Preparing and submitting to the court reports and documents to request guardianship finalization;
- Providing post-placement case management activities;
- Coordinating benefits related to Supplemental Security Income (SSI) and other disability programs with those available under guardianship; and
- Documentation associated with any of the above activities.

This code should also be used to capture time spent on all travel, paperwork, computer work, e-mails, phone calls, consultation with other staff or supervisors, and preparatory activities associated with this code.

NOTE: *Activities such as obtaining medical histories or assessment of the child's needs for mental health, the autism spectrum, or other services to the child should be charged to Medicaid (Code 2).*

CODE 12: RECRUITMENT AND LICENSING OF FAMILY FOSTER CARE HOMES

This code should be used whenever the social service worker is performing activities that are related to the recruitment and licensing of family foster care homes.

PSD staff undertake conduct home studies, licensing, and other activities to assure the quality of the services provided by foster homes. Once a home or facility is licensed, PSD staff are responsible for monitoring continual compliance by providers to identify deficiencies needing correction, and to assure that children and families are receiving the type and quality of services specified in the contract. PSD staff also conduct reviews and quality assurance activities of the licensing and recruitment process.

PSD staff should use this code to capture time spent on activities such as:

- Conducting foster care, adoption, or guardianship home studies;
- Contacts with the foster home unrelated to a specific child;
- Responding to inquiries from current or potential service providers;
- Speaking at forums or meetings to discuss foster care;
- Recruiting service providers;
- Designing brochures or other recruitment material;
- Reviewing new applications;
- Completing home inspections;
- Calling references;
- Completing reports of inspections;
- Conducting provider-related investigations and complete report of investigations;

- Reviewing, approving, and modifying licenses (including emergency provisional licenses);
- Providing support and technical assistance to service providers;
- Attending and planning provider appreciation events; and
- Staffing with a supervisor or others regarding service providers.
- Conducting routine homevisits with foster parents.

This code should also be used to capture travel time, computer work, and preparatory activities associated with this activity.

NOTE: *This code should not be used for activities associated with health-related matters or support given to health-related service providers. Such activities should, instead, be charged to Medicaid (Code 2)*

NOTE: *Nor should this code be used for activities associated with preparing, providing, or following up on training to prospective foster parents or other service providers. Training-related activities should be coded under Training Codes 15-17, as appropriate.*

CODE 13: TITLE IV-E FOSTER CARE, ADOPTION AND PLACEMENT PREVENTION/IN HOME SERVICES ELIGIBILITY TRAINING

This category should be used when the worker is engaged in, preparing for, or following up on training that will prepare the worker to participate in the processes required to determine a child's eligibility for Title IV-E foster care maintenance or adoption assistance.

This code should also be used for training on the policies and procedures governing the determination of "reasonable candidacy" for Title IV-E foster care.

This code should be used for preparing workers to understand the items needed to determine an individual child's eligibility for Title IV-E reimbursement.

Following are examples of training activities considered to be eligibility related:

- Providing or preparing to provide training that will prepare workers to collect information required to determine an individual child's eligibility for Title IV-E reimbursement;
- Participating in or preparing for training sessions focused on policies and procedures governing Title IV-E eligibility;
- Attendance at professional seminars or workshops on policies and procedures directly affecting eligibility for Title IV-E foster care, adoption assistance, or "reasonable candidacy;" and
- Planning for, participating in, or following up on training provided in less formal settings (e.g., team meetings, supervisory conferences, or on-the-job training [OJT]).

This code should also be used to capture time spent on all travel, paperwork, computer work, e-mails, phone calls, consultation with other staff or supervisors, and preparatory activities associated with this code.

CODE 14: IN HOME SERVICES (PLACEMENT PREVENTION/CANDIDACY) PROGRAM TRAINING

This category should be used when the worker is engaged in, preparing for, or following up on training related to the acquisition or enhancement of case management and other skills that support the delivery of in-home services

Allowable training activities include (but are not limited to) the following topics:

- Fair hearings and appeals;
- Rate setting;
- Referral to services;
- Preparation for and participation in judicial determinations;
- Placement of the child;
- Development of the case plan;
- Case reviews;
- Case management and supervision;
- Social work practice, such as family centered practice and social work methods including interviewing and assessment;
- Cultural competency related to children and families;
- Title IV-E policies and procedures;
- Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations, if the training is not related to how to conduct an investigation of child abuse and neglect;
- Effects of separation, grief and loss, child development, and visitation;
- Communication skills required to work with children and families;
- Activities designed to preserve, strengthen, and reunify the family, if the training is not related to providing treatment or services;
- Assessments to determine whether a situation requires a child's removal from the home, if the training is not related directly to conducting a child abuse and neglect investigation;
- Ethics training associated with a Title IV-E State Plan requirement, such as the confidentiality;
- Contract negotiation, monitoring or voucher processing related to the IV-E program;
- Adoption and Foster Care Analysis and Reporting System (AFCARS), Statewide Automated Child Welfare Information System (FACTS) or other child welfare automated system functionality that is closely related to allowable administrative activities;
- Pre-placement activities directed toward reasonable efforts, if the training is not related to providing a service;
- Training on referrals to services, not how to perform the service;
- Management of resistant behaviors such as passive aggressiveness or acting out (physical aggression, verbal threats, etc.)

This code should also be used for training child welfare staff and others on role of protective factors in healthy child development, such as resiliency; relational competence; child social and emotional development; trauma; cultural competence and related areas. Such training topics include, but are not limited to:

- *Evidence-based practice*: Training on the importance of using evidence-based techniques for case planning and modifying agency culture to support and sustain evidence-based practice.
- *Screening and assessment*: How to use of screening and assessment tools to develop the child's case plan.
- *Protective factors*: Introduction to the concept of risk and protective factors and prevention; effective strategies for prevention; overview of strategies to target and encourage development of protective factors.
- *Resilience*: Strategies for minimizing the traumatic experience of placement(s) for children, including facilitating attachment and promoting stable relationships.
- *Relational competence*: An overview of the role of relational competence in family relationships.
- *Child social and emotional development and well-being*: Principles of child growth and social, emotional, physical, and intellectual development.
- *Trauma*: An overview of trauma, including definitions, key terms related to trauma and the long-term impact of trauma experiences; the ways that trauma may impact children's functioning and well-being at various stages of development; the impact of secondary trauma on caregivers and providers; general descriptions of effective treatments and strategies for addressing traumatic reactions and restoring developmentally appropriate functioning.
- *Cultural competence*: How to assess and serve the needs of children without bias and ensure their safety, including how to parent youth struggling with issues related to sexual orientation, gender identity and/or gender expression.

This code should be used when participating in or preparing for training sessions related to these or similar topics.

This code also includes attendance at professional seminars or workshops related to the above topics.

This code also includes planning for, participating in, or following up on training provided in less formal settings (e.g., team meetings, supervisory conferences, or on-the-job training [OJT]).

NOTE: *Training on how to conduct specialized assessments such as psychiatric, medical or developmental assessments should be charged to Code 2: Medicaid*

This code should also be used to capture travel time related to this activity.

CODE 15: FOSTER CARE PROGRAM TRAINING

This category should be used when the worker is engaged in or preparing for training related to the acquisition or enhancement of case management and other skills that support the delivery of services to foster children.

Allowable training activities include (but are not limited to) the following topics:

- Fair hearings and appeals;
- Rate setting;
- Referral to services;
- Preparation for and participation in judicial determinations;
- Placement of the child;
- Development of the case plan;
- Case reviews;
- Case management and supervision;
- Recruitment and licensing of foster homes and institutions;
- Preparation of client risk or needs assessments, home studies, case planning, dispositional reports, behavioral contracts, case reviews, permanency plans, etc.;
- Training of prospective or current foster parents;
- Participation in the Child and Family Services Review (CFSR) and Program Improvement Plan (PIP);
- Social work practice, such as family-centered practice and social work methods including interviewing and assessment;
- Cultural competency related to children and families;
- Title IV-E policies and procedures;
- Initial in-service training;
- Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations, if the training is not related to how to conduct an investigation of child abuse and neglect;
- Permanency planning including using kinship care as a resource for children involved with the child welfare system;
- Effects of separation, grief and loss, child development, and visitation;
- Communication skills required to work with children and families;
- Activities designed to preserve, strengthen, and reunify the family, if the training is not related to providing treatment or services;
- Assessments to determine whether a situation requires a child's removal from the home, if the training is not related directly to conducting a child abuse and neglect investigation;
- Ethics training associated with a Title IV-E State Plan requirement, such as the confidentiality;
- Contract negotiation, monitoring or voucher processing related to the IV-E program;
- Adoption and Foster Care Analysis and Reporting System (AFCARS), Statewide Automated Child Welfare Information System (FACTS) or other child welfare automated system functionality that is closely related to Title IV-E requirements;
- Independent living and the issues confronting adolescents preparing for independent living;
- Training on referrals to services, not how to perform the service;
- Referral procedures and eligibility requirements for income assistance, substance abuse and mental health services, family or individual counseling, medical or dental care, job training, alternative education, etc.; and
- Management of resistant behaviors such as passive aggressiveness or acting out (physical aggression, verbal threats, etc.)

This code should also be used for training child welfare staff and foster parents and others on role of protective factors in healthy child development, such as resiliency; relational competence; child social and emotional development; trauma; cultural competence and related areas. Such training topics include, but are not limited to:

- *Evidence-based practice*: Training on the importance of using evidence-based techniques for case planning and modifying agency culture to support and sustain evidence-based practice.
- *Screening and assessment*: How to use of screening and assessment tools to develop the child's case plan.
- *Protective factors*: Introduction to the concept of risk and protective factors and prevention; effective strategies for prevention; overview of strategies to target and encourage development of protective factors.
- *Resilience*: Strategies for minimizing the traumatic experience of placement(s) for children, including facilitating attachment and promoting stable relationships.
- *Relational competence*: An overview of the role of relational competence in family relationships.
- *Child social and emotional development and well-being*: Principles of child growth and social, emotional, physical, and intellectual development.
- *Trauma*: An overview of trauma, including definitions, key terms related to trauma and the long-term impact of trauma experiences; the ways that trauma may impact children's functioning and well-being at various stages of development; the impact of secondary trauma on caregivers and providers; general descriptions of effective treatments and strategies for addressing traumatic reactions and restoring developmentally appropriate functioning.
- *Cultural competence*: How to assess and serve the needs of children without bias and ensure their safety, including how to parent youth struggling with issues related to sexual orientation, gender identity and/or gender expression.

This code should be used when participating in or preparing for training sessions related to these or similar topics.

This code also includes attendance at professional seminars or workshops related to the above topics

This code also includes planning for, participating in, or following up on training provided in less formal settings (e.g., team meetings, supervisory conferences, or on-the-job training [OJT])

NOTE: *Training on how to conduct specialized assessments such as psychiatric, medical or developmental assessments should be charged to Code 2: Medicaid.*

This code should also be used to capture time spent on all travel, paperwork, computer work, e-mails, phone calls, consultation with other staff or supervisors, and preparatory activities associated with this code.

CODE 16: ADOPTION PROGRAM TRAINING

This activity should be used when the worker is engaged in, preparing for, or following up on training related to the training of adoptive parents as well as staff training related to the acquisition or enhancement of case management and other skills that support the delivery of services to adoptive and pre-adoptive children.

Allowable training activities include (but are not limited to) the following topics:

- Fair hearings and appeals;
- Rate setting;
- Referral to services;
- Preparation for and participation in judicial determinations;
- Placement of the child;
- Development of the case plan;
- Case reviews;
- Case management and supervision;
- Recruitment and certification of adoptive parents;
- Social work practice, such as family centered practice and social work methods including interviewing and assessment;
- Cultural competency related to children and families;
- Title IV-E policies and procedures;
- Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations, if the training is not related to how to conduct an investigation of child abuse and neglect;
- Effects of separation, grief and loss, child development, and visitation;
- Communication skills required to work with children and families;
- Activities designed to preserve, strengthen, and reunify the family, if the training is not related to providing treatment or services;
- Assessments to determine whether a situation requires a child's removal from the home, if the training is not related directly to conducting a child abuse and neglect investigation;
- Ethics training associated with a Title IV-E State Plan requirement, such as the confidentiality;
- Contract negotiation, monitoring or voucher processing related to the IV-E program;
- Adoption and Foster Care Analysis and Reporting System (AFCARS), Statewide Automated Child Welfare Information System (FACTS) or other child welfare automated system functionality that is closely related to Title IV-E requirements;
- Grievance procedures;
- Negotiation and review of adoption assistance agreements;
- Post-placement management of subsidy payments;
- A proportionate share of the development and use of adoption exchanges;
- Training on referrals to services, not how to perform the service;
- Preparation of client risk or needs assessments, home studies, case planning, dispositional reports, behavioral contracts, case reviews, permanency plans, etc.;
- Training of prospective or current adoptive parents;

- Referral procedures and eligibility requirements for income assistance, substance abuse and mental health services, family or individual counseling, medical or dental care, job training, alternative education, etc.; and
- Management of resistant behaviors such as passive aggressiveness or acting out (physical aggression, verbal threats, etc.).

This code should also be used for training child welfare staff and adoptive parents and others on role of protective factors in healthy child development, such as resiliency; relational competence; child social and emotional development; trauma; cultural competence and related areas. Such training topics include, but are not limited to:

- *Evidence-based practice:* Training on the importance of using evidence-based techniques for case planning and modifying agency culture to support and sustain evidence-based practice.
- *Screening and assessment:* How to use of screening and assessment tools to develop the child's case plan.
- *Protective factors:* Introduction to the concept of risk and protective factors and prevention; effective strategies for prevention; overview of strategies to target and encourage development of protective factors.
- *Resilience:* Strategies for minimizing the traumatic experience of placement(s) for children, including facilitating attachment and promoting stable relationships.
- *Relational competence:* An overview of the role of relational competence in family relationships.
- *Child social and emotional development and well-being:* Principles of child growth and social, emotional, physical, and intellectual development.
- *Trauma:* An overview of trauma, including definitions, key terms related to trauma and the long-term impact of trauma experiences; the ways that trauma may impact children's functioning and well-being at various stages of development; the impact of secondary trauma on caregivers and providers; general descriptions of effective treatments and strategies for addressing traumatic reactions and restoring developmentally appropriate functioning.
- *Cultural competence:* How to assess and serve the needs of children without bias and ensure their safety, including how to parent youth struggling with issues related to sexual orientation, gender identity and/or gender expression.

This code should be used when participating in or preparing for training sessions related to these or similar topics.

This code also includes attendance at professional seminars or workshops related to the above topics.

This code also includes planning for, participating in, or following up on training provided in less formal settings (e.g., team meetings, supervisory conferences, or on-the-job training [OJT]).

This code should also be used to capture time spent on all travel, paperwork, computer work, e-

mails, phone calls, consultation with other staff or supervisors, and preparatory activities associated with this code.

CODE 17: GUARDIANSHIP ASSISTANCE PROGRAM (GAP) PROGRAM TRAINING

This activity should be used when the worker is engaged in, preparing for, or following up on training related to the training of potential guardians, as well as, staff training related to the acquisition or enhancement of case management and other skills that support the delivery of services to children who have or may enter a guardianship placement.

Allowable training activities include (but are not limited to) the following topics:

- Fair hearings and appeals;
- Rate setting;
- Referral to services;
- Preparation for and participation in judicial determinations;
- Placement of the child;
- Development of the case plan;
- Case reviews;
- Case management and supervision;
- Recruitment and certification of kinship providers;
- Social work practice, such as family centered practice and social work methods including interviewing and assessment;
- Cultural competency related to children and families;
- Title IV-E policies and procedures;
- Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations, if the training is not related to how to conduct an investigation of child abuse and neglect;
- Permanency planning including using kinship care as a resource for children involved with the child welfare system;
- Effects of separation, grief and loss, child development, and visitation;
- Communication skills required to work with children and families;
- Activities designed to preserve, strengthen, and reunify the family, if the training is not related to providing treatment or services;
- Ethics training associated with a Title IV-E State Plan requirement, such as the confidentiality;
- Contract negotiation, monitoring or voucher processing related to the IV-E program;

CODE 18: CROSS-PROGRAM CHILD WELFARE PROGRAM TRAINING

This category should be used when the worker is engaged, preparing for, or following up on training on policy/programmatic topics that involves multiple child welfare programs (including foster care, adoption, and pre-placement prevention/in-home services).

This code should also be used to capture time spent on all travel, paperwork, computer work, e-mails, phone calls, consultation with other staff or supervisors, and preparatory activities associated with this code.

CODE 19: CROSS-PROGRAM CHILD WELFARE ADMINISTRATION TRAINING

This category consists of activities where the worker is engaged in, preparing for, or following up on training related to administrative skills that support the delivery of services to foster children, adoptive children, and children in their own homes.

Allowable training activities include (but are not limited to) the following topics:

- Word processing, spreadsheet compilation or data entry;
- Time-management;
- Quality assurance;
- Job performance enhancement skills (e.g., writing, basic computer skills, time management);
- First aid, CPR, or facility security training;
- General supervisory skills or other generic skills needed to perform specific jobs;
- Ethics unrelated to the Title IV-E State plan;
- Team-building and stress management training;
- Safe driving;
- Worker retention and worker safety;
- Providing or preparing to provide training related to these or similar topics;
- Participating in or preparing for training sessions related to these or similar topics;
- Attendance at professional seminars or workshops related to such topics; and
- Planning for, participating in, or following up on training provided in less formal settings (e.g., team meetings, supervisory conferences, or on-the-job training [OJT])

This code should also be used to capture time spent on all travel, paperwork, computer work, e-mails, phone calls, consultation with other staff or supervisors, and preparatory activities associated with this code.

CODE 20: TRAINING THAT DOES NOT BENEFIT EITHER FOSTER CARE, ADOPTION, IN-HOME/PLACEMENT PREVENTION, OR MEDICAID

This category consists of activities where the worker is engaged in or preparing for training unrelated to any of the codes provided above (i.e., Foster Care, Adoption, In-Home/Placement Prevention; Medicaid, or Food Stamps).

Examples of training topics that are not allowable under the programs identified above include, but are not limited to:

- Addressing or treating child or family problems or behaviors intended to ameliorate the condition rather than the efficient or effective administration of the Title IV-E, XIX, or IV-D State Plans.

- Conducting child abuse and neglect investigations because such specialized skills are required for staff activities that occur prior to a child's entering foster care or adoption, and even prior to a child's becoming a candidate for foster care.
- Participating in or preparing for conferences, seminars or workshops related to topics such as those enumerated above.
- Planning for, participating in, or following up on training provided in less formal settings (e.g., team meetings, supervisory conferences, or on-the-job training [OJT]).

This code should also be used to capture time spent on all travel, paperwork, computer work, e-mails, phone calls, consultation with other staff or supervisors, and preparatory activities associated with this code.

CODE 21: GENERAL ADMINISTRATION/PAID TIME OFF –

- Non-case or program-specific meetings
- Non-case or program-specific filing
- Non-program, or non-case-specific correspondence
- **On Approved/Paid Leave/Breaks**
  - Annual
  - Compensatory time
  - Sick
  - Military duty
  - Jury duty
  - Bereavement
  - Other leave
  - Breaks

CODE 22: UNPAID LEAVE/FLEX/NOT SCHEDULED TO WORK AT SAMPLE TIME DUE TO:

- Flex-time
- Your work schedule
- Unpaid leave
- Left the agency

CODE 23: Non-Reimbursable/Non-Claimable Time

- This activity code is used when the activity performed is not claimable to any program.

Included below are the MAC Activity Codes:

TIME STUDY ACTIVITY CODES AND DESCRIPTIONS

Code	Activity
1.a	Outreach – Non-Medicaid
1.b	Outreach – Medicaid – Non SPMP
1.c	Outreach – Medicaid – SPMP Only
2.a	Eligibility – Non-Medicaid
2.b	Eligibility - Medicaid
3	Educational and Social Activities – Non-Medicaid
4	Direct Medical Services
5.a	Transportation – Non-Medicaid
5.b	Transportation – Medicaid
6.a	Translation – Non-Medicaid
6.b	Translation – Medicaid
7.a	Program Planning, Development and Interagency Coordination – Non-Medical
7.b	Program Planning, Development and Interagency Coordination – Medical – Non SPMP
7.c	Program Planning, Development and Interagency Coordination – Medical – SPMP Only
8.a	Training – Non-Medical / Non-Medicaid Related
8.b	Training – Medical / Medicaid Related – Non SPMP
8.c	Training – Medical / Medicaid Related – SPMP Only
9.a	Referral, Coordination, and Monitoring – Non-Medicaid Services
9.b	Referral, Coordination, and Monitoring – Medicaid Services – Non SPMP
9.c	Referral, Coordination, and Monitoring – Medicaid Services – SPMP Only
10	General Administration
11	Not Paid / Not Worked

RMTS ACTIVITY CODE DESCRIPTIONS

CODE 1.a. OUTREACH – NON-MEDICAID

Use this code when performing activities that inform individuals about their eligibility for non-Medicaid social, vocational and educational programs (including special education) and how to access them; describing the range of benefits covered under these programs and how to obtain them. Both written and oral methods may be used. Include related paperwork, clerical activities, or staff travel required to perform these activities.

General examples:

- Informing individual or family about wellness programs and how to access them.
- Informing individual or family about CYFD services and supports.
- Informing individual or family about disability related supports and services.
- Scheduling and promoting activities that educate individuals about the benefits of healthy lifestyles and practices.
- Conducting general health education programs or campaigns that address life-style changes in the general population (e.g., dental hygiene, anti-smoking, alcohol reduction, etc.).
- Conducting outreach campaigns that encourage persons to access social, educational, legal or other services not covered by Medicaid.
- Assisting in early identification of children with special medical/dental/mental health needs through various IDEA child-find activities (e.g. screening and evaluation designed to locate, identify, and refer as early as possible young children with disabilities and/or who are at risk for developmental delay that are in need of early intervention).
- Developing outreach materials such as brochures or handbooks for these programs.
- Distributing outreach materials regarding the benefits and availability of these programs.

CODE 1.b. OUTREACH – MEDICAID – Non SPMP

Use this code when non SPMP are performing activities that inform eligible or potentially eligible individuals about Medicaid and how to access the program. Such activities include bringing potential eligible individuals into the Medicaid system for the purpose of the eligibility process. Both written and oral methods may be used. Include related paperwork, clerical activities, or staff travel required to perform these activities.

General examples:

- Informing Medicaid eligible and potential Medicaid eligible individual or family about the benefits and availability of services provided by Medicaid (including preventive treatment, and screening).
- Assisting the Medicaid agency to fulfill the outreach objectives of the Medicaid program by informing individuals, students and their families about health resources available through the Medicaid program.
- Providing information regarding Medicaid managed care programs and health plans to individuals and families and how to access that system.
- Encouraging families to access medical/dental/mental health services provided by the Medicaid program.
- Providing information about Medicaid screening that will help identify medical conditions that can be diagnosed and treated early (e.g., dental, vision), before they become more

serious and the treatment more costly.
- Helping individual or family use health resources, including their own talents and knowledge, effectively and efficiently.
- Developing and/or compiling materials to inform individual or family the Medicaid program and how and where to obtain those benefits. This activity should not be used when Medicaid-related materials are already available (such as through the Medicaid agency). As appropriate, developed outreach materials should have prior approval of the Medicaid agency.
- Distributing literature about the benefits, eligibility requirements, and availability of the Medicaid program.
- Informing individuals with disabilities about the availability of Medicaid services.
- Present information on medical services at health fairs.

CODE 1.c. OUTREACH – MEDICAID – SPMP Only

This code is used only by staff who are Skilled Professional Medical Personnel and only when skilled professional medical knowledge is required to identify medically at-risk individuals and persuade recipients or potential recipients to enter care through the Medicaid system. Include **related** paperwork or staff travel required to perform these activities. Outreach campaigns directed to the entire population to encourage potential Medicaid eligible individuals to apply for Medicaid are allowable, and the costs do not have to be discounted by the Medicaid percentage. Use this code when SPMP are performing activities that inform eligible or potentially eligible individuals about Medicaid and how to access the program. Such activities include bringing potential eligible individuals into the Medicaid system for the purpose of the eligibility process. Both written and oral methods may be used.

General examples:
- Informing Medicaid eligible and potential Medicaid eligible individual or family about the benefits and availability of services provided by Medicaid (including preventive treatment, and screening).
- Assisting the Medicaid agency to fulfill the outreach objectives of the Medicaid program by informing individuals, and their families about health resources available through the Medicaid program.
- Providing information regarding Medicaid managed care programs and health plans to individuals and families and how to access that system.
- Encouraging families to access medical/dental/mental health services provided by the Medicaid program.
- Providing information about Medicaid screening that will help identify medical conditions that can be diagnosed and treated early (e.g., dental, vision), before they become more serious and the treatment more costly.
- Helping individual or family use health resources, including their own talents and knowledge, effectively and efficiently.
- Developing and/or compiling materials to inform individual or family the Medicaid program and how and where to obtain those benefits. This activity should not be used when Medicaid-related materials are already available (such as through the Medicaid agency).

As appropriate, developed outreach materials should have prior approval of the Medicaid agency.

- Distributing literature about the benefits, eligibility requirements, and availability of the Medicaid program.
- Informing individuals with disabilities about the availability of Medicaid services.
- Present information on medical services at health fairs.
- A nurse speaking at a community function about early detection of health problems.
- A psychologist talking to a parenting group about mental illness and signs to look for in adolescents.

CODE 2.a. ELIGIBILITY – NON-MEDICAID

Use this code when helping an individual to become eligible for non-Medicaid programs. Include related paperwork, clerical activities, or staff travel required to perform these activities.

General examples:

- Explaining eligibility processes to prospective applicants for non-Medicaid programs such as In-Home and Family Support, Temporary Assistance for Needy Families (TANF), food stamps, Children's Health Insurance Program (CHIP), Women, Infants, and Children (WIC), Children with Special Health Care Needs (CSHCN), Chronically Ill and Disabled Children (CIDC), Free and Reduced Lunch Program, Head Start, and Low Energy Assistance Program (LEAP) for non-Medicaid eligibility.
- Developing and verifying initial and continuing eligibility for non-Medicaid programs.
- Assisting an applicant in completing the application for non-Medicaid programs.
- Assisting the individual or family collect/gather information and documents for the non-Medicaid program application.
- Assisting individuals to provide third party resource information at non- Medicaid eligibility intake.
- Providing necessary forms and packaging all forms in preparation for the non-Medicaid eligibility determination.
- A mental health worker assisting an individual enroll in literacy classes.
- A family support or information specialist providing information/support for an individual or family to access non-Medicaid services.

CODE 2.b. ELIGIBILITY – MEDICAID

Use this code when assisting an individual in the Medicaid eligibility process. Include related paperwork, clerical activities, or staff travel required to perform these activities. This activity does not include the actual determination of Medicaid eligibility.

General examples:

- Verifying current Medicaid eligibility status.
- Explaining Medicaid eligibility rules and the Medicaid eligibility process.

- Referring individual or family to the local Assistance Office to make application for Medicaid benefits.
- Tracking referred clients/students to substantiate completion of the Medicaid application process and offering assistance.
- Assisting to complete a Medicaid eligibility application.
- Assisting in collecting/gathering required information and documents for the Medicaid application.
- Assisting to provide third party resource information at Medicaid eligibility intake.
- Participating as a Medicaid eligibility outreach outstation but does not include determining eligibility.
- Providing necessary forms and packaging all forms in preparation for the Medicaid eligibility determination.

CODE 3. EDUCATIONAL AND SOCIAL ACTIVITIES – NON-MEDICAID

Use this code when performing activity related to social services, educational services, employment services, job training, childcare, housing and other services. Include any paperwork, clerical activities or staff travel required to perform these activities.

General examples:

- Participating in or presenting training relating to job searches.
- Facilitating family support groups.
- Family education services.
- Parent support groups.
- Career counseling.
- Employment and job training.
- Nutrition services.
- Behavioral (discipline).
- IHFS reports and administrative activities.
- Appearing in court on behalf of consumer trying to maintain custody of her children.

CODE 4. DIRECT MEDICAL SERVICES

Use this code when staff (employees or contracted staff) is providing direct medical services. This code includes pre and post activities associated with the actual delivery of the direct client medical services, e.g., paperwork or staff travel required to perform these services.

General examples:

- Medical screenings (including scoliosis), vision screenings, hearing screenings, dental screenings, EPSDT screenings, and nurse consults.
- Administering first aid.
- Administering medication or providing immunizations.

- Individual and group psychotherapy.
- Individual and group counseling about issues of physical and mental health or substance abuse.
- Targeted case management activities
- Specialized rehabilitation services.
- Developmental assessments and diagnostic testing.
- Parental skills training and counseling.
- Technical assistance which contribute to client advocacy and family empowerment.
- Direct clinical and treatment services:
    - Obtaining or reviewing medical history information.
    - Performing physical examinations.
    - Determining diagnosis.
    - Reviewing test results.
    - Referring for specialized medical services.
    - Dispensing medications or supplies.
    - Educating and counseling about management of medication routine.
- Time spent providing Rehabilitation Services other than crisis intervention services without authorization.

CODE 5.a. TRANSPORTATION – NON-MEDICAID

Use this code when assisting an individual to obtain transportation to services not covered by Medicaid. This does not include the provision of the actual transportation service or the direct costs of the transportation (bus fare, taxi fare, etc.), but rather the administrative activities involved in providing transportation.
Include related paperwork, clerical activities or staff travel required to perform these activities.

General examples:

- Scheduling or arranging transportation for social, vocational, and/or educational programs and activities.
- Accompanying the client to services not covered by Medicaid.

CODE 5.b. TRANSPORTATION – MEDICAID

Use this code when assisting an individual to obtain transportation to services covered by Medicaid. This does not include the provision of the actual transportation service or the direct costs of the transportation (bus fare, taxi fare, etc.), but rather the administrative activities involved in providing transportation. Include related paperwork, clerical activities, or staff travel required to perform these activities.

General examples:

- Scheduling or arranging transportation to Medicaid covered services.
    - Arranging for a taxi to the doctor.
    - Scheduling Medicaid transportation to the doctor.

CODE 6.a. TRANSLATION – NON-MEDICAID

Use this code when providing translation services for non-Medicaid activities. Include related paperwork, clerical activities, or staff travel required to perform these activities.

General examples:

- Arranging for or providing translation services for the purpose to access and understand social, educational, and vocational services.
- Arranging for or providing translation services including oral and signing services.
- Developing translation materials to assist in accessing and/or understanding social, educational, and vocational services.

CODE 6.b. TRANSLATION – MEDICAID

Use this code when assisting to obtain translation services for the purpose of accessing Medicaid services. Include related paperwork, clerical activities, or staff travel required to perform these activities. Translation may be allowable as an administrative activity, but only if it not included and paid for as part of a direct medical service (which would be assigned Code 4 – Direct Medical Service).

General examples:

- Accompanying an individual/family to the physician's office to translate from Spanish to English medically related information between the MD and the individual.
- Serving as a translator on how to access Medicaid services. This includes alternative languages, Braille, sign languages, and translation due to illiteracy.
- Arranging for or providing translation services (oral or signing) that assist the individual to access and understand necessary care or treatment covered by Medicaid.
- Developing translation materials that assist to access and understand necessary care or treatment covered by Medicaid.
- Developing and translating training or other materials/courses to for Medicaid providers who serve Medicaid clients in their native language.

CODE 7.a. PROGRAM PLANNING, DEVELOPMENT, AND INTERAGENCY COORDINATION – NON-MEDICAL

Use this code when performing activities associated with developing strategies to improve the coordination and delivery of non-medical services. Non-medical services may include social services, educational services, vocational services, and state mandated health screenings. Include related paperwork, clerical activities, or staff travel required to perform these activities.

General examples:

- Identifying gaps or duplication of non-medical services (e.g., social, vocational,

educational and mandated general health care programs) to individuals and developing strategies to improve the delivery and coordination of these services.
- Developing strategies to assess or increase the capacity of non-medical programs.
- Monitoring the non-medical delivery systems.
- Developing procedures for tracking families' requests for assistance with non-medical services and the providers of such services. Note: the actual tracking of requests would be coded under code 9.
- Evaluating the need for non-medical services in relation to specific populations or geographic areas.
- Analyzing non-medical data related to a specific program, population, or geographic area.
- Working with other agencies providing non-medical services to improve the coordination and delivery of services and to improve collaboration around the early identification of non-medical or social problems.
- Defining the scope of each agency's non-medical services in relation to other services.
- Developing advisory or work groups of professionals to provide consultation and advice regarding the delivery of non-medical services and state-mandated health screenings.
- Developing non-medical referral sources.
- Coordinating with intra-agency/inter-agency committees to identify, promote and develop non-medical services.

CODE 7.b. PROGRAM PLANNING, DEVELOPMENT, AND INTERAGENCY COORDINATION – MEDICAL – Non SPMP

Non-SPMP staff should use this code when performing activities associated with the development of strategies to improve the coordination and delivery of medical/dental/mental health services to clients and when performing collaborative activities with other agencies and/or providers. This code refers to quality management activities performed by Non-SPMP such as monitoring the authorization for medical services (utilization review) process, ongoing program assessment and evaluation, and the development of standards and protocols. Include related paperwork, clerical activities or staff travel required to perform these activities.

General examples:

- Identifying gaps or duplication of medical/dental/mental services to individuals and developing strategies to improve the delivery and coordination of these services.
- Developing strategies to assess or increase the capacity of medical/dental/mental health programs.
- Monitoring the medical/dental/mental health delivery systems.
- Developing procedures for tracking families' requests for assistance with medical/dental/mental services and providers, including Medicaid.
- Evaluating the need for medical/dental/mental services in relation to specific populations or geographic areas.
- Analyzing Medicaid data related to a specific program, population, or geographic area.
- Working with other agencies and/or providers that provide medical/dental/mental health services to improve the coordination and delivery of services, to expand access to specific

populations of Medicaid eligible individual's, and to increase provider participation and improve provider relations.

- Working with other agencies and/or providers to improve collaboration around the early identification of medical/dental/mental health problems.
- Developing strategies to assess or increase the cost effectiveness of medical/dental/mental health programs.
- Defining the scope of each agency's Medicaid service in relation to other services.
- Working with Medicaid resources, such as the Medicaid agency and Medicaid managed care plans, to make good faith efforts to locate and develop health services referral relationships.
- Developing advisory or work groups of health professionals to provide consultation and advice regarding the delivery of health care services.
- Working with the Medicaid agency to identify, recruit and promote the enrollment of potential Medicaid providers.
- Developing medical referral sources such as directories of Medicaid providers and managed care plans that will provide services to targeted population groups.
- Coordinating with intra-agency/inter-agency committees to identify, promote and develop medical services to individuals with I/DD.
- Containing Medicaid costs and improving services to individuals with I/DD as part of program goals.
- Developing resource directories of Medicaid services.
- Working with other agencies providing Medicaid services to improve coordination and delivery of services, to expand access to specific populations of Medicaid eligible clients, and to improve collaboration around the early identification of medical problems.
- Focusing Medicaid services on specific populations based upon recent epidemiological data with the intent of reducing the need for long-term or more costly Medicaid services.
- Defining the scope of each agency's Medicaid service in relation to other services.
- Developing strategies to increase Medicaid system capacity and close Medicaid service gaps by in-depth analysis of Medical data related to a specific program or specific group.
- Developing training materials to improve the quality of care provided to Medicaid clients.
- Intra-agency/inter-agency coordination to improve delivery of Medicaid services.
- A group of local physicians working together to develop a triage and referral instrument that will be used throughout the service area to reduce inappropriate referrals and intake redundancy for Medicaid funded services (e.g., physical health, mental health).
- Conduct periodic review of protocols.
- Perform peer reviews, medication management and monitoring, and monitoring of the service authorization and re-authorization process,
- Schedule, coordinate, and conduct medical chart or case reviews for adequacy of assessment, documentation, and appropriate intervention.
- Assess and review the capacity of the agency and its providers to deliver medically appropriate health assessments, preventive health services and medical care, and respond to appeals on medical quality of care issues.
- Evaluate the need for new modalities of medical treatment and care.

CODE 7.c. PROGRAM PLANNING, DEVELOPMENT, AND INTERAGENCY COORDINATION – MEDICAL – SPMP Only

SPMP should use this code when performing activities associated with the development of strategies to improve the coordination and delivery of medical/dental/mental health services to clients/students, and when performing collaborative activities with other agencies and/or providers. This code refers to quality management activities performed by SPMP such as monitoring the authorization for medical services (utilization review) process, ongoing program assessment and evaluation, and the development of standards and protocols. Include related paperwork, clerical activities or staff travel required to perform these activities.

General examples:

- Identifying gaps or duplication of medical/dental/mental services to individuals and developing strategies to improve the delivery and coordination of these services.
- Developing strategies to assess or increase the capacity of medical/dental/mental health programs.
- Monitoring the medical/dental/mental health delivery systems.
- Developing procedures for tracking families' requests for assistance with medical/dental/mental services and providers, including Medicaid.
- Evaluating the need for medical/dental/mental services in relation to specific populations or geographic areas.
- Analyzing Medicaid data related to a specific program, population, or geographic area.
- Working with other agencies and/or providers that provide medical/dental/mental services to improve the coordination and delivery of services, to expand access to specific populations of Medicaid eligible individuals, and to increase provider participation and improve provider relations.
- Working with other agencies and/or providers to improve collaboration around the early identification of medical/dental/mental problems.
- Developing strategies to assess or increase the cost effectiveness of medical/dental/mental health programs.
- Defining the scope of each agency's Medicaid service in relation to other services.
- Working with Medicaid resources, such as the Medicaid agency and Medicaid managed care plans, to make good faith efforts to locate and develop health services referral relationships.
- Developing advisory or work groups of health professionals to provide consultation and advice regarding the delivery of health care services.
- Working with the Medicaid agency to identify, recruit and promote the enrollment of potential Medicaid providers.
- Developing medical referral sources such as directories of Medicaid providers and managed care plans that will provide services to targeted population groups.
- Coordinating with intra-agency/inter-agency committees to identify, promote and develop medical services to individuals with I/DD.
- Containing Medicaid costs and improving services to individuals with I/DD as part of program goals.

- Developing resource directories of Medicaid services.
- Working with other agencies providing Medicaid services to improve coordination and delivery of services, to expand access to specific populations of Medicaid eligible clients, and to improve collaboration around the early identification of medical problems.
- Focusing Medicaid services on specific populations based upon recent epidemiological data with the intent of reducing the need for long-term or more costly Medicaid services.
- Defining the scope of each agency's Medicaid service in relation to other services.
- Developing strategies to increase Medicaid system capacity and close Medicaid service gaps by in-depth analysis of Medical data related to a specific program or specific group.
- Intra-agency/Inter-agency coordination to improve delivery of Medicaid services.
- A group of local physicians working together to develop a triage and referral instrument that will be used throughout the service area to reduce inappropriate referrals and intake redundancy for Medicaid funded services (e.g., physical health, mental health).
- Developing training materials to improve the quality of care provided to Medicaid clients.
- Conduct periodic review of protocols.
- Perform peer reviews, medication management and monitoring, and monitoring of the service authorization and re-authorization process,
- Schedule, coordinate, and conduct medical chart or case reviews for adequacy of assessment, documentation, and appropriate intervention.
- Assess and review the capacity of the agency and its providers to deliver medically appropriate health assessments, preventive health services and medical care, and respond to appeals on medical quality of care issues.
- Evaluate the need for new modalities of medical treatment and care.

CODE 8.a. TRAINING – NON-MEDICAL/NON-MEDICAID RELATED

Use this code when coordinating, conducting, or participating in training events and seminars for outreach staff regarding the benefit of the programs other than the Medicaid program. For example, training may include how to assist families to access the services of education programs, WIC, housing, and how to more effectively refer clients/students for those services. Include related paperwork, clerical activities, or staff travel required to perform these activities.

General examples:

- Participating in or coordinating training that improves the delivery of services for programs other than Medicaid.
- Participating in or coordinating training that improves relationships between and among local agencies.
- Participation in training to improve computer skills for data collection
- Training regarding non-medical social service issues.
- Training regarding educational issues.

CODE 8.b. TRAINING – MEDICAL/MEDICAID RELATED – Non SPMP

Use this code when non SPMP are coordinating, conducting, or participating in training events

and seminars for outreach staff regarding the benefits of medical/Medicaid related services, how to assist families to access such services, and how to more effectively refer clients/students for services. Include related paperwork, clerical activities, or staff travel required to perform these activities.

General examples:

- Participating in or coordinating training that improves the delivery of medical/Medicaid related services.
- Participating in or coordinating training that enhances early identification, intervention, screening, and referral of students with special health needs to such services (e.g., Medicaid EPSDT services).
- Coordinating training to assist families to access Medicaid services.
- Participating in training for outreach and eligibility assistance.
- Outreach workers being trained on the provision of direct services so that they can inform potential service recipients.
- Participating in or coordinating training that improves the medical knowledge and skills of medical personnel.
- Conducting seminars and presentations to parents, community members, teachers on:
    - Identification of physical disabilities and other medical conditions that can be corrected or ameliorated by services covered through Medicaid.
    - Providing training on where and how to seek assistance through the Medicaid system.

CODE 8.c. TRAINING – MEDICAL/MEDICAID RELATED – SPMP Only

Use this code when SPMP is coordinating, conducting, or participating in training events and seminars for outreach staff regarding the benefits of medical/Medicaid related services, how to assist families to access such services, and how to more effectively refer clients/students for services. Include related paperwork, clerical activities, or staff travel required to perform these activities.

General examples:

- Participating in or coordinating training that improves the delivery of medical/Medicaid related services.
- Participating in or coordinating training that enhances early identification, intervention, screening and referral of students with special health needs to such services (e.g., Medicaid EPSDT services).
- Coordinating training to assist families to access Medicaid services.
- Participating in training for outreach and eligibility assistance.
- Outreach workers being trained on the provision of direct services so that they can inform potential service recipients.
- Participating in or coordinating training that improves the medical knowledge and skills of medical personnel.

- Conducting seminars and presentations to parents, community members, teachers on:
  - Identification of physical disabilities and other medical conditions that can be corrected or ameliorated by services covered through Medicaid.
  - Providing training on where and how to seek assistance through the Medicaid system.

CODE 9.a. REFERRAL, COORDINATION, AND MONITORING – NON- MEDICAID SERVICES

Use this code when making referrals for coordinating and/or monitoring the delivery of non-medical services. Include related paperwork, clerical activities, or staff travel required to perform these activities.

General examples:

- Screening and making referrals for, and coordinating access to, social and educational services such as employment, job training, and housing.
- Making referrals for, coordinating, and/or monitoring the delivery of mandated health screens (e.g., vision, hearing, scoliosis).
- Making referrals for, coordinating, and monitoring the delivery of scholastic, vocational, and other non-health related examinations.
- Gathering any information that may be required in advance of these non- Medicaid related referrals.
- Participating in a meeting/discussion to coordinate or review a need for scholastic, vocational, and non-health related services not covered by Medicaid.
- Monitoring and evaluating the non-medical components of the individualized plan as appropriate.
- Follow up monitoring with a client referred to a homeless shelter.
- A non-mental retardation service coordinator transitioning an individual from a state hospital to the community.
- Screening or making referrals for childcare, housing, or employment/job training services.

CODE 9.b. REFERRAL, COORDINATION, AND MONITORING – MEDICAID SERVICES – Non SPMP

Use this code when making referrals for, coordinating, and/or monitoring the delivery of medical (Medicaid covered) services. This code is used when Non-SPMP are participating in medical reviews, and assessing the necessity for and types of, medical care associated with medical case management and case coordination activities required by Medicaid individuals. The activity is not conducted as part of a standard medical examination or consultation and is not a direct service. Include related paperwork, clerical activities, or staff travel necessary to perform these activities.

General examples:

- Making referrals for and/or coordinating medical or physical examinations and necessary medical/mental health evaluations.

- Making referrals for and/or coordinating dental examinations
- Making referrals for and/or scheduling EPSDT screens, inter-periodic screens, and appropriate immunizations.
- Making or arranging for any Medicaid covered long-term care, medical/dental/mental health diagnostic or treatment services that may be required as the result of a specifically identified medical/dental/mental health condition.
- Referring clients/students for necessary developmental, long-term care, medical health, mental health, or substance abuse services covered by Medicaid.
- Gathering any information that may be required in advance of medical/dental/mental health referrals.
- Participating in a meeting/discussion to coordinate or review needs for health-related services covered by Medicaid.
- Following-up to ensure the prescribed medical/dental/mental health services covered by Medicaid.
- Providing follow-up contact to provide feedback whether further treatment or modification of existing treatment are required.
- Coordinating the delivery of community based medical/dental/mental health services for an individual with special/severe health care needs.
- Coordinating the completion of the prescribed services, termination of services, and referral to other Medicaid service providers as may be required to provide continuity of care.
- Providing information to other staff on the related medical/dental/mental health services and plans.
- Monitoring and evaluating the Medicaid service components of the IEP as appropriate.
- Coordinating medical/dental/mental health service provision with managed care plans as appropriate.
- Making referrals for and/or coordinating medical evaluations that are not delegated by a physician.
- Making referrals for and/or coordinating dental evaluations that are not the result of an appointment with a dentist.
- Providing information about, making referrals for, and/or scheduling health screens, exception to periodicity screens and appropriate immunizations for individuals who are not on schedule and/or who have special needs or health problems.
- Using medical expertise in providing information to other personnel or health care providers on the individual's medical services and plans.
- Gathering and/or reviewing medical-based information in advance of referrals to or evaluations with other medically trained professionals.
- Participating in inter/intra-agency meetings to coordinate or review a need for Medicaid covered services.
- Providing follow-up contact to ensure the prescribed services were received.
- Coordinating the completion of medical services to ensure the services are provided according to standard medical protocol and evidence-based practices.
- Using medical expertise in ensuring continuity of care between providers of medical services.
- Linking individuals with mental illness to crisis intervention.
- Writing the Determination of Mental Retardation (DMR) report.

- Initial treatment planning for an individual prior to the determination of eligibility for mental retardation service coordination.

CODE 9.c. REFERRAL, COORDINATION, AND MONITORING – MEDICAID SERVICES – SPMP Only

Use this code when making referrals for, coordinating, and/or monitoring the delivery of medical (Medicaid covered) services. This code is used when SPMP staff are participating in medical reviews, and assessing the necessity for and types of, medical care associated with medical case management and case coordination activities required by Medicaid individuals. The activity is not conducted as part of a standard medical examination or consultation and is not a direct service. Include related paperwork, clerical activities, or staff travel necessary to perform these activities.

General examples:

- Making referrals for and/or coordinating medical or physical examinations and necessary medical/mental health evaluations.
- Making referrals for and/or coordinating dental examinations Making referrals for and/or scheduling EPSDT screens, inter-periodic screens, and appropriate immunizations.
- Making or arranging for any Medicaid covered developmental, long-term care, medical/dental/mental health diagnostic or treatment services that may be required as the result of a specifically identified medical/dental/mental health condition.
- Referring clients/students for necessary medical health, mental health, or substance abuse services covered by Medicaid.
- Gathering any information that may be required in advance of developmental, long-term care, medical/dental/mental health referrals.
- Participating in a meeting/discussion to coordinate or review needs for health-related services covered by Medicaid.
- Following-up to ensure the prescribed developmental, long-term care, medical/dental/mental health services covered by Medicaid.
- Providing follow-up contact to provide feedback whether further treatment or modification of existing treatment are required.
- Coordinating the delivery of community based medical/dental/mental health services for an individual with special/severe health care needs.
- Coordinating the completion of the prescribed services, termination of services, and referral to other Medicaid service providers as may be required to provide continuity of care.
- Providing information to other staff on the related medical/dental/mental health services and plans.
- Monitoring and evaluating the Medicaid service components of the IEP as appropriate.
- Coordinating medical/dental/mental health service provision with managed care plans as appropriate.
- Making referrals for and/or coordinating medical evaluations that are not delegated by a physician.
- Making referrals for and/or coordinating dental evaluations that are not the result of an appointment with a dentist.

- Providing information about, making referrals for, and/or scheduling health screens, exception to periodicity screens and appropriate immunizations for individuals who are not on schedule and/or who have special needs or health problems.
- Using medical expertise in providing information to other personnel or health care providers on the individual's medical services and plans.
- Gathering and/or reviewing medical-based information in advance of referrals to or evaluations with other medically trained professionals.
- Participating in inter/intra-agency meetings to coordinate or review a need for Medicaid covered services.
- Providing follow-up contact to ensure the prescribed services were received.
- Coordinating the completion of medical services to ensure the services are provided according to standard medical protocol and evidence-based practices.
- Using medical expertise in ensuring continuity of care between providers of medical services.
- Linking individuals with mental illness to crisis intervention.
- Writing the Determination of Mental Retardation (DMR) report.
- Initial treatment planning for an individual prior to the determination of eligibility for mental retardation service coordination.

CODE 10. GENERAL ADMINISTRATION

Use this code when engaged in general administration activities or performing activities that are not directly assignable to program activities. Include related paperwork, clerical activities, or staff travel required to perform these activities.

General examples:

- Taking paid lunch, breaks, leave, or other paid time not at work.
- Providing general supervision of staff and evaluation of employee performance, including licensure supervision.
- Processing employee payroll and other employee-related forms.
- Developing budgets and maintaining records.
- Maintaining inventories and ordering supplies.
- Establishing goals and objectives of programs as part of the agencies annual or multi-year plan.
- Reviewing procedures and rules.
- Attending or facilitating staff meetings, staff training, or board meetings.
- Performing administrative or clerical activities related to general functions or operations.
- Providing general supervision of staff, including supervision of student teachers or classroom volunteers, interns, and evaluation of employee performance.
- Reviewing technical literature and research articles.
- Performing general administrative and/or clerical activities related to central or regional office functions or operations.
- Other general administrative activities of a similar nature as listed above that cannot be specifically identified under other activity codes.

- Activities related to conducting a Death/Mortality Review.

CODE 11. NOT PAID / NOT WORKED

Non-worked/non-paid time is time for which a participant in the time study is not working AND is not being compensated.

General examples:

- Part-time/contracted staff whose sampled moment occurs during non- scheduled work hours
- Staff member takes an unpaid day off during the sampled moment
- Non-paid sick time
- Non-paid leaves of absence
- No longer employed by the program

FUNDING MATRIX

Code	Code Name	Rate of FFP	Funding Source	Discount
01	Title IV-E Eligibility	50%	Title IV-E Admin	None
02	Medicaid Administrative Claiming	0% (see below)	Medicaid Admin.	None
03	TANF	100%	TANF	None
04	SNAP/Food Stamps	50%	SNAP	None
05	Child Support Enforcement and Outreach	66%	Title IV-D	None
06	Incident-Specific Investigations	0%	State/TANF MOE	None
07	Case Management – Sex Trafficking	50%	Title IV-E Foster Care Admin	None
08	Case Management – Foster Care	50%	Title IV-E Foster Care Admin	IV-E Foster Care Penetration Rate
09	Case Management – Candidacy (In-Home Services)	50%	Title IV-E Admin	IV-E Reasonable Candidate Penetration Rate
10	Case Management – Adoption	50%	Title IV-E Admin	IV-E Adoption Penetration Rate
11	Case Management—Guardianship	50%	Title IV-E Admin	IV-E Guardianship Penetration Rate
12	Recruitment and Licensing of Resource Homes	50%	Title IV-E Admin	IV-E Blended Foster Care/Adoptions Penetration Rate
13	Training – Title IV-E Eligibility	75%	Title IV-E Training	None
14	Training –In-Home Services (Candidacy)	75%	Title IV-E Admin	IV-E Reasonable Candidate Penetration Rate
15	Training – Foster Care (Program)	75%	Title IV-E Training Foster Care	IV-E Foster Care Penetration Rate
16	Training – Adoption (Program)	75%	Title IV-E Adoption Admin	IV-E Adoption Penetration Rate
17	Training – Guardianship (Program)	75%	Title IV-E Adoption Admin	Guardianship Penetration Rate
18	Training – Cross-Program Child Welfare (Program)	75%	Title IV-E Training	Blended Penetration Rate
19	Training – Cross-Program Child Welfare (Admin.)	50%	Title IV-E Training	Blended Penetration Rate
20	Training – No-Program	0%	State/TANF MOE	None
21	General Administration/Paid Time Off/Breaks	Reallocate		n.a.
22	Not Scheduled to Work/Unpaid Leave	Exclude		n.a.
23	**Non-Reimbursable/Non-Claimable Time**	**0%**		**n.a.**

FUNDING MATRIX FOR MAC

The time study activity codes assist in the determination of time and associated costs that are related to and reimbursable through Medicaid. The time study activity codes have been designed to reflect all of the activities performed by time study participants per agency. Time study activity codes can be found in the Time Study Activity Codes and Descriptions section of this guide.

The time study activity codes are assigned indicators that determine its allowability, federal financial participation (FFP) rate, and Medicaid share. An activity code may have one or more indicators associated with it.

The time study activity code indicators are:

Application of FFP rate	50 or 75 percent	Refers to an activity that is allowable as administration through Medicaid and claimable at the 50 or 75 percent FFP rate.
Allowability & Application of Medicaid Share	U	Unallowable – refers to an activity that is unallowable as administration through Medicaid. This is regardless of whether or not the population served includes Medicaid eligible individuals.
	TM	Total Medicaid – refers to an activity that is allowable under Medicaid as administration but for which the costs are not limited to the proportion of Medicaid eligible population served.
	PM	Proportional Medicaid – refers to an activity, which is allowable as Medicaid administration under Medicaid, but for which the costs are limited to the proportion of Medicaid eligible population served.
	R	Reallocated – refers to those general administrative activities which must be reallocated across the other activity codes on a pro rata basis. These reallocated activities are reported under Code 10, General Administration.

Code	Activity	Medicaid Share Indicators
1.a	Outreach - Non-Medicaid (All Staff)	U
1.b	Outreach - Medicaid (Non SPMP)	TM (50%)
1.c	Outreach - Medicaid (SPMP Only)	TM (75%)
2.a	Eligibility - Facilitating Non-Medicaid (All Staff)	U
2.b	Eligibility - Facilitating Medicaid (All Staff)	TM (50%)
3	Other Non-Medicaid/Educational & Social Services	U
4	Direct Medical Services	U

5.a	Transportation Non-Medicaid (All Staff)	U
5.b	Transportation Medicaid (All Staff)	PM (50%)
6.a	Translation Non-Medicaid	U
6.b	Translation Medicaid	PM (75%)
7.a.	Program Planning, Development and Interagency Coordination Non-Medical (All Staff)	U
7.b.	Program Planning, Development and Interagency Coordination Medical (Non SPMP)	PM (50%)
7.c.	Program Planning, Development and Interagency Coordination Medical (SPMP Only)	PM (75%)
8.a	Non-Medical/Non-Medicaid related Training	U
8.b	Medical/Medicaid related Training (Non SPMP)	PM (50%)
8.c.	Medical/Medicaid related Training (SPMP Only)	PM (75%)
9.a.	Referral, Coordination, and Monitoring Non- Medicaid Services (All Staff)	U
9.b.	Referral, Coordination, and Monitoring Medicaid Services (Non SPMP)	PM (50%)
9.c.	Referral, Coordination, and Monitoring Medicaid Services (SPMP Only)	PM (75%)
10	General Administration	R
11	Not Paid/Not Worked	U

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RESPONSE SURVEY

The time study response survey will include a series of questions requiring the participant to confirm the activity they were performing at their sampled date and time. It will offer questions with radio button options and free form text boxes for a more detailed response, where applicable. The questions will help to identify what the participant was doing (including if they were working) at their sampled moment and may request confirmation of who they were with at the time of the moment and why they were performing the specific activity.

Appendix C : MEDICAID ADMINISTRATIVE CLAIMING (MAC) PLAN For Protective Services, Juvenile Justice Services and Behavioral Health Services

New Mexico Children, Youth and Families Department

Behavioral Health Services, Juvenile Justice and Protective Services

Time Study and Medicaid Administrative Claiming Guide

January 1, 2023

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INTRODUCTION

As the Medicaid authority for New Mexico, the Human Services Department (HSD) is committed to providing efficient and effective Direct Service (DS) and Medicaid Administrative Claiming (MAC) programs.

The Human Services Department (HSD) is the single state agency designated to administer or supervise the administration of the Medicaid Program under Title XIX of the Social Security Act for the State of New Mexico. HSD has the authority to delegate administrative functions set forth in Title XIX in order to employ methods of administration necessary for the proper and efficient operation of the State Plan. HSD has chosen to exercise this right by delegating certain functions to the New Mexico Children, Youth and Families Department (CYFD), Behavioral Health, Juvenile Justice, and Protective Services Programs as summarized herein. CYFD has the qualified personnel classified under the New Mexico State Personnel Department to perform the functions required of the delegated activities, per §1902(a)(33)(B) of the Social Security Act.

HSD delegates certain Medicaid administrative functions to CYFD in accordance with Section 1903(a)(7) of the Social Security Act and the implementing regulations of 42 Code of Federal Regulation (CFR) 431.1 and 42 CFR 431.15, 45 CFR Part 74 and 95. HSD and CYFD enter into multiple agreements for CYFD to perform various administrative functions in support of the Medicaid administration.

HSD retains its sole responsibility for exercising administrative discretion in the administration and supervision of the Title XIX State Plan. Nothing in the Joint Powers agreements (JPAs) or the Governmental Services Agreements (GSAs) with CYFD that are summarized herein delegates any of HSD's responsibility for exercising administrative discretion in the administration or supervision of the Title XIX State Plan, including program matters or the issuance of policies, rules, and regulations. In the performance of CYFD's functions under the agreements, CYFD does not have any responsibility to review, change or disapprove any administrative decision of HSD, or otherwise substitute its judgment for that of HSD as to the application of Title XIX policies, rules and regulations promulgated by HSD.

The New Mexico Children, Youth and Families Department became a Cabinet Department effective July 1, 1992. Substantial modifications to CYFD occurred on July 1, 1993, that increased CYFD's responsibilities and scope. These modifications involved the movement of various segments from other cabinet departments to consolidate the focus on children, youth and families into one department.

CYFD is dedicated to enhancing the safety, dignity and well-being of children, youth and families in New Mexico. CYFD protects children from abuse and neglect. CYFD operates the juvenile corrections' system; and CYFD seeks to prevent abuse, reduce juvenile crime, rehabilitate juvenile offenders and support healthy families. CYFD is the behavioral health authority for all children in New Mexico.

Behavioral Health Services Division

CYFD is the behavioral health authority for all children in New Mexico. BHS is the lead on children's behavioral health policy in collaboration with other State Agencies to include the Human Services Department (HSD), Department of Health (DOH), Public Education Department (PED), Early Childhood Education and Care Department (ECECD), and the Behavioral Health Collaborative (BHC). BHS staff provide technical assistance and consultation with providers and other CYFD colleagues serving children and youth who are:

- At-risk of CYFD custody
- Involved with CYFD
- Post-CYFD involvement
- Never involved with CYFD

Statewide, Behavioral Health Services efforts to improve the quality of life for children, youth and families include the following:

Community Behavioral Health Clinicians (CBHC):

- Provides additional clinical consultation to team members of CYFD involved children to decrease out-of-home placements
- Improves access to trauma responsive community behavioral health services and supports

Program & Finance:

- Program development and implementation of NM children's behavioral health service array
- Managers and staff work on programs and services that are funded in part through federal grants that support the startup of services that are then sustainable via Medicaid billing or other funding sources
- Provides support with administrative, quality management and financial oversight

Licensing & Certification Authority (LCA) Bureau:

- Supports children's behavioral health facilities to provide best practice trauma responsive care
- Monitors programming relating to health and safety of children

The LCA Bureau certifies compliance with state and federal regulations for an array of six children/youth Medicaid behavioral health services operated by in-state Medicaid providers. The LCA's certification reviews assess compliance with active treatment, quality of care, monitoring of trauma-responsive care, health and safety, personnel requirements, and other service delivery regulatory standards. The LCA licenses Medicaid facility-based providers as well as non-Medicaid Children's Crisis Shelters

operating in New Mexico. The LCA also supports the development of additional services as identified by Behavioral Health Services.

Types of Facilities the LCA Regulates:

- Accredited Residential Treatment Centers (ARTC)
- Non-accredited Residential Treatment Centers (RTC)
- Group Home Services (GHS)
- Treatment Foster Care Services (TFC)
- Day Treatment Services (DTS)
- Behavioral Management Services (BMS)
- Community Shelters
- Multi-Service Homes
- New or Innovative Programs

Juvenile Justice Services Division

The mission of Juvenile Justice Services (JJS) is to provide qualitative rehabilitative services and treatment for delinquent and at-risk juveniles in the least restrictive environment. JJS is committed to improving public safety and reducing juveniles' delinquent behavior in the State of New Mexico. To accomplish this mission, JJS must provide responsive, coordinated and cost-effective services to juveniles committed to CYFD custody. The services and activities are based on objective, measurable, well-defined criteria and are client and family focused and built on existing strengths.

JJS encompasses 7 specialized facilities and is responsible for monitoring and certification of all juvenile detention centers in the State of New Mexico. Staff that are located in the Secure Facilities will not participate in the MAC Program.

Probation and Aftercare integrates community-based probation and parole services with community-based transition, behavioral health, and other prevention and intervention services.

Probation and Aftercare plans, directs, coordinates and provides comprehensive and integrated services to children and youth by providing child abuse and neglect prevention services, opportunities to serve communities and by intervening with at-risk children to prevent further problems and maximizing the overall health and stability of children and their families. Services emphasize prevention and early intervention in probation services, aftercare and transition in parole services.

Protective Services Division

The Protective Services (PS) program area is responsible for the protection and well-being of children and is a federally designated state child welfare agency. PS provides child protective and child welfare services to children and families within the State. Child protective and child welfare services are provided through over 30 county offices with more than 800 employees. PS is responsible for administering the State's child abuse and neglect reporting hotline, and public foster care system, providing voluntary in-home services to at risk children and their families to prevent children coming into foster care, licensing private child placement agencies, providing adoption and guardianship services, providing services to youth aging out of foster care, monitoring all public and private adoptions, administering interstate compact programs and reporting on an array of Federal grants related to child welfare.

The PS field offices respond to all allegations of child maltreatment and work to protect children from abuse and neglect. Services in the field offices include:

- Child Protective Services (CPS) Investigations
- Substitute care of children
- Voluntary In-home Services
- Adoption Services
- Youth Services
- Placement Services
- CPS Legal Services

PS maintains a 24-hour State Centralized Intake Unit, which is the first line for report and referral of possible cases of abuse and neglect. PS also develops policies and procedures for protective services workers as guidelines for protecting children. PS provides and tracks foster care and adoption services for children needing placement and supports those youth that are transitioning from foster care to adulthood and independent living. PS is responsible for administering the Federal and state funds used to provide services to and/or support maltreated children.

This MAC guide is specific for the CYFD Behavioral Health, Juvenile Justice and Protective Services.

INTERAGENCY AGREEMENTS

The federal government permits state Medicaid agencies to claim reimbursement for activities performed that are necessary for the "proper and efficient administration" of the Medicaid State Plan as stated in Medicaid statute section 1903(a)(7) of the Social Security Act and the implementing regulations at Code of Federal Regulation (CRF) Title 42 (CFR, 431.1 and 42 CFR 431.15, and 45 CFR Part 74 and 95). In addition, Office of Management and Budget (OMB) A-87 was replaced by **OMB Uniform** Guidance at 2 CFR part 200, subpart E and appendices V and VII which contains the cost principals for state, local, and Indian tribal governments for the administration of federal awards states that "Governmental units are responsible for the efficient and effective administration of federal awards."

The Centers for Medicare and Medicaid Services (CMS) has identified a series of activities, such as outreach, utilization review, and eligibility determination that are entitled to be claimed administratively through the Medicaid Administrative Claiming (MAC) program.

As mentioned above, HSD has coordinated with CYFD to assist HSD in administering the New Mexico State Medicaid Plan in the most effective manner possible.

To receive federal matching funds for these programs, federal guidelines permit the use of statistical sampling as an option to monthly personnel activity reports to identify the proportion of administrative time reimbursable under the MAC program. HSD and the CYFD will implement Random Moment Time Study (RMTS) methodology which is a permitted form of statistical sampling.

The common interest of HSD and the agencies is to ensure more effective and timely access of individuals to health care, to obtain the most appropriate utilization of Medicaid covered services, and to promote activities and behaviors that reduce the risk of poor health outcomes for the state's most vulnerable populations.

PARTICIPATION REQUIREMENTS

State agencies interested in participating in the MAC program must comply with requirements set forth by HSD. Agencies must review all requirements annually and make any necessary changes to ensure HSD of their compliance on a continual basis.

To participate in MAC, the Children, Youth and Families Department (CYFD) must first enter into a contract with the New Mexico HSD. The agreement between the CYFD and the HSD must be in effect the first day of the quarter in which the initial time study is initiated. A time study is a tool which is an accepted method of objectively allocating staff time to the various activities that are measured.

A copy of the JPA #95-17 A1 is included in Appendix A as reference.

State Agency Responsibilities for Participation in MAC

Agencies are required to oversee their MAC program to ensure that procedures are implemented and performed consistently and appropriately. It is highly recommended that at least one individual serves as the Primary RMTS Coordinator/Contact and one individual serves as the MAC Financial Coordinator/Contact for each agency. When necessary, the same individual can fulfill both roles.

The following list of core responsibilities has been developed to assist agencies:

Information Flow – Receive correspondence and requests for information regarding MAC from HSD and ensure that the information is disseminated to all appropriate staff and contractors; encourages interdepartmental coordination and cooperation to improve program efficiency and effectiveness.

Policy – Ensure policy directives and instructions are consistent with statewide policy for MAC. Assign MAC program coordinators and assist them in defining their roles and responsibilities to include: development of an appropriate data used to determine the percentage of Medicaid clients, construction of the MAC claim (known hereafter as the claim), and establishment of a supporting documentation file. Clarify policy, program or fiscal questions raised by staff or contractors, and refer any requests for assistance or further clarification to HSD.

Staff Training – Identify required training among staff and contractors to ensure compliance established by HSD.

Quality Review – Ensure no duplicate billings occur and invoices for the claim are consistent with the criteria established before the claim is certified and submitted to HSD. Ensure the data used to calculate the Medicaid percentage, as applicable, is properly entered into the system and will provide any information requested by HSD regarding the claim.

HSD Required Participating Documents – Maintain the GSA or JPA with HSD and ensure the processing of agreements or memoranda of understanding with any sub-contractors participating in MAC.

Audits/Reviews – Develop guidelines for establishing and maintaining supporting documentation files that are consistent with procedures outlined by HSD. Assist agency coordinators and/or their designees in maintaining supporting documentation files containing documents supporting the development of the claims. Conduct periodic reviews of the supporting documentation file to ensure that the files are current with all applicable HSD directives.

REGULATORY GUIDANCE

Title XIX of the Social Security Act (the Act) authorizes federal grants to states for a proportion of expenditures for medical assistance under the approved Medicaid State Plan, and for expenditures necessary for administration of the State Plan. This joint federal-state financing of expenditures is described in section 1903(a) of the Act, which sets forth the rates of federal financing for different types of expenditures.

Under §1903(a)(7) of the Act, federal payment is available at a rate of 50% for amounts expended by a state "as found necessary by the Secretary for the proper and efficient administration of the state plan," per 42 Code of Federal Regulations (CFR) 433.15(b)(7). The Secretary is the final arbiter of which administrative activities are eligible for funding. Certain administrative costs may be matched at higher federal financial participation (FFP) rates, for example:

- Family planning services – 90%
- Design, development, or installation of claims processing and information retrieval systems – 90%
- Operation of claims processing and information retrieval systems – 75%
- Compensation and training of skilled professional medical personnel and staff directly supporting those personnel if the criteria specified in § 432.50 (c) and (d) are met – 75%
- Funds expended for the performance of medical and utilization review by a Quality Improvement Organization (QIO) under a contract entered into under section 1902(d) of the Act – 75%

In addition, Office of Management and Budget (OMB) Circular A-87, was replaced by the **OMB Uniform** Guidance at 2 CFR part 200, subpart E and appendices V and VII which contains the revised cost principles for the administration of federal awards to state, local and Indian tribal governments, states that "Governmental units are responsible for the efficient and effective administration of Federal awards." Under either of these provisions, administrative expenditures must be reasonable and necessary for the performance of functions funded by the Federal award.

Claims for FFP must come directly from the single state Medicaid agency. In addition, the state must ensure that permissible, non-federal funding sources are used to match federal dollars. States sometimes contract with outside agencies to conduct certain Medicaid administrative activities on their behalf. In order for these costs to be claimable, the state Medicaid agency is required to have an interagency or other contractual agreement in place with any agency which performs Medicaid administrative activities on its behalf. These contractual agreements are designed to define and describe the relationship between the state Medicaid agency and the agencies with which it partners to perform Medicaid administrative activities.

In order for Medicaid administrative expenditures to be claimed for federal matching funds, the following requirements must be met:

- Costs must be "proper and efficient" for the state's administration of its Medicaid state plan (§ 1903(a)(7) of the Act).
- Costs related to multiple programs must be allocated in accordance with the benefits received by each participating program consistent with The **OMB Uniform** Guidance at 2 CFR part 200, subpart E and appendices V and VII. This is accomplished by developing a methodology to assign costs based on the relative benefit to the Medicaid program and the other government or non-government programs.
- Costs must be supported by an allocation methodology that appears in the state's approved Public Assistance Cost Allocation Plan (42 CFR 433.34).
- Costs must not include funding for a portion of general public health initiatives that are made available to all persons, such as public health education campaigns.
- Costs must not include the overhead costs of operating a provider facility.
- Costs must not duplicate payment for activities that are already being paid through another source such as paid through a rate or paid through other programs.
- Costs may not supplant funding obligations from other federal sources.
- Costs must be supported by adequate source documentation.

RANDOM MOMENT TIME STUDY

Overview

A time study is a tool which is an accepted method of objectively allocating staff time to the various activities that are measured. It is based on objective, empirical data, and its results reflect how staff time is distributed across the range of activities. A time study should be a reasonable representation of staff activity during the specified time study period.

The State of New Mexico will utilize a Random Moment Time Study (RMTS) methodology effective January 1, 2023. RMTS is a federally approved, statistical sampling technique and is recognized as an accepted alternative to 100 percent time reporting. The RMTS method provides a verifiable, statistically valid sampling technique that produces accurate labor distribution results by determining what portion of the selected group of participant's workload is spent performing all work activities. The RMTS method polls participants on an individual basis at random time intervals over a given time period and totals the results to determine work effort for the entire population of participating staff over that same period.

RMTS eliminates the requirement for timesheets or daily time study logs and instead selects a "moment" in time for which a minimum of three questions must be answered:

1) what were you doing;
2) who were you with; and
3) why were you performing this activity?

An RMTS moment represents one minute at a particular time and moments are sampled and occur throughout each quarter. If sampled, the participant's only responsibility is to document what they were doing at that precise moment by answering the questions. Participants are not required to understand complicated Medicaid regulations or codes and the entire online process takes no more than a few minutes to complete.

Time Study

A fundamental step in the development of an appropriate RMTS is determining what staff should or should not participate in the time study process. To determine the time study sample New Mexico uses two separate staff pools which includes employed and contracted staff that provide services which are primarily medical in nature and/or the administrative activities that are in support of services covered by Medicaid. These pools would be made up of all provider agencies participating in a specific program.

Once the list of time study participants is compiled, randomly selected moments are then randomly matched to a staff participant. The sample moments are selected from applicable staff pools, along with the total number of eligible time study moments for each quarter. To ensure randomness in the selection process, the staff name and the selected moment are returned to the overall sample pool after each moment selection so as to be available for selection again.

Time Study Methodology

To determine the proportion of claims for administrative activities in support of this program and the proper allocation of costs, HSD utilizes a Random Moment Sampling (RMS) time study methodology that is monitored and administered at the state level by HSD staff and its selected contractor. Details concerning the RMS process and the individuals who may participate are described below.

The sampling period is defined as the three-month period comprising each quarter of the Federal Fiscal Year calendar. The following are the federal quarters followed for the Administrative Claiming program and a time study is performed for each of the quarters listed below:

- January 1 - March 31
- April 1 - June 30
- July 1 - September 30
- October 1 - December 31

Sampling Requirements

For the Juvenile Justice and Behavioral Health Divisions that will only be claiming for Medicaid Administrative Activities, the following sampling methodology will be applied:

RMTS sampling methodology has been constructed to achieve a confidence level of 95 percent with precision level of +/- 5 percent.

+/- 5 Percent:

Statistical calculations show that a minimum sample of 384 completed moments each quarter, per time study staff pool, is adequate to obtain this precision when the total pool of moments is greater than 222,639. Additional moments are selected each quarter to account for any potential lost moments.

The following formula is used to calculate the number of moments sampled for the time study pool:

$$ss = \frac{Z2 * (p) * (1-p)}{c2}$$

Correction for Finite Population

$$\text{new ss} = \frac{ss}{1 + \frac{ss-1}{pop}}$$

Where:

ss = sample size

Z = Z value (e.g. 1.96 for 95 percent confidence level)

p = percentage picking a choice, expressed as decimal (.5 used for sample size needed)

c = confidence interval, expressed as decimal (e.g., .05 = ±5)

pop = population

The following table shows the sample sizes necessary to ensure statistical validity at a 95 percent confidence level and tolerable error level of 5 percent. Additional moments will be selected to account for lost moments, as previously defined.

N=	Sample Size Required
10,000	370
20,000	377
30,000	379
40,000	381
50,000	381
75,000	382
100,000	383
>222,639	384

Additional moments of at least 15% oversample should be selected each quarter to account for any lost moments (observations that cannot be used for analysis, i.e., incomplete moments or moments selected for staff no longer at the agency, etc.).

The Protective Services Division of CYFD will be time studied separately from the Juvenile Justice and Behavioral Health populations due to the Title IV-E activities uniquely performed by their division. As a result, this population will utilize the same time study to allocate time spent for both Medicaid Administrative and Title IV-E activities which requires a higher level of precision at +/- 2% (two percent) with a 95% (ninety-five percent) confidence level for activities:

$$ss = \frac{Z2 * (p) * (1-p)}{c2}$$

where:

Z = Z value (e.g. 1.96 for 95% confidence level)
p = percentage picking a choice, expressed as decimal
(.5 used for sample size needed)
c = confidence interval, expressed as decimal
(e.g., .02 = ±2)

Correction for Finite Population

$$\text{new ss} = \frac{ss}{1+\frac{ss-1}{pop}}$$

The following table shows the sample sizes necessary to assure statistical validity at a 95% confidence level and tolerable error level of 2%. Additional moments will be selected to account for unusable moments, as previously defined. An oversample of a minimum of 15% will be used to account for unusable moments.

N=	Sample Size Required	Sample Size plus 15% Oversample
100,000	2345	2697
200,000	2373	2729
300,000	2382	2739
400,000	2387	2845
500,000	2390	2849
750,000	2393	2852
1,000,000	2395	2854
3,000,000	2399	2859
>3,839,197	2401	2860

In the event there is a "state of emergency" or other disaster declared in the State of New Mexico that results in closures that impact the agency's ability to participate in the RMTS as defined in the "Random Moment Time Study" section of this document, HSD will apply an "averaging" methodology to quarters occurring during the "state of emergency," including the quarter in which

the state of emergency is declared and through the quarter in which the state of emergency period ends. The RMTS will use an average of the three previously completed quarters prior to agency closures for claiming for any individual quarter impacted by the emergency. HSD will notify the Center for Medicaid & Chip Services (CMCS) within 15 days of determining that a quarter is statistically invalid, including the reason for the determination along with details and dates of the declaration of emergency. Upon HSD's determination that a quarter is statically invalid, the RMTS will not be conducted if the time study has not yet been initiated for the quarter or will be cancelled immediately upon determination within the quarter.

HSD and the agency will evaluate staff calendars to determine standard operational hours each federal quarter for which staff is compensated for providing services. Based on federal fiscal year quarters, HSD and the agency will determine the most common begin and end dates for sampling purposes. All days and times of operation will be included in the potential days to be chosen for the quarterly time study.

RMTS Process

The RMTS process consists of the following steps:

1. Identify total pool of time study participants;
   a) Develop the RMTS Participant List
   b) Certify the Participant List
2. Identify total pool of time study moments;
3. Randomly select moments;
4. Randomly match each moment to a participant;
5. Notify selected participants of their moment;
6. Time study participants respond to their assigned moment; and
7. Central coders code the moment.

1. Identifying the pool of time study participants.

   At the beginning of each quarter, participating agencies must submit a comprehensive list of all staff (employed and contracted) eligible to participate in the RMTS. This list is referred to as the Participant List (PL). From the PL, all participants are assigned into the respective staff pool. The staff perform various functions in support of the Medicaid program as well as other non-Medicaid activities in carrying out their job responsibilities.

   A job title will be included for each person listed on the PL. The agency (contracted provider) must maintain a description on file for each job title listed on the PL.

   Skilled Professional Medical Personnel

   The Participant List will also delineate those positions that are Skilled Professional Medical Personnel (SPMP) versus non-SPMP staff. The SPMP designation allows for an enhanced Federal Financial Participation (FFP) rate of 75% for a state's Medicaid costs for the

compensation, travel and training of skilled medical professionals. For example, SPMP personnel may include "physicians, dentists, nurses and other specialized personnel who have professional education and training in the field of medical care or appropriate medical practice and who are in an employer-personnel relationship with the Medicaid agency." Contracted staff are not eligible to claim reimbursement at the enhanced rate of SPMP. Additional detail regarding SPMP is included in Appendix B.

Direct Support

Staff must participate in either direct service or administrative activities to be included in the time study. Associated clerical or administrative support staff that report to individuals included on the Participant List are not to be included in the time study. These administrative staff are eligible be included in the claiming process by allocating their time and appropriate costs based on the total time study effort.

This Participant List may include vacant positions that are planned to be filled during the reporting quarter. If a vacant position is filled during the quarter, the individual will complete the time study (if sampled), and actual costs incurred for the position during the quarter are eligible to be reported. If a vacant position is not filled during the quarter, then any sampled time study moments are coded to Not Working/Not Paid and no costs are eligible to be reported. If a position becomes vacated during the quarter and is later filled with a direct replacement, the direct replacement will complete the time study (if sampled), and the proportional costs incurred for both the original participant and direct replacement are eligible to be reported. If the vacated position is not filled during the quarter, then any sampled time study moments are coded to Not Working/Not Paid and only those proportional costs eligible during the period staff received compensation can be reported.

Each agency must certify that the PL of staff they are submitting to be included in the eligible staff pools are appropriate for inclusion in the time study and eventual claim. Any staff deemed inappropriate during the coding and state oversight processes will be removed from the financial reporting and excluded from the eventual claim.

Staff Pools

Two staff pools will be used. Separate time studies will be conducted for each staff pool. The time studies will be mutually exclusive meaning that no staff will be included in more than one staff pool.

Staff Pool 1

- Comprised of staff that are qualified skilled professional medical personnel (SPMP) who participate in direct service activities and also in administrative activities as part of their regular duties and on a regular basis.

  Participants in this pool may include:
  - Clinical Psychologist – SPMP
  - Licensed Counselor – SPMP

- Licensed Medical Personnel – SPMP
- Licensed Social Worker – SPMP
- Physician – SPMP
- Registered Nurse – SPMP

Staff Pool 2

- Comprised of staff that participate in administrative activities only as part of their regular duties and on a regular basis but do not meet the qualifications to be listed as SPMP.

  Participants in this pool may include:
  - Adolescent Substance Abuse Reduction Effort (ASURE) Staff
  - Client Service Agent
  - Domestic Violence Staff
  - Eligibility Specialist
  - Family Engagement Lead
  - In-Home Services Worker
  - Investigator
  - Juvenile Probation Parole Officer
  - Permanency Planning Worker
  - Placement Specialist
  - Placement Worker
  - Program Administrator
  - Reintegration Staff
  - Statewide Youth Coordinator
  - Unlicensed Infant Mental Health Staff
  - Unlicensed Social Worker
  - Wraparound Coordinator

- Certain staff should not participate in the time study. In general, these include:

  - 100% Federally funded staff
  - Any staff who do not typically or potentially perform allowable Medicaid administration functions

Failure by an agency to certify its RMTS PL will result in non-compliance with RMTS requirements and will cause the agency to become ineligible to participate in administrative claiming for the specified period.

2. Identify total pool of time study moments.

The total pool of "moments" within the time study is represented by calculating the number of working days in the sample period, times the number of work hours of each day, times

the number of minutes per hour, and times the number of participants within the time study. The total pool of moments for the quarter is reduced by the exclusion of weekends, holidays and hours during which employees are not scheduled to work.

3. Randomly select moments.

   Using a statistically valid random sampling technique, the desired number of random moments is selected from the total pool of moments (see *Sampling Requirements* above). To ensure randomness, each time the selection of a minute occurs, the minute is returned to the overall sample pool to be available for selection again. In other words, the random selection process is done with replacement so that each minute is available to be selected each time a selection occurs.

4. Randomly match each moment to a time study participant.

   Each randomly selected moment is matched up, using a statistically valid random sampling technique, with an individual from the total pool of participants. Each selected moment is defined as a specific one-minute unit of a specific day from the total pool of time study moments and is assigned to a specific time study participant. To ensure randomness, each time the selection of a staff participant's name occurs, the participant's name is returned to the overall sample pool to be available for selection again. In other words, the random selection process is done with replacement so that each person is available to be selected each time a selection occurs.

5. Notify selected participants about their moment.

   Time study participants are notified via email, or other method, of their requirement to participate in the time study and of their sampled moment.

   - Sampled participants are notified of their sampled moment three weekdays prior to the moment.

6. Time study participants respond to their assigned moment.

   At a minimum, for the selected moment, each sampled participant is required to record and submit their activity by answering the following questions:

   - Were you working at the time of your moment?
     - Yes or No
     - If the sampled participant indicates they were not working, they will be required to confirm if they were on paid or unpaid time off at the time of the moment.
     - If the sampled participated indicates they were working, they will be asked the following free form questions:
   - Who were you with?
   - What were you doing?

- Why were you performing this activity?
  - If the sampled participant is a SPMP, they will be asked a follow-up question asking: "Could only someone with your skilled professional medical knowledge and training complete this activity?" (Yes or No)

Required response times and follow-up for moments must be completed as follows:

- Sampled participants are notified of their sampled moment three weekdays prior to the moment.
- Sampled participants have three weekdays from the sampled moment to complete and submit their response.
- Daily reminders (excluding weekends) are sent via e-mail to sampled participants who have not completed their sampled moment until the moment has either been certified or is no longer in the response period.
- Daily reminders (excluding weekends), are sent via e-mail to the designated RMTS Contact containing a list of all moments for which their sampled staff participants have not completed.
- The RMTS Contact is responsible for contacting sampled staff participants that have not completed their sampled moment to prompt the required response.
- For any moment not completed within three weekdays of the sampled moment date:
  - The participant's login will not work and they will no longer be able to respond to the time study. However, in the event that a participant is not working during their sampled moment, and unable to complete the moment, the RMTS Contact can report that participant was either on "Paid Time Off" or "Not Working/Not Paid". The Program Contact can report participants as "Paid Time Off" or "Not Working/Not Paid" at any time prior to the last business day of the quarter.
- For those participants who do not have online capability, the RMTS Contact at the represented agency will be able to print out the notification and distribute it to the participant. The participant can complete the sample by directly contacting the administrative claiming contractor's call center. The call center staff is trained to walk the participant through the appropriate questions, and then document the response in the system. The contractor's system then tracks and makes it visible to all system users that the response was taken over the phone.

7. Central coders code the moment.

Time study activity codes assist in the determination of time and associated costs that are related to and reimbursable under the Medicaid program. The time study activity codes have been designed to reflect all of the activities performed by time study participants.

Sampled moments must be coded within three weeks after the sampled moment date. Each moment selected from the pool is included in the time study and coded according to the responses submitted by the sampled participant.

Central coders employed by the State or its contractor review the time study participant

responses and, with adequate information, assign the appropriate activity code. All moments will be coded independently by at least two central coders as part of a quality assurance process.

Every effort will be made to assign the appropriate time study activity code. If sufficient information is not provided, the central coder will contact the time study participant and the designated RMTS Contact and request additional information. If sufficient information is not received within three weeks after the sampled moment date, the moment will be coded as a non-Medicaid activity.

Time Study Return Compliance

HSD will require a compliance rate for the time study survey of at least 85 percent. The compliance rate is defined as the percent of valid, certified moments. If the return rate of valid moments is less than 85%, non-returned moments shall be included and coded as non-allowable until an 85% compliance rate is obtained. To ensure that enough moments are received to have a statistically valid sample, a minimum of 15% over-sampling should be used. If the 85% percent valid response rate is met without having to code to non-Medicaid time, the not returned moments will be ignored since they are compensated by over sampling.

HSD will monitor each agency to ensure they are properly returning sample moments. If the agency has not reached 85% compliance, HSD may take appropriate action using sanctions, which may include but not be limited to conducting more frequent monitoring reviews, eliminating the agency's claimed portion of federal funds, or ultimately, termination of the agency's GSA or JPA. HSD will send out non-compliance warning letters to all agencies that did not achieve an 85% percent compliance rate, but only if they also have not returned moments of greater than five moments.

Additionally, the agency must participate in all of the four time study quarters conducted during the federal fiscal year in order to claim MAC costs for all four of those quarters. Failure to participate in a time study quarter will make the agency ineligible to claim MAC costs for that quarter.

Quality Assurance

Coding results will be reviewed by HSD on a quarterly basis. HSD will review a sample of the completed coding results and original staff participant responses to ensure the codes selected for sampled moments are valid and accurate.

HSD will discuss and resolve any discrepancies identified in the quarterly review. In addition to the quarterly review, at its discretion, HSD may review the completed coding and original staff participant responses at any time throughout the claim process or as needed for further review or audit purposes.

At the end of each quarter, once all RMTS data has been received and time study results have been calculated, statistical compliance reports will be generated to serve as documentation that the

sample results have met the necessary statistical requirements.

The time study will identify the portion of the RMTS participant's time:

- Related to providing MAC administrative activities;
- Directly or indirectly related to providing direct service (DS) activities, and
- Related to other activities.

The results of the time study for this program will be used to claim for MAC administrative services only.

RMTS Training

1. Training materials.

   HSD will make accessible, via the HSD and contractor websites, RMTS training materials used for training. Agencies are encouraged to use and distribute to designated RMTS Contacts and time study participants materials provided by HSD regarding the time study.

2. Training types.

   - RMTS Contact (designated by the agency).

     Annual training is mandatory for all contacts designated by the agency as a RMTS (or Program) Contact. The RMTS Contacts are responsible for ensuring the agency complies with all RMTS requirements. Training sessions are conducted by the HSD, authorized individuals from the agency or the contractor.

     HSD or the contractor will also offer training sessions to RMTS Contacts quarterly. Training will include an overview of the RMTS process, software system and information on how to access and input information into the RMTS system. It is essential for the RMTS Contacts to understand the purpose of the RMTS, the appropriate documentation and completion of the RMTS, the timeframes and deadlines for participation, and the consequences of non-compliance.

   - Sampled staff training.

     Prior to each sampled moment, participants are required to complete online training.

   - Central coder training.

     HSD will provide training to the central coding staff for the implementation of RMTS, and on an as needed basis. Training will include discussing issues regarding the coding of moments. Training will also include an overview of activity codes, samples of activities, appropriate processes for making coding determinations, program updates, process modifications, and compliance issues unique to HSD.

TIME STUDY ACTIVITY CODES AND DESCRIPTIONS

Code	Activity
1.a	Outreach – Non-Medicaid
1.b	Outreach – Medicaid – Non SPMP
1.c	Outreach – Medicaid – SPMP Only
2.a	Eligibility – Non-Medicaid
2.b	Eligibility - Medicaid
3	Educational and Social Activities – Non-Medicaid
4	Direct Medical Services
5.a	Transportation – Non-Medicaid
5.b	Transportation – Medicaid
6.a	Translation – Non-Medicaid
6.b	Translation – Medicaid
7.a	Program Planning, Development and Interagency Coordination – Non-Medical
7.b	Program Planning, Development and Interagency Coordination – Medical – Non SPMP
7.c	Program Planning, Development and Interagency Coordination – Medical – SPMP Only
8.a	Training – Non-Medical / Non-Medicaid Related
8.b	Training – Medical / Medicaid Related – Non SPMP
8.c	Training – Medical / Medicaid Related – SPMP Only
9.a	Referral, Coordination, and Monitoring – Non-Medicaid Services
9.b	Referral, Coordination, and Monitoring – Medicaid Services – Non SPMP
9.c	Referral, Coordination, and Monitoring – Medicaid Services – SPMP Only
10	General Administration
11	Not Paid / Not Worked

RMTS ACTIVITY CODE DESCRIPTIONS

CODE 1.a. OUTREACH – NON-MEDICAID

Use this code when performing activities that inform individuals about their eligibility for non-Medicaid social, vocational and educational programs (including special education) and how to access them; describing the range of benefits covered under these programs and how to obtain them. Both written and oral methods may be used. Include related paperwork, clerical activities, or staff travel required to perform these activities.

General examples:

- Informing individual or family about wellness programs and how to access them.
- Informing individual or family about CYFD services and supports.
- Informing individual or family about disability related supports and services.
- Scheduling and promoting activities that educate individuals about the benefits of healthy lifestyles and practices.
- Conducting general health education programs or campaigns that address life-style changes in the general population (e.g., dental hygiene, anti-smoking, alcohol reduction, etc.).
- Conducting outreach campaigns that encourage persons to access social, educational, legal or other services not covered by Medicaid.
- Assisting in early identification of children with special medical/dental/mental health needs through various IDEA child-find activities (e.g. screening and evaluation designed to locate, identify, and refer as early as possible young children with disabilities and/or who are at risk for developmental delay that are in need of early intervention).
- Developing outreach materials such as brochures or handbooks for these programs.
- Distributing outreach materials regarding the benefits and availability of these programs.

CODE 1.b. OUTREACH – MEDICAID – **Non SPMP**

Use this code when non SPMP are performing activities that inform eligible or potentially eligible individuals about Medicaid and how to access the program. Such activities include bringing potential eligible individuals into the Medicaid system for the purpose of the eligibility process. Both written and oral methods may be used. Include related paperwork, clerical activities, or staff travel required to perform these activities.

General examples:

- Informing Medicaid eligible and potential Medicaid eligible individual or family about the benefits and availability of services provided by Medicaid (including preventive treatment, and screening).
- Assisting the Medicaid agency to fulfill the outreach objectives of the Medicaid program by informing individuals, students and their families about health resources available through the Medicaid program.
- Providing information regarding Medicaid managed care programs and health plans to individuals and families and how to access that system.

- Encouraging families to access medical/dental/mental health services provided by the Medicaid program.
- Providing information about Medicaid screening that will help identify medical conditions that can be diagnosed and treated early (e.g., dental, vision), before they become more serious and the treatment more costly.
- Helping individual or family use health resources, including their own talents and knowledge, effectively and efficiently.
- Developing and/or compiling materials to inform individual or family the Medicaid program and how and where to obtain those benefits. This activity should not be used when Medicaid-related materials are already available (such as through the Medicaid agency). As appropriate, developed outreach materials should have prior approval of the Medicaid agency.
- Distributing literature about the benefits, eligibility requirements, and availability of the Medicaid program.
- Informing individuals with disabilities about the availability of Medicaid services.
- Present information on medical services at health fairs.

CODE 1.c. OUTREACH – MEDICAID – **SPMP Only**

This code is used only by staff who are Skilled Professional Medical Personnel and only when skilled professional medical knowledge is required to identify medically at-risk individuals and persuade recipients or potential recipients to enter care through the Medicaid system. Include related paperwork or staff travel required to perform these activities. Outreach campaigns directed to the entire population to encourage potential Medicaid eligible individuals to apply for Medicaid are allowable, and the costs do not have to be discounted by the Medicaid percentage. Use this code when SPMP are performing activities that inform eligible or potentially eligible individuals about Medicaid and how to access the program. Such activities include bringing potential eligible individuals into the Medicaid system for the purpose of the eligibility process. Both written and oral methods may be used.

General examples:

- Informing Medicaid eligible and potential Medicaid eligible individual or family about the benefits and availability of services provided by Medicaid (including preventive treatment, and screening).
- Assisting the Medicaid agency to fulfill the outreach objectives of the Medicaid program by informing individuals, and their families about health resources available through the Medicaid program.
- Providing information regarding Medicaid managed care programs and health plans to individuals and families and how to access that system.
- Encouraging families to access medical/dental/mental health services provided by the Medicaid program.
- Providing information about Medicaid screening that will help identify medical conditions that can be diagnosed and treated early (e.g., dental, vision), before they become more serious and the treatment more costly.
- Helping individual or family use health resources, including their own talents and knowledge, effectively and efficiently.

- Developing and/or compiling materials to inform individual or family the Medicaid program and how and where to obtain those benefits. This activity should not be used when Medicaid-related materials are already available (such as through the Medicaid agency). As appropriate, developed outreach materials should have prior approval of the Medicaid agency.
- Distributing literature about the benefits, eligibility requirements, and availability of the Medicaid program.
- Informing individuals with disabilities about the availability of Medicaid services.
- Present information on medical services at health fairs.
- A nurse speaking at a community function about early detection of health problems.
- A psychologist talking to a parenting group about mental illness and signs to look for in adolescents.

CODE 2.a. ELIGIBILITY – NON-MEDICAID

Use this code when helping an individual to become eligible for non-Medicaid programs. Include related paperwork, clerical activities, or staff travel required to perform these activities.

General examples:

- Explaining eligibility processes to prospective applicants for non-Medicaid programs such as In-Home and Family Support, Temporary Assistance for Needy Families (TANF), food stamps, Children's Health Insurance Program (CHIP), Women, Infants, and Children (WIC), Children with Special Health Care Needs (CSHCN), Chronically Ill and Disabled Children (CIDC), Free and Reduced Lunch Program, Head Start, and Low Energy Assistance Program (LEAP) for non-Medicaid eligibility.
- Developing and verifying initial and continuing eligibility for non-Medicaid programs.
- Assisting an applicant in completing the application for non-Medicaid programs.
- Assisting the individual or family collect/gather information and documents for the non-Medicaid program application.
- Assisting individuals to provide third party resource information at non- Medicaid eligibility intake.
- Providing necessary forms and packaging all forms in preparation for the non-Medicaid eligibility determination.
- A mental health worker assisting an individual enroll in literacy classes.
- A family support or information specialist providing information/support for an individual or family to access non-Medicaid services.

CODE 2.b. ELIGIBILITY – MEDICAID

Use this code when assisting an individual in the Medicaid eligibility process. Include related paperwork, clerical activities, or staff travel required to perform these activities. This activity does not include the actual determination of Medicaid eligibility.

General examples:

- Verifying current Medicaid eligibility status.
- Explaining Medicaid eligibility rules and the Medicaid eligibility process.
- Referring individual or family to the local Assistance Office to make application for Medicaid benefits.
- Tracking referred clients/students to substantiate completion of the Medicaid application process and offering assistance.
- Assisting to complete a Medicaid eligibility application.
- Assisting in collecting/gathering required information and documents for the Medicaid application.
- Assisting to provide third party resource information at Medicaid eligibility intake.
- Participating as a Medicaid eligibility outreach outstation but does not include determining eligibility.
- Providing necessary forms and packaging all forms in preparation for the Medicaid eligibility determination.

CODE 3. EDUCATIONAL AND SOCIAL ACTIVITIES – NON-MEDICAID

Use this code when performing activity related to social services, educational services, employment services, job training, childcare, housing and other services. Include any paperwork, clerical activities or staff travel required to perform these activities.

General examples:

- Participating in or presenting training relating to job searches.
- Facilitating family support groups.
- Family education services.
- Parent support groups.
- Career counseling.
- Employment and job training.
- Nutrition services.
- Behavioral (discipline).
- IHFS reports and administrative activities.
- Appearing in court on behalf of consumer trying to maintain custody of her children.

CODE 4. DIRECT MEDICAL SERVICES

Use this code when staff (employees or contracted staff) is providing direct medical services. This code includes pre and post activities associated with the actual delivery of the direct client medical services, e.g., paperwork or staff travel required to perform these services.

General examples:

- Medical screenings (including scoliosis), vision screenings, hearing screenings, dental

screenings, EPSDT screenings, and nurse consults.
- Administering first aid.
- Administering medication or providing immunizations.
- Individual and group psychotherapy.
- Individual and group counseling about issues of physical and mental health or substance abuse.
- Targeted case management activities
- Specialized rehabilitation services.
- Developmental assessments and diagnostic testing.
- Parental skills training and counseling.
- Technical assistance which contribute to client advocacy and family empowerment.
- Direct clinical and treatment services:
    - Obtaining or reviewing medical history information.
    - Performing physical examinations.
    - Determining diagnosis.
    - Reviewing test results.
    - Referring for specialized medical services.
    - Dispensing medications or supplies.
    - Educating and counseling about management of medication routine.
- Time spent providing Rehabilitation Services other than crisis intervention services without authorization.

CODE 5.a. TRANSPORTATION – NON-MEDICAID

Use this code when assisting an individual to obtain transportation to services not covered by Medicaid. This does not include the provision of the actual transportation service or the direct costs of the transportation (bus fare, taxi fare, etc.), but rather the administrative activities involved in providing transportation.
Include related paperwork, clerical activities or staff travel required to perform these activities.

General examples:

- Scheduling or arranging transportation for social, vocational, and/or educational programs and activities.
- Accompanying the client to services not covered by Medicaid.

CODE 5.b. TRANSPORTATION – MEDICAID

Use this code when assisting an individual to obtain transportation to services covered by Medicaid. This does not include the provision of the actual transportation service or the direct costs of the transportation (bus fare, taxi fare, etc.), but rather the administrative activities involved in providing transportation. Include related paperwork, clerical activities, or staff travel required to perform these activities.

General examples:

- Scheduling or arranging transportation to Medicaid covered services.
  - Arranging for a taxi to the doctor.
  - Scheduling Medicaid transportation to the doctor.

CODE 6.a. TRANSLATION – NON-MEDICAID

Use this code when providing translation services for non-Medicaid activities. Include related paperwork, clerical activities, or staff travel required to perform these activities.

General examples:

- Arranging for or providing translation services for the purpose to access and understand social, educational, and vocational services.
- Arranging for or providing translation services including oral and signing services.
- Developing translation materials to assist in accessing and/or understanding social, educational, and vocational services.

CODE 6.b. TRANSLATION – MEDICAID

Use this code when assisting to obtain translation services for the purpose of accessing Medicaid services. Include related paperwork, clerical activities, or staff travel required to perform these activities. Translation may be allowable as an administrative activity, but only if it not included and paid for as part of a direct medical service (which would be assigned Code 4 – Direct Medical Service).

General examples:

- Accompanying an individual/family to the physician's office to translate from Spanish to English medically related information between the MD and the individual.
- Serving as a translator on how to access Medicaid services. This includes alternative languages, Braille, sign languages, and translation due to illiteracy.
- Arranging for or providing translation services (oral or signing) that assist the individual to access and understand necessary care or treatment covered by Medicaid.
- Developing translation materials that assist to access and understand necessary care or treatment covered by Medicaid.
- Developing and translating training or other materials/courses to for Medicaid providers who serve Medicaid clients in their native language.

CODE 7.a. PROGRAM PLANNING, DEVELOPMENT, AND INTERAGENCY COORDINATION – NON-MEDICAL

Use this code when performing activities associated with developing strategies to improve the coordination and delivery of non-medical services. Non-medical services may include social services, educational services, vocational services, and state mandated health screenings. Include related paperwork, clerical activities, or staff travel required to perform these activities.

General examples:

- Identifying gaps or duplication of non-medical services (e.g., social, vocational, educational and mandated general health care programs) to individuals and developing strategies to improve the delivery and coordination of these services.
- Developing strategies to assess or increase the capacity of non-medical programs.
- Monitoring the non-medical delivery systems.
- Developing procedures for tracking families' requests for assistance with non-medical services and the providers of such services. Note: the actual tracking of requests would be coded under code 9.
- Evaluating the need for non-medical services in relation to specific populations or geographic areas.
- Analyzing non-medical data related to a specific program, population, or geographic area.
- Working with other agencies providing non-medical services to improve the coordination and delivery of services and to improve collaboration around the early identification of non-medical or social problems.
- Defining the scope of each agency's non-medical services in relation to other services.
- Developing advisory or work groups of professionals to provide consultation and advice regarding the delivery of non-medical services and state-mandated health screenings.
- Developing non-medical referral sources.
- Coordinating with intra-agency/inter-agency committees to identify, promote and develop non-medical services.

CODE 7.b. PROGRAM PLANNING, DEVELOPMENT, AND INTERAGENCY COORDINATION – MEDICAL – **Non SPMP**

Non-SPMP staff should use this code when performing activities associated with the development of strategies to improve the coordination and delivery of medical/dental/mental health services to clients and when performing collaborative activities with other agencies and/or providers. This code refers to quality management activities performed by Non-SPMP such as monitoring the authorization for medical services (utilization review) process, ongoing program assessment and evaluation, and the development of standards and protocols. Include related paperwork, clerical activities or staff travel required to perform these activities.

General examples:

- Identifying gaps or duplication of medical/dental/mental services to individuals and developing strategies to improve the delivery and coordination of these services.
- Developing strategies to assess or increase the capacity of medical/dental/mental health programs.
- Monitoring the medical/dental/mental health delivery systems.
- Developing procedures for tracking families' requests for assistance with medical/dental/mental services and providers, including Medicaid.
- Evaluating the need for medical/dental/mental services in relation to specific populations or geographic areas.
- Analyzing Medicaid data related to a specific program, population, or geographic area.

- Working with other agencies and/or providers that provide medical/dental/mental health services to improve the coordination and delivery of services, to expand access to specific populations of Medicaid eligible individual's, and to increase provider participation and improve provider relations.
- Working with other agencies and/or providers to improve collaboration around the early identification of medical/dental/mental health problems.
- Developing strategies to assess or increase the cost effectiveness of medical/dental/mental health programs.
- Defining the scope of each agency's Medicaid service in relation to other services.
- Working with Medicaid resources, such as the Medicaid agency and Medicaid managed care plans, to make good faith efforts to locate and develop health services referral relationships.
- Developing advisory or work groups of health professionals to provide consultation and advice regarding the delivery of health care services.
- Working with the Medicaid agency to identify, recruit and promote the enrollment of potential Medicaid providers.
- Developing medical referral sources such as directories of Medicaid providers and managed care plans that will provide services to targeted population groups.
- Coordinating with intra-agency/inter-agency committees to identify, promote and develop medical services to individuals with I/DD.
- Containing Medicaid costs and improving services to individuals with I/DD as part of program goals.
- Developing resource directories of Medicaid services.
- Working with other agencies providing Medicaid services to improve coordination and delivery of services, to expand access to specific populations of Medicaid eligible clients, and to improve collaboration around the early identification of medical problems.
- Focusing Medicaid services on specific populations based upon recent epidemiological data with the intent of reducing the need for long-term or more costly Medicaid services.
- Defining the scope of each agency's Medicaid service in relation to other services.
- Developing strategies to increase Medicaid system capacity and close Medicaid service gaps by in-depth analysis of Medical data related to a specific program or specific group.
- Developing training materials to improve the quality of care provided to Medicaid clients.
- Intra-agency/inter-agency coordination to improve delivery of Medicaid services.
- A group of local physicians working together to develop a triage and referral instrument that will be used throughout the service area to reduce inappropriate referrals and intake redundancy for Medicaid funded services (e.g., physical health, mental health).
- Conduct periodic review of protocols.
- Perform peer reviews, medication management and monitoring, and monitoring of the service authorization and re-authorization process,
- Schedule, coordinate, and conduct medical chart or case reviews for adequacy of assessment, documentation, and appropriate intervention.
- Assess and review the capacity of the agency and its providers to deliver medically appropriate health assessments, preventive health services and medical care, and respond to appeals on medical quality of care issues.
- Evaluate the need for new modalities of medical treatment and care.

CODE 7.c. PROGRAM PLANNING, DEVELOPMENT, AND INTERAGENCY COORDINATION – MEDICAL – **SPMP Only**

SPMP should use this code when performing activities associated with the development of strategies to improve the coordination and delivery of medical/dental/mental health services to clients/students, and when performing collaborative activities with other agencies and/or providers. This code refers to quality management activities performed by SPMP such as monitoring the authorization for medical services (utilization review) process, ongoing program assessment and evaluation, and the development of standards and protocols. Include related paperwork, clerical activities or staff travel required to perform these activities.

General examples:

- Identifying gaps or duplication of medical/dental/mental services to individuals and developing strategies to improve the delivery and coordination of these services.
- Developing strategies to assess or increase the capacity of medical/dental/mental health programs.
- Monitoring the medical/dental/mental health delivery systems.
- Developing procedures for tracking families' requests for assistance with medical/dental/mental services and providers, including Medicaid.
- Evaluating the need for medical/dental/mental services in relation to specific populations or geographic areas.
- Analyzing Medicaid data related to a specific program, population, or geographic area.
- Working with other agencies and/or providers that provide medical/dental/mental services to improve the coordination and delivery of services, to expand access to specific populations of Medicaid eligible individuals, and to increase provider participation and improve provider relations.
- Working with other agencies and/or providers to improve collaboration around the early identification of medical/dental/mental problems.
- Developing strategies to assess or increase the cost effectiveness of medical/dental/mental health programs.
- Defining the scope of each agency's Medicaid service in relation to other services.
- Working with Medicaid resources, such as the Medicaid agency and Medicaid managed care plans, to make good faith efforts to locate and develop health services referral relationships.
- Developing advisory or work groups of health professionals to provide consultation and advice regarding the delivery of health care services.
- Working with the Medicaid agency to identify, recruit and promote the enrollment of potential Medicaid providers.
- Developing medical referral sources such as directories of Medicaid providers and managed care plans that will provide services to targeted population groups.
- Coordinating with intra-agency/inter-agency committees to identify, promote and develop medical services to individuals with I/DD.
- Containing Medicaid costs and improving services to individuals with I/DD as part of

program goals.
- Developing resource directories of Medicaid services.
- Working with other agencies providing Medicaid services to improve coordination and delivery of services, to expand access to specific populations of Medicaid eligible clients, and to improve collaboration around the early identification of medical problems.
- Focusing Medicaid services on specific populations based upon recent epidemiological data with the intent of reducing the need for long-term or more costly Medicaid services.
- Defining the scope of each agency's Medicaid service in relation to other services.
- Developing strategies to increase Medicaid system capacity and close Medicaid service gaps by in-depth analysis of Medical data related to a specific program or specific group.
- Intra-agency/Inter-agency coordination to improve delivery of Medicaid services.
- A group of local physicians working together to develop a triage and referral instrument that will be used throughout the service area to reduce inappropriate referrals and intake redundancy for Medicaid funded services (e.g., physical health, mental health).
- Developing training materials to improve the quality of care provided to Medicaid clients.
- Conduct periodic review of protocols.
- Perform peer reviews, medication management and monitoring, and monitoring of the service authorization and re-authorization process,
- Schedule, coordinate, and conduct medical chart or case reviews for adequacy of assessment, documentation, and appropriate intervention.
- Assess and review the capacity of the agency and its providers to deliver medically appropriate health assessments, preventive health services and medical care, and respond to appeals on medical quality of care issues.
- Evaluate the need for new modalities of medical treatment and care.

CODE 8.a. TRAINING – NON-MEDICAL/NON-MEDICAID RELATED

Use this code when coordinating, conducting, or participating in training events and seminars for outreach staff regarding the benefit of the programs other than the Medicaid program. For example, training may include how to assist families to access the services of education programs, WIC, housing, and how to more effectively refer clients/students for those services. Include related paperwork, clerical activities, or staff travel required to perform these activities.

General examples:

- Participating in or coordinating training that improves the delivery of services for programs other than Medicaid.
- Participating in or coordinating training that improves relationships between and among local agencies.
- Participation in training to improve computer skills for data collection
- Training regarding non-medical social service issues.
- Training regarding educational issues.

CODE 8.b. TRAINING – MEDICAL/MEDICAID RELATED – **Non SPMP**

Use this code when non SPMP are coordinating, conducting, or participating in training events and seminars for outreach staff regarding the benefits of medical/Medicaid related services, how to assist families to access such services, and how to more effectively refer clients/students for services. Include related paperwork, clerical activities, or staff travel required to perform these activities.

General examples:

- Participating in or coordinating training that improves the delivery of medical/Medicaid related services.
- Participating in or coordinating training that enhances early identification, intervention, screening, and referral of students with special health needs to such services (e.g., Medicaid EPSDT services).
- Coordinating training to assist families to access Medicaid services.
- Participating in training for outreach and eligibility assistance.
- Outreach workers being trained on the provision of direct services so that they can inform potential service recipients.
- Participating in or coordinating training that improves the medical knowledge and skills of medical personnel.
- Conducting seminars and presentations to parents, community members, teachers on:
    - Identification of physical disabilities and other medical conditions that can be corrected or ameliorated by services covered through Medicaid.
    - Providing training on where and how to seek assistance through the Medicaid system.

CODE 8.c. TRAINING – MEDICAL/MEDICAID RELATED – **SPMP Only**

Use this code when SPMP is coordinating, conducting, or participating in training events and seminars for outreach staff regarding the benefits of medical/Medicaid related services, how to assist families to access such services, and how to more effectively refer clients/students for services. Include related paperwork, clerical activities, or staff travel required to perform these activities.

General examples:

- Participating in or coordinating training that improves the delivery of medical/Medicaid related services.
- Participating in or coordinating training that enhances early identification, intervention, screening and referral of students with special health needs to such services (e.g., Medicaid EPSDT services).
- Coordinating training to assist families to access Medicaid services.
- Participating in training for outreach and eligibility assistance.
- Outreach workers being trained on the provision of direct services so that they can inform potential service recipients.
- Participating in or coordinating training that improves the medical knowledge and skills of

medical personnel.

- Conducting seminars and presentations to parents, community members, teachers on:
  - Identification of physical disabilities and other medical conditions that can be corrected or ameliorated by services covered through Medicaid.
  - Providing training on where and how to seek assistance through the Medicaid system.

CODE 9.a. REFERRAL, COORDINATION, AND MONITORING – NON- MEDICAID SERVICES

Use this code when making referrals for coordinating and/or monitoring the delivery of non-medical services. Include related paperwork, clerical activities, or staff travel required to perform these activities.

General examples:

- Screening and making referrals for, and coordinating access to, social and educational services such as employment, job training, and housing.
- Making referrals for, coordinating, and/or monitoring the delivery of mandated health screens (e.g., vision, hearing, scoliosis).
- Making referrals for, coordinating, and monitoring the delivery of scholastic, vocational, and other non-health related examinations.
- Gathering any information that may be required in advance of these non- Medicaid related referrals.
- Participating in a meeting/discussion to coordinate or review a need for scholastic, vocational, and non-health related services not covered by Medicaid.
- Monitoring and evaluating the non-medical components of the individualized plan as appropriate.
- Follow up monitoring with a client referred to a homeless shelter.
- A non-mental retardation service coordinator transitioning an individual from a state hospital to the community.
- Screening or making referrals for childcare, housing, or employment/job training services.

CODE 9.b. REFERRAL, COORDINATION, AND MONITORING – MEDICAID SERVICES – **Non SPMP**

Use this code when making referrals for, coordinating, and/or monitoring the delivery of medical (Medicaid covered) services. This code is used when Non-SPMP are participating in medical reviews, and assessing the necessity for and types of, medical care associated with medical case management and case coordination activities required by Medicaid individuals. The activity is not conducted as part of a standard medical examination or consultation and is not a direct service. Include related paperwork, clerical activities, or staff travel necessary to perform these activities.

General examples:

- Making referrals for and/or coordinating medical or physical examinations and necessary

medical/mental health evaluations.

- Making referrals for and/or coordinating dental examinations
- Making referrals for and/or scheduling EPSDT screens, inter-periodic screens, and appropriate immunizations.
- Making or arranging for any Medicaid covered long-term care, medical/dental/mental health diagnostic or treatment services that may be required as the result of a specifically identified medical/dental/mental health condition.
- Referring clients/students for necessary developmental, long-term care, medical health, mental health, or substance abuse services covered by Medicaid.
- Gathering any information that may be required in advance of medical/dental/mental health referrals.
- Participating in a meeting/discussion to coordinate or review needs for health-related services covered by Medicaid.
- Following-up to ensure the prescribed medical/dental/mental health services covered by Medicaid.
- Providing follow-up contact to provide feedback whether further treatment or modification of existing treatment are required.
- Coordinating the delivery of community based medical/dental/mental health services for an individual with special/severe health care needs.
- Coordinating the completion of the prescribed services, termination of services, and referral to other Medicaid service providers as may be required to provide continuity of care.
- Providing information to other staff on the related medical/dental/mental health services and plans.
- Monitoring and evaluating the Medicaid service components of the IEP as appropriate.
- Coordinating medical/dental/mental health service provision with managed care plans as appropriate.
- Making referrals for and/or coordinating medical evaluations that are not delegated by a physician.
- Making referrals for and/or coordinating dental evaluations that are not the result of an appointment with a dentist.
- Providing information about, making referrals for, and/or scheduling health screens, exception to periodicity screens and appropriate immunizations for individuals who are not on schedule and/or who have special needs or health problems.
- Using medical expertise in providing information to other personnel or health care providers on the individual's medical services and plans.
- Gathering and/or reviewing medical-based information in advance of referrals to or evaluations with other medically trained professionals.
- Participating in inter/intra-agency meetings to coordinate or review a need for Medicaid covered services.
- Providing follow-up contact to ensure the prescribed services were received.
- Coordinating the completion of medical services to ensure the services are provided according to standard medical protocol and evidence-based practices.
- Using medical expertise in ensuring continuity of care between providers of medical services.
- Linking individuals with mental illness to crisis intervention.

- Writing the Determination of Mental Retardation (DMR) report.
- Initial treatment planning for an individual prior to the determination of eligibility for mental retardation service coordination.

CODE 9.c. REFERRAL, COORDINATION, AND MONITORING – MEDICAID SERVICES – **SPMP Only**

Use this code when making referrals for, coordinating, and/or monitoring the delivery of medical (Medicaid covered) services. This code is used when SPMP staff are participating in medical reviews, and assessing the necessity for and types of, medical care associated with medical case management and case coordination activities required by Medicaid individuals. The activity is not conducted as part of a standard medical examination or consultation and is not a direct service. Include related paperwork, clerical activities, or staff travel necessary to perform these activities.

General examples:

- Making referrals for and/or coordinating medical or physical examinations and necessary medical/mental health evaluations.
- Making referrals for and/or coordinating dental examinations Making referrals for and/or scheduling EPSDT screens, inter-periodic screens, and appropriate immunizations.
- Making or arranging for any Medicaid covered developmental, long-term care, medical/dental/mental health diagnostic or treatment services that may be required as the result of a specifically identified medical/dental/mental health condition.
- Referring clients/students for necessary medical health, mental health, or substance abuse services covered by Medicaid.
- Gathering any information that may be required in advance of developmental, long-term care, medical/dental/mental health referrals.
- Participating in a meeting/discussion to coordinate or review needs for health-related services covered by Medicaid.
- Following-up to ensure the prescribed developmental, long-term care, medical/dental/mental health services covered by Medicaid.
- Providing follow-up contact to provide feedback whether further treatment or modification of existing treatment are required.
- Coordinating the delivery of community based medical/dental/mental health services for an individual with special/severe health care needs.
- Coordinating the completion of the prescribed services, termination of services, and referral to other Medicaid service providers as may be required to provide continuity of care.
- Providing information to other staff on the related medical/dental/mental health services and plans.
- Monitoring and evaluating the Medicaid service components of the IEP as appropriate.
- Coordinating medical/dental/mental health service provision with managed care plans as appropriate.

- Making referrals for and/or coordinating medical evaluations that are not delegated by a physician.
- Making referrals for and/or coordinating dental evaluations that are not the result of an appointment with a dentist.
- Providing information about, making referrals for, and/or scheduling health screens, exception to periodicity screens and appropriate immunizations for individuals who are not on schedule and/or who have special needs or health problems.
- Using medical expertise in providing information to other personnel or health care providers on the individual's medical services and plans.
- Gathering and/or reviewing medical-based information in advance of referrals to or evaluations with other medically trained professionals.
- Participating in inter/intra-agency meetings to coordinate or review a need for Medicaid covered services.
- Providing follow-up contact to ensure the prescribed services were received.
- Coordinating the completion of medical services to ensure the services are provided according to standard medical protocol and evidence-based practices.
- Using medical expertise in ensuring continuity of care between providers of medical services.
- Linking individuals with mental illness to crisis intervention.
- Writing the Determination of Mental Retardation (DMR) report.
- Initial treatment planning for an individual prior to the determination of eligibility for mental retardation service coordination.

CODE 10. GENERAL ADMINISTRATION

Use this code when engaged in general administration activities or performing activities that are not directly assignable to program activities. Include related paperwork, clerical activities, or staff travel required to perform these activities.

General examples:

- Taking paid lunch, breaks, leave, or other paid time not at work.
- Providing general supervision of staff and evaluation of employee performance, including licensure supervision.
- Processing employee payroll and other employee-related forms.
- Developing budgets and maintaining records.
- Maintaining inventories and ordering supplies.
- Establishing goals and objectives of programs as part of the agencies annual or multi-year plan.
- Reviewing procedures and rules.
- Attending or facilitating staff meetings, staff training, or board meetings.
- Performing administrative or clerical activities related to general functions or operations.
- Providing general supervision of staff, including supervision of student teachers or classroom volunteers, interns, and evaluation of employee performance.
- Reviewing technical literature and research articles.

- Performing general administrative and/or clerical activities related to central or regional office functions or operations.
- Other general administrative activities of a similar nature as listed above that cannot be specifically identified under other activity codes.
- Activities related to conducting a Death/Mortality Review.

CODE 11. NOT PAID / NOT WORKED

Non-worked/non-paid time is time for which a participant in the time study is not working AND is not being compensated.

General examples:

- Part-time/contracted staff whose sampled moment occurs during non- scheduled work hours
- Staff member takes an unpaid day off during the sampled moment
- Non-paid sick time
- Non-paid leaves of absence
- No longer employed by the program

ADMINISTRATIVE CLAIMING COST ALLOCATION AND METHODOLOGY

Overview

The federal government permits state Medicaid agencies to claim reimbursement for activities performed that are necessary for the "proper and efficient administration" of the State Medicaid Plan. Historically, CMS has provided some latitude to states in determining the kinds of activities for which they may seek reimbursement. CMS has identified a series of activities, such as outreach, utilization review, eligibility determination, and activities which determine an individual's need for care, that are entitled to be claimed through the MAC program.

The cost allocation methodology and financial data used for the Medicaid administrative claiming program are consistent with the requirements of **OMB Uniform** Guidance at 2 CFR part 200, subpart E and appendices V and VII and generally accepted accounting standards.

CYFD will submit quarterly claims to HSD. These claims will be based on the quarterly costs, the time study, the Medicaid eligibility rate, and the FFP.

The Elements of the Claim

The claim submitted to the state for reimbursement has several elements: eligible costs, revenue offset, Medicaid percentage, allowable Medicaid administrative time, and federal financial participation (FFP). The following describes each:

1. Total Costs

Total costs are determined based on a calculation of direct personnel costs, direct support costs, allocated costs, and revenue offsets as described below.

A. Direct Personnel Costs

Direct personnel costs include salaries, wages, fringe benefits, contracted personnel payments for those staff included on the Participant List. Restricted federal funding must be deducted from the actual expenses; only state and local funding is included in calculating the claim. Employees whose positions are 100 percent federally funded must be excluded from time studies and cannot participate in the MAC program. Employees whose salaries are supported

with partial federal funding are allowed to participate in the time study and MAC program, but the federally funded portion of their salary should be excluded when calculating the claim.

B. Direct Support Costs

General administrative personnel costs for staff that support the agency as a whole will be included in the MAC Claim. These costs will be allocated across the applicable staff pool based on HSD's approved allocation methodology. The allocation method used will ensure non duplication of costs at the agency.

C. Allocated Costs

Agency-wide costs that cannot be easily identified at the participant level such as audit, bonding, legal, maintenance, materials and supplies, professional services, rental, taxes, and travel and training costs. These costs will be allocated across the applicable staff pool based on HSD's approved allocation methodology.

2. Offset of Federal Revenues

The cost pool to be allocated is prohibited from containing federal funds, and from including any non-federal fund base that is already matched for federal funds through another claiming channel.

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

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

Payments to Third Party Contractors
Expenditures that are paid to third-party contractors by the participating agencies for the help and administration of the MAC program are not allowable as costs for administrative claiming reimbursement.

3. Medicaid Eligibility Rate (MER)

Another factor required to determine the amount of the claim is the Medicaid percentage, sometimes referred to as the Medicaid Eligibility Rate (MER). The Medicaid percentage is determined based on the total unduplicated Medicaid client/student count for the quarter divided by the total unduplicated client/student count for the quarter. Some programs support a one hundred percent population of Medicaid recipients where a MER calculation is not required. Included below is the methodology utilized for the MER calculation for programs that do not support a one hundred percent population of Medicaid recipients.

This methodology is most commonly used in agencies or programs that collect fairly specific data on the client population. The Medicaid percentage is a fraction, the numerator of which consists of all persons in the agency's or program's caseload or service population who are actual Medicaid recipients. The denominator of the fraction is the total number of persons served by the agency or program during the claim period minus the Medicaid pending clients. The resulting fraction, or percentage of Medicaid recipients in the caseload, should be as current to the quarter of the claim as possible. Where this is not feasible, the nearest possible determination should be made.

The calculation is based on individuals (an unduplicated count), where the formula would be as follows:

Unduplicated list of Medicaid clients divided by the unduplicated total list of clients in the program:

$$\frac{\text{Total unduplicated Medicaid client count for the quarter}}{\text{Total unduplicated client count for the quarter}} = \text{Medicaid Percentage for the quarter}$$

4. Allowable Medicaid Administrative Time

The time study activity codes assist in the determination of time and associated costs that are related to and reimbursable through Medicaid. The time study activity codes have been designed to reflect all of the activities performed by time study participants per agency. Time study activity codes can be found in the Time Study Activity Codes and Descriptions section of this guide.

The time study activity codes are assigned indicators that determine its allowability, federal financial participation (FFP) rate, and Medicaid share. An activity code may have one or more indicators associated with it.

The time study activity code indicators are:

Application of FFP rate	50 or 75 percent	Refers to an activity that is allowable as administration through Medicaid and claimable at the 50 or 75 percent FFP rate.
Allowability & Application of Medicaid Share	U	Unallowable – refers to an activity that is unallowable as administration through Medicaid. This is regardless of whether or not the population served includes Medicaid eligible individuals.
	TM	Total Medicaid – refers to an activity that is allowable under Medicaid as administration but for which the costs are not limited to the proportion of Medicaid eligible population served.
	PM	Proportional Medicaid – refers to an activity, which is allowable as Medicaid administration under Medicaid, but for which the costs are limited to the proportion if Medicaid eligible population served.
	R	Reallocated – refers to those general administrative activities which must be reallocated across the other activity codes on a pro rata basis. These reallocated activities are reported under Code 10, General Administration.

Included below is a chart displaying the reimbursement rate for each activity code and whether the application of Total or Proportional Medicaid reimbursement.

Code	**Activity**	**Medicaid Share Indicators**
1.a	Outreach - Non-Medicaid (All Staff)	U
1.b	Outreach - Medicaid (Non SPMP)	TM (50%)
1.c	Outreach - Medicaid (SPMP Only)	TM (75%)
2.a	Eligibility - Facilitating Non-Medicaid (All Staff)	U
2.b	Eligibility - Facilitating Medicaid (All Staff)	TM (50%)
3	Other Non-Medicaid/Educational & Social Services	U
4	Direct Medical Services	U
5.a	Transportation Non-Medicaid (All Staff)	U
5.b	Transportation Medicaid (All Staff)	PM (50%)
6.a	Translation Non-Medicaid	U
6.b	Translation Medicaid	PM (75%)

7.a.	Program Planning, Development and Interagency Coordination Non-Medical (All Staff)	U
7.b.	Program Planning, Development and Interagency Coordination Medical (Non SPMP)	PM (50%)
7.c.	Program Planning, Development and Interagency Coordination Medical (SPMP Only)	PM (75%)
8.a	Non-Medical/Non-Medicaid related Training	U
8.b	Medical/Medicaid related Training (Non SPMP)	PM (50%)
8.c.	Medical/Medicaid related Training (SPMP Only)	PM (75%)
9.a.	Referral, Coordination, and Monitoring Non- Medicaid Services (All Staff)	U
9.b.	Referral, Coordination, and Monitoring Medicaid Services (Non SPMP)	PM (50%)
9.c.	Referral, Coordination, and Monitoring Medicaid Services (SPMP Only)	PM (75%)
10	General Administration	R
11	Not Paid/Not Worked	U

5. Federal Financial Participation (FFP) Rate

Costs incurred for the quarter being claimed are multiplied by the results of the time study to arrive at the allowable claimable costs. These costs are then multiplied at either 50 percent or 75 percent FFP to determine the amount of the federal allowable portion to be reimbursed.

To calculate the claim, the agency must:

1. Assemble the total costs based on the eligible costs (direct, direct support, and allocated) from which exclusions have been subtracted, as defined in the sections above;
2. Allocate the costs based on the quarterly time study results described in the Time Study Activity Codes and Descriptions section. Only time assigned to allowable time study codes can be allocated to Medicaid administration. Time assigned to the Total Medicaid (TM) codes are reimbursed at the FFP rate of 50 percent or 75 percent based on SPMP;
3. Calculate the claim by applying the time study results; Medicaid eligibility percentage, as described above; and total costs for final claim amounts; and
4. Maintain a separate documentation file for each quarter billed, as discussed in the Recordkeeping, Documentation and Audit/Reviews section.

Claim Calculation Example

Participant staff costs (Direct & Allocated)	multiplied by
Percent of time claimable to Medicaid administration	multiplied by
Medicaid percentage (the percentage of Medicaid eligible individuals in the service population)	equals
Subtotal	multiplied by
Percent of FFP (50% for some costs and 75% for other costs)	equals

Claim Submission

Participating agencies are responsible for submitting administrative claims in accordance with these guidelines:

1. All staff involved in the preparation and certification of administrative claims must attend HSD sponsored training sessions concerning regulations, policies and procedures, the provision of Medicaid-reimbursable services and the preparation and submission of claims.

2. All administrative claims must be prepared and submitted following HSD requirements, in accordance with federal and state Medicaid regulations, policies and guidelines, and any federal and state revisions thereto. Agencies are required to maintain documentation that appropriately identifies the certified funds used for MAC claiming. The documentation must also clearly illustrate that the funds used for certification have not been used to match other federal funds. Failure to appropriately document the certified funds could result in non-payment of claims.

3. Claims must be accurate and complete when submitted for payment, prior to submission of the claim to HSD. Agencies will only be reimbursed the federal share of any MAC claims billed. An authorized individual designated as the financial contact will be required to certify the accuracy of the submitted claim. The certification statement will be included as part of the invoice and will meet the requirements of 45 CFR parts 74 and 95.

RECORD KEEPING, DOCUMENTATION AND AUDITS/REVIEWS

Agencies that submit administrative claims must maintain separate files of all documentation used to construct claims for each quarter billed. Required documents include:

1. The accounting information upon which the cost share is based, plus the basis for any inclusion or exclusion where costs were added or subtracted from the accounting system's totals to compile the cost pool;
2. A list of all revenues that were offset, according to source, when calculating the claim;
3. Rationale and calculations used to determine the percentage of the population that represents Medicaid recipients if applicable;
4. Original time study documentation, including sample pool participants, by function, title, name, location, and coding;
5. The completed quarterly claim; and
6. A copy of the warrant and remittance advice.

These documents, along with any other supporting information used to substantiate the claim, must be maintained for a minimum period of six years. Program coordinators at participating agencies must ensure that files are current, complete, accessible and secure.

To ensure that participating agencies understand the program and have in place the requisite guidelines and procedures for program administration, HSD staff will institute three key methods of monitoring and oversight, to include:

1. State level desk audits will be conducted of the quarterly administrative claims that are submitted. These audits will be conducted on a 2-year cycle with one (1) claim per agency reviewed every two (2) years. This will be comprised of a review of the agency's calculation and supporting documentation, and a determination of the appropriateness of the claim and whether the formula was applied correctly.

2. Trends will be identified by HSD staff based on day-to-day telephone calls and e-mail inquiries from participating agencies. Follow-up trainings will be tailored to correspond with these trends, and technical assistance will be provided as needed. HSD staff will also use trends apparent from official grievances and appeals to coordinate trainings and direct the focus of on-site visits.

3. HSD staff will maintain open lines of communication and a willingness to resolve problems, address issues and concerns and provide technical assistance, as indicated.

In addition, HSD staff will provide monitoring and oversight to the statewide contractor to include:

1. HSD will review and approve all training material and program documentation completed by the contractor.

2. HSD will review and approve all categories of staff used in the program, prior to implementation by the contractor.

3. HSD will review and approve the time study methodology prior to implementation by the contractor. This review will include approval of time study questions, time study response format, and related process requirements.

4. HSD will provide training to the contractor's central coding staff upon implementation, and on an as needed basis. Training will discuss issues regarding the coding of moments. Training will include an overview of activity codes, samples of activities, appropriate processes for making coding determinations, program updates, process modifications, and compliance issues.

5. HSD and CYFD will review a sample of coded moments each quarter to ensure that coding is consistent and accurate across the sample HSD will provide feedback to the contractor if any modifications are necessary as a result of this review.

6. HSD will review and approve the financial reporting process and template prior to the implementation by the contractor.

7. HSD will review and approve the appropriate claim template with the contractor prior to implementation. HSD will review claims prior to payment, to include the appropriate inclusion of Medicaid eligibility rates and expenditures.

The measures for monitoring and oversight listed above are designed to ensure that participating agencies comply with program guidelines, policies and regulations. However, in the instance when a participating agency is found through a desk or onsite audit or other means of oversight to be out of compliance, the following principles and guidelines shall apply:

1. The claim for the quarter may be recalculated by HSD or its contractor, based on the audit, and approved for payment;
2. The claim for the quarter may be denied;
3. The agency may be required to submit a Corrective Action Plan to HSD within 30 working days to remedy the noncompliance issue;
4. If indicated, funds owed may be recouped from the agency.
5. In all cases, the agency has the option to appeal through the HSD administrative hearing process pursuant to the Medicaid provider hearing regulations.
6. If indicated, the agency may be terminated from participation in the MAC program.

CONCLUSION

This plan is reflective of extensive collaboration between HSD, CYFD and many of New Mexico's sister agencies, and is the product of numerous discussions that have taken place since 2019. This collaborative approach has proven essential; not only as a means of strengthening both interagency and state relationships, but also for informing and guiding decision-making about the Medicaid Administrative Claiming program's optimal organizational structure, needed policy revisions, areas in need of clarity and overall operations.

APPENDIX A – COPY OF JPA

APPENDIX B – FEDERAL REIMBURSEMENT FOR SPMP

The first requirement is that an employer-employee relationship must exist between the SPMP and the agency participating in MAC. Enhanced FFP does not apply to contracts with private organizations or independent contractors. Medical professionals on contract do not qualify as SPMP.

The second requirement for SPMP status is based on two conditions: professional education (including training as part of academic work) and job function. In 1986, CMS implemented regulations in 42 CFR §432.50 that defined professional education as "the completion of a 2-year or longer program leading to an academic degree or certification in a medically related profession. This is demonstrated by possession of a medical license, certificate, or other document issued by a recognized national and 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."

Agencies must provide documentation related to the qualification of time study personnel as SPMP and retain this documentation.

Copy of qualifying license or certification.

- Must possess licensure or certification from a recognized national or state licensing or certifying organization as evidence of successful completion of a qualifying professional education. Transcripts or degrees of completed academic work are insufficient.
- The license or certification must be current as of the time study quarter.
- In instances where photocopies of the license are prohibited by the licensing board, the personnel must obtain a letter from the licensing board indicating current licensure.
- In instances of the nursing Interstate Compact, the documentation from the licensing board indicating current licensure and approved use of the interstate reciprocity option must be obtained.

Copy of valid job description.

- The job description must indicate use of SPMP education and training in the performance of their job duties.
- The job description must indicate the specific qualifying SPMP license or certification that is required to fill the position. If non-SPMP personnel are capable of filling the position, the position cannot be considered as qualifying as an SPMP even if filled by an individual holding a qualifying license or certification.
- To be considered a valid job description, the job description must include the signatures of personnel filling the position, the signature of their immediate supervisor, signature dates, and be accurate as of the time study quarter.

Section 1903(2)(A) and 42 CFR 432.2 and 432.5 specified that 75% FFP is available for the salaries, benefits, training, and travel expenses for SPMP; the SPMP must meet the federal

education and training requirements and perform activities requiring specialized medical knowledge and skills. Expenses of supporting (clerical) staff that provide direct support to the SPMP and are directly supervised by the SPMP also get 75% FFP.

Administrative expenses claimed at the enhanced FFP require a well-documented process. For SPMP claiming, the following basic documentation is required (not in order of importance):

1. The SPMP must meet the SPMP qualifications for professional education and training, for example:
    a. Physicians,
    b. Registered Nurses,
    c. Dentists,
    d. Other specialized medical professionals, like
        i. Licensed Clinical Psychologists with a Ph.D. in psychology,
        ii. Licensed Audiologists certified by the American Speech and Hearing Association,
        iii. Physician Assistants,
        iv. Dental Hygienists,
        v. Licensed Dietitians
        vi. Physical Therapists
        vii. Occupational Therapists
        viii. Speech-language Pathologists
        ix. Licensed Ph.D. Psychologists
        x. Licensed Psychological Associates (LPA)
        xi. Medical Social Workers with a Master's degree in Social Work (MSW) with a specialty in a medical setting, etc.
2. The SPMP must be in a position that requires professional medical knowledge and skills, like

a. Job classification,

b. Job description,

c. Medical licensure and certification, etc.

3. The SPMP must perform functions that require professional medical knowledge and skills, for example:

   a. Liaison on medical aspects of the program with providers of services and other agencies that provide medical care,

   b. Furnishing expert medical opinions,

   c. Reviewing complex physicians' billings,

   d. Participating in medical review, or independent professional review team activities,

   e. Assessing, through case management activities, the necessity for, and adequacy, of medical care and services, etc.

4. The administrative support activities must be collected based on an approved time study method. The time study is designed to support FFP claiming in a uniform system that allows staff to enter time working on multiple programs.

5. The SPMP must meet the employer-employee relationship requirements.

6. There must be an agreement between the Medicaid agency and other public agencies if the SPMP is not working at the Medicaid agency.

7. Activities provided by skilled professional medical personnel must be directly related to the administration of the Medicaid program and cannot include direct medical assistance.

8. SPMP claiming for directly supporting staff must meet the following criteria:

   a. Directly supporting staff are:

   b. Secretarial,

   c. Stenographic,

   d. Copying personnel,

   e. File and records clerks.

   f. Provide clerical functions directly necessary for carrying out the professional

medical responsibilities and functions of the SPMP as follow:

g. The SPMP is the direct supervisor of the supporting staff and responsible for the work and performance of the supporting staff.

h. The SPMP is responsible for preparing, conducting, and signing the directly supporting staff's performance appraisal as the immediate first-level supervisor.

i. The SPMP and directly supporting staff relationship is reflected on the organization chart.

j. Civil service job specifications require clerical skills such as typing, filing, or photocopying.

k. Program duty statements reflect clerical functions in direct support of SPMP.

9. Additional considerations when claiming SPMP are:

a. Activities provided by the SPMP cannot include direct services or extension thereof.

b. Expenses cannot be claimed as administration if they are an integral part or extension of a direct medical or remedial service, such as patient follow-up, patient assessment, patient education, counseling, development of the medical portion of an Individualized Service Plan (ISP), or other physician extender activities." The Guide further states that: "Payments for allowable administrative activities must not duplicate payments that have been or should have been included and paid as part of a rate for services, part of a capitation rate, or through some other state or Federal program.

c. SPMP performed functions that any non-SPMP staff could also perform as part of their job duties would not get the enhanced FFP rate. Examples of these functions are: (1) reviewed and helped complete medical assessment forms, (2) attended care conferences, and/or (3) provided information about services available in the community.

d. Unless specified in Section 1903, 42 CFR or approved by CMS, professional services contract will be reimbursed at the 50% FFP.

The Children, Youth and Families Department includes SPMP staff, however, these staff do not spend 100% of their time in this role and function to perform SPMP activities that require their furnishing their medical expertise and opinions.

Appendix D : FEDERAL PROGRAMS ADMINISTERED BY CYFD

Federal Granting Agency	Federal Grant Name	CFDA #
Department of Health and Human Services	Access and Visitation	93.597
Department of Health and Human Services	Adoption Incentive	93.603
Department of Health and Human Services	Chafee Foster Care Independence (ILP)	93.674
Department of Health and Human Services	Child Abuse and Neglect (CAN)-CAPTA	93.669
Department of Health and Human Services	Children's Justice Grant	93.643
Department of Health and Human Services	Community-Based Child Abuse Prevention (CBCAP)	93.590
Department of Health and Human Services	Educational and Training Voucher (ETV)	93.599
Department of Health and Human Services	Family Violence Prevention	93.671
Department of Health and Human Services	FPSS (Caseworker Visitation)	94.556
Department of Health and Human Services	Promoting Safe & Stable Families (PSSF)	93.556
Department of Health and Human Services	SAMHSA NM Healthy Transitions Expansion	93.243
Department of Health and Human Services	SAMHSA NM Systems of Care	93.243
Department of Health and Human Services	SAMHSA ASURE- TI	93.243
Department of Health and Human Services	Social Services Block Grant (Title XX)	93.667
Department of Health and Human Services	Title IV-B (CWS) Child Welfare Social Service	93.645
Department of Health and Human Services	Title IV-E Adoptions	94.659
Department of Health and Human Services	Title IV-E Foster Care	93.658
Department of Health and Human Services	Title IV-E Guardianship	93.659
Department of Justice	JJDP Title II Formula Grant	16.540

Appendix E : DEVELOPMENT CCWIS (FROM APD)

Table 2 – New Mexico MMIS-R/CCWIS – Project 2 New Mexico MMIS-R/CCWIS

Date/Control	Project Total	Total IV-E	Eligible for CCWIS Funding	Total CCWIS Eligible Amount	CCWIS FFP @50%	Non-CCWIS Eligible Amount
Previous Approvals	$9,906,913	$9,906,913	100%	$9,906,913	$4,953,456	N/A
This Letter NM-2021-11-22 FFY22	No additional funding	$0	Varies	$0	$0	N/A
This Letter NM-2022-10-17 FFY23	$7,423,342	$7,423,342	100%	$7,423,342	$3,711,671	N/A
Total Approved	$17,330,254	$17,330,254	Varies	$17,330,254	$8,665,127	N/A