

New Mexico Human Services Department
Medical Assistance Division
Medicaid Administrative Claiming (MAC) Guide
For Functions Delegated to
New Mexico Department of Health

September 30, 2013

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I. Introduction

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 Department of Health (DOH) as summarized herein. DOH has the qualified personnel classified under the New Mexico State Personnel to perform the functions required of the delegated activities, per §1902(a)(33)(B) of the Social Security Act.

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 DOH 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 DOH's functions under the agreements, DOH 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 federal government permits state Medicaid agencies to claim reimbursement for activities necessary for the "proper and efficient administration" of the Medicaid State Plan, in accordance with Medicaid statute §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.

The Center for Medicaid/Medicare Services (CMS) has identified a series of activities that must be claimed administratively through Medicaid Administrative Claiming (MAC). Among these are outreach, utilization review, eligibility determination and activities that determine a consumer's need for care.

II. 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, which contains the 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 entities 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 entity 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 entities 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 (OMB A-87). This is accomplished by developing a method 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 offered or should be provided by other entities, or paid through other programs.
- Costs may not supplant funding obligations from other federal sources.
- Costs must be supported by adequate source documentation.

III. Participation Requirements

To participate in this MAC, the New Mexico DOH must first enter into a contract with the New Mexico HSD. The agreement between the DOH 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 Random Moment Time Study (RMTS) methodology was developed by MAXIMUS for the Public Health Division (PHD). RMTS is a federally approved, statistical sampling technique and is recognized as an accepted alternative to 100 percent time reporting. It is the expectation of the HSD that DOH adopt this methodology across the board to capture the percentage of time DOH staff spend performing administrative activities that are Medicaid reimbursable. However, until this methodology has been adopted by all of the DOH, the HSD has agreed to accept various alternative time study methodologies selected by the DOH.

The various agreements, summarized in Section IV below, between the HSD and the DOH include a description of the functions delegated to DOH as well as the time study methodology used in each entity.

IV. Interagency Agreements Subject to this MAC

HSD delegates certain Medicaid administrative functions to DOH 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 DOH enter into multiple agreements for DOH to perform various administrative functions in support of the Medicaid administration. This MAC guide applies to the agreements between HSD and DOH listed in the table below:

	JPA/GSA Number	State Agency/Division(s)	Purpose	Time Study Methodology
1	JPA 95-29	DOH/Developmental Disabilities Services Division (DDSD)	To administer the Central Registry process for New Mexicans with developmental disabilities through the Centralized Intake Team.	Conducted by DDSD monthly by selecting one week per month to have employees time study. DDSD codes the time studies and submits invoices to HSD. See Section VII.
2	JPA 96-32	DOH/PHD	Through the Families First Program, conduct case management and outreach services to pregnant women and children up to age 3.	PHD staff report all Medicaid activities on a daily basis. Data is entered daily into the database for invoicing to HSD. See Section VI.
3	GSA 10-630-8000-0009	DOH/PHD	Collect data from Medicaid-eligible women and their infants to assess the needs of the Maternal Child Health Initiative.	PHD staff report all Medicaid activities on a daily basis. Data is entered daily into the database for invoicing to HSD. See Section V.
4	GSA 11-630-8000-0008	DOH/PHD	Conduct outreach to enroll Medicaid-eligible recipients	PHD requires staff to participate in a quarterly time study by selecting random moments in time throughout the quarter. Selected staff will describe the activities performed during that randomly selected moment..
5	GSA 11-630-8000-013	DOH/DDSD	Review Level 1 and conduct Level 2 Pre-Admission Screening and Resident Review (PASRR) of all individuals entering a nursing facility to ensure that a nursing facility is the most appropriate setting.	Conducted by DDSD on a monthly basis. DDSD selects a week each month for all employees to document their activities. DDSD codes the time studies and submits an invoice to HSD. See Section VII.
6	GSA 11-630-8000-0003	DOH/DDSD/PHD/Division of Health	Full administrative responsibilities for the Developmental Disabilities, Medically Fragile, and AIDS waivers. This includes incident management and quality improvement.	Conducted by DDSD on a monthly basis. DDSD selects a week each month for all employees to document their activities. DDSD codes the time studies and submits an invoice to HSD. See Section VII.

7	JPA 01-96-22	DOH/Division of Health Improvement	Certification, monitoring, and recertification of health care facilities, such as nursing facilities, for their participation in the Medicaid program. Includes the review, evaluation and approval of nurse aide training and competency as well as the establishment and maintenance of a nurse aide registry.	Conducted by DHI on a monthly basis. DHI selects a week each month for all employees to document their activities. DHI codes the time studies and submits an invoice to HSD. See Section VII.
8	GSA 12-630-8000-0007	DOH/PHD and Public Education Dept. (PED)/ School and Family Support Bureau	For the administration of the School Based Health Centers and the Medicaid In the Schools Program.	Conducted by DOH and PED on a quarterly basis by selecting one week per quarter for all employees to document their activities. See Section VII.
9	GSA 13-630-8000-0027	DOH/DDSD	For the administration of the Family, Infant Toddler Program.	Conducted by DDSD on a monthly basis. DDSD selects a week each month for all employees to document their activities. DDSD codes the time studies and submits an invoice to HSD. See Section VII.

**V. Claiming Time Study Methodology – Public Health Division
(Outreach & Maternal/Child Health Initiatives #3 and #4 above)**

Pursuant to §1903(a) of the Act, the DOH will apply this methodology to claiming for the Public Health Division. Activities to be claimed will include:

- Medicaid eligibility determinations and re-determinations;
- Medicaid intake processing;
- Medicaid care planning and coordination not claimed through the Targeted Case Management benefit;
- Prior authorization for Medicaid services and utilization review;
- Medicaid outreach (methods to inform or persuade recipients or potential recipients to enter into care through the Medicaid system); and
- Medicaid program planning and training.

The major steps in this process include:

- Administration of a quarterly Random Moment Sample to determine the percentage of time and effort providers spend performing administrative activities;
- Identification of the cost base to which the Random Moment Sample results will be applied;
- Determination of the Medicaid Eligibility Rate;
- Allocation of statewide time study results to the cost base;
- Development of the Claim Summary;
- Charging Medicaid administrative costs to the Centers for Medicare and Medicaid Services (CMS).

Administration of the Random Moment Sample

A Random Moment Sample (RMS) process will be used to document the staff activities that support Medicaid administrative activities. The time study activity code structure is designed to capture one hundred percent of the activities staff may potentially perform during the workday, including time related to:

- Non-Medicaid reimbursable activities;

- State Plan Services;
- General administrative activities supporting all programs; and
- Not scheduled to work at time of sample.

Time Study Methodology

Sampling Quarters - The MAC RMS is completed on a quarterly basis, consistent with the federal fiscal claiming quarters as follows:

- January - March
- April - June
- July - September
- October - December

Position Roster

The Position Roster is the list of staff who will participate in the random moment sample (RMS) and who potentially perform federally reimbursable Medicaid administrative activities. These staff are identified by the DOH based on the expectation that they perform the activities for which federal costs are reimbursable as part of their job function. Full time and part time staff may be listed on the roster for participation in the random moment sample. Once the Position Roster is set up it is finalized and cannot be altered. On the last week of the prior quarter roster updates are completed and a sample is set up. Samples continue to be submitted electronically to staff identified in the sample.

Sample Selection

The DOH will select the quarterly sample based on the required sample size, position roster and available work hours. Once a sample has been selected, no changes are made to the sample data during the quarter. The sample is conducted at a 95% confidence level with a +/- 5 percent precision factor.

The sample size necessary to produce the mandatory levels of precision and confidence is determined initially through application of the following equation:

$$n = \frac{p(1-p)}{\left(\frac{SE}{z}\right)^2}$$

Where:

- n = sample size
- p = maximum anticipated rate of occurrence of the activities being observed

SE = desired sample precision (sampling error)
z = 1.96 for 95 percent confidence level

A standard over-sampling factor is added to the sample size determined above to compensate for worker transfers and terminations and any other invalid responses.

A random moment sampling software program generates "moments" for the quarter at random from combinations of eligible staff and available minutes for the sampling period. The sample selection process is structured such that days, minutes, and workers all have equal chances of multiple selections. Each quarter PHD runs 3,500 samples. This allows for a valid sample of not less than 300 and allows plenty of room for invalid or unanswered responses. Beginning with the quarter ended June 30, 2014, PHD dropped the number of samples to 2,500 to reduce the oversample size, as stated in the previous response. This number represents the sample size required plus 15% oversample. Oversampled responses are not substituted for completed responses where there are no Medicaid activities.

The sample time frame is for a three-month period with the exception of the first time study which is from November 15 to December 31, 2005. The RMS plan was implemented on November 15, 2005. Since the plan was not implemented on October 1, 2005 the first quarter will be shorter than the following quarters. Sample quarters after this date have been three months and remain three months. The time study for the first quarter is statistically valid and meets the requirements of OMB Circular A-87. The periods follow the standard quarters of January – March, April – June, July – September, and October – December. Costs are reported on a quarterly basis.

Random Moment Sampling Process

The Random Moment Sampling data is obtained through email polling. For email polling, the identified time of the sample moment participants are prompted by email to log into the WebRMS system and report the activity being performed.

Coders identify the appropriate code through a series of questions designed to identify the specific information related to the type of activity performed in order to differentiate activities appropriately. The participant answers a series of questions about the activity they were performing in the WebRMS system. A central coder later reviews these responses and determines the appropriate code. If the level of detail is insufficient in the responses, the coder contacts the participant to provide additional clarifying information.

If the participant has not responded within 24 hours to the polling notification, follow up contacts are initiated to the participant and the program RMS coordinator is notified to help facilitate contact with the participant within two working days. If determined beneficial to DOH, another party such as a supervisor or program head may be notified at the 24 hour mark to facilitate response. A limited number of DOH staff is in positions which perform Targeted Case Management (TCM). As part of the DOH coding review,

DOH reviews all staff with activities coded to reimbursable Referral, Coordination and Monitoring of Medicaid Covered Services to ensure that the activities are not concurrently billed as TCM.

Prior to initiating quarterly polling, potential participants are advised that they must respond to RMS polling. An email notification is generated to staff notifying them that they have been randomly selected to participate in the time study. This notice also reminds staff they must answer the moment within 24 hours. Moments subsequently appear on staffs email at a particular moment in time. Staff are trained to respond as soon as they are able but within 24 hours. If the staff member sampled does not respond a reminder will be sent to the staff member and the first level supervisor. If there is no response the second level supervisor will receive a notice. Reminders occur for two days. Participants are only advised that the purpose of the contact is to “Appropriately allocate funding.”

The time study activity selections are inclusive of all time spent during the workday, which include non-reimbursable activities, reimbursable activities, general activities supporting all programs, and time not scheduled to work. Time spent during the workday is representative of the participants’ work schedules. Information regarding the participant’s work schedule, which includes days and hours scheduled to work, is submitted as part of the roster data collection process. The actual hours and days included in the sample universe is twenty-four hours a day, seven days a week. That is to say that a participant could be assigned to work any combination of days and hours throughout the week. Traditional, flexible, and alternative work schedules are all identified and updated as a work schedule through the roster data collection process and the quarterly roster update process. The work schedule information is entered and used in the Random Moment Sampling process to assure to as great an extent possible that selected moments fall within the participant’s scheduled work time. Moments falling outside the participant’s scheduled work time are coded as “Not Scheduled to Work at Time of Sample.”

Each quarter the roster is reviewed and updated to reflect staff changes and turnover, and submitted for sample selection prior to selection and administration of the next random moment sample. The RMS Coordinator is required to submit either an updated roster on a quarterly basis or a certification statement attesting that no changes are required of the staff roster for the time study quarter.

Please see Exhibit A below for an example of the questions the participant answers.



New Mexico Department of Health Public Health Division
 Random Moment Sampling
 Observation Form



Sample NM QE 03312014

[Instructions](#)

Participant Name	Ortega, Marcella	Moment	3/26/2014 11:18:00 AM
Region	Northeast	Observation Type	Electronic
Observation ID	92252	Observation Method	Central Coder
		Phone No	505--82-7-97

Location * NE11001 - Directors Office

Program * CBMAC - CB Medicaid Admin Claiming

Position * 4 - NON SPMP / NON CARE COORDINATOR

Activity * Select an activity

What is the activity being performed? *

 annual leave

On behalf of whom is the activity being performed? *

 self

What is the intent of the activity? *

 annual leave

Notes

Please see Exhibit B for the Random Moment Sampling Instructions and other Training Materials used to administer the time study. Exhibit B is used to train both participants and RMS Coordinators.

Non-Response Protocol

From Attachment 2-State of New Mexico Medicaid Administrative Claiming Activity Codes, non-responses are coded as Activity Code R - No Response:

Examples:

- Vacant positions
 - Samplee was on the roster at the beginning of the quarter, but has since vacated the position and is no longer required to respond to e-mail polling.
- Samplee does not respond to e-mail polling.
 - An Outlook out of office reply would be coded as 'no response,' unless either the first or second level supervisor responded to the random moment sample on the samplee's behalf.

Code R is included under the time study and non-responses are coded as non-Medicaid (see Item 21).

Oversight and Monitoring Protocol

The following oversight and monitoring protocols are currently in place to ensure the accuracy and quality of the time study results and that only allowable costs are included in the quarterly claim calculation:

Time Study Results:

- Random moment samples are coded by bureau and region staff for their respective regions and bureaus at the end of the quarter.
- Coding is reviewed centrally by Program Support Bureau staff to ensure that the samples are coded correctly.
- Results of the random moment samples are then tallied in order to determine if there are enough valid responses to validate the sample.
- Once the sample is validated, the results are then entered into the quarterly claim calculator.

Allowable Costs:

- At the end of the quarter, Program Support Bureau staff downloads quarterly expenditure data from the financial system.
- Program Support Bureau staff use a Benchmark to Prior Quarter worksheet to compare expenditures from the current quarter to those of the previous quarter. Variances greater than 15% in any expenditure category are identified researched and explained.
- The expenditure data is then entered into the quarterly claim calculator by bureau and region. The quarterly claim calculator is set up to make the determination between allowable vs. unallowable costs.

The claim can then be calculated, and a quarterly invoice prepared for review and approval by the PHD Chief Financial Officer. The invoice then goes to the DOH Grants Management Bureau for review and approval and submittal to HSD.

All appropriate federal and state documentation requirements will be met.

The State will work together with DOH to ensure time studies and claiming activities are in conjunction with the guidelines set forth in this guide. At the State's discretion, field audits will occur to ensure correct internal controls are in place and being followed.

Remedial Action:

The State will pursue remedial action for any claiming entity that fails to meet their MAC program requirements or fails to correct problems identified during review. Examples of actions that will cause implementation of sanctions include, but are not limited to:

- Repeated and/or uncorrected errors in financial reporting
- Failure to cooperate with state and/or federal staff during reviews or other requests for information,
- Failure to submit quarterly reports or annual implementation plans,
- Failure to maintain adequate documentation, and
- Failure to provide accurate and timely information to the State as required

Sanctions that the State may impose include placing a claiming entity on "payment hold", conducting more frequent monitoring reviews and trainings, recovery of funds, or exclusion from participation.

All claiming entities must agree to the terms and conditions imposed by this guide, including referenced local, state, and federal rules, regulations, guidelines and requirements as a requirement to participate in MAC.

Functions To Be Performed By DOH

The RMS Sample Coordinator responsibilities include, but are not limited to:

- Serving as Liaison for communication between staff in the sample and DOH RMS Administrator;
- Identifying staff and their work schedules for inclusion in the RMS sample universe on a quarterly basis;
- Ensuring timely response of sampled participants to the phone surveyor;

- Acting as the designated “trainer” for the program on all training issues related to RMS;
- Monitoring staff RMS participation compliance; and
- Ensuring that each sampled participant has a complete and up-to-date copy of Random Moment Sampling Instructions.

RMS Training Program

RMS Coordinators participate in training sessions on the RMS process prior to participation in the time study. The RMS training program includes:

- Purpose of the RMS system;
- Initiation of control listing and random moment sample generation;
- Sample execution, role, and function of the RMS Coordinators;
- Sample completion and activity coding;
- Data management and data reporting; and
- Procedures for problem resolution.

The Time Study Instructions are distributed to all participants in the sample via the RMS Coordinators. The RMS Coordinator provides instructions to staff included in the sample universe on participation requirements and the RMS polling process.

Activity Codes

The time study activity code structure is designed to capture one hundred percent of the activities staff may potentially perform during the workday, including time related to:

- Non-Medicaid reimbursable activities;
- State Plan Services including TCM;
- General administrative activities supporting all programs; and
- Not scheduled to work at time of sample.

The code structure is designed to provide sufficient differentiation between activities to allow precise allocation of costs to each application.

See Exhibit C for each Activity Code classification. PHD has divided the activity codes into five categories. Each activity code is classified as either:

- Medicaid Administrative Activity with no MER adjustment applied (100%),
- Medicaid Administrative Activity subject to the MER (e.g., 25.34%), or
- Non-Allowable Medicaid Administrative Activity, Common to All, or Excluded From the Time Study Results (0%).

Because the activity codes fall into one of three reimbursement percentage categories, parallel coding for each activity is not needed.

Use of the SPMP codes is restricted. Only the staff meeting the Skilled Professional Medical Personnel (SPMP) criteria is eligible to use SPMP codes. Staff not meeting the SPMP requirements is ineligible to use the SPMP codes. SPMP staff may use the SPMP codes only when the activity performed requires the use of skilled professional medical knowledge.

A - Direct Medical Services and Other State Medicaid Program Services

Activity Code A includes direct medical care, treatment, and/or counseling services including medical and behavioral health assessments and evaluations to an individual to correct or ameliorate a specific condition. This category also includes all related paperwork, clerical activities or staff travel required to perform these activities. Examples include:

- Any service listed in the State's Medicaid plan;
- Well child checkups;
- Nursing services;
- Billable transportation services;
- Medication management;
- Individual, family or group services to treat health or behavioral health conditions; and
- Training to improve the provision of direct medical services.

B - Targeted Case Management Services

This code covers all targeted case management services provided for Medicaid Target Populations which help the Medicaid targeted recipients and their families to identify their needs, and manage and gain access to necessary medical, social, rehabilitation,

vocational, educational and other services. The activities include all related paperwork, clerical activities or staff travel required to perform these activities.

Licensed professional staff provide direct services. Licensed professional tasks also include administrative process such as processing applications for assistance programs, Medicaid applications including presumptive eligibility applications, SSI and waiver applications. Clerks do not provide direct services but assist with administrative paperwork.

Examples:

- Medicaid reimbursable case management services;
- Developing a written comprehensive assessment of the Medicaid eligible person's abilities, deficits, and needs;
- Developing a written plan of care based upon the needs of the Medicaid recipient as determined during the comprehensive assessment;
- Collaborating with the recipient, the family and other support systems regarding the case plan and the delivery of services;
- Ascertaining what services have been or are being delivered to the recipient;
- Determining if services the recipient is receiving are adequate to meet the recipient's needs;
- Maintain records for case planning, coordination, and service monitoring; and
- Participating in or providing training to improve the provision of Targeted Case Management services including needs assessment, development of care plans, advocacy, service linkage, beneficiary monitoring and coordination of services.

C - Non-Medical and Non-Medicaid Related, Educational, or Social Services

This activity code is used for services that are non-medically related or non-Medicaid covered services. This code includes all related paperwork, clerical activities or staff travel required to perform this activity.

Examples:

- Job coaching activities;
- Non-therapeutic counseling;
- Vocational education;

- Appearing in court on behalf of a client for non-health related activities; and
- Participating in or providing training to improve the provision of non-medical services.

D - Medicaid Outreach

Medicaid Outreach includes activities that inform staff, eligible or potentially eligible clients, their families, provider staff and/or the community about Medicaid covered services and how to obtain them. The code for Medicaid Outreach includes all related paperwork, clerical activities or staff travel time - required to perform this activity.

Examples:

- Increasing the coordination, communication and planning between the public health offices, hospitals and the community, consumer-constituent education, and any other community outreach initiatives including Outreach activities to inform or persuade beneficiaries or potential beneficiaries to enter into care through the Medicaid system;
- Designing and implementing strategies to identify individuals who may be at risk of poor health outcomes and potentially eligible for Medicaid covered health services;
- Disseminating or presenting Medicaid administrative materials to effectively inform eligible individuals about Medicaid covered services and where to obtain services;
- Informing individuals and their families about the availability of Medicaid services, such as physical and behavioral health services, EPSDT, Maternity Care or Targeted Case Management;
- Assisting the Medicaid agency to fulfill objectives of the Medicaid program by: informing potentially eligible clients of the benefits of preventative services and obtaining Medicaid covered health services;
- Helping individuals and their families use Medicaid covered health resources; and
- Informing the potentially eligible about the benefits of early diagnosis and treatment of health issues, before they become more serious and their treatment more costly to the Medicaid program.

E - Non-Medicaid Outreach

This code is used for activities that inform individuals about social (Food Stamps, Title IV-E, TANF, WIC, day care), vocational and educational programs and how to access them. Both written and oral communication may be used. This code includes all related paperwork, clerical activities, or staff travel required to perform these activities.

Examples:

- Informing eligible/potentially Medicaid eligible clients with housing support services;
- Informing clients of how to access medications available through pharmaceutical programs;
- Developing, disseminating or presenting non-Medicaid materials to effectively inform eligible individuals about non-Medicaid services and where to obtain services;
- Informing individuals and their families about the availability of non-Medicaid programs, such as WIC, TANF, housing services;
- Explaining services available under non-Medicaid programs;
- Informing individuals of the benefits of non-Medicaid programs;
- Providing information on non-Medicaid programs; and
- Participating in or providing training to improve the effectiveness of non-Medicaid outreach.

F - Facilitating Access to Medicaid Eligibility

This code is used for activities that assist an individual, client, or their family in enrolling for Medicaid or maintaining eligibility for Medicaid by re-certifying at the prescribed time. This code includes all related paperwork, clerical activities or staff travel required to perform this activity.

Examples:

- Explaining Medicaid eligibility rules and the enrollment process to potentially eligible clients and their family;
- Referring an individual or family to the Local Income Support Division (ISD) of the Department of Human services (HSD) office to make application for Medicaid benefits;

- Assisting an individual in completing an application that results in Medicaid eligibility determination including gathering information and documents in support of the application;
- Determine a client's current Medicaid eligibility status to assess if a client should be referred to the Local ISD Office for application;
- Assisting individuals to provide third party resource information at Medicaid eligibility intake;
- Assisting Medicare eligible persons in obtaining or maintaining Medicaid eligibility;
- Medicaid prior authorization activities;
- Participating as a Medicaid eligibility outreach worker; and
- Participating in or providing training to learn how to assist an individual to complete a Medicaid application.

G - Facilitating Non-Medicaid Program Eligibility

This code is used for activities that assist an individual, client, or their family in becoming eligible for non-Medicaid programs, such as food stamps, WIC, child care, TANF, housing, vocational programs or legal aid. This code includes all related paperwork, clerical activities or staff travel required to perform this activity.

Examples:

- Explaining non-Medicaid program eligibility rules and the enrollment process to potentially eligible clients and their family;
- Referring an individual or family to make application for non-Medicaid benefits;
- Assisting an individual or his/her family with eligibility for non-Medicaid programs; and
- Participating in or providing training to learn how to assist an individual to complete a non-Medicaid application.

H - Referral, Coordination, and Monitoring of Medical Services

This code is used for activities related to referral, coordination, or monitoring of both physical and behavioral medical services. Linking individuals and families with health

and behavioral health service providers to plan, carry out, and maintain a health service plan. This code includes all related paperwork, clerical activities or staff travel required to perform this activity.

Examples:

- Making referrals for and/or coordinating necessary medical, behavioral health or developmental disability covered by Medicaid;
- Gathering any information that may be required in advance of referrals;
- Evaluations and treatment for health/behavioral health care services;
- Participating on case review committees, client staffing, service coordination, clinical reviews, and multi-disciplinary review committees;
- Coordination of services by as needed but not included in the treatment plan;
- Participating in treatment plan meetings to coordinate and monitor the medical portion of a client's plan of care with other staff;
- Gathering information for facilitating prior authorizations;
- Informing and explaining the client's treatment plan to pertinent individuals, such as family or other staff (i.e., a case manager calls a client's family to discuss the importance of the client's bi-weekly group therapy attendance);
- Providing follow-up contact to ensure that a individual has received the prescribed medical/behavioral health services; and

I - SPMP Referral, Coordination, and Monitoring of Medical Services

This code should be used by Skilled Professional Medical Personnel *(SPMP) staff for activities described in Activity Code H when the activity performed requires their skilled medical expertise. This code includes all related paperwork, clerical activities or staff travel required to perform this activity.

Examples:

- Making specific referrals for and/or coordinating medical or physical examinations and necessary medical/behavioral health evaluations that require special medical knowledge and expertise;
- Gathering any specific medical information that requires the use of the person's medical knowledge that may be required in advance of these referrals;

- Participating in a meeting where the SPMP's medical knowledge ensures that an individual receives the prescribed medical/behavioral health services; and
- Providing information to other staff on the client's related medical/behavioral health services and plans that only a person with medical knowledge of an SPMP can provide.

J - Referral, Coordination, and Monitoring of Non-Medical Covered Services

This activity code should be used when making referrals for, coordinating, and/or monitoring the delivery of non-medical services such as educational, social and vocational services. Non-medical services include, but are not limited to: assessment, service planning, services linkage, ongoing monitoring, and ongoing clinical support and advocacy for non-medical and non-health related services. This activity includes all paperwork, clerical activities, or staff travel required to perform these activities.

Examples:

- Time spent on consent decree activities, forensic activities, and interstate compact activities;
- Monitoring and evaluating the non- medical components of the individual's plan of care and ensuring that plan of care objectives are achieved and appropriate;
- Providing information to individuals seeking assistance related to job training, employment, housing, education and social services;
- Making referrals for and/or coordinating necessary job training, employment, housing, education and social services;
- Gathering any information that may be required in advance of referrals, evaluations and services for job training, employment, housing, education, and social services;
- Participating in care planning meetings to coordinate and monitor the non-medical portion of a client's plan of care with other staff such as job training, employment, housing, education and social services;
- Informing and explaining the non-medical components of a client's care plan to pertinent individuals, such as family or other staff (i.e., case manager calls a client's family to discuss the importance of the client's job training plan);
- Providing follow-up contact to ensure that an individual has received the defined non-medical services; and

- Participating in or providing training to improve coordination of non-Medicaid services.

K - Program Planning, Development and Interagency Coordination Related to Medical Services

Use this code to describe activities associated with the development of strategies to improve the coordination and delivery of medical/behavioral health services to individuals and families, and when performing collaborative activities with other agencies to provide effective medical services. This code includes activities related to establishing and maintaining necessary provider resources and also includes all related paperwork, clerical activities, translation or staff travel required to perform these activities.

Examples:

- Analyzing and developing strategies to assess or increase the capacity of the medical/behavioral health delivery system in the community, especially for specific populations or geographic areas;
- Educating law enforcement, county attorney, court systems regarding medical/behavioral health services;
- Recruiting health care providers including developing written materials in support of recruitment;
- Developing medical policies and procedures for public health office staff;
- Developing internal plans and strategies that address the clinical capacity of medical/behavioral health services provided to individuals by the agency;
- Working with other agencies (i.e., inter-agency coalitions, advisory boards) providing health care services to improve the coordination and delivery of services, to expand access for specific populations, and to improve collaboration around the early identification of medical problems;
- Developing advisory or work groups of health professionals to provide consultation and advice regarding the delivery of health care services to client populations; and
- Participating in or providing training to improve program, planning, policy development and interagency coordination related to medical services.

L - SPMP Program planning, development and Intra-agency Coordination Related to Medical Services

This code should be used by SPMP* staff for activities described in Activity Code K when the activity performed requires their skilled medical expertise. This code includes all related paperwork, clerical activities or staff travel required to perform this activity.

Examples:

- Developing clinical pathways or medical protocols for specific diagnoses;
- Developing internal plans and strategies that address the clinical capacity of medical/behavioral health services provided to Medicaid eligible individuals by the agency;
- Using skilled medical knowledge for auditing/quality management;
- Providing technical assistance in practitioner protocols, including the development of uniform policy and procedures on the care and treatment of Medicaid eligible individuals;
- Participating in the development of program direction and annual scope of work program budget, objectives, activities and evaluation tools to measure Medicaid program outcomes;
- Participation in state or other governmental committees to assess, review, and/or enhance Medicaid services; and
- Participating in a program-planning meeting where the SPMP's medical knowledge ensures that the program is best structured to meet medically prescribed physical/behavioral health services.

M - Program Planning, Development And Interagency Coordination Related To Non-Medical Services

This code describes activities that include performing activities associated with the development of strategies to improve the coordination and delivery of Non-Medicaid human services to individuals and families, and when performing collaborative activities with other agencies to provide non-Medicaid services. This code includes activities related to establishing and maintaining necessary provider resources. Includes all related paperwork, clerical activities, or staff travel required to perform these activities.

Examples:

- Developing strategies to assess or increase the capacity of social services;
- Monitoring the delivery system for social services in the community;

- Educating law enforcement, county attorney, court systems regarding community human services;
- Recruiting providers including developing written materials in support of recruitment;
- Evaluating the need for social services in relation to specific populations or geographic areas;
- Analyzing data related to a specific program, population, or geographic area to identify and close non-Medicaid service gaps for needy populations;
- Working with other agencies providing human services to improve the coordination, collaboration, delivery of services, and to expand access to specific populations for needed human services;
- Developing advisory or work groups of human service professionals to provide consultation and advice regarding the delivery of social services to client populations;
- Developing referral sources such as directories of community human services that provide services to targeted population groups;
- Participating in activities that assure compliance with regulations and improve delivery and efficacy of non-Medicaid services; and
- Participating in or providing training to improve program, planning, policy development and interagency coordination related to non-medical services.

N - Transportation and Translation Assistance to Access Medicaid Services

This code describes activities that include arranging for specific support provisions, such as transportation and translation assistance, which are necessary for an individual or family to access Medicaid services fall into this category. This code includes all related paperwork, clerical activities or staff travel required to perform this activity. Interpreter services can be provided by staff that are bilingual or services are contracted. Contracted services are not included in the samples moments. If staff are translating at the time of the moment, the response would indicate so.

Examples:

- Arranging for and providing translation or signing services that assist an individual or family to access and understand necessary care and treatment covered by Medicaid;

- Arranging for (does not include providing) transportation for an individual or family to access Medicaid services; and
- This does not include the direct provision of transportation, as these services will be coded as direct services as Activity Code A.

O - Supervisory Conference/General Administration/ Paid Time Off

This activity code is required for general administrative activities in support of the agency. Use this code for general administrative activities not addressed in any of the Activity Codes A through R. This code includes all related paperwork, clerical activities, or staff travel required to perform these activities.

Examples:

- Taking paid lunch or breaks;
- Paid leave; vacation, sick and funeral;
- Providing general supervision of staff and evaluation of employee performance;
- Processing staff payroll or other personnel related documents;
- Maintaining inventories and ordering supplies;
- Daily operational tasks, such as setting up voice mailbox;
- Performing other administrative or clerical activities related to general building functions or operations; and
- Participating in or providing training to learn about agency benefits and/or Human Resource training.

P - Not Scheduled to Work/ Non-paid Time

Examples:

- Not scheduled to be at work at the sample time, includes flexing out time;
- Non-paid lunch or breaks; and
- Vacant positions.

Q - Invalid Response

This code is selected when the sampled worker does not respond to the observation notification within 48 hours or insufficient information is received from the sampled worker to code the activity at either time of polling or for after-hours calls (i.e. the participant is non-responsive to additional follow-up).

R - No Response

Participant does not respond, even after involvement of the RMS Coordinator. Non responses to moments are coded as non-Medicaid.

Examples:

- Vacant positions
 - Samplee was on the roster at the beginning of the quarter, but has since vacated the position and is no longer required to respond to e-mail polling.
- Samplee does not respond to e-mail polling.
 - An Outlook out of office reply would be coded as ‘no response,’ unless either the first or second level supervisor responded to the random moment sample on the samplee’s behalf.

Code R is included under the time study and non-responses are coded as non-Medicaid (see Item 12).

MAC RMS Cost Allocation Matrix

Activity	Reimbursable	Medicaid Reduction	FFP Rate
Direct Medical Services and Other State Medicaid Program Services	No		
Targeted Case Management Services	No		
Non-Medical and Non-Medicaid Related, Educational, or Social Services	No		
Medicaid Outreach	Yes	No	50%
Non-Medicaid Outreach	No		
Facilitating Access to Medicaid Eligibility	Yes	No	50%
Facilitating Non-Medicaid Program Eligibility	No		
Referral, Coordination, and Monitoring of Medical Services	Yes	Yes	50%

Activity	Reimbursable	Medicaid Reduction	FFP Rate
SPMP Referral, Coordination, and Monitoring of Medical Services	Yes	Yes	75% ¹
Referral, Coordination, and Monitoring of Non-Medical Covered Services	No		
Program Planning, Development and Coordination Related to Medical Service	Yes	Yes	50%
SPMP Program Planning, Development, And Coordination Related To Medical Services	Yes	Yes	75% ¹
Program Planning, Development and Coordination Related to Non-Medical Service	No		
Transportation and Translation Assistance to Access Medicaid Services	Yes	Yes	50%
Supervisory Conference/General Administration/ Paid Time Off	Activity reallocated across other activities.		
Not Scheduled to Work	No		
Invalid Response	No		
No Response	No		

KEY:

Reimbursable – means that Medicaid will reimburse the DOH for time spent on this activity, subject to the calculations described in the Claim Calculation Section.

Medicaid Reduction – means that time spent on certain activities is reduced to reflect the percentage of Medicaid eligible clients in the total client population for the DOH program(s)

FFP Rate – is the percentage allowable from Medicaid federal funds to pay DOH administrative claims, as explained in this Section.

Time Study Results and the Cost Allocation Process

Overview

The DOH uses random moment time study sampling (RMS) process to determine the portion of staff time associated with the performance of Medicaid administrative activities. The activity codes identify the portion of time allocable to allowable and non-

¹ The 75% rate is based on the judgment and documentation of trained and qualified staff at the time they are sampled.

allowable cost categories and are included early in Section V. The results of the time study are summarized to obtain the statewide amount of time spent by staff on Medicaid administrative activities. These statewide results are applied to the DOH costs to allocate the costs between allowable administrative activities and non-allowable administrative activities. Only those costs allocated to allowable administrative activities will be submitted to CMS for reimbursement.

This will be the basis for the DOH Administrative Claiming reimbursement process. These accumulations of activities will be converted to percentages and applied to the total costs of the identified participants.

Allocation of Salaries and Benefits of Direct Personnel and Contracted (Direct) Personnel Expenditures

Actual salaries and benefits of the staff identified for participation in the time study sample pool (for the claiming period) are obtained quarterly from the payroll and financial accounting systems. Expenditures related to performance of allowable administrative activities by contract personnel are also obtained from the financial accounting systems.

Allocation of Materials, Supplies and Other Costs

Material and supply costs related to the staff cost pool of eligible personnel are reported for inclusion in the cost base. Material and supply costs are allocated to the cost base based on the ratio of time spent by staff on allowable Medicaid administrative activities, as derived from the time study results for the claim quarter. Salaries, fringe benefits, and associated allowable costs including allocable costs will be reported as either direct or indirect costs as determined by the financial accounting system. For example, if the agency has instituted a step down allocation process in their accounting system for indirect costs, it is acceptable to report those identified indirect costs as a direct cost.

PHD general ledger expenditures include all direct charges to PHD programs, regions, bureaus, as well as Director's office support for salaries, employee benefits, contractual services and operating costs. Indirect costs based on the indirect cost rate are computed on federal grants and are reported on the general ledger in the Administrative Services Division of DOH.

Offsetting Federally Funded Revenues

Any Federal revenues (Federal and State flow-through funds) related to allowable Medicaid administrative functions are not included in the expenditure cost base in order to avoid any potential for duplicate claiming for federally funded positions and expenses. Direct Federal funds are documented and offset from the cost allocation process.

Methodology for Determining Medicaid Eligibility Rate (MER)

Under Medicaid Regulations many of the costs associated with specific Medicaid administrative activities are only allowable to the extent that the activity is performed on behalf of Medicaid eligible individuals. These costs are subject to a Medicaid Eligibility Rate (MER) “reduction”. This adjustment factor or “reduction” reflects the nature of the activity and the targeted population to which the effort is directed. For example, arranging for transportation services for a Medicaid client to access Medicaid services is only allowable to the extent that the activity is directed towards arranging for transportation services for a Medicaid enrolled client to access Medicaid covered services. The costs of these activities are claimable as administrative costs, but “reduced” by the MER percentage, or penetration rate. The MER for DOH clients will be utilized where applicable. If not applicable or available, a statewide MER will be utilized.

MER is calculated once a quarter at time of billing. PHD, as the claiming unit, operates 54 public health offices statewide; hence, the calculation is based on the state population. The most recent 12-month average of Medicaid enrolled clients is divided into the state population to determine the MER. Please refer to Exhibit D for an example of how the MER is calculated. The two websites accessed each quarter to obtain the most current state population and Medicaid enrollment numbers, respectively, are:

- U.S. Census Bureau, New Mexico Population Estimate
 - <http://www.census.gov/popest/>
- New Mexico Human Services Department, All Client Eligibility Report
 - <http://www.hsd.state.nm.us/mad/RMedicaidEligibility.html>

Identification of “Reduced” and “Non-Reduced” Administrative Activities

As mentioned previously, the costs associated with some of the administrative activities must be “reduced” by the DOH specific Medicaid Eligibility Rate (MER), while other activities do not require application of a “Reduction” or MER. Medicaid administrative claiming activities can be categorized into two primary categories:

- Category 1 activities apply to the agency’s entire client population to encourage certain outcomes and do not need to be “reduced” by the MER. For example, “Outreach for Medicaid Services” does not require a Medicaid “Reduction”.
- Category 2 activities require a Medicaid percentage “Reduction” due to the nature and specificity of the allowable administrative activities. For example, “Administrative Case Management” requires application of the MER in order to isolate/validate reimbursement only for those activities specific to Medicaid eligible clients.

The specific categories of administrative activities will be documented and included in the rate calculation worksheets/tables.

Allocation of Statewide Time Study Results

The statewide quarterly time study arrays and allocates the percentage of time the cost pool (sample pool) spends on various activities. These percentages will vary slightly from quarter to quarter. The quarterly time study percentage distributions are used to calculate the respective quarter's expenditures on Medicaid administrative activities.

As stated above, there are two categories of Medicaid administrative activities:

- Category 1 activities which do not require a MER "Reduction"
- Category 2 activities, which require application of a MER.

Since the time study captures additional activities that account for time that is not related to Medicaid and accordingly cannot be included in the rate calculation, a third activity category has been identified:

1. Category 3 includes those activities, which are "unallowable" for the claim but account for the balance of the time study participant's time. Examples of Category 3 activities include "Direct Medical Services" and "Targeted Case Management Services". Direct and indirect costs associated with the performance of Category 3 activities are offset from the rate calculation through the application of the time study results and their associated costs are excluded from the claim.

The time study also captures time that is related to general administrative activities that is redistributed through the rate setting methodology proportionately to the time study results for all Category 1, Category 2 and Category 3 activities.

General administration time is identified as a Category 4 activity.

The activity code structure and related reimbursement is as follows:

Category 1: Medicaid Administrative Activity –
No Medicaid Eligibility Rate (MER) Adjustment Applied

Code D: Outreach for Medicaid Services

Code F: Facilitating Access to Medicaid Eligibility

Category 2: Medicaid Administrative Activity –
Subject to Applicable Medicaid Eligibility Rate (MER) Adjustment

Code N: Transportation and Translation Assistance to Access Medicaid Services

- Code H: *Referral, Coordination, and Monitoring of Medicaid Covered Services*
- Code I: *SPMP Referral, Coordination, and Monitoring of Medicaid Covered Services*
- Code K: *Program Planning, Policy Development, and Interagency Coordination Related to Medicaid Covered Services*
- Code L: *SPMP Program Planning, Policy Development, and Interagency Coordination Related to Medicaid Covered Services*

Category 3: Non-allowable Medicaid Administrative Activity – Not Reimbursable

- Code A: *Direct Medical Services and Other State Medicaid Program Services*
- Code B: *Targeted Case Management Services*
- Code C: *Non-Medical Services and Non-Medicaid Related Education or Social Services*
- Code J: *Referral, Coordination, and Monitoring of Non-Medicaid Covered Services*
- Code E: *Non- Medicaid Outreach*
- Code G: *Facilitating Non-Medicaid Program Eligibility*
- Code M: *Program Planning, Policy Development, and Interagency Coordination Related to Non-Medicaid Covered Services*

Category 4: COMMON TO ALL – Redistributed based on CBMAC RMS Results to Medicaid Administration, No Adjustment Applied; Medicaid Administration, Medicaid Adjustment Applied; and Not Medicaid Administration

- Code O: *General Administration*

Category 5: NON-MEDICAID

- Code P: *Not Scheduled at Work*
- Code Q: *Invalid Response*
- Code R: *No Response*

Skilled Professional Medical Personnel (SPMP)

The DOH Medicaid Administrative Claiming reimbursement is drawn from federal funds. Federal rules permit states to claim federal funds at an enhanced rate of 75% for certain administrative activities which are performed by DOH staff who have the education and training to qualify as “skilled professional medical personnel” (SPMP). The costs of staff providing direct clerical support to SPMPs may also be funded at the 75% rate. Staff not considered as SPMP staff are funded at a federal rate of 50%. The determination of whether an individual is performing an activity as an SPMP is based on two conditions: professional education and job function.

Medicaid federal regulations define professional education as "...the completion of a 2-year or longer program leading to an academic degree or certification on a medically related profession. This is demonstrated by possession of a medical license, certificate or other document issued by a recognized national or state medical licensure or certifying organization or a degree in a medical field issued by a college or university certified by a professional medical organization. Experience in the administration, direction or implementation of the Medicaid program is not considered the equivalent of professional training in the field of medical care."

As part of the position roster process, program coordinators identify staff that is considered SPMP. DOH will retain documentation, which indicates that job positions included in the 75% level meet the above requirements. Please refer to Exhibit E for a list of Skilled Professional Staff. Staff at this level are licensed professionals who work in a clinical setting providing services to clients. Please refer to Attachment "SPMP Certified Nurse/Midwife" for a list of the activities performed.

Even if an individual included in the DOH time study were considered to have met the SPMP professional educational requirements, not all of his or her job functions would be funded at the enhanced rate of 75%. Job functions covered at the enhanced rate must be those that require the individual to use his or her professional medical knowledge and skills and will be documented through the sampling process. Staff that is designated as SPMP is asked if the activity being performed requires their SPMP expertise when they report doing certain activities that have SPMP codes.

Application of Time Study Activity Percentages to DOH Cost Base

The percentage of time for each activity as determined by the outcome of the statewide time study is applied to the total cost base. Simply stated, the expenses associated with the cost pool (participant roster) are distributed to each activity to account for 100% of the worker's activities throughout the day based on the time study percentage for each activity. This step in the rate calculation methodology provides the initial allocation of gross expenditure dollars to activities performed by the cost pool. The results of this initial calculation are used as the basis for the subsequent claim calculations.

Activity Adjustments

Within each cost pool category, certain adjustments must be made to the activity expenses. For example, the expenses associated with an activity that has been identified as requiring a MER "Reduction", must be adjusted by the applicable MER percentage, such as category 2 activities. Likewise, some activities are unallowable and an adjustment must be made to exclude these expenses completely from the cost pool expense total, such as category 3 activities.

Claim Summary

The claim is summarized and aggregated into a single rate for each program. The participating program rates are then summed to one total statewide DOH payment rate or amount, and the federal financial participation rate of 50% (or 75% for SPMP eligible costs) is applied to account for federal/state cost sharing requirements. The totaled claim after application of the 50% or 75% rate represents the Federal reimbursement due the State for Medicaid administrative costs incurred by the DOH.

Cost Pools

PHD division-reported salary dollars are distributed into one of three cost pools:

1. RMS Roster Staff
 - a. Includes staff who were paid in a perm number that is on the roster.
2. Overhead Staff
 - a. Are clerical, HR, IT, or Purchasing by title
 - b. Also includes manager titles
 - c. Are not 100% Federally Funded
 - d. Are not on the roster already
3. Other Staff
 - a. Includes staff who were not on the roster
 - b. Were not designated as Overhead Staff
 - c. Are 100% Federally Funded.

Staff in each cost pool may include both SPMPs and non-SPMPs involved in a variety of activities in support of the work of the Public Health Division. See SPMP Attachment for a list of activities. All direct service providers included in the cost pool will be in the approved state plan. These cost pools are mutually exclusive, as evidenced by Exhibit F. See Exhibit F for a more detailed description of the cost pools.

Indirect Cost Rate

Each year DOH submits an indirect cost proposal to the Department of Health and Human Services. General Ledger expenditures included in this plan for PHD are summarized by a department ID. This department ID tracks expenditures by PHD program and region. Certain department ID's are used to track direct charges and others are used to track administration charges. This information and other pertinent information are included in the plan to arrive at the indirect cost percentage. The indirect cost rate approved by the Department of Health and Human Services is applied to federal grants received by PHD. This rate is applied to all grant expenditures except for capital purchases, which are not applicable to our grants and on contractual

agreements in excess of \$25,000. When setting up grant budgets on the general ledger, the indirect cost budget is set up in the Administrative Services Division. As expenditures occur they are booked to the correct department ID's in the PHD and Administrative Services Division. When reimbursements are received by the federal government, reimbursements are allocated to record the PHD portion for direct charges and Administrative Services Division for the indirect cost rate.

Please see Exhibit G for examples of supporting documentation retained to support each quarter claim.

VI Claiming Time Study Methodology – Other PHD Programs – (Families First Program #2)

Families First is a case management program of the New Mexico Department of Health (Public Health Division) and it is funded by Medicaid to provide perinatal case management to Medicaid eligible pregnant women and children 0-3 years old. The purpose of perinatal case management services is to provide a voluntary home visit to eligible clients, to establish a medical home, and to assist clients in gaining access to needed medical, social and educational services that are necessary to foster positive pregnancy outcomes and promote healthy infants and children in New Mexico.

Families FIRST is a public health program. Case management is performed by Public Health nursing staff, assisted by Public Health clerical staff.

Below is a comprehensive list of all activities that staff perform.

The following is a list of activities and responsibilities for the Families FIRST clerk position.

- Enter Families FIRST client data into the client record and Challenger Soft as appropriate.
- Serve as backup for intakes which includes explaining program, completing demographics, Presumptive Eligibility (PE), MOSAA, Medicaid application, obtaining consent signatures and scheduling appointments with Medical Doctor, WIC and care coordinator.
- Send “no-show” letters weekly or call clients and reschedule appointments missed during the week and document this in the client record.
- Access requested reports from computer data system as needed.
- Assist the care coordinator with monthly reports.
- Review logbook, at least monthly, to check the status of inactive and active clients. Performing attempts to contact and documenting those attempts as indicated, and checking the Medicaid and MCO status of clients. A Billing Claim Form (formally the CMS 1500) needs to be completed, as per protocol in the billing section and entered into the electronic database.

- Review logbook monthly and make list of perinatal and pediatric clients needing to be seen. Attempt to schedule appointments by contacting clients via phone, letter, email, or through WIC.
- Send Release of Information for pregnancy outcome and lab work, as needed. When information is available, inform care coordinator.
- Outreach to community providers, Income Support Division (ISD), WIC and other resources.
- Process travel vouchers and purchase documents for supplies as needed (for local public health offices only).
- Perform data entry and copying tasks as needed.
- Organize standardized educational materials to ensure ample supply of packets, maintain an inventory of stock on hand, reorder materials as needed, in June and or December, and submit the order to the Regional Coordinator.
- Perform other duties as needed to contribute to efficient office flow.

All clerks document their outreach time into the client's electronic record. Community outreach time by the clerk is documented into an electronic log.

Care Coordinator (Registered Nurse)

The following is a list of activities and responsibilities for the Families FIRST Care Coordinator.

- Provide Case management/care coordination to Medicaid eligible pregnant women and children 0-3yrs.
- Provision of assessment of client needs
- Development of a plan of care
- Referrals to services available
- Follow up on Referrals
- Reassessment of needs/care plan
- Updating plan of care
- Monitoring for receipt of services
- Provision of education related to pregnancy and growth and development
- Linking of clients to preventive health services
- Linking of clients to local resources
- Care coordination services that link client with providers of non-medical services, such as nutritional programs, education agencies, and services that promote positive pregnancy outcomes, and promote optimal health for infants and children
- Assist Clients with PEMOSAA Applications
- Community outreach
Client outreach

All Care Coordinators document their time, in minutes, in the client's electronic record. Community outreach time is documented into an electronic log.

The Public Health Division manages the Families First program that consists of 18 Care Coordinators who are licensed Registered Nurses and 5 Clerks. Families First staff conduct Medicaid outreach activities such as Presumptive Eligibility (PE) and Medicaid On Site Application Assistance (MOSAA) services and client assistance for access to Medicaid services. Staff engage with community partners to do outreach at health fairs, immunization clinics, parenting classes, etc. Activities to be claimed will include:

- Medicaid eligibility determinations and re-determinations;
- Medicaid intake processing;
- Medicaid outreach (methods to inform recipients or potential recipients to enter into care through the Medicaid system); and

Time studies are completed on a quarterly basis utilizing a random moment time study methodology as detailed in Section V. The data for the time studies are entered into a database for computation of billable time.

Procedure

The formula used to calculate billable services is done by using the hourly wage of the staff member and the total amount of minutes that it takes the staff to provide the services. Staff input demographic information into the Challenger Soft Case Management Electronic Health Record where the number of minutes is then captured. As part of the backup documentation, all staff names and their hourly wage are included in the quarterly billing submitted to HSD.

A query report is run by state office staff, quarterly, to obtain the total number minutes of outreach time entered during a quarter by Program Care Coordinators (Registered Nurses), and Program Clerks. These totals, along with the staff's hourly salaries, are used to calculate the dollar amount billed to Medicaid for these defined outreach activities.

Care Coordination time, performed by Registered Nurse, is billed as a capitated rate to Medicaid's Managed Care Programs. This Care Coordination time is NOT included in the outreach time cited above.

VII Claiming Time Study Methodology – Developmental Disabilities Services Division (DDSD)

PROCEDURE

The Developmental Disabilities Support Division (DDSD) has developed the time study process contained within this section.

The Developmental Disabilities Support Division (DDSD) through its various bureaus conducts a Monthly Time Study using the attached daily worker log (Exhibit I). It is a time sampling for each DDSD employee for whom the DDSD is claiming Medicaid funding for their position. Positions funded by Non-Medicaid or other funding sources are not required to complete a time study form. Instructions for completing the time study form (copy attached) are sent electronically to DDSD employees. The State fiscal year begins in July and ends in June.

Each bureau trains their employees on their procedures in order for their employees to accurately complete and timely submit their DDSD time study form. The DDSD time study form must reflect an after-the-fact distribution of the actual activities of each DDSD employee, and account for the total activities for which each DDSD employee is compensated.

This DDSD time study form reflects the available DDSD activities that are either Medicaid or Non Medicaid Related activities. The DDSD time study schedule is organized so that each DDSD employee completes their DDSD time study form during one week of each calendar month. The DDSD time study schedule weeks run Saturday to Friday. During the week in which the employee is completing their DDSD time study form, the employee will account for all time dedicated to each activity listed on the DDSD time study form. Each DDSD employee must report their time to the nearest half hour period.

For example, forty five minutes would be recorded as one hour. And fifteen minutes would be recorded as zero. The total hours for recorded by each DDSD employee on the DDSD time study form must add up to at least 40 hours. Each DDSD employee signs, which also certifies the DDSD time study form, gives it to their supervisor for their signature, and then the DDSD employee or their DDSD supervisor routes the DDSD

time study form to DDSD's Administrative Services Bureau (ASB) in Santa Fe on the Monday following their assigned week from the DDSD time study schedule.

Oversight & Monitoring

The oversight and monitoring of this time study process is performed by the DDSD ASB and DDSD Management. The ASB records those employees who have submitted their DDSD time study form and sets up an annual summary time study form for each DDSD employee. ASB quarterly provides DDSD Management a listing of those DDSD employees whose time study forms have not been received by ASB. DDSD Management contacts those employees whose time study forms have not been received by ASB to bring their time studies up to date.

The annual time study summary will be reviewed by the Administrative Services Bureau Chief and appropriate staff on a quarterly basis. The review will compile the percentage of each employees reported time being spent on Medicaid and non-Medicaid activities. If the employees quarterly reported Medicaid related activities reflect ninety percent or greater the employee's current task profile and labor distribution will remain unchanged. If the employees quarterly reported Medicaid related activities reflect less than ninety percent then the employee's current task profile and labor distribution (salaries, wages and benefits) will be changed to reflect the appropriate percentage breakdown. In this instance, journal entries will be prepared and processed retroactively to adjust payroll expenditures accordingly.

Attachments:

DDSD Time Study Schedule FY14 (Exhibit H -1)

DDSD Time Study Schedule FY15 (Exhibit H -2)

DDSD Time Study Form (Exhibit I)

DDSD Instructions for completion of the DDSD Time Study Form (Exhibit J)

DDSD Roster with DDSD Job Activities (Exhibit K)

The Time Study conducted by DDSD is conducted through our State's interagency agreement to have the Department of Health administer our Developmentally Disabled (NM0173), Medically Fragile (NM0223), and Mi Via (NM0448) 1915 (c) home and community-based waivers. There is no duplication between the waivers and the DDSD time study.

The Time Study is conducted by DDSD on a monthly basis. DDSD codes the time studies and submits to HSD. The time study is documented on this Activity Time Study Report Form:

DDSD MEDICAID WAIVER ACTIVITY TIMESTUDY REPORT FORM

NAME:						WEEK OF:		To		Total Hours in each activity for the week
DATE	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY			
MEDICAID WAIVER RELATED	DD Waiver; D&E Waiver; MF Waiver	# of Hours each activity	# of Hours each activity	# of Hours each activity	# of Hours each activity	# of Hours each activity	# of Hours each activity	# of Hours each activity		
	Provider Review									0
	Individual Specific Referrals									0
	Medical Review									0
	Technical Assistance									0
	System Quality Related Activity									0
	Data Collection/Analysis									0
	Database Design, Support, & maint									0
	Report Writing									0
	QMI Steering Committee Activity									0
	Mi Via									0
	Intake & Eligibility									0
	Receiving Training									0
	Document Production									0
	Jackson Disengagement Activity- Weekly Updates Gant									0
	Jackson Disengagement Activity- Twenty Day Cohort Report									0
	Jackson Disengagement Activity- Monthly Molzen Report									0
	Jackson Disengagement Activity- Quarterly Report									0
	Jackson Disengagement Activity- Other- *specify below									0
	Travel									0
Leave (ANL, SCK, HOL, etc)									0	
Other *specify below									0	
NOT WAIVER MATCHABLE	FIT; ICF-MR; DD State General Fund;									0
	Develop Training									0
	Other *specify below									0
*SPECIFY DETAILS OF ABOVE ACTIVITIES WHERE REQUIRED ON THE LINES BELOW									Total:	0
EMPLOYEE SIGNATURE:								SUPERVISOR SIGNATURE:		
RETURN TO:										
DATE:					DATE:					

VIII. Claiming Time Study Methodology: Department of Health, Division of Health Improvement

The Division of Health Improvement (DHI) through its various bureaus, including but not limited to Quality Management Bureau (QMB) and Incident Management Bureau (IMB) conducts a regular periodic time study for each employee. The DHI does not follow the RMTS documented in Section V. Instead, the DHI has developed a worker log and the process contained within this section.

This time study reflects the survey or investigation activity completed by each employee during a specified period in time. The time study is conducted one week during each month for each employee. During the week in which the selected employee is conducting their time study (using standard time study forms for each bureau) the employee will account for all time dedicated to each activity (100% of their time). The labor distribution of the percent of time of each employee spent on each program (i.e., State General Funds, Medicaid, etc.) is charged to the program. The time and effort reports for employees working on multiple programs or activities must:

- (1) Be an after-the-fact determination of the employee's actual effort;
- (2) Account for total activity for which employees are compensated (100%)
- (3) Be signed by the employee and a supervisor with first-hand knowledge of the activities performed by the employee (signatures on the timesheets is affirmation that the report is an accurate accounting of the actual time the employee spent on the project);
- (4) Be a randomized one week study each month.

Quarterly, the time studies will be reviewed by the Administrative Services Bureau (ASB) and the distribution of each employee's salaries, wages and benefits will be adjusted according to the labor distribution reported on the time studies.

Quarterly, each employee working on a single Federal award or cost objective will certify that all their time was spent on that single program.

Procedure

At the beginning of each state fiscal year (July 1st) each employee will receive their Waiver Program Time Study Schedule. Each employee will be assigned one week per

month to document time spent on each waiver and non-waiver related activity. New employees will be assigned a week by their district secretary.

The weeks run Saturday to Friday. All time Studies are turned into the district office secretary who will make sure DHI ASB staff receives them. Employees must turn in their Time Studies on the Monday following their scheduled week and must be given to DHI ASB on Wednesday.

Each employee is responsible for keeping an accurate accounting of their time for each activity during the week they are reporting. At the end of each day employee will document the number of hours spent on each waiver and non-waiver related activity. The date their week begins and the date it ends is written on their desk calendar or in their planner so it is a priority.

Every week recorded must add up to at least 40 hours. Each monthly form will be signed by the employee and supervisor.

Monthly Time Study Instructions provided to participants:

1. In order to complete the Time Study Form, you must first know your assigned week to document. This information will be on the Waiver Program Time Study Schedule.
2. After determining your assigned week, obtain the Time Study form in an electronic version from you district secretary.
3. At the end of each day completed the top section “name”, “phone”, and “email”. Then fill in the “week of” and “fill in date” area (all 7 days of the week starting with Saturday). Again, this is determined by referring to the schedule Waiver Program Time Study Schedule.
4. Enter time spent on each activity.
5. For any entries in the “leave” section you must explain in the area designated.
6. Sign the form and have supervisor sign then give form to your district secretary by the Monday following your designated week.
7. District secretary will then fax the signed form to ASB.

Each employee has a worksheet formatted for the year. After the Time Study form is faxed to ASB, the clerk will double check form calculations and enters the time spent on activities by Medicaid and non-Medicaid related activities.

At the end of each quarter the actual labor distribution calculations are compared to the projected labor distributions. If the comparisons show differences between projected and actual costs, journal entries will be completed to correct labor cost and labor distributions will be changed to reflect actual cost for future quarters.

The Time Studies conducted by DHI are conducted through our State's interagency agreement to have the Department of Health administer our Developmentally Disabled (NM0173), Medically Fragile (NM0223), and Mi Via (NM0448) 1915 (c) home and community-based waivers.

The oversight and monitoring of this time study process is performed by the ASB and Management. The ASB records those employees who have submitted their time study form and sets up an annual summary time study form for each employee. ASB quarterly provides Management a listing of those employees whose time study forms have not been received by ASB. Management contacts those employees whose time study forms have not been received by ASB to bring their time studies up to date.

The worker log is attached (Exhibit L).

IX. Federal Reimbursement for Skilled Professional Medical Personnel (SPMP)

Section 1903 specifies various federal financial participation rates for expenses necessary for the proper and efficient operation of the Medicaid program. Normally, general administration gets 50% FFP (42 CFR § 433.15(b)(7)) and is usually referred to as a non-enhanced FFP. In Section 1903(2)(A), the FFP rate of 75% is available for expenses of skilled professional medical personnel (SPMP) and their direct clerical supporting staff. This section of the Act is further codified in the Code of Federal Regulation (42 CFR 432.2 and 432.50(b)(1)).

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. Dental Hygienists,
 - iv. 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 either an actual time allocation or 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 Education Plan] or [Individualized Family Service Plan], 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 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 gets 50% FFP.
 - e. See attached "SPMP Certified Nurse/Midwife Description" for the job description and a list of activities they perform.
 - f. The New Mexico Department of Health including PHD, DDSD, and DHI are using SPMP staff, however, staff do not spend 100% of their time in this role.

X. Review and Attestation

Review Procedures in the DOH Division

The Program Support Bureau of each DOH Division is the MAC billing unit. This MAC unit conducts reviews of all MAC program claims to assure their accuracy and to determine that appropriate documentation exists to support the claims. This oversight includes, but is not limited to, reviews of documentation to assure that the accuracy, sampling, and completeness of time studies, as well as the documentation necessary to justify that the claimed expenditures comply with state and federal requirements of the program.

The MAC unit will review all claims submitted by the each MAC claiming units. There are three levels of review and monitoring of claims. The MAC unit will review all claims for levels 1 and 2. For level 3 a division designee, usually a bureau chief, will review a sampling of claims.

Level 1 is a technical review in which the mechanics of the claim, such as mathematical computations and presence of all required information are checked. This level of review is conducted on all claims prior to submission to HSD. The mathematical accuracy of 100% of each quarter's claims will be performed before submission to HSD for reimbursement.

Level 2 is a desk review of all claims. The data for any particular claim are compared to past claim data to look for patterns that seem out of the normal range. There are also internal comparisons of activities reported and cost data to identify any combinations of time spent on a given activity and the costs of that activity that seem out of an acceptable range.

Level 2 reviews will include a review of the following potential risk factors:

- Time study results with outliers of percentage of code usage weighted by the following order: 1) Non-Discounted; 2) Discounted; 3) Reallocated;
- History of errors or problems;
- Claims with individuals included in the claiming plan that use code XX (Time Not Documented); and
- Number of claiming units

Level 3 is a full field review. At least 10% of the claiming units will be reviewed. Until each division can establish a protocol of review based on historical claims data, each

division will perform a full field review of enough claiming entities to cover 50% of the claimed amounts submitted each quarter. The division's initial review will be a minimum of 5 claims and a maximum of 15 claims. If the initial review uncovers significant and/or systemic problems additional review may be performed.

The number selected for a full field review will also be influenced by the risk factors associated with the:

- Inaccuracies detected during the mathematical accuracy check performed on all claims as identified in Level 1 review.
- Risk factors outlined in Level 2 review.

The MAC unit of each division will perform an initial limited review of the remaining claiming entities based on a random sample to cover 10% of the claimed amounts per quarter, up to the maximum of 25%. If the initial review uncovers significant and/or systemic problems, additional reviews may be performed.

The MAC unit maintains the data used to prepare the claim, which includes the coding sheets or electronic files that document the time study and the expenditure information from each claiming unit. The field monitoring includes review of time study results, Implementation Plan compliance, claiming unit functions, and invoices.

If the field monitoring results in the identification of an invoice overpayment, HSD will require reimbursement from the claiming unit in the amount of the overpayment. Additional steps may be required such as additional training, procedure changes, and internal audits.

The claiming agency (DOH and its divisions) will maintain the original time study logs. The claiming agency will maintain the payroll records that document the salary and benefits of all persons designated as performing Medicaid administrative activities. Only staffs that participated in the quarterly time study training and participated in the quarterly time study are included in the claim. DOH and its divisions are responsible for maintaining and storing their own documentation and records.

Currently, moment coding is done at the regional level and/or by one staff member in the Program Support Bureau. Coded moments are reviewed by the supervisor of the Program Support Bureau. Previously moments were coded by one regional staff member and reviewed by one staff member in the Director's Office.

Quality Assurance Activities

Each MAC unit must maintain a MAC quality assurance plan as part of the Implementation Plan to ensure accuracy of the data. The responsibilities of each MAC unit for claim development includes, but is not limited to:

1. Establishing guidelines for audit files and archiving claiming plans, signed original time studies, MAC claims, and applicable documentation.
2. Participating with the division in MAC reviews and monitoring.
3. Establishing and operating a quality assurance system for assessing compliance with MAC policies and procedures through desk reviews, onsite reviews, and technical assistance.
4. Excluding from the claim the costs associated with a staff member that did not complete their time study. For example, if a staff member did not fully complete the time study form for the day or cannot produce their time study log, then the associated costs would be labeled as Code XX: Time Not Documented.

Review Procedures Conducted by HSD

HSD has direct monitoring and oversight responsibility of claims submitted by each MAC unit. Each MAC unit has direct monitoring and review responsibility of the claims submitted by its claiming units participating in the MAC.

HSD will verify the mathematical accuracy of all claims submitted by each MAC unit. Quarterly, HSD in its monitoring and oversight capacity will perform a complete review and evaluation of a selected claim submitted by each MAC unit. During the first two quarters of claim submission following CMS approval of the MAC methodology, this complete review and evaluation will include two quarterly claims. These reviews will include a thorough examination of expenditure reporting.

Also, HSD will select one additional claiming entity not previously selected from which to review in detail one claim component from the list below of each division's claim:

- Indirect Cost Rate
- Training
- Payroll
- Invoice/Expenditures
- Time Study
- Revenue
- Third Party Liability

As historic claiming data is collected, HSD will review claims submitted by each MAC unit based on variations between periods and other claiming entities. HSD will gather

data to highlight trends and variations between periods. Should HSD discover significant and consistent problems with submitted claims it may request that HSD's auditing entity, Office of Inspector General (OIG) to conduct an audit.

HSD will review each MAC unit's review methodology for adequacy. HSD will select for its own review the results of each MAC unit's review of claims submitted by its claiming units. If the review uncovers significant and/or systemic problems additional review may be performed.

HSD will not process or submit for FFP reimbursement, any MAC claim that has been determined by the HSD to have errors. Such claims will be returned to each MAC unit for review and correction.

Attestation by Division Designees

The MAC unit at each division will review MAC invoices and documents to ensure that submissions to the MAC unit are appropriate and reasonable. In addition, the designee at the division will attest by signature to the accuracy of the claim invoices submitted to HSD. For each claim submitted to HSD, the division designee on behalf of their respective division will attest to the following:

1. I am the designee of the DOH division authorized to submit this claim.
2. This claim only includes expenditures under the Medicaid program under Title XIX of the Social Security Act (the Act), that are allowable in accordance with applicable implementing federal, state, and local statutes, regulations, policies, and the state plan approved by the Secretary and in effect during the period of the claim under Title XIX of the Act for the Medicaid Program.
3. The expenditures included in this claim are based on actual recorded expenditures.
4. The required amount of state and/or local public funds were available and used to match the state's allowable expenditures included in this claim, and such state and/or local public funds were in accordance with all applicable federal requirements for the non-federal share match of expenditures.
5. Federal matching funds are not being claimed to match any expenditure under any Federal program that has not been approved by the Secretary effective for the period of the claim.
6. The information above and in this claim is correct to the best of my knowledge and belief based on reasonably available information. Also, I have notice that this information is to be used for filing a claim with the Federal Government for federal funds, and the knowing misrepresentation constitutes violation of the Federal False Claims Act.



New Mexico Department of Health Public Health Division
 Random Moment Sampling
 Observation Form



Sample NM QE 03312014

[Instructions](#)

Participant Name	Ortega, Marcella	Moment	3/26/2014 11:18:00 AM
Region	Northeast	Observation Type	Electronic
Observation ID	92252	Observation Method	Central Coder
		Phone No	505--82-7-97

Location * NE11001 - Directors Office .

Program * CBMAC - CB Medicaid Admin Claiming .

Position * 4 - NON SPMP / NON CARE COORDINATOR .

Activity * Select an activity .

What is the activity being performed? *
 annual leave .

On behalf of whom is the activity being performed? *
 self .

What is the intent of the activity? *
 annual leave .

Notes .

Save and Exit

Cancel

Exit



New Mexico Department of Health Public Health Division

Random Moment Sampling Staff Training

April 30, 2014



Introductions

PHD Director's Office

- Marcella Ortega
 - Deputy Director

PHD Program Support

- Joe Garcia
 - Bureau Chief
- Annette Romero
 - Interim RMS Coordinator



Training Objectives

- The goal of today's training session is to provide an understanding of:
 - The Random Moment Sampling (RMS) system and process for electronic observation notification and response
 - Information needed to submit a complete response



New Mexico Public Health Division Random Moment Sampling

- A time study using random moment sampling (RMS) is conducted quarterly
 - Summary results are used to determine the amount of time staff spend, on average, across work activities
 - The results of the time study are used to obtain federal reimbursement for certain activities that staff perform
- Who participates in RMS?
 - Approximately 300 participants Division-wide
 - Positions identified by each Bureau or Region that are expected to perform the allowable activities



Change in Administration of RMS

- The administration of the RMS was transferred from MAXIMUS to the Division effective April 1, 2009
- What changed?
 - The time study was previously conducted through phone polling
 - PHD began using electronic notification and data collection effective April 1, 2009
 - The sample size for the time study is increasing, so staff may find they are sampled more frequently than in past quarters



Random Moment Sampling Process: Participation Notification

- If selected for participation in the quarterly time study, staff receive an email notification which informs them that they have been randomly selected to participate
 - The sender is WebMAC@maximus.com
 - The subject line is: **Quarterly Random Moment Sampling Participation**
 - No action is required

Random Moment Sampling Process: Participation Notification (cont.)

The screenshot shows an IBM Lotus Notes window titled "Quarterly Random Moment Sampling Participation - IBM Lotus Notes". The window displays an email from "webmac@maximus.com" to "rmsdemo@maximus.com" with the subject "Quarterly Random Moment Sampling Participation". The email content includes a greeting, a notification of participation, a 24-hour deadline for response, and contact information.


Quarterly Random Moment Sampling Participation - IBM Lotus Notes

File Edit View Create Actions Text Help

Address

Welcome RMS Demo - Inbox Quarterly Random Moment...

Save And File Save And Close Follow Up Show Thread Tools

 <webmac@maximus.com>

To <rmsdemo@maximus.com>

cc

bcc

Subject Quarterly Random Moment Sampling Participation

FName 3 LName 3,

You have been chosen to participate in random moment sampling.

You will receive an email notification of your sample moment, including a link to access an online observation form. When you receive this notification, please respond within the 24 hour deadline.

If you have any questions, please contact me directly by telephone or email.

Contact Name
Contact Phone
Contact Email
-

Subject of message.

46 unread document(s) remaining

Disconnected Office

Random Moment Sampling Process: Observation Notification

- At the time of their random moment, staff receive an email notification of the RMS observation which includes the date and time of the random moment and a link to the online observation form
 - The sender is WebMAC@maximus.com
 - The subject line is: **Random Moment Sampling Notification**
 - Action is required!
- If selected for an observation, staff should respond within 24 hours of the observation date and time
- The response should be based on what you were doing at the time listed in the email, not at the time the form is completed.

Random Moment Sampling Process: Observation Notification (cont.)

The screenshot displays the IBM Lotus Notes interface. The window title is "Random Moment Sampling Notification - IBM Lotus Notes". The menu bar includes File, Edit, View, Create, Actions, Text, and Help. The toolbar contains various icons for file operations and editing. The address bar shows "Address". The main content area displays an email from "<webmac@maximus.com>" to "<rmsdemo@maximus.com>". The subject is "Random Moment Sampling Notification". The email body contains the following text:

FName 5 LName 5,

You have been chosen to complete a random moment sampling observation at 9:33 AM (EST) on Thursday, March 26, 2009.

As soon as possible, please click on the link shown below to access the online observation form and complete your response.

[Observation Link](#)

If you encounter difficulties completing your response or have questions about random moment sampling, please contact me immediately by telephone or email.

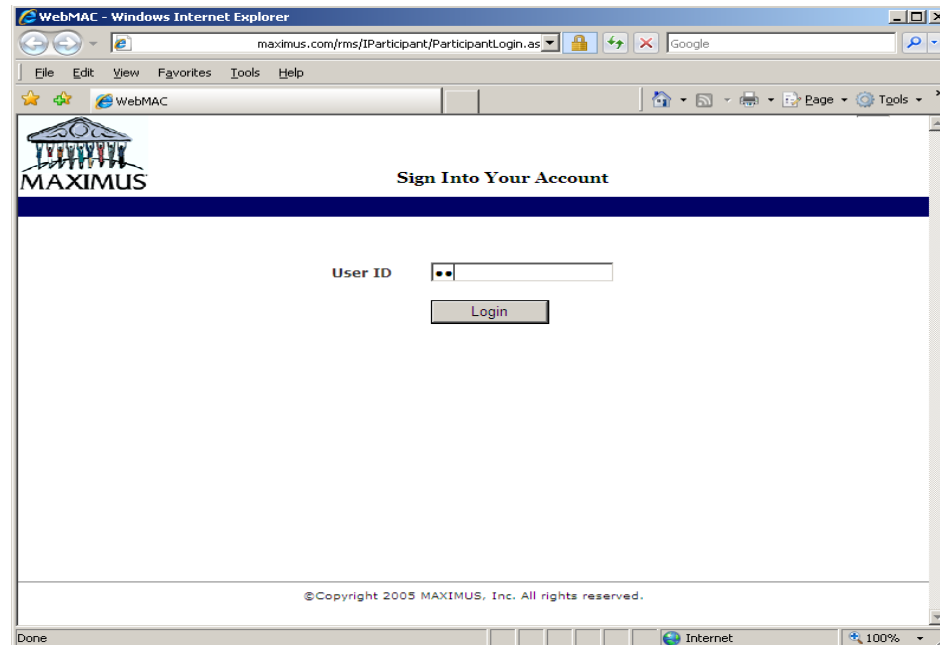
Contact Name
Contact Phone
Contact Email
-

Body of message

The status bar at the bottom shows "Untagged", "Disconnected", and "Office".

Random Moment Sampling Process: Observation Response

- To access the online observation form, staff click on the link in the email notification
 - The browser will automatically open and navigate to the RMS system log in screen
- Staff enter their employee identification number and select the “Log In” button



Random Moment Sampling Process: Observation Response (cont.)

- The RMS online observation form is used to collect a comprehensive description of the activity being performed using 3 questions
 - What were you doing?
 - Who were you with?
 - Why were you doing this?
- Staff should provide a thorough response so that 1 of 18 time study activities can be assigned to the observation
 - Follow-up is time-consuming for everyone!
- Certain staff will be prompted to provide additional information based on their position
 - Care Coordinators: Is this activity part of care coordination?
 - SPMP: Does this activity require your skilled professional medical personnel (SPMP) expertise?

Random Moment Sampling Process: Observation Response (cont.)

Observation - Windows Internet Explorer
http://demo.rms.maximus.com/rms/IParticipant/Observations.aspx?id=5GmHlqI4AKaqmef4oJl5GLcoWIn6ZTqKL4cgytVWhw%3d&ei=Live Search

File Edit View Favorites Tools Help

Observation

Random Moment Sampling System
Observation Form

Sample NM DOH MAC RMS [Instructions](#)

Participant Name LName 9, FName 9
District Program Support Central Office
Observation ID 6260

Moment 3/25/2009 7:42:00 AM
Observation Type Electronic
Observation Method Central Coder
Phone No 999-999-9999

School * 11002 - Admin-SF
Program * 100 - Medicaid Administrative Claiming
Position * 4 - Non SPMP Non Care Coordinator
Activity * Select an activity

What were you doing? *

Who were you with? *

Why were you doing this? *

Notes

Save and Exit Cancel Exit

Done Internet 100%

Random Moment Sampling Process: Observation Response (cont.)

Observation - Windows Internet Explorer
http://demo.rms.maximus.com/rms/IParticipant/Observations.aspx?id=5GmHlql4AKaqmf4oJl5GLcoWIn6ZTqKL4cgytVWhw%3d&ei
Live Search

Random Moment Sampling System
Observation Form

Sample NM DOH MAC RMS [Instructions](#)

Participant Name LName 9, FName 9
District Program Support Central Office
Observation ID 6260

Moment 3/25/2009 7:42:00 AM
Observation Type Electronic
Observation Method Central Coder
Phone No 999-999-9999

School * 11002 - Admin-SF
Program * 100 - Medicaid Administrative Claiming
Position * 4 - Non SPMP Non Care Coordinator
Activity * Select an activity
What were you doing? * I was assisting a patient in scheduling a follow-up appointment with doctor.
Who were you with? * A patient.
Why were you doing this? * Doctor needs to reevaluate patient's condition in 2 weeks.
Notes

Random Moment Sampling Process: Observation Response (cont.)

Observation - Windows Internet Explorer
http://demo.rms.maximus.com/rms/IParticipant/Observations.aspx?id=mtQvI6a%2bctBDIeYZ10fE%2bamjCcuQITAbEfJBQ6R%2F1: Live Search

File Edit View Favorites Tools Help

Observation

Random Moment Sampling System
Observation Form

MAXIMUS

Sample NM DOH MAC RMS [Instructions](#)

Participant Name	LName 5, FName 5	Moment	3/25/2009 9:33:00 AM
District	Program Support Central Office	Observation Type	Electronic
Observation ID	6267	Observation Method	Central Coder
		Phone No	555-555-5555

School *	11001 - Director's Office
Program *	100 - Medicaid Administrative Claiming
Position *	1 - SPMP Care Coordinator
Activity *	Select an activity
What were you doing? *	
Who were you with? *	
Why were you doing this? *	
Notes	

Does this activity require your skilled professional medical personnel (SPMP) expertise? *

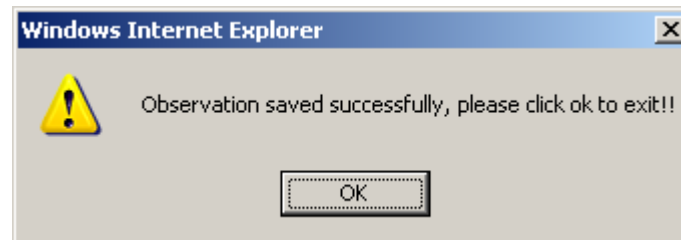
Is this activity part of care coordination? *

Save and Exit Cancel Exit

Internet 100%

Random Moment Sampling Process: Observation Response (cont.)

- Once staff have completed the observation form, they must select the “Save and Exit” button
 - Staff cannot save the response unless all 3 fields have been completed
- Staff will receive a message that the response was saved and to select the “OK” button to exit the system



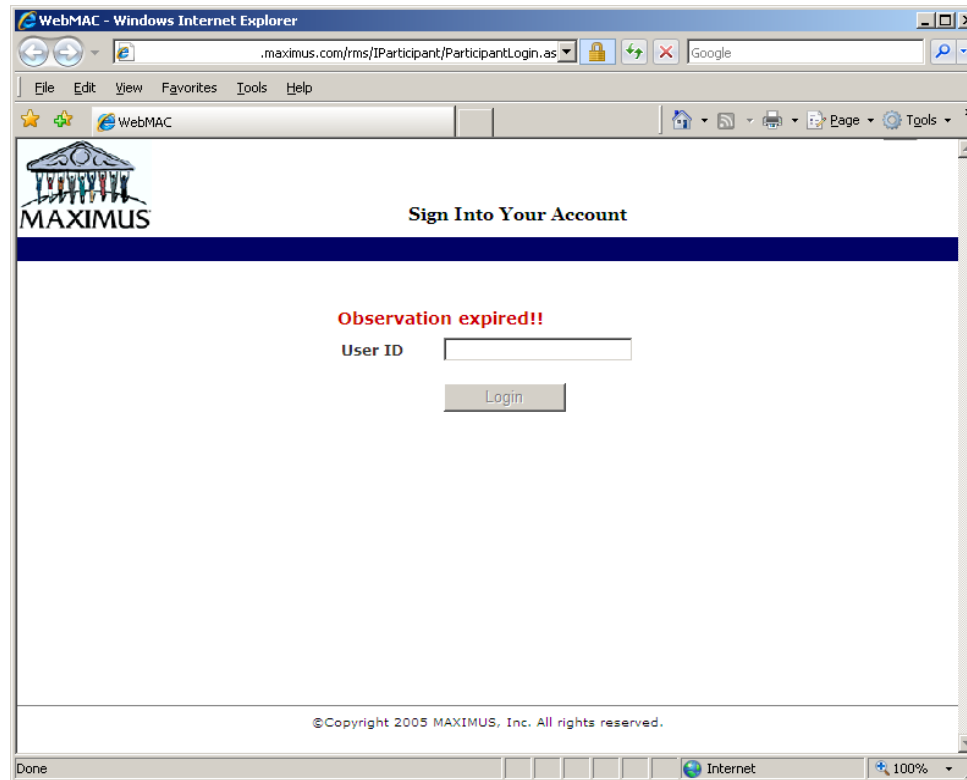
- Staff may re-access the form using the same email observation link until the observation deadline

Random Moment Sampling Process: Observation Response (cont.)

- A timely response is critical to the RMS process
 - Too many “no responses” can invalidate an entire sample and threaten important funding for the Public Health Division
- A response is required within 24 hours of the random moment
 - Example: An observation on April 7, 2014 @ 2:35 p.m. should be completed by April 8, 2014 @ 2:35 p.m.
 - Check email Friday afternoon before leaving for the weekend, at the end of your shift - anytime you will be leaving for more than 24 hours
- If staff receive a RMS observation notification while on leave, they should take the following steps upon return:
 - **Step One:** If the observation has not expired, click on the link in the notification email and complete the observation form.
 - **Step Two:** If the observation has expired, send an email to the RMS contact providing the date/time of their observation and whether they were on paid or unpaid leave

Random Moment Sampling Process: Observation Response (cont.)

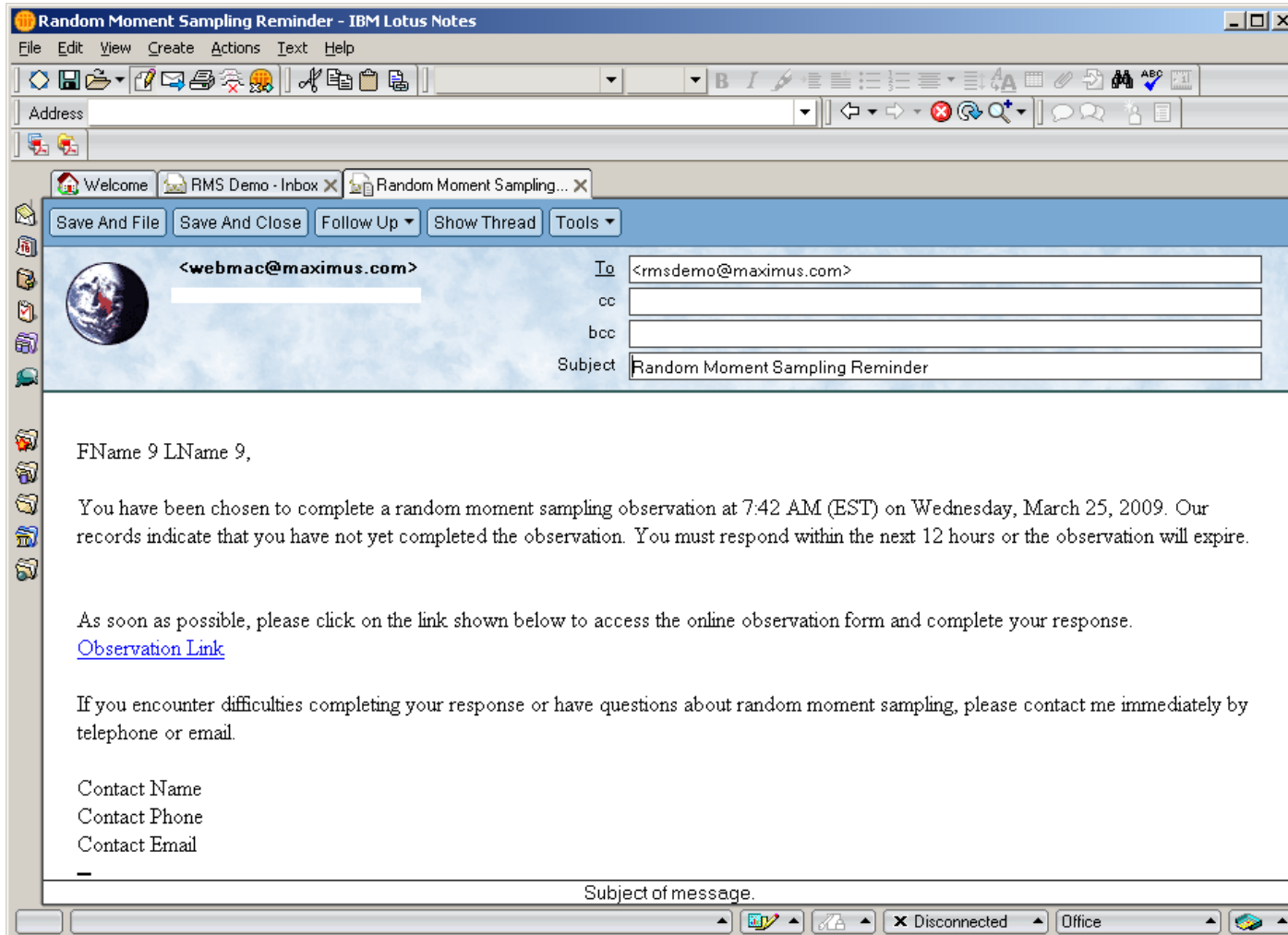
- Staff should respond to the notification message within 24 hours of the sample moment. If staff wait too long to access the online observation form, the system will display a message that the observation has expired



Random Moment Sampling Process: Reminders

- Up to two reminder emails will be sent to staff that have not responded to their RMS observation notices
 - The sender is WebMAC@maximus.com
 - The subject line is: **Random Moment Sampling Reminder**
 - Action is required!

Random Moment Sampling Process: Reminders (cont.)



The screenshot shows an IBM Lotus Notes window titled "Random Moment Sampling Reminder - IBM Lotus Notes". The window contains an email message with the following details:

- From:** <webmac@maximus.com>
- To:** <rmsdemo@maximus.com>
- Subject:** Random Moment Sampling Reminder

The body of the email contains the following text:

FName 9 LName 9,

You have been chosen to complete a random moment sampling observation at 7:42 AM (EST) on Wednesday, March 25, 2009. Our records indicate that you have not yet completed the observation. You must respond within the next 12 hours or the observation will expire.

As soon as possible, please click on the link shown below to access the online observation form and complete your response.

[Observation Link](#)

If you encounter difficulties completing your response or have questions about random moment sampling, please contact me immediately by telephone or email.

Contact Name
Contact Phone
Contact Email
-

Subject of message.

Tips for Submitting a Complete Response

- To ensure that the Division receives proper funding, critical that staff
 - Respond within 24 hours when selected
 - Provide a complete response
- Provide information not only on what you are doing, but the purpose or intent of the activity
 - If the activity is program related, clarify what program the activity supports.
 - When in a meeting or conference, be as specific as possible about the content and purpose of the meeting or conference.
 - When in training, clarify if the training is related to performing direct services, or specify the other activity or topic you are being trained on
 - When working on recruitment, specify the type of position being filled
- When you are sampled during time off (lunch, not scheduled to work at that time, sick day, etc.) clarify if the time off is **paid** or **unpaid** time off
- If information provided is insufficient, the RMS Coordinator may need to make follow up contact to properly classify your activity – we must minimize the number of follow-up contacts the Coordinator will make

Examples of **Incomplete** Responses

What were you doing?	Who were you with?	Why were you doing this?
Analyzing legislation for the NM Legislative session	Public Health Division	To fully inform the legislative process.
Meeting on the proposed scope of work of a contract	Program manager	To clarify the deliverables associated with the scope of work.
In a staff meeting	Staff	Exchange ideas
Preparing signature sheet for protocol posting on PHD intranet	PHD Immunization Program	Preparation for finalization of Protocols.
I was off of work	n/a	n/a
Interviewing candidates for new position	staff	Position is vacant and needs to be filled

Examples of More Complete Responses

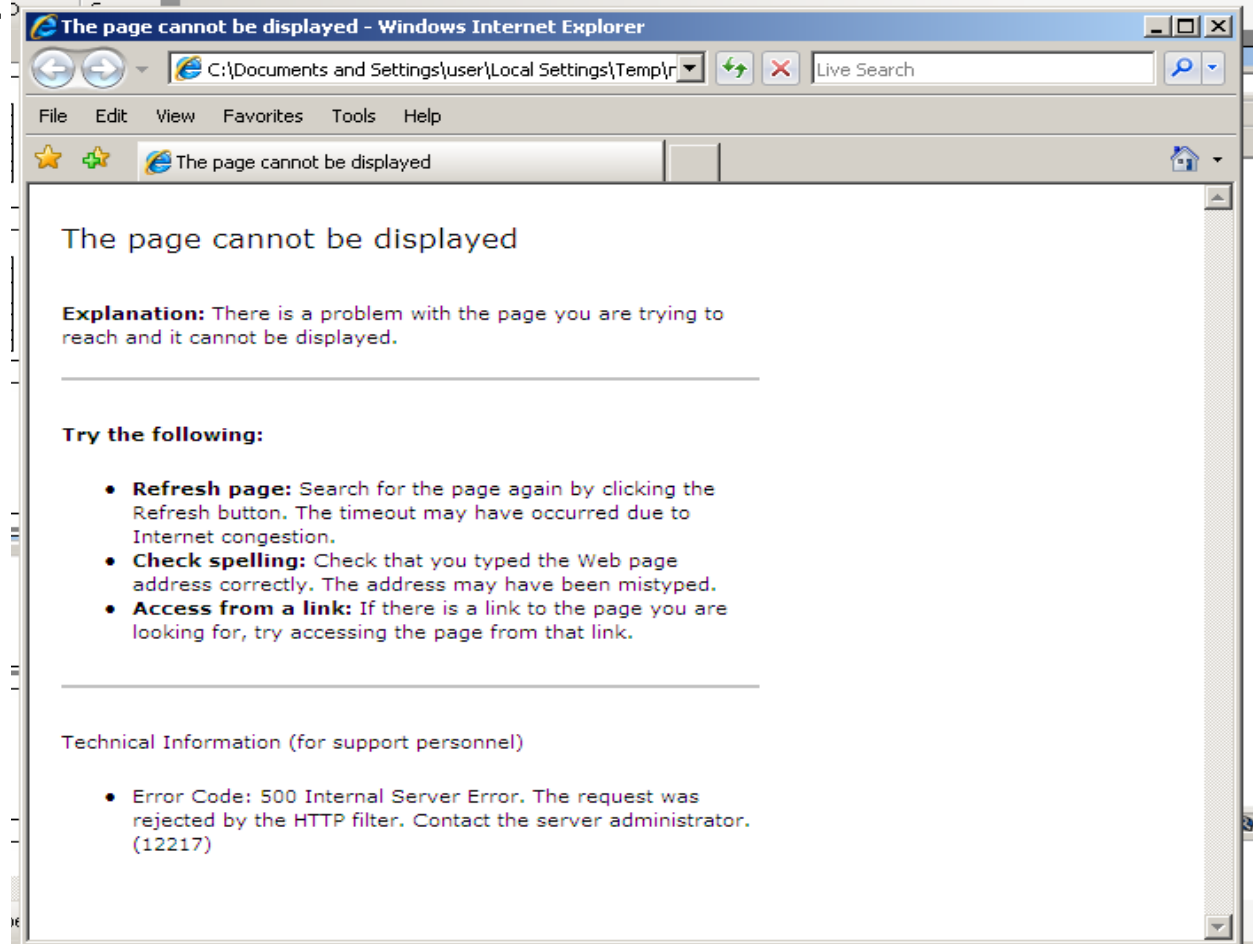
What were you doing?	Who were you with?	Why were you doing this?
Analyzing legislation for the NM Legislative session	Public Health Division	To fully inform the legislative process. <i>Bill related to prevention of underage drinking.</i>
Meeting on the proposed scope of work of a <i>professional services</i> contract	Program manager	To clarify the deliverables associated with the scope of work. <i>Contract is for rural primary care physicians.</i>
In a <i>Maternal and Child Health</i> staff meeting	Staff	Exchange ideas <i>for new programs for the Child Health section</i>
Preparing signature sheet for protocol posting on PHD intranet	PHD Immunization Program	Preparation for finalization of <i>Immunization</i> Protocols.
I was off of work	n/a	<i>Paid vacation day</i>
Interviewing candidates for new position	staff	<i>Registered Nurse</i> position is vacant and needs to be filled

Technical Difficulties

- Some staff may experience technical difficulties logging in that are related to the system settings on their machine
- If you receive an error message when you click the link (other than the expiration message), complete the following steps:
 1. Use a co-worker's machine and determine if the link works when the email is accessed on another computer. Forward the email message which includes the link to your co-worker and attempt to log in from that machine. This will allow for completion of the sample prior to the expiration period.
 2. If this does not work, forward a copy of the link to the RMS Coordinator at PHD.RMS@state.nm.us so that the problem can be investigated.
 3. If using the co-worker's machine does work, your computer settings need to be modified so that the same problem will not occur the next time you are sampled. Notify the RMS coordinator at PHD.RMS@state.nm.us

Technical Difficulties

- Here is an example of the error message related to system settings:





Contact Information

If you have any questions, please contact:

PHD Program Support

Annette Romero, Interim RMS Coordinator

Email: PHD.RMS@state.nm.us

(505) 827-0852

Questions



Exhibit C

The activity code structure and related reimbursement is as follows:

CATEGORY 1: MEDICAID ADMINISTRATIVE ACTIVITY – NO MEDICAID ELIBILITY RATE (MER) ADJUSTMENT APPLIED

Code D: Outreach for Medicaid Services
Code F: Facilitating Access to Medicaid Eligibility

CATEGORY 2: MEDICAID ADMINISTRATIVE ACTIVITY – SUBJECT TO APPLICABLE MEDICAID ELIGIBILITY RATE (MER) ADJUSTMENT (MEDICAID SPECIFIC ELIGIBILITY RATIO)

Code N: Transportation and Translation Assistance to Access Medicaid Services
Code H: Referral, Coordination, and Monitoring of Medicaid Covered Services
Code I: SPMP Referral, Coordination, and Monitoring of Medicaid Covered Services
Code K: Program Planning, Policy Development, and Interagency Coordination Related to Medicaid Covered Services
Code L: SPMP Program Planning, Policy Development, and Interagency Coordination Related to Medicaid Covered Services

CATEGORY 3: NON ALLOWABLE MEDICAID ADMINISTRATIVE ACTIVITY- NOT REIMBURSABLE

Code A: Direct Medical Services and Other State Medicaid Program Services
Code B: Targeted Case Management Services
Code C: Non-Medical Services and Non-Medicaid Related Education or Social Services
Code J: Referral, Coordination, and Monitoring of Non-Medicaid Covered Services
Code E: Non- Medicaid Outreach
Code G: Facilitating Non-Medicaid Program Eligibility
Code M: Program Planning, Policy Development, and Interagency Coordination Related to Non- Medicaid Covered Services

CATEGORY 4: COMMON TO ALL – Redistributed based on CBMAC RMS Results to Medicaid Administration, No Adjustment

New Mexico

Medicaid Administrative Claiming

For the Quarter Ending December 31, 2013

Allocated Share Worksheet

Eligible Salaries, Benefits, Travel, and Training for Reimbursement

Activity Code	Description	Activity Percent	Sample Pool Allocated Cost	MER Percent	Gross Recoverable Cost	FFP	Net Federal Share	
A	DIRECT MEDICAL SERVICES AND OTHER STATE MEDICAID PROGRAM SERVICES	52.64%	2,666,666.86	0.00%	0.00	0.00%	0.00	
B	TARGETED CASE MANAGEMENT SERVICES	6.84%	346,639.40	0.00%	0.00	0.00%	0.00	
C	NON-MEDICAL AND NON-MEDICAID RELATED, EDUCATIONAL, OR SOCIAL SERVICES	1.78%	90,071.65	0.00%	0.00	0.00%	0.00	
D	MEDICAID OUTREACH	2.05%	103,718.87	100.00%	103,718.87	50.00%	51,859.44	
E	NON-MEDICAID OUTREACH	2.37%	120,095.54	0.00%	0.00	0.00%	0.00	
F	FACILITATING ACCESS TO MEDICAID ELIGIBILITY	2.59%	131,013.32	100.00%	131,013.32	50.00%	65,506.66	
G	FACILITATING NON-MEDICAID PROGRAM ELIGIBILITY	0.16%	8,188.33	0.00%	0.00	0.00%	0.00	
H	REFERRAL, COORDINATION, AND MONITORING OF MEDICAL SERVICES	4.32%	218,702.91	25.34%	55,419.32	50.00%	27,709.66	
I	SPMP REFERRAL, COORDINATION, AND MONITORING OF MEDICAL SERVICES	0.91%	46,053.17	25.34%	11,669.87	75.00%	8,752.40	
J	REFERRAL, COORDINATION, AND MONITORING OF NON-MEDICAL SERVICES	0.11%	5,458.89	0.00%	0.00	0.00%	0.00	
K	PROGRAM PLANNING, DEVELOPMENT AND COORDINATING RELATED TO MEDICAL SERVICES	13.52%	685,123.55	25.34%	173,610.31	50.00%	86,805.15	
L	SPMP PROGRAM PLANNING, DEVELOPMENT, AND COORDINATION RELATED TO MEDICAL SERVICES	4.85%	245,616.88	25.34%	62,239.32	75.00%	46,679.49	
M	PROGRAM PLANNING, DEVELOPMENT AND COORDINATION RELATED TO NON-MEDICAL SERVICE	7.65%	387,581.06	0.00%	0.00	0.00%	0.00	
N	TRANSPORTATION AND TRANSLATION ASSISTANCE TO ACCESS MEDICAID SERVICES	0.22%	10,917.78	25.34%	2,766.56	50.00%	1,383.28	
Sample Pool Subtotal							5,065,848.20	288,698.08

Other Eligible Expenses for Reimbursement

Activity Code	Description	Activity Percent	Sample Pool Allocated Cost	MER Percent	Gross Recoverable Cost	FFP	Net Federal Share	
A	DIRECT MEDICAL SERVICES AND OTHER STATE MEDICAID PROGRAM SERVICES	52.64%	1,746,747.81	0.00%	0.00	0.00%	0.00	
B	TARGETED CASE MANAGEMENT SERVICES	6.84%	227,059.34	0.00%	0.00	0.00%	0.00	
C	NON-MEDICAL AND NON-MEDICAID RELATED, EDUCATIONAL, OR SOCIAL SERVICES	1.78%	58,999.67	0.00%	0.00	0.00%	0.00	
D	MEDICAID OUTREACH	2.05%	67,939.01	100.00%	67,939.01	50.00%	33,969.51	
E	NON-MEDICAID OUTREACH	2.37%	78,666.23	0.00%	0.00	0.00%	0.00	
F	FACILITATING ACCESS TO MEDICAID ELIGIBILITY	2.59%	85,817.70	100.00%	85,817.70	50.00%	42,908.85	
G	FACILITATING NON-MEDICAID PROGRAM ELIGIBILITY	0.16%	5,363.61	0.00%	0.00	0.00%	0.00	
H	REFERRAL, COORDINATION, AND MONITORING OF MEDICAL SERVICES	4.32%	30,166.22	25.34%	36,301.34	50.00%	18,150.67	
I	SPMP REFERRAL, COORDINATION, AND MONITORING OF MEDICAL SERVICES	0.91%	30,166.22	25.34%	7,644.12	50.00%	3,822.06	
J	REFERRAL, COORDINATION, AND MONITORING OF NON-MEDICAL SERVICES	0.11%	3,575.74	0.00%	0.00	0.00%	0.00	
K	PROGRAM PLANNING, DEVELOPMENT AND COORDINATING RELATED TO MEDICAL SERVICES	13.52%	448,776.74	25.34%	113,720.03	50.00%	56,860.01	
L	SPMP PROGRAM PLANNING, DEVELOPMENT, AND COORDINATION RELATED TO MEDICAL SERVICES	4.85%	160,886.52	25.34%	40,768.64	50.00%	20,384.32	
M	PROGRAM PLANNING, DEVELOPMENT AND COORDINATION RELATED TO NON-MEDICAL SERVICE	7.65%	253,877.37	0.00%	0.00	0.00%	0.00	
N	TRANSPORTATION AND TRANSLATION ASSISTANCE TO ACCESS MEDICAID SERVICES	0.22%	7,151.48	25.34%	1,812.18	50.00%	906.09	
Sample Pool Subtotal							3,318,284.48	177,001.51

TOTAL

8,384,132.69

894,440.60

465,697.60

Claim Calculation

Exhibit D

New Mexico Medicaid Eligibility Rate for Admin Claim

Reference point: CMS calculated MER as of 2000: 21.80%
To get more current information, we obtained client enrollment from the MAD website. See below.

Enrolled Clients by Month, per MAD Monthly All Client Eligibility Report as of:		1/31/2014
Month	Enrolled Clients	
Nov-12	526,414	
Dec-12	525,751	
Jan-13	528,448	
Feb-13	527,270	
Mar-13	527,219	
Apr-13	527,929	
May-13	527,481	
Jun-13	527,073	
Jul-13	528,517	
Aug-13	529,831	
Sep-13	528,023	
Oct-13	535,956	

12-Month Average: **528,326**

NM Population Estimate, US Census, 07/01/13 **2,085,287**

Medicaid Eligibility Rate to Use: 25.34%

2QTR 14 SPMP Licensing - Final

Region CD	Participant ID	First Name	Middle Name	Last Name	License Type	NM License#	Job CD	Job Name
METRO	121827	Ester		Acosta	RN	R38168	1	SPMP / CARE COORDINATOR
SE	121062	RONDA	R	ANAYA	CNP	CNP00625	1	SPMP / CARE COORDINATOR
NE	336127	Rebecca		Archuleta	RN	RN71411	1	SPMP / CARE COORDINATOR
SW	101319	Valerie	L	Armpriest	RN	R36473	1	SPMP / CARE COORDINATOR
METRO	122254	Joyce		Atencio-Valentine	RN	R15490	1	SPMP / CARE COORDINATOR
SE	301970	KELLY	JEA N	BASSETT	RN	R58541	1	SPMP / CARE COORDINATOR
METRO	335439	Rachel	A	Begay	RN	R69452	1	SPMP / CARE COORDINATOR
SE	108524	Gregory	F.	Bergman	SW	B04595	1	SPMP / CARE COORDINATOR
METRO	316038	Heather		Black	RN	R59053	1	SPMP / CARE COORDINATOR
SE	316502	ERMA	N.	BRAUN	RN	R22742	1	SPMP / CARE COORDINATOR
SE	124651	ERMA	M.	BRIONES	SW	B04927	1	SPMP / CARE COORDINATOR
METRO	334859	Maria		Brito	RN	R47801	1	SPMP / CARE COORDINATOR
METRO	330826	Carletta		Bullock	MD	MD9316	1	SPMP / CARE COORDINATOR
W	109529	Martina		Bunton	RN	TX628216	1	SPMP / CARE COORDINATOR
W	114076	Martha	A	Carabajal	SW	B2384	1	SPMP / CARE COORDINATOR
METRO	335024	Elizabeth		Carabajal	RN	R55018	1	SPMP / CARE COORDINATOR
W	124626	Lucia	M	Carrera	RN	R31871	1	SPMP / CARE COORDINATOR
W	108313	Susanna		Castillo	SW	B3384	1	SPMP / CARE COORDINATOR
IW	123652	Melissa	L	Charlie	RN	RN184295 CO	1	SPMP / CARE COORDINATOR
W	333879	Tony		Clark	RN	R58145	1	SPMP / CARE COORDINATOR
W	330338	Barbara		Clarke	CNM	CNM 490	1	SPMP / CARE COORDINATOR

2QTR 14 SPMP Licensing - Final

Region CD	Participant ID	First Name	Middle Name	Last Name	License Type	NM License#	Job CD	Job Name
SE	308773	JARRELL	D.	COOPER	RN	R36419	1	SPMP / CARE COORDINATOR
SW	116520	Estela		Cordero	SW	B3572	1	SPMP / CARE COORDINATOR
NE	113092	Lydia		Cordova	RN	R22003	1	SPMP / CARE COORDINATOR
SW	127338	Dolores		Coronado	RN	R42800	1	SPMP / CARE COORDINATOR
SW	333276	Michael		Crespin	RN	R66470	1	SPMP / CARE COORDINATOR
SE	106385	STEPHANIE	A.	CROWDER	RN	R31894	1	SPMP / CARE COORDINATOR
METRO	303232	Shannon		Culpepper	RN	R69536	1	SPMP / CARE COORDINATOR
METRO	101347	Margaret (Meg)		Davidson	MD	MD9436	1	SPMP / CARE COORDINATOR
SE	316504	HOLLY	G.	DEAN	RN	756134 TX	1	SPMP / CARE COORDINATOR
NE	319746	Katherine		Dick	RN	R61055	1	SPMP / CARE COORDINATOR
SE	323974	Jacqueline		Dominguez	RN	R67612	1	SPMP / CARE COORDINATOR
NE	331483	Sybil		Dykes	RN	R69891	1	SPMP / CARE COORDINATOR
NE	324666	Susan		Edwards	CNP	CNP01078	1	SPMP / CARE COORDINATOR
JW	312741	Melissa (Lisa)	J	Elkins	RN	R55283	1	SPMP / CARE COORDINATOR
JW	339847	Janine		Emery	RN	R61664	1	SPMP / CARE COORDINATOR
W	325996	Luis		Escobedo	MD	MD98-45	1	SPMP / CARE COORDINATOR
W	105628	Janette		Espinoza	CNP	CNP-01530	1	SPMP / CARE COORDINATOR
METRO	336735	Patricia		Fortune	RN	R34682	1	SPMP / CARE COORDINATOR
W	333585	Lorena		Garcia	CNP	CNP-02160	1	SPMP / CARE COORDINATOR
E	121824	DIANE	M.	GASTON	RN	R44549	1	SPMP / CARE COORDINATOR
METRO	335006	Lia		Geever	RN	R76041	1	SPMP / CARE COORDINATOR

2QTR 14 SPMP Licensing - Final

Region CD	Participant ID	First Name	Middle Name	Last Name	License Type	NM License#	Job CD	Job Name
NE	335139	Monique		Gerdes	RN	R69304	1	SPMP / CARE COORDINATOR
SE	123820	NANCY	B.	GIANNINI	RN	R19912	1	SPMP / CARE COORDINATOR
SW	316923	Agnes		Gonzales	SW	B4010	1	SPMP / CARE COORDINATOR
SW	127219	Sandra		Gonzalez	RN	R48306	1	SPMP / CARE COORDINATOR
SE	322809	DOROTHY	KAY	GRIFFITH	RN	R31982	1	SPMP / CARE COORDINATOR
NE	334343	Michael		Guinn	RN	R49703	1	SPMP / CARE COORDINATOR
SW	109692	Georgina		Guzman	RN	R33349	1	SPMP / CARE COORDINATOR
SE	337965	Denise	A	Hafer	RN	R41915	1	SPMP / CARE COORDINATOR
SW	337197	Patricia		Hamilton	RN	R58375	1	SPMP / CARE COORDINATOR
METRO	325673	Ralph		Hansen	MD	MD2009-0071	3	SPMP / NON CARE COORDINATOR
NW	112170	Kathleen		Harris	RN	R48288	1	SPMP / CARE COORDINATOR
METRO	100942	Linda		Hellyer	RN	R22595	1	SPMP / CARE COORDINATOR
SE	124225	CYNTHIA	A	HENSON	RN	R35787	1	SPMP / CARE COORDINATOR
NE	104987	Peggy		Ickes	CNP	CNP02030	1	SPMP / CARE COORDINATOR
NE	309061	Deborah		Isaacks	RN	R63719	1	SPMP / CARE COORDINATOR
METRO	322958	Melinda	S	Ivey	RN	R57768	1	SPMP / CARE COORDINATOR
E	120876	GAYLA	L.	JAQUESS	RN	R23615	1	SPMP / CARE COORDINATOR
E	121809	DEBRA	L.	JOHNSON	RN	R39829	1	SPMP / CARE COORDINATOR
W	121696	Marcia	A	Johnson	SW	B4011	1	SPMP / CARE COORDINATOR
E	331904	Rebecca	S.	Jones	CNM	CNM406	1	SPMP / CARE COORDINATOR
IE	101302	Sherryl		Jordan	RN	R19002	1	SPMP / CARE COORDINATOR

2QTR 14 SPMP Licensing - Final

Region CD	Participant ID	First Name	Middle Name	Last Name	License Type	NM License#	Job CD	Job Name
NE	100709	Madelyn		Krassner	SW	I3496	1	SPMP / CARE COORDINATOR
SW	301147	Elizabeth	G	Kuchler	CNP	CNP00375	1	SPMP / CARE COORDINATOR
SE	107729	ANTHONY	D.	LANDRETH	RN	R28366	1	SPMP / CARE COORDINATOR
SE	124216	ANDREA	CAROL	LAREZ	RN	R28366	1	SPMP / CARE COORDINATOR
METRO	328359	Olivia		Lopez-Barlow	RN	R63465	1	SPMP / CARE COORDINATOR
NE	110448	Amanda		Lucero	RN	RN69728	1	SPMP / CARE COORDINATOR
NE	118251	Jake		Lucero	SW	M2684	1	SPMP / CARE COORDINATOR
SW	102169	Eugene	G	Marciniak	MD	MD2000237	1	SPMP / CARE COORDINATOR
SW	112842	Lydia	T	Marquez	RN	R19328	3	SPMP / NON CARE COORDINATOR
NE	120478	Jaime		Martinez	SW	M-07758	1	SPMP / CARE COORDINATOR
NE	303772	Dominique		Martinez	RN	R71911	1	SPMP / CARE COORDINATOR
NE	102947	"Elizabeth ""Betsy""		Martinez	PA	78PA006	1	SPMP / CARE COORDINATOR
NE	333285	Brenda		Martinez	RN	R53514	1	SPMP / CARE COORDINATOR
SW	304863	Maribel		Martinez	SW	B05211	1	SPMP / CARE COORDINATOR
SW	106555	Maria	D	Martinez	RN	R36375	1	SPMP / CARE COORDINATOR
E	313430	KEVIN	M.	MCCORMACK	SW	B3720	1	SPMP / CARE COORDINATOR
METRO	309856	Loretta		Mendoza	RN	R39954	1	SPMP / CARE COORDINATOR
NE	102801	Susan		Merrill	SW	I3098	1	SPMP / CARE COORDINATOR
METRO	101371	Diana	K	Meyn	RN	R46637	1	SPMP / CARE COORDINATOR
E	322910	MISTY	J.	MILLMAN	RN	R57777	1	SPMP / CARE COORDINATOR
METRO	112658	Betsey		Morgan	RN	R40100	1	SPMP / CARE COORDINATOR

2QTR 14 SPMP Licensing - Final

Region CD	Participant ID	First Name	Middle Name	Last Name	License Type	NM License#	Job CD	Job Name
SE	102583	CAROL	L	MORGAN	RN	R26064	1	SPMP / CARE COORDINATOR
SE	338152	Christine	I	Nidy	RN	R57385	1	SPMP / CARE COORDINATOR
SE	110647	SHASTA	R.	NOACK-CAMMACK	RN	R40082	1	SPMP / CARE COORDINATOR
SW	335952	Mary		Norman	CNP	CNP00210	1	SPMP / CARE COORDINATOR
NE	335959	Scott		Norville	MD	MD20120863	1	SPMP / CARE COORDINATOR
NE	319646	Chris		Novak	MD	MD20090030	1	SPMP / CARE COORDINATOR
METRO	313307	Nancy	J	Novotny	CNP	CNP004251	1	SPMP / CARE COORDINATOR
SE	113691	SHERYL	E.	OAKS	RN	R38093	1	SPMP / CARE COORDINATOR
METRO	329538	Shelly		Ogle	RN	R53962	1	SPMP / CARE COORDINATOR
SE	124645	Martha	E	Ordorica	RN	R41149	1	SPMP / CARE COORDINATOR
SE	336719	Iveth		Ortiz	SW	B08204	1	SPMP / CARE COORDINATOR
NE	106152	Susan		Oviedo	RN	R43333	1	SPMP / CARE COORDINATOR
SW	114507	Maria	Christin	Parra	SW	M3320	1	SPMP / CARE COORDINATOR
METRO	331523	Sasha		Poole	RN	R55304	1	SPMP / CARE COORDINATOR
METRO	334472	Nancy		Porter	MD	MD20120519	1	SPMP / CARE COORDINATOR
SE	329227	Sharon	M.	Priller	RN	R70939	1	SPMP / CARE COORDINATOR
NE	125364	Georgia		Quintana	SW	B05217	1	SPMP / CARE COORDINATOR
METRO	101867	Cynthia	A	Randolph	RN	R18112	1	SPMP / CARE COORDINATOR
SE	121819	MICHAEL	E.	RICHARDSON	RN	R23802	1	SPMP / CARE COORDINATOR
NW	106137	Anita	M	Rodriguez	RN	R29011	1	SPMP / CARE COORDINATOR
NE	325346	Patricia		Romero	RN	R65467	1	SPMP / CARE COORDINATOR

2QTR 14 SPMP Licensing - Final

Region CD	Participant ID	First Name	Middle Name	Last Name	License Type	NM License#	Job CD	Job Name
NE	331479	Steve		Romero	SW	I0947	1	SPMP / CARE COORDINATOR
SW	120445	David	B	Sanchez	SW	B04751	1	SPMP / CARE COORDINATOR
METRO	330515	Nicole		Sandoval	RN	R49481	1	SPMP / CARE COORDINATOR
METRO	324280	Karolyn	Jean	Schaefer	RN	R36351	1	SPMP / CARE COORDINATOR
NE	122351	Anna Marie		Sekula	RN	R33600	1	SPMP / CARE COORDINATOR
NE	306631	Darlene		Shelton	RN	R41860	1	SPMP / CARE COORDINATOR
SW	121485	Margaret		Sierra Diaz	RN	R43336	1	SPMP / CARE COORDINATOR
SW	116355	Vanessa		Tavarez-Corral	SW	M06539	3	SPMP / NON CARE COORDINATOR
METRO	320985	Kristine		Tenorio	RN	R35900	1	SPMP / CARE COORDINATOR
METRO	118609	Paula		Thomas	RN	R21145	1	SPMP / CARE COORDINATOR
NE	320972	Crystal		Trujillo	RN	R61860	1	SPMP / CARE COORDINATOR
SW	122481	Rossana		Trujillo	SW	B1241	1	SPMP / CARE COORDINATOR
SW	303635	Josefina		Vander Wagen	RN	R32909	1	SPMP / CARE COORDINATOR
SE	332086	Darrell	J	Veitch	RN	R65393	1	SPMP / CARE COORDINATOR
SW	311217	Beatriz		Vela	RN	R58391	1	SPMP / CARE COORDINATOR
NE	114569	Marcella		Velasquez	SW	M07728	1	SPMP / CARE COORDINATOR
SE	303576	NANETTE		VICTOR	RN	R26129	1	SPMP / CARE COORDINATOR
METRO	332681	Pamela		Vigil	CNP	CNP01491	1	SPMP / CARE COORDINATOR
SE	326602	AMBER	D.	VILLALPANDO	RN	R65927	1	SPMP / CARE COORDINATOR
NE	324001	Terry		Waters	RN	R61782	1	SPMP / CARE COORDINATOR
E	114991	CARRIE	JO	WHITE	RN	R44389	1	SPMP / CARE COORDINATOR

2QTR 14 SPMP Licensing - Final

Region CD	Participant ID	First Name	Middle Name	Last Name	License Type	NM License#	Job CD	Job Name
SE	121818	Rose	E	Williams	RN	R65927	1	SPMP / CARE COORDINATOR
SE	104682	TERI	A.	WILLIAMS	SW	B4073	1	SPMP / CARE COORDINATOR
NE	339442	Bonnie		York	RN	RN78249	1	SPMP / CARE COORDINATOR

Summary of Payroll Files

By Region/Bureau and Cost Pool
For Second Quarter FY2014

Bureau / Region:	Roster Staff			OH Staff			Other Staff		All Staff
	Total	Federal	State	Total	Federal	State	Total	Total	Total
2000,2001ADM Administration	307,490.25	0.00	307,490.25	333,161.29	0.00	333,161.29	11,568.78	652,220.32	
2002 CDB Chronic Disease Bureau	113,822.73	0.00	113,822.73	144,003.51	13,556.50	130,447.01	441,162.63	698,988.87	
2003 FHB Family Health Bureau	677,480.38	19,426.49	658,053.89	264,368.34	6,643.68	257,724.66	420,623.34	1,362,472.06	
2004 WIC Women, Infants & Children Program	34,157.16	5,064.00	29,093.16	92,374.50	13,818.56	78,555.94	967,394.78	1,093,926.44	
2005 HSB Health Systems Bureau	185,445.73	0.00	185,445.73	25,534.62	4,275.14	21,259.48	26,525.02	237,505.37	
2006 IDB Infectious Disease Bureau	227,774.86	12,439.69	215,335.17	44,303.55	6,827.07	37,476.48	451,936.55	724,014.96	
2007 OBH Office of Border Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2008 OHP Office of Health Promotion	55,590.07	0.00	55,590.07	11,624.20	0.00	11,624.20	0.00	67,214.27	
2009 OSAH Office of School & Adolescent Health	56,221.63	0.00	56,221.63	166,957.43	0.00	166,957.43	0.00	223,179.06	
2010 PHAR Public Health Pharmacy	104,616.76	0.00	104,616.76	0.00	0.00	0.00	0.00	104,616.76	
2051 REG1 Region 1	212,738.04	0.00	212,738.04	211,763.20	14,377.54	197,385.66	192,087.82	616,599.06	
2052 REG2 Region 2	389,999.32	0.00	389,999.32	154,940.53	0.00	154,940.53	79,440.28	624,380.13	
2053 REG3 Region 3	491,619.72	0.00	491,619.72	178,003.96	0.00	178,003.96	220,433.55	890,057.23	
2054 REG4 Region 4	412,787.07	0.00	412,787.07	276,198.81	0.00	276,198.81	118,946.89	807,932.77	
2055 REG5 Region 5	606,727.93	1,533.27	605,194.66	356,518.63	4,650.39	351,868.24	268,460.90	1,231,707.46	
Total	3,876,471.65	38,463.45	3,838,008.20	2,259,752.57	64,148.88	2,195,603.69	3,198,580.54	9,334,804.76	

Total from Payroll/Roster/TPID Table:

Rounding:

9,334,804.76

0.00

Roster Staff Includes Staff Who:

- were paid under a perm number that is on the roster
- also includes manager titles
- are not 100% Federally Funded
- are not on the roster already

OH Staff Includes Staff Who:

- are clerical, HR, IT, or Purchasing by title
- also includes manager titles
- are not 100% Federally Funded
- are not on the roster already

Other Staff Includes Staff Who:

- were not on the roster
- were not designated as OH
- are 100% Federally Funded

Exhibit G – Source Documentation

- Financial Records – Statewide Human Resources, Accounting and Reporting Enterprise (SHARE) System:
 - Quarterly Expenditure Data
 - Quarterly Payroll Data
- Cost Allocation Metrics
 - Quarterly Claim Calculators
 - Quarterly Compliance Calculation Tables
 - Quarterly MER Calculations
- Billing
 - Quarterly Invoice Certifications and Transmittals
- Random Moment Sampling
 - Quarterly Rosters
 - Quarterly RMS Results

DDSD TIME STUDY FORM

Name of Employee: _____

Time Study Period Week Of: _____

Unit Name: _____

Employee Position Classification: _____

Skilled Professional Medical Personnel (SPMP) Position ? YES NO

Hours Worked

	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTALS
DATE								
Project Description								
General Program Administration								-
Outreach								-
SPMP Medical Case Management								-
Non-SPMP Medical Case Management								-
Non-SPMP Interagency Administration								-
SPMP Interagency Administration								-
Non-SPMP Training								-
SPMP Training								-
SPMP Program Planning & Policy Development								-
SPMP Quality Management								-
Non-SPMP Quality Management								-
Other Medicaid Functions								-
Leave (ANL,SCK,HOL,ADMIN,Etc.)								-
Allocated Functions (Non-Medicaid)								-
Other Non-Medicaid Functions (FIT,TRNG,FOLEY,ETC.)								-
TOTALS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____

NOTE: TIME STUDY FORMS ARE DUE THE MONDAY FOLLOWING YOUR WEEK ENDING PERIOD. BOTH EMPLOYEE AND SUPERVISOR MUST SIGN. PLEASE REPORT AT LEAST 40 HOURS AND REPORT YOUR TIME TO THE CLOSEST HALF-HOUR PERIOD.

INSTRUCTIONS FOR COMPLETING DDSD TIME STUDY FORM

NAME OF EMPLOYEE:-Enter your name. (First, MI, Last).

UNIT NAME- Enter your unit's name. For Example: Metro Regional Office, Case Management, Provider Enrollment, etc.

TIME STUDY PERIOD WEEK OF-Enter your week time study period from the time study schedule. For Example: August 2-8, 2014 (week one schedule).

EMPLOYEE POSITION CLASSIFICATION: Enter your State Personnel Job Classification. For Example: Social and Community Service Coordinator-O, Registered Nurse-A, Office & Admin Asst-B, etc.

SKILLED PROFESSIONAL MEDICAL PERSONNEL (SPMP) POSITION?-Put an "X" in the "YES" box if your position is SPMP. Put an "X" in the "NO" box if your position is not SPMP. SPMP means licensed physicians, dentists, nurses and other licensed specialized personnel who have professional education and training in the field of medical care. Also considered as SPMP are SPMP supporting staff and PASRR staff. All other DDSD positions are not considered SPMP.

Time Study Functions of Medicaid Administration

DDSD staff performs various functions in support of the Medicaid program. It is important to keep track of the hours performing these functions for purpose of federal financial participation (FFP) claiming. Below are the time study "Project Descriptions" and the general guidelines as to what DDSD activities and times are to be reported on the DDSD Time Study Form. Enter only numeric values for your time being reported. Report your time to the closest half hour period. For example 45 minutes would be reported as 1 hour, 15 minutes would be reported as zero and 30 minutes would be reported as .5.

General Program Administration

These are administration functions that are related to program specific administration, which are identifiable and directly charged to the Medicaid program. For example,

1. Develop and implement program administrative policies and fiscal procedures in compliance with Medicaid program requirements,
2. Participate in the development, maintenance, and analysis of program management information servicing the Medicaid population,
3. Participate in the distribution of Medicaid program specific information including procedural manuals and brochures,

4. Prepare responses to appeals on non-medical program issues,
5. Provide general supervision of staff, including supervision of interns and students,
6. Develop budgets and monitor program expenditures.

Outreach

Outreach is a function that informs Medicaid eligibles and others about the Medicaid program, covered Medicaid services, and how to access them through verbal and/or written communication. Examples of outreach functions are:

1. Provide information to individuals, agencies, and community groups about the Medicaid program and its benefits.
2. Produce program materials to individuals, agencies, community groups, and health care providers.
3. Help individuals and their families to access medical services.

Skilled Professional Medical Personnel (SPMP) Administrative Medical Case Management

This function is for SPMP when 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. Examples are:

1. Review the results of health assessments and medical and dental examinations and evaluations needed to coordinate and facilitate the client's care. This activity is not conducted as part of a standard medical examination or consultation and is not a direct service,
2. Provide consultation to professional staff in other agencies about specific medical conditions identified within their client population,
3. Provide follow-up contact to assess the client's progress in meeting treatment goals,
4. Participate in case conferences or multi-disciplinary teams to review client needs and treatment plans,
5. Interpret medical guidelines, health assessment results, and medical and dental evaluations, to an individual, a provider, or professional staff of another agency,
6. Consult on client-specific appeals relating to medical care issues including expert witness services.

Non-SPMP Administrative Medical Case Management

This function is for Non-SPMP when 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. Examples are:

Review the results of health assessments and medical and dental examinations and evaluations needed to coordinate and facilitate the client's care. This activity is not conducted as part of a standard medical examination or consultation and is not a direct service,

1. Provide consultation to professional staff in other agencies about specific medical conditions identified within their client population,
2. Provide follow-up contact to assess the client's progress in meeting treatment goals,
3. Participate in case conferences or multi-disciplinary teams to review client needs and treatment plans,
4. Interpret medical guidelines, health assessment results, and medical and dental evaluations, to an individual, a provider, or professional staff of another agency,
5. Consult on client-specific appeals relating to medical care issues including expert witness services.

Non-SPMP Interagency Administration

This function refers to activities performed by non-SPMP staff that is related to program planning functions, including collaborative and interagency coordination activities. Examples include:

1. Provide technical assistance and program monitoring to other agencies/programs that interface with Medicaid program requirements,
2. Assist in health care planning and resource development with other agencies which will improve the access, quality, and cost effectiveness of the health care delivery system and availability of Medicaid medical and dental referral sources,
3. Assess the effectiveness of inter-agency coordination in assisting clients to access health care services in a seamless delivery system.

SPMP Interagency Administration

Interagency administration function refers to performing collaborative activities by a SPMP that involve planning and resource development with other agencies which will improve the cost effectiveness of the health care delivery system and improve availability of medical services. For example,

1. Provide technical assistance to other agencies/programs that interface with the medical care needs of clients,

2. Participate in provider meetings and workshops on issues of client health assessment, preventive health services, and medical care and treatment,
3. Develop medical and dental referral resources such as referral directories, round tables, and advisory groups,
4. Provide medical expertise in health care planning and resource development with other agencies which will improve the access, quality and cost-effectiveness of the health care delivery system, and availability of medical and dental referral sources for Medicaid clients,
5. The functions performed by SPMP cannot be performed by a non-SPMP staff.

Non-SPMP Training

This function is for training related to non-SPMP allowable administrative activities and to the medical care of clients. Examples are:

1. Training related to the performance of administrative activities to include Medicaid outreach; non-emergency, non-medical transportation; and Medicaid eligibility,
2. Joint orientation and on-going in-service training,
3. Professional training and technical assistance which improves the quality of health assessment, preventive health services, and care,
4. Completing paperwork directly associated with the above activities,
5. Travel time directly associated with the performance of the above activities.

SPMP Training

This function is to be used only when training is provided for or by SPMP and only when the training activities directly relate to the SPMP's performance of specifically allowable SPMP administrative activities. For example,

1. Training related to the SPMP's performance of allowable administrative activities to include utilization review of medical services, program planning and policy development, SPMP administrative medical case management, intra/interagency and provider coordination, and quality management,
2. Completing paperwork directly associated with the above activities,
3. Travel time directly associated with the performance of the above activities.

SPMP Program Planning and Policy Development

This function refers to program planning and policy development activities performed by SPMP. The SPMP's tasks must officially involve program planning and policy development, and those tasks must be identified in the employee's position description/duty statement. Examples are:

1. Participate in the development of program direction and annual scope of work, program budget, set goals, objectives, activities, and evaluation tools to measure Medicaid program outcomes,
2. Participate in the development of Medicaid program standards and procedures for coordinating health-related programs and services,
3. Provide consultation and technical assistance in the design, development, and review of health related professional educational material,
4. Provide technical assistance on practitioner protocols, including the development of uniform policy and procedures on the care and treatment of Medicaid clients,
5. Provide ongoing liaison with Medicaid providers around issues of treatment, health assessment, preventive health services, medical care, program policy, and regulations.

SPMP Quality Management

This function 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. Examples include:

1. Conduct periodic review of protocols,
2. Perform peer reviews, medication management and monitoring, and monitoring of the service authorization and re-authorization process,
3. Schedule, coordinate, and conduct medical chart or case reviews for adequacy of assessment, documentation, and appropriate intervention,
4. 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,
5. Evaluate the need for new modalities of medical treatment and care.

Non-SPMP Quality Management

This function 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. Examples include:

1. Conduct periodic review of protocols,
2. Perform peer reviews, medication management and monitoring, and monitoring of the service authorization and re-authorization process,
3. Schedule, coordinate, and conduct medical chart or case reviews for adequacy of assessment, documentation, and appropriate intervention,
4. 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,
5. Evaluate the need for new modalities of medical treatment and care.

Other Medicaid Functions

This function is Medicaid program specific administrative activities that relate to multiple functions such as review Medicaid policies, procedures, or rules, development and implemental Medicaid administrative policies and procedures, participate in the design, development and review of health related professional educational material, provide and attend Medicaid specific in-service orientations and other staff development activities, attend Medicaid related staff meetings, review of technical literature and research articles, provide general clerical support, draft, analyze, and/or review reports, documents, correspondence, and legislation, direct recruitment, selection and hiring process, perform employee evaluations.

Leave

This function is for recording paid leave, holiday, vacation, sick leave, administrative leave etc. This function does not include lunchtime or break time.

Allocated Functions (Non-Medicaid)

Allocated functions refer to any functions that cannot be assigned to the Medicaid program and the functions benefit multiple programs.

This function is non-Medicaid program specific administrative activities that relate to multiple functions or to no specific, identifiable functions due to the general nature of the activities. Examples are:

1. Review of Non-Medicaid Departmental policies, procedures, or rules,
2. Development and implemental Non-Medicaid administrative policies and procedures,

3. Participate in the design, development and review of Non-Medicaid health related professional educational material,
4. Provide and attend Non-Medicaid specific in-service orientations and other staff development activities,
5. Attend Non-Medicaid related staff meetings,
6. Review of Non-Medicaid technical literature and research articles,
7. Provide Non-Medicaid clerical support,
8. Draft, analyze, and/or review Non-Medicaid reports, documents, correspondence, and legislation,

Direct Non-Medicaid recruitment, selection and hiring process, perform employee evaluations.

Other Non-Medicaid Functions (FIT, Training, Foley, Etc.)

This function is for all other activities that are not specific to the administration of the Medicaid program. Examples are:

1. Outreach activities that inform individuals about Non-Medicaid health programs financed by other Federal and State programs,
2. Program planning and policy development activities of Non-Medicaid programs financed by other Federal and State programs,
3. Develop funding proposals that do not benefit the Medicaid population,
4. Coordinate or participate in research activities that do not benefit the Medicaid population,
5. Write grants for Federal funding for services/activities which do not benefit the Medicaid population,
6. Provide client-specific, health related services which can be billed as fee-for-service to Medicaid, including Targeted Case Management; another State program; private insurance; the client; or the county health department.

Name	State Personnel Job Classification	DDSD Tsk Prof ID	Percentage	FUND	Project ID	Medicaid Activities	Job Activities
Acuna, Melissa	SOC/COM SV COORD-O	00013396	50.00%	SGF		Non-SPMP Administrative Medical Case Management	Review outcome determination reports that may consist of psychological evaluations, medical reports, educational diagnostic reports and other elements that may have bearing on placement for the individual that ensures appropriate service delivery as well as monitoring service provider compliance with department regulations and initiatives activities related to individuals newly allocated to the Developmental Disabilities Waiver and litigation activities.
Acuna, Melissa	SOC/COM SV COORD-O	00013396	50.00%	MEDICAID	DOHJPA03371501		
Anaya, Joseph	HR,TRAIN & LBR SPC-A	00012468	50.00%	SGF		General Program Administration	DDSD recruitment, hiring, payroll and employee benefits administration to insure SPO compliance
Anaya, Joseph	HR,TRAIN & LBR SPC-A	00012468	50.00%	MEDICAID	DOHJPA03371501		
Armijo, Lawrence G	BUDGET ANLYST-O	00032549	50.00%	SGF		General Program Administration	Develop budgets and monitor DDSD expenditures
Armijo, Lawrence G	BUDGET ANLYST-O	00032549	50.00%	MEDICAID	DOHJPA03371501		
Barker, Kathy	HEALTHCARE SURVYR-O	00074635	50.00%	SGF		Non-SPMP Quality Management	Conduct periodic review of protocols, monitor service delivery systems, respond to medical quality of care issues.
Barker, Kathy	HEALTHCARE SURVYR-O	00074635	50.00%	MEDICAID	DOHJPA03371501		
Barth, Tammy	MGT ANALYST-A	00012483	50.00%	SGF		General Program Administration	Participate in the development, maintenance and analysis of provider and program management information servicing the Medicaid population.
Barth, Tammy	MGT ANALYST-A	00012483	50.00%	MEDICAID	DOHJPA03371501		
Baum, Susan	FAMILY & GEN PRACT-A	00031335	25.00%	SGF		SPMP Administrative Medical Case Management	for medical care associated with medical case management and case coordination activities as required by DDSD's clients. Licensed Physician.
Baum, Susan	FAMILY & GEN PRACT-A	00031335	75.00%	MEDICAID	DOHJPA03371501		
Blazier, Suzanne	SOC/COM SV COORD-A	00040957	25.00%	SGF		SPMP Administrative Medical Case Management	PASRR position-Schedule, coordinate and conduct medical reviews for adequacy of assessment, documentation and appropriate treatment.
Blazier, Suzanne	SOC/COM SV COORD-A	00040957	75.00%	MEDICAID	DOHJPA82141501		
Bravo, Juana	HEALTHCARE SURVYR-O	000301652	50.00%	SGF		Non-SPMP Quality Management	Conduct periodic review of protocols, monitor service delivery systems, respond to medical quality of care issues.
Bravo, Juana	HEALTHCARE SURVYR-O	000301652	50.00%	MEDICAID	DOHJPA03371501		
Brooks, Angela	SOC/COM SV COORD-O	00013070	50.00%	SGF		Outreach	Provide technical assistance to Case Managers, Providers, and Therapists regarding the Regulations and Service Standards for the Developmental Disabilities Waiver and State General Fund programs. In addition, this position will be responsible for completing home and site visits, attending interdisciplinary team meetings, and will participate in regional and statewide meetings.
Brooks, Angela	SOC/COM SV COORD-O	00013070	50.00%	MEDICAID	DOHJPA03371501		

Name	State Personnel Job Classification	DDSD Tsk Prof ID	Percentage	FUND	Project ID	Medicaid Activities	Job Activities
Brunson, Dave	SOC/COM SV COORD-O	00014886	50.00%	SGF		General Program Administration	Establish annual performance based contracts with Adult Habilitation and Community Access providers, review each provider quarterly, make written recommendation to DDSD Mgmt based on quarterly progress. Provide, document & monitor effectiveness of technical assistance to individuals, guardians, providers, case managers & team member. Acquire requested data & reports submitted by providers by the due date and submit required summary data each quarter.
Brunson, Dave	SOC/COM SV COORD-O	00014886	50.00%	MEDICAID	DOHJPA03371501		
Buckles, Jason	A/O II	00013087	25.00%	SGF		SPMP Administrative Medical Case Management	Participate in medical reviews, assess the necessity for medical care associated with medical case management and case coordination activities as required by DDSD's clients. Licensed Clinical Health Counselor License Number 0078481 expiration date 9/30/2014.
Buckles, Jason	A/O II	00013087	75.00%	MEDICAID	DOHJPA95291501		
Burkross, Thomas R.	REG NURSE-A	00012488	25.00%	SGF		SPMP Administrative Medical Case Management	Participate in medical reviews, assess the necessity for medical care associated with medical case management and case coordination activities as required by DDSD's clients. Licensed Registered Nurse. License Number R24958 expiration date 11/30/2015.
Burkross, Thomas R.	REG NURSE-A	00012488	75.00%	MEDICAID	DOHJPA03371501		
Byrnes, Allison Lee	REG NURSE-A	00032181	25.00%	SGF		SPMP Administrative Medical Case Management	Participate in medical reviews, assess the necessity for medical care associated with medical case management and case coordination activities as required by DDSD's clients. License number R47376 expiration date 6/30/2015.
Byrnes, Allison Lee	REG NURSE-A	00032181	75.00%	MEDICAID	DOHJPA03371501		
Cahall, Randy	REG NURSE-A	00027747	25.00%	SGF		SPMP Administrative Medical Case Management	Participate in medical reviews, assess the necessity for medical care associated with medical case management and case coordination activities as required by DDSD's clients. Licensed Registered Nurse. License Number R28274 expiration date 1/31/2015.
Cahall, Randy	REG NURSE-A	00027747	75.00%	MEDICAID	DOHJPA03371501		
Carino, Michael	SOC/COM SV COORD-O	00032178	25.00%	SGF		SPMP Administrative Medical Case Management	PASRR employee-Schedule, coordinate and conduct medical reviews for adequacy of assessment, documentation and appropriate treatment.
Carino, Michael	SOC/COM SV COORD-O	00032178	75.00%	MEDICAID	DOHJPA82141501		

Name	State Personnel Job Classification	DDSD Tsk Prof ID	Percentage	FUND	Project ID	Medicaid Activities	Job Activities
Caruthers, Jeana	STAFF	00032221	50.00%	SGF		General Program Administration	Develop and implement program administrative policies and procedures. Provide general supervision of Regional Office Staff to ensure compliance with DDSD's program objectives and goals.
Caruthers, Jeana	STAFF	00032221	50.00%	MEDICAID	DOHJPA03371501		
Castellano, Raychel	PURCHASING AGENT-A	00012476	50.00%	SGF		General Program Administration	Review and prepare fiscal documents to ensure timely payment of fiscal obligations to public and private organizations. Coordinate other fiscal activities as directed.
Castellano, Raychel	PURCHASING AGENT-A	00012476	50.00%	MEDICAID	DOHJPA03371501		
Charlston, Orlinda	SOC/COM SV COORD-O	00064179	50.00%	SGF		Outreach	Develop, Provide & document quality assurance oversight for annual performance-based contracts with assigned Community Inclusion (CI) Services providers.
Charlston, Orlinda	SOC/COM SV COORD-O	00064179	50.00%	MEDICAID	DOHJPA03371501		
Chavez, Michael	MGT ANALYST-A	00013125	50.00%	SGF		General Program Administration	Provide data & program reports for mgmt, coordinates data collection and report generations. Analyzes existing processes and makes recommendations for improvements.
Chavez, Michael	MGT ANALYST-A	00013125	50.00%	MEDICAID	DOHJPA03371501		
Clark, Linda C	SOC/COM SV COORD-O	00015154	50.00%	SGF		Non-SPMP Inter-Agency Administration	Review outcome determination reports that may consist of psychological evaluations, medical reports, educational diagnostic reports and other elements that may have bearing on placement for the individual that ensures appropriate service delivery as well as monitoring service provider compliance with department regulations and initiatives activities related to individuals newly allocated to the Developmental Disabilities Waiver and litigation activities.
Clark, Linda C	SOC/COM SV COORD-O	00015154	50.00%	MEDICAID	DOHJPA03371501		
Clevenger, Iris	REG NURSE-A	10105226	25.00%	SGF		SPMP Administrative Medical Case Management	Participate in medical reviews, assess the necessity for medical care associated with medical case management and case coordination activities as required by DDSD's clients. Licensed Registered Nurse. License Number R25164 expiration date 7/31/2015
Clevenger, Iris	REG NURSE-A	10105226	75.00%	MEDICAID	DOHJPA03371501		
Coca, Steve	SOC/COM SV COORD-O	10105121	50.00%	SGF		General Program Administration	Participates in the development of DDSD systems, policies and procedures for administrative fair hearings related to eligibility, the developmental disabilities waiver, and Mi VIA and completes other duties related to implementation of the SIS and resource allocation methodology for the DDW program.

Name	State Personnel Job Classification	DDSD Tsk Prof ID	Percentage	FUND	Project ID	Medicaid Activities	Job Activities
Coca, Steve	SOC/COM SV COORD-O	10105121	50.00%	MEDICAID	DOHJPA03371501		
Corry, Wendy	A/O II	00010998	50.00%	SGF		General Program Administration	Coordinates the planning & development of Developmental Disability Support Division data management systems, the analysis and evaluation of data for business & management decisions.
Corry, Wendy	A/O II	00010998	50.00%	MEDICAID	DOHJPA03371501		
Dahl, Fleur	SOC/COM SV COORD-O	00070393	50.00%	SGF		Outreach	Oversee implementation of the State's "Employment First" initiative for adults with developmental disabilities receiving services from the Developmental Disabilities Supports Division of the Department of Health in the Metro region. Related tasks included offering employment-related technical assistance and training to individuals, their interdisciplinary teams, and employment providers; monitoring Supported Employment performance contracts; collecting, entering and monitoring individual and provider employment progress data; evaluating and supporting the effectiveness of employment services; promoting best practices in employment services; and partnering with stakeholders and consultants. This position works closely with the Metro regional Community Inclusion Coordinator for Meaningful Day and the regional office.
Dahl, Fleur	SOC/COM SV COORD-O	00070393	50.00%	MEDICAID	DOHJPA03371501		
DeAguero, Virginia	HEALTHCARE SURVYR-O	00071811	50.00%	SGF		Non-SPMP Quality Management	Conduct periodic review of protocols, monitor service delivery systems, respond to medical quality of care issues.
DeAguero, Virginia	HEALTHCARE SURVYR-O	00071811	50.00%	MEDICAID	DOHJPA03371501		
Delgado, Gayla K	SOC/COM SV COORD-A	00071877	50.00%	SGF		General Program Administration	The DDW Assistant Manager performs a full range of essential supports and assistance for the Community Programs Bureau and the DDW, including coordinating efforts with the American Association on Intellectual and Developmental Disabilities (AAIDD) to ensure that Supports Intensity Scale (SIS) assessments are done in a timely manner to ensure that DDSD meets the DDW implementation timeline.
Delgado, Gayla K	SOC/COM SV COORD-A	00071877	50.00%	MEDICAID	DOHJPA03371501		
DesGeorges, Odette	BUSINESS OPS-A	00027768	50.00%	SGF		General Program Administration	Review and prepare fiscal documents to ensure timely payment of fiscal obligations to public and private organizations. Coordinate other fiscal activities as directed.
DesGeorges, Odette	BUSINESS OPS-A	00027768	50.00%	MEDICAID	DOHJPA03371501		

Name	State Personnel Job Classification	DDSD Tsk Prof ID	Percentage	FUND	Project ID	Medicaid Activities	Job Activities
Doan, Ronald S	A/O 1	10108681	50.00%	SGF		General Program Administration	Develop and implement program administrative policies and procedures. Provide general supervision of Regional Office Staff to ensure compliance with DDSD's program objectives and goals.
Doan, Ronald S	A/O 1	10108681	50.00%	MEDICAID	DOHJPA03371501		
Driskell, Michael	SOC/COM SV COORD-O	00023896	50.00%	SGF		Non-SPMP Inter-Agency Administration	Review outcome determination reports that may consist of psychological evaluations, medical reports, educational diagnostic reports and other elements that may have bearing on placement for the individual that ensures appropriate service delivery as well as monitoring service provider compliance with department regulations and initiatives activities related to individuals newly allocated to the Developmental Disabilities Waiver and litigation activities.
Driskell, Michael	SOC/COM SV COORD-O	00023896	50.00%	MEDICAID	DOHJPA03371501		
Dunfee, Cheryl L.	SOC/COM SV COORD-O	00070397	50.00%	SGF		General Program Administration	Conduct ISP reviews, critiques & provide written feedback to case managers, monitor case management adherence to regulations, policies, procedures and guidelines. Provide technical assistance to case managers on operational and/or programmatic issues. Develop regional case mgmt plans.
Dunfee, Cheryl L.	SOC/COM SV COORD-O	00070397	50.00%	MEDICAID	DOHJPA03371501		
Duran, Roberta	A/O II	00071876	50.00%	SGF		Non SPMP Interagency Administration	Manage the staff and programs within the Community Programs Bureau. DDSD provider enrollment unit, Medicaid waiver programs, DDSD policy, planning unit and statewide supported employment, community access and adult habilitation activities.
Duran, Roberta	A/O II	00071876	50.00%	MEDICAID	DOHJPA03371501		
Durant, Wanda	BEHAV HEALTH THERPST	00041180	50.00%	SGF		Outreach	Under License perform clinical assessment, clinical diagnostic and write behavior plans. Licensed Mental Health Counselor. License number 0162231 expiration date 9/30/2015.
Durant, Wanda	BEHAV HEALTH THERPST	00041180	50.00%	MEDICAID	DOHJPA95291501		
Dwyer, Linda D.	SOC/COM SV COORD-O	00043716	50.00%	SGF		Outreach	Coordinate & oversee case managers to ensure availability of information & support within region, & provide any necessary oversight, training and technical assistance to case managers to ensure compliance with State & Federal requirements.
Dwyer, Linda D.	SOC/COM SV COORD-O	00043716	50.00%	MEDICAID	DOHJPA03371501		

Name	State Personnel Job Classification	DDSD Tsk Prof ID	Percentage	FUND	Project ID	Medicaid Activities	Job Activities
Fernandez, Anysia	SOC/COM SV COORD-O	00013105	50.00%	SGF		Outreach	Coordinate & support the achievement of highest quality meaningful day outcomes for adults with developmental disabilities. Communicate standards, policies & best practices to providers. Approve Community Inclusion exceptions
Fernandez, Anysia	SOC/COM SV COORD-O	00013105	50.00%	MEDICAID	DOHJPA03371501		
Finley, Elizabeth	REGISTERED NURSE-A	00013730	25.00%	SGF		SPMP Administrative Medical Case Management	Participate in medical reviews, assess the necessity for medical care associated with medical case management and case coordination activities as required by DDSD's clients. Licensed Registered Nurse. License Number R15219 expiration date 2/28/2015.
Finley, Elizabeth	REGISTERED NURSE-A	00013730	75.00%	MEDICAID	DOHJPA03371501		
Fox, Amy	SOC/COM SV COORD-O	00032185	50.00%	SGF		Outreach	Provide technical assistance to Case Managers, Providers, and Therapists regarding the Regulations
Fox, Amy	SOC/COM SV COORD-O	00032185	50.00%	MEDICAID	DOHJPA03371501		
Frazine, Cheryl	A/O II	00015036	50.00%	SGF		Non-SPMP Interagency Administration	Manage staff and provide oversight for contractors who deliver Behavior Support Consultation services.
Frazine, Cheryl	A/O II	00015036	50.00%	MEDICAID	DOHJPA95291501		
Fredenburgh, Christine	INFO/REC CLRK,AO-A	00010871	50.00%	SGF		General Program Administration	Participate in the development, maintenance and analysis of provider and program management information servicing the Medicaid population.
Fredenburgh, Christine	INFO/REC CLRK,AO-A	00010871	50.00%	MEDICAID	DOHJPA03371501		
Frias, Jeanette	FIN SPEC, AO-A	00028628	50.00%	SGF		General Program Administration	Review and prepare fiscal documents to ensure timely payment of fiscal obligations to public and private organizations. Coordinate other fiscal activities as directed.
Frias, Jeanette	FIN SPEC, AO-A	00028628	50.00%	MEDICAID	DOHJPA03371501		
Friedland, Mark W	MGT ANALYST-O	00070394	50.00%	SGF		General Program Administration	Provide data & program reports for mgmt, coordinates data collection and report generations. Analyzes existing processes and makes recommendations for improvements. Construct QA reports of the Central Registry data for use by DDSD staff.
Friedland, Mark W	MGT ANALYST-O	00070394	50.00%	MEDICAID	DOHJPA03371501		
Gabaldon, Veronica	IT GENERALIST 1	00044240	50.00%	SGF		General Program Administration	IT support for DDSD Staff

Name	State Personnel Job Classification	DDSD Tsk Prof ID	Percentage	FUND	Project ID	Medicaid Activities	Job Activities
Gabaldon, Veronica	IT GENERALIST 1	00044240	50.00%	MEDICAID	DOHJPA03371501		
Gaona, Frank	SOC/COM SV COORD-O	00043715	50.00%	SGF		Outreach	Responsible for managing statewide community inclusion initiatives for the Developmental Disabilities Supports Division (DDSD), to include supported employment and meaningful day activities for individuals with developmental disabilities served through the Developmental Disabilities Medicaid Waiver (DDW) Program. Coordinate efforts with the DDSD Regional Directors to fully integrate community inclusion activities, provide guidance at the system level for policy planning, development, and implementation and coordinate Jackson related requirements. Supervision of (2) two community inclusions leads and (12) twelve statewide community inclusion coordinators.
Gaona, Frank	SOC/COM SV COORD-O	00043715	50.00%	MEDICAID	DOHJPA03371501		
Garmenez, Mikki	SOC/COM SV COORD-B	00071801	50.00%	SGF		Outreach	Implement a system of crisis prevention and crisis intervention supports for individuals with developmental disabilities, by providing consultation, training, and crisis intervention services to individuals in crisis, their direct support staff,
Garmenez, Mikki	SOC/COM SV COORD-B	00071801	50.00%	MEDICAID	DOHJPA03371501		
Gifford, Scott	LINE II	00027764	50.00%	SGF		Non SPMP Administrative Medical Care Management	Ensure manufacture, fitting and delivery of high quality customized seating/positioning systems and assistive technology devices (e.g. customized wheelchairs, chairs and other assistive devices) for individuals with unique physical deformities
Gifford, Scott	LINE II	00027764	50.00%	MEDICAID	DOHJPA03371501		
Hardman, Ellen	SOC/COM SV COORD-O	00070396	50.00%	SGF		Outreach	Coordinate & oversee case managers to ensure availability of information & support within region, & provide any necessary oversight, training and technical assistance to case managers to ensure compliance with State & Federal requirements.
Hardman, Ellen	SOC/COM SV COORD-O	00070396	50.00%	MEDICAID	DOHJPA03371501		
Hayden, Debra	SOC/COM SV COORD-O	10105225	50.00%	SGF		Outreach	Coordinate & oversee case managers to ensure availability of information & support within region, & provide any necessary oversight, training and technical assistance to case managers to ensure compliance with State & Federal requirements.
Hayden, Debra	SOC/COM SV COORD-O	10105225	50.00%	MEDICAID	DOHJPA03371501		
Hayes, Rita	RECEPTNST/INFO CLK-O	00064048	25.00%	SGF		SPMP Administrative Medical Case Management	Provide general clerical support. Employee is supervised by licensed clinical mental health counselor.
Hayes, Rita	RECEPTNST/INFO CLK-O	00064048	75.00%	MEDICAID	DOHJPA03371501		

Name	State Personnel Job Classification	DDSD Tsk Prof ID	Percentage	FUND	Project ID	Medicaid Activities	Job Activities
Helewicz, Angela	BEHAV HEALTH THERPST	00015152	25.00%	SGF		Outreach	Under License perform clinical assessment, clinical diagnostic and write behavior plans. Licensed Mental Health Counselor. License Number 0069551 expiration date 9/30/2015.
Helewicz, Angela	BEHAV HEALTH THERPST	00015152	75.00%	MEDICAID	DOHJPA95291501		
Hill, Christina K	STAFF	00014823	50.00%	SGF		General Program Administration	Responsible for oversight ad implementation of the Supports Intensity Scale (SIS) for individuals on the developmental disabilities Medicaid waiver (DDW) program. Coordinates with the approved Medicaid vendor to conduct Supports Intensity Scale (SIS) assessments, DDSD Regional Directors and Developmental Disabilities Waiver (DDW).
Hill, Christina K	STAFF	00014823	50.00%	MEDICAID	DOHJPA03371501		
Hoefs, Cindy	SOC/COM SV COORD-O	00032183	50.00%	SGF		Non-SPMP Administrative Medical Case Management	Review outcome determination reports that may consist of psychological evaluations, medical reports, educational diagnostic reports and other elements that may have bearing on placement for the individual that ensures appropriate service delivery as well as monitoring service provider compliance with department regulations and initiatives activities related to individuals newly
Hoefs, Cindy	SOC/COM SV COORD-O	00032183	50.00%	MEDICAID	DOHJPA03371501		
Humbard, Sarah B	SOC/COM SV COORD-O	00070172	50.00%	SGF		Outreach	Process registrations for the Developmentally Disabled Medicaid Waiver and manage the Central Registry for the Metro Region. Review
Humbard, Sarah B	SOC/COM SV COORD-O	00070172	50.00%	MEDICAID	DOHJPA03371501		
James, Sabrina	SOC/COM SV COORD-O	00043842	50.00%	SGF		Non-SPMP Interagency Administration	Implement a system of behavioral supports for individuals with developmental disabilities. Provide training and consultation to behavioral support consultants and other Developmental Disabilities Waiver providers. Position evaluates existing behavioral supports for individuals provided through the DD Waiver and assists the Metro interdisciplinary teams and behavioral support consultation providers in interpretation of current standards as well as locating community resources for individuals to augment services provided through the DD Waiver program.
James, Sabrina	SOC/COM SV COORD-O	00043842	50.00%	MEDICAID	DOHJPA95291501		
Jim, Treva	SOC/COM SV COORD-O	00070170	50.00%	SGF		Outreach	Process registrations for the Developmentally Disabled Medicaid Waiver and manage the Central Registry for the Metro Region. Review
Jim, Treva	SOC/COM SV COORD-O	00070170	50.00%	MEDICAID	DOHJPA03371501		

Name	State Personnel Job Classification	DDSD Tsk Prof ID	Percentage	FUND	Project ID	Medicaid Activities	Job Activities
Johnson, Katherine	SOC/COM SV COORD-O	00012473	50.00%	SGF		Outreach	Develop, provide and document quality assurance oversight for annual performance-based contracts with assigned Community Inclusion (CI) Services providers. Provide, document and monitor effectiveness of CI. Works with providers to negotiate and achieve reasonable targets and effect improved individual outcomes.
Johnson, Katherine	SOC/COM SV COORD-O	00012473	50.00%	MEDICAID	DOHJPA03371501		
Karingada, Sally	HEALTHCARE SURVYR-O	00071809	50.00%	SGF		Non-SPMP Quality Management	Conduct periodic review of protocols, monitor service delivery systems, respond to medical quality of care issues.
Karingada, Sally	HEALTHCARE SURVYR-O	00071809	50.00%	MEDICAID	DOHJPA03371501		
Kolman, Marc	GEN I	00032190	50.00%	SGF		General Program Administration	DDSD Deputy Division Director-Supervise multiple activity functions and provide general policy and procedures relating to Division activities.
Kolman, Marc	GEN I	00032190	50.00%	MEDICAID	DOHJPA03371501		
Kunkel, Kathy	GEN I	00032189	50.00%	SGF		General Program Administration	DDSD Deputy Division Director-Supervise multiple activity functions and provide general policy and procedures relating to Division activities.
Kunkel, Kathy	GEN I	00032189	50.00%	MEDICAID	DOHJPA03371501		
Lassiter, Deborah	SOC/COM SV COORD-O	00043739	50.00%	SGF		Outreach	Responsible for managing statewide community inclusion initiatives for the Developmental Disabilities Supports Division (DDSD), to include supported employment and meaningful day activities for individuals with developmental disabilities served through the Developmental Disabilities Medicaid Waiver (DDW) Program. Coordinate efforts with the DDSD Regional Directors to fully integrate community inclusion activities, provide guidance at
Lassiter, Deborah	SOC/COM SV COORD-O	00043739	50.00%	MEDICAID	DOHJPA03371501		

Name	State Personnel Job Classification	DDSD Tsk Prof ID	Percentage	FUND	Project ID	Medicaid Activities	Job Activities
Lavadie, Carolyn	SOC/COM SV COORD-O	00043713	50.00%	SGF		Outreach	Responsible for managing statewide community inclusion initiatives for the Developmental Disabilities Supports Division (DDSD), to include supported employment and meaningful day activities for individuals with developmental disabilities served through the Developmental Disabilities Medicaid Waiver (DDW) Program. Coordinate efforts with the DDSD Regional Directors to fully integrate community inclusion activities, provide guidance at the system level for policy planning, development, and implementation and coordinate Jackson related requirements. Supervision of (2) two community inclusions leads and (12) twelve statewide community inclusion coordinators.
Lavadie, Carolyn	SOC/COM SV COORD-O	00043713	50.00%	MEDICAID	DOHJPA03371501		
Lavy, Jason	SOC/COM SV COORD-O	00070395	50.00%	SGF		General Program Administration	Assist with development of QMI measures & materials. Participate in evaluation & design of data gathering materials and processes with DDSD outcome base program requirements.
Lavy, Jason	SOC/COM SV COORD-O	00070395	50.00%	MEDICAID	DOHJPA03371501		
Leon, Felix	Med Appliance Tech-A	00040935	50.00%	SGF		Non SPMP Administrative Medical Care Management	Manufacture, fitting and delivery of high quality customized seating/positioning systems and assistive technology devices (e.g. customized wheelchairs, chairs and other assistive devices) for individuals with unique physical deformities rendering off the shelf products unsuitable. Compliance with industry standards resulting in customer satisfaction and successful third party payment for these products.
Leon, Felix	Med Appliance Tech-A	00040935	50.00%	MEDICAID	DOHJPA03371501		
Lewis, Regina	SOC/COM SV COORD-O	00011823	50.00%	SGF		Outreach	Represent the interests of persons with developmental disabilities & the Developmental Disabilities Supports Division on implementation and renewal of the Mi Via Self Directed Waiver.
Lewis, Regina	SOC/COM SV COORD-O	00011823	50.00%	MEDICAID	DOHJPA03371501		
Linnehan, Kathleen	STAFF	00032270	50.00%	SGF		General Program Administration	Develop and implement program administrative policies and procedures. Provide general supervision of Regional Office Staff to ensure compliance with DDSD's program objectives and goals.
Linnehan, Kathleen	STAFF	00032270	50.00%	MEDICAID	DOHJPA03371501		
Lopez-Branch, Loretta	HR, TRAIN & LBR SPC-O	00010857	50.00%	SGF		General Program Administration	DDSD payroll and employee benefits administration to insure SPO compliance
Lopez-Branch, Loretta	HR, TRAIN & LBR SPC-O	00010857	50.00%	MEDICAID	DOHJPA03371501		

Name	State Personnel Job Classification	DDSD Tsk Prof ID	Percentage	FUND	Project ID	Medicaid Activities	Job Activities
Lopez, Fabian	SOC/COM SV COORD-O	00032179	50.00%	SGF		Outreach	Support the Regional office toward improving the quality of ISPs for plus 5-10 ISPs per year by following the DDSD established protocol, provide technical assistance. Assist Regional Office in responding to Requests for Intervention by following established RORI procedures.
Lopez, Fabian	SOC/COM SV COORD-O	00032179	50.00%	MEDICAID	DOHJPA03371501		
Lujan, Gene F	IT BUSINESS ANALYST	00027767	50.00%	SGF		General Program Administration	IT support for DDSD Staff
Lujan, Gene F	IT BUSINESS ANALYST	00027767	50.00%	MEDICAID	DOHJPA03371501		

Name	State Personnel Job Classification	DDSD Tsk Prof ID	Percentage	FUND	Project ID	Medicaid Activities	Job Activities
Lyon, Michelle	STAFF	00032219	50.00%	SGF		General Program Administration	Develop and implement program administrative policies and procedures. Provide general supervision of Regional Office Staff to ensure compliance with DDSD's program objectives and goals.
Lyon, Michelle	STAFF	00032219	50.00%	MEDICAID	DOHJPA03371501		
Macias, Shirley	OFFICE & ADMIN SUP-A	00024675	50.00%	SGF		General Program Administration	Provide general clerical support.
Macias, Shirley	OFFICE & ADMIN SUP-A	00024675	50.00%	MEDICAID	DOHJPA03371501		
Madrid, Pamela	SEC,EX LGL/MED/EXE-A	00070576	50.00%	SGF		General Program Administration	Provide general clerical support & billing.
Madrid, Pamela	SEC,EX LGL/MED/EXE-A	00070576	50.00%	MEDICAID	DOHJPA03371501		
Marin, Shirley	SOC/COM SV COORD-O	00070171	50.00%	SGF		Outreach	Process registrations for the Developmentally Disabled Medicaid Waiver and manage the Central Registry for the Metro Region. Review psychological and medical evaluations to determine if the registrant matches the federal and state definition of a developmental disability, completing necessary paperwork, entering data into the Central Registry, assisting individuals with the registration process, and referring registrants to other relevant community resources.
Marin, Shirley	SOC/COM SV COORD-O	00070171	50.00%	MEDICAID	DOHJPA03371501		
Martinez de Berenger, Stephanie	LINE II	00012471	50.00%	SGF		Quality Management	Conduct periodic review of protocols, monitor service delivery systems, respond to medical quality of care issues.
Martinez de Berenger, Stephanie	LINE II	00012471	50.00%	MEDICAID	DOHJPA03371501		
Mares, Pauline	MGT ANALYST-B	00032188	50.00%	SGF		General Program Administration	Assist with the review and processing of provider applications and renewals to determine that all information submitted is complete and accurate according to the developmental disabilities supports division (DDSD) Medicaid Waiver service standards, program descriptions and provider enrollment unit policies and assist with tracking, routing and the approval process of provider applications and agreements to ensure timelines are met in accordance with provider enrollment unit internal policies. Provide technical assistance and communication to current providers and applicants and DDSD staff on the waiver requirements and on the status of provider applications/agreements and coordinate approvals for provider applications with the regional program managers. Create correspondence and reports.
Mares, Pauline	MGT ANALYST-B	00032188	50.00%	MEDICAID	DOHJPA03371501		

Name	State Personnel Job Classification	DDSD Tsk Prof ID	Percentage	FUND	Project ID	Medicaid Activities	Job Activities
Massey, Brianna L.	SOC/COM SV COORD-O	00036338	50.00%	SGF		Outreach	Support the Regional office toward improving the quality of ISPs for plus 5-10 ISPs per year by following the DDSD established protocol, provide technical assistance. Assist Regional Office in responding to Requests for Intervention by following established RORI procedures.
Massey, Brianna L.	SOC/COM SV COORD-O	00036338	50.00%	MEDICAID	DOHJPA03371501		
Medina, Debra L	SOC/COM SV COORD-O	00070398	50.00%	SGF		Outreach	Provide information to case management agencies on all relevant regulations, procedures, strategic plans, policies, guidelines and monitoring forms as identified by DDSD, Provide technical assistance to case managers on operational and programmatic needs. Provide monitoring and oversight of consumer's residing in an ICFMR facility. Assure case management reports that are submitted are accurate, complete and timely.
Medina, Debra L	SOC/COM SV COORD-O	00070398	50.00%	MEDICAID	DOHJPA03371501		
Medina, Eva	SEC,EX LGL/MED/EXE-O	00010792	50.00%	SGF		General Program Administration	Provide general clerical support.
Medina, Eva	SEC,EX LGL/MED/EXE-O	00010792	50.00%	MEDICAID	DOHJPA03371501		
Mendez, Alma	OFFICE & ADMIN SUP-A	00043740	50.00%	SGF		General Program Administration	Provide general clerical support.
Mendez, Alma	OFFICE & ADMIN SUP-A	00043740	50.00%	MEDICAID	DOHJPA03371501		
Mendoza, Robert M.	OFFICE & ADMIN SUP-A	00032220	50.00%	SGF		General Program Administration	Provide general clerical support.
Mendoza, Robert M.	OFFICE & ADMIN SUP-A	00032220	50.00%	MEDICAID	DOHJPA03371501		
Mendoza, Romelia	SEC,EX LGL/MED/EXE-O	00027740	25.00%	SGF		SPMP Administrative Medical Case Management	PASRR employee-Provide general clerical support.
Mendoza, Romelia	SEC,EX LGL/MED/EXE-O	00027740	75.00%	MEDICAID	DOHJPA82141501		
Miller, Ralph	A/O II	00012482	50.00%	SGF		General Program Administration	Supervision of the Fiscal and HR activities of the Administrative Services Bureau for DDSD.
Miller, Ralph	A/O II	00012482	50.00%	MEDICAID	DOHJPA03371501		
Montano, Consuelo	HEALTHCARE SURVYR-O	00072253	50.00%	SGF		Non-SPMP Quality Management	Conduct periodic review of protocols, monitor service delivery systems, respond to medical quality of care issues.
Montano, Consuelo	HEALTHCARE SURVYR-O	00072253	50.00%	MEDICAID	DOHJPA03371501		
Montoya, Jose A.	SOC/COM SV COORD-B	00071799	50.00%	SGF		Outreach	Provides on-site & telephone response to crisis calls rcvd by Office of Behavioral Services or Northeast Regional Office, including determining whether there is need for immediate response. Provide on-site & telephone technical assistance to providers, team members, guardians, and individuals with developmental disabilities.
Montoya, Jose A.	SOC/COM SV COORD-B	00071799	50.00%	MEDICAID	DOHJPA03371501		

Name	State Personnel Job Classification	DDSD Tsk Prof ID	Percentage	FUND	Project ID	Medicaid Activities	Job Activities
Moore, Terry Ann	SOC/COM SV COORD-O	00060358	50.00%	SGF		General Program Administration	Establish annual performance-based contracts with Adult Habitation and Community Access providers, review each provider quarterly, make written recommendations to DDSD Mgmt based on quarterly progress. Provide, document & monitor effectiveness of technical assistance to individuals, guardians, providers, case managers & team members. Acquire requested data & reports submitted by providers by the due date and submit required summary data each quarter.
Moore, Terry Ann	SOC/COM SV COORD-O	00060358	50.00%	MEDICAID	DOHJPA03371501		
Mora, Antonio E.	IT SYSTEMS MANAGER 3	00027769	50.00%	SGF		General Program Administration	Provide IT Support for systems operated by DDSD Staff
Mora, Antonio E.	IT SYSTEMS MANAGER 3	00027769	50.00%	MEDICAID	DOHJPA03371501		
Moskal, Philip G.	LINE II	00071910	50.00%	SGF		General Program Administration	Line manager which provides guidance & technical assistances related to eligibility determinations, Central Registry data entry for individuals seeking Developmental Disabilities service throughout NM.
Moskal, Philip G.	LINE II	00071910	50.00%	MEDICAID	DOHJPA03371501		
Moyer, Steve	SOC/COM SV COORD-O	00023982	50.00%	SGF		Outreach	Case management oversight, monitoring and the provision of technical assistance to case management agencies and individual case managers related to the written Individual Service Plan (ISP) document. ISP process.
Moyer, Steve	SOC/COM SV COORD-O	00023982	50.00%	MEDICAID	DOHJPA03371501		
Nagy, Beverely	SOC/COM SV COORD-O	10108683	50.00%	SGF		General Program Administration	Responsible for oversight and implementation of the Supports Intensity Scale (SIS) for individuals on the developmental disabilities Medicaid waiver (DDW) program. Coordinates with the approved Medicaid vendor to conduct Supports Intensity Scale (SIS) assessments, DDSD Regional Directors and Developmental Disabilities Waiver (DDW).
Nagy, Beverely	SOC/COM SV COORD-O	10108683	50.00%	MEDICAID	DOHJPA03371501		
O'Keefe, Dennis	SOC/COM SV COORD-O	00032182	50.00%	SGF		Outreach	Regional Liaison for referrals to Committee for Expedited Allocation. Provides oversight for the Self Directed program. Is the primary NW resource for the intricate details of the standards where there is a provider or staff question that other staff cannot answer. Assists with follow up allocation process with case managers, other providers & family members.
O'Keefe, Dennis	SOC/COM SV COORD-O	00032182	50.00%	MEDICAID	DOHJPA03371501		

Name	State Personnel Job Classification	DDSD Tsk Prof ID	Percentage	FUND	Project ID	Medicaid Activities	Job Activities
Ortega, Lydia	SOC/COM SV COORD-O	00032180	50.00%	SGF		Outreach	Process registrations for the Developmentally Disabled Medicaid Waiver and manage the Central Registry for the Northeast Region. Reviews psychological and medical evaluations to determine if the registrant matches the federal and state definition of a developmental disability, completing necessary paperwork, entering data into the Central Registry, assisting individuals with the registration process, and referring registrants to other relevant community resources.
Ortega, Lydia	SOC/COM SV COORD-O	00032180	50.00%	MEDICAID	DOHJPA03371501		
Osborn, David	IT APPS DEV 3	00049864	50.00%	SGF		General Program Administration	Develops & maintains systems relating to IT function within DDSD
Osborn, David	IT APPS DEV 3	00049864	50.00%	MEDICAID	DOHJPA03371501		
Otero, Angela	MGT. ANALYST	00015072	50.00%	SGF		Outreach	Process registrations for the Developmentally Disabled Medicaid Waiver and manage the Central Registry for the Metro Region. Review psychological and medical evaluations to determine if the registrant matches the federal and state definition of a developmental disability, completing necessary paperwork, entering data into the Central Registry, assisting individuals with the registration process, and referring registrants to other relevant community resources.
Otero, Angela	MGT. ANALYST	00015072	50.00%	MEDICAID	DOHJPA03371501		
Pacheco, Angela	STAFF	00013091	50.00%	SGF		General Program Administration	Develop and implement program administrative policies and procedures. Provide general supervision of Regional Office Staff to ensure compliance with DDSD's program objectives and goals.
Pacheco, Angela	STAFF	00013091	50.00%	MEDICAID	DOHJPA03371501		
Peterson, Tamara	REG NURSE-A	00071795	25.00%	SGF		SPMP Administrative Medical Case Management	Participate in medical reviews, assess the necessity for medical care associated with medical case management and case coordination activities as required by DDSD's clients. Licensed Registered Nurse. License Number R17396 expiration date 7/31/2015.
Peterson, Tamara	REG NURSE-A	00071795	75.00%	MEDICAID	DOHJPA03371501		

Name	State Personnel Job Classification	DDSD Tsk Prof ID	Percentage	FUND	Project ID	Medicaid Activities	Job Activities
Piel, Herbert C	SOC/COM SV COORD-O	00032186	50.00%	SGF		Outreach	Process registrations for the Developmentally Disabled Medicaid Waiver and manage the Central Registry for the Metro Region. Review psychological and medical evaluations to determine if the registrant matches the federal and state definition of a developmental disability, completing necessary paperwork, entering data into the Central Registry, assisting individuals with the registration process, and referring registrants to other relevant community resources.
Piel, Herbert C	SOC/COM SV COORD-O	00032186	50.00%	MEDICAID	DOHJPA03371501		
Pierce, Judith	REG NURSE-A	00071792	25.00%	SGF		SPMP Administrative Medical Case Management	for medical care associated with medical case management and case coordination activities as
Pierce, Judith	REG NURSE-A	00071792	75.00%	MEDICAID	DOHJPA03371501		
Pierson, Twila Kay	REG NURSE-A	00015153	25.00%	SGF		SPMP Administrative Medical Case Management	Participate in medical reviews, assess the necessity for medical care associated with medical case management and case coordination activities as required by DDSD's clients. Licensed Registered Nurse. License Number R30475 expiration date 3/31/2015.
Pierson, Twila Kay	REG NURSE-A	00015153	75.00%	MEDICAID	DOHJPA82141501		
Quintana, Celestino R	IT SYSTEMS MANAGER 2	00022540	50.00%	SGF		General Program Administration	Provide IT Support for systems operated by DDSD Staff
Quintana, Celestino R	IT SYSTEMS MANAGER 2	00022540	50.00%	MEDICAID	DOHJPA03371501		
Rivera, Bernice	SOC/COM SV COORD-O	00070168	50.00%	SGF		Outreach	Process registrations for the Developmentally Disabled Medicaid Waiver and manage the Central Registry for the Metro Region. Review psychological and medical evaluations to determine if the registrant matches the federal and state definition of a developmental disability, completing necessary paperwork, entering data into the Central Registry, assisting individuals with the registration process, and referring registrants to other relevant community resources.
Rivera, Bernice	SOC/COM SV COORD-O	00070168	50.00%	MEDICAID	DOHJPA03371501		
Roberts, Carrie	SOC/COM SV COORD-O	00074933	50.00%	SGF		Outreach	Coordinate and support employment outcomes for individuals with developmental disabilities receiving DDSD Services. This position is responsible for supervising six regional Supported Employment coordinators; providing technical assistance to teams and providers. This position is also responsible for Community Inclusion performance contracts, consultant contracts; coordinating requirements for Supported Employment, data collection and analysis; and other duties related to Community Inclusion activities.

Name	State Personnel Job Classification	DDSD Tsk Prof ID	Percentage	FUND	Project ID	Medicaid Activities	Job Activities
Roberts, Carrie	SOC/COM SV COORD-O	00074933	50.00%	MEDICAID	DOHJPA03371501		
Rodriguez, Jennifer	Staff Manager	10105120	50.00%	SGF		Outreach	Planning, developing, implementing and monitoring a case management program, including 1) mentoring of regional staff, 2) collaboration with the state Medicaid lead agency and associated third party utilization review entity, and 3) ensuring contract provider compliance with service standards and regulations relating to the Developmental Disabilities Home and Community Based Waiver.
Rodriguez, Jennifer	Staff Manager	10105120	50.00%	MEDICAID	DOHJPA03371501		
Roman, Ruth H	SOC/COM SV COORD-B	00071798	50.00%	SGF		Outreach	Provide on-site & telephone response to crisis calls received by the Office of Behavioral Services or the Southwest Regional Office. Determine whether there is need for immediate response most suitable type of response, timelines for response.
Roman, Ruth H	SOC/COM SV COORD-B	00071798	50.00%	MEDICAID	DOHJPA03371501		
Rosales, Marie	SEC,EX LGL/MED/EXE-O	00012479	50.00%	SGF		General Program Administration	Provide general clerical support.
Rosales, Marie	SEC,EX LGL/MED/EXE-O	00012479	50.00%	MEDICAID	DOHJPA03371501		
Rutland, Cory	BEHAV HEALTH THERPST	00071789	25.00%	SGF		Outreach	Under License perform clinical assessment, clinical diagnostic and write behavior plans. Licensed Mental Health Counselor. License Number 0146951
Rutland, Cory	BEHAV HEALTH THERPST	00071789	75.00%	MEDICAID	DOHJPA95291501		
Salas, Juanita	SOC/COM SV COORD-O	00027765	50.00%	SGF		Outreach	Coordinate and support the achievement of the highest quality employment and meaningful day outcomes for adults with developmental disabilities. Demonstrate mentorship, supervision, technical assistance, outcome measurements, data analysis, team development, public speaking and professional report writing.
Salas, Juanita	SOC/COM SV COORD-O	00027765	50.00%	MEDICAID	DOHJPA03371501		
Salazar, Lucy	HEALTHCARE SURVYR-O	00071808	50.00%	SGF		Non-SPMP Quality Management	Conduct periodic review of protocols, monitor service delivery systems, respond to medical quality of care issues.
Salazar, Lucy	HEALTHCARE SURVYR-O	00071808	50.00%	MEDICAID	DOHJPA03371501		
Sanders, Maria	REG NURSE-A	00071793	25.00%	SGF		SPMP Administrative Medical Case Management	Participate in medical reviews, assess the necessity for medical care associated with medical case management and case coordination activities as required by DDSD's clients. Licensed Registered Nurse. License Number R43249 expiration date 10/31/2014.
Sanders, Maria	REG NURSE-A	00071793	75.00%	MEDICAID	DOHJPA03371501		

Name	State Personnel Job Classification	DDSD Tsk Prof ID	Percentage	FUND	Project ID	Medicaid Activities	Job Activities
Sanger, Christopher P.	CLINICAL PSYCHOLOGIST-I	00070391	25.00%	SGF		SPMP Administrative Medical Case Management	PASRR employee-Schedule, coordinate and conduct medical reviews for adequacy of assessment, documentation and appropriate treatment. Licensed Clinical Mental Health Counselor, License Number 0512, expiration date, 9/30/2016.
Sanger, Christopher P.	CLINICAL PSYCHOLOGIST-I	00070391	75.00%	MEDICAID	DOHJPA82141501		
Saxton, Cathy	SOC/COM SV COORD-O	00043718	50.00%	SGF		Outreach	Provide regional coordination & oversight to ensure availability of information and support within region. Conduct administrative reviews of case management agencies using established protocols to monitor case management unit & Regional Office.
Saxton, Cathy	SOC/COM SV COORD-O	00043718	50.00%	MEDICAID	DOHJPA03371501		
Schan, Steve	HEALTHCARE SURVYR-O	00074634	50.00%	SGF		Non-SPMP Quality Management	Conduct periodic review of protocols, monitor service delivery systems, respond to medical quality of care issues.
Schan, Steve	HEALTHCARE SURVYR-O	00074634	50.00%	MEDICAID	DOHJPA03371501		
Schiffman, Kimberly	PURCHASING AGENT-O	00027753	50.00%	SGF		General Program Administration	Review and prepare fiscal documents to ensure timely payment of fiscal obligations to public and private organizations. Coordinate other fiscal activities as directed.
Schiffman, Kimberly	SOC/COM SV COORD-O	00027753	50.00%	MEDICAID	DOHJPA03371501		
Schuessler, Barbara	SOC/COM SV COORD-O	00060357	50.00%	SGF		Outreach	Provide all information for consumers requesting the Mi Via Waiver. Enter information into the central registry & provide information to Consumer Direct, program manager and case management agencies.
Schuessler, Barbara	SOC/COM SV COORD-O	00060357	25.00%	SGF			
Schuessler, Barbara	SOC/COM SV COORD-O	00060357	25.00%	MEDICAID	DOHJPA03371501		
Schwalje, Paul	A/O II	00023829	50.00%	SGF		General Program Administration	Manages the operations of the Training Unit, Policy & Planning Unit, Case Management Coordinator as well as certain initiatives related to disengagement from the Jackson class lawsuit. Supports providers to delivery quality services.
Schwalje, Paul	A/O II	00023829	50.00%	MEDICAID	DOHJPA03371501		

Name	State Personnel Job Classification	DDSD Tsk Prof ID	Percentage	FUND	Project ID	Medicaid Activities	Job Activities
Sena, Carol	SOC/COM SV COORD-A	00024674	50.00%	SGF		General Program Administration	Assist in addressing the volume of work requirements allowing us to meet needs of this office in relation to multiple requests from different areas that are time sensitive; provider enrollment applications reviews of new providers as well as renewals; including CPR, and Fair Hearings. We are expecting an increase in Fair Hearings related to the Developmental Disabilities Waiver and Supports Intensity Scale. The preparation for preparing supporting documentation for Fair Hearings is very time consuming. The Metro Regional Manager has traditionally prepared these packets with some support from other staff because it interferes with the office's ability to continue to provide needed supports to metro providers.
Sena, Carol	SOC/COM SV COORD-A	00024674	50.00%	MEDICAID	DOHJPA03371501		
Sisneros, John	BEHAV HEALTH THERPST	00064044	50.00%	SGF		Outreach	Implement the development of a system of behavioral supports for individuals with developmental disabilities by providing consultation, and oversight of behavioral support consultants and other Developmental Disabilities Waiver providers.
Sisneros, John	BEHAV HEALTH THERPST	00064044	50.00%	MEDICAID	DOHJPA95291501		
Smith, Ronald J	SOC/COM SV COORD-B	00071800	50.00%	SGF		Outreach	Provides on-site & telephone response to crisis calls rcvd by Office of Behavioral Services or Northeast Regional Office, including determining whether there is need for immediate response. Provide on-site & telephone technical assistance to providers, team members, guardians, and individuals with developmental disabilities.
Smith, Ronald J	SOC/COM SV COORD-B	00071800	50.00%	MEDICAID	DOHJPA03371501		
Stevenson, Cathy E.	GEN I	00027752	50.00%	SGF		General Program Administration	DDSD Division Director-Supervise multiple activity functions and provide general policy and procedures relating to Division activities.
Stevenson, Cathy E.	GEN I	00027752	50.00%	MEDICAID	DOHJPA03371501		
Stewart, Dora M.	CERT NURSE PRACTITIONER	00034393	25.00%	SGF		SPMP Administrative Medical Case Management	Participate in medical reviews, assess the necessity for medical care associated with medical case management and case coordination activities as required by DDSD's clients. Licensed Registered Nurse. License Number R27524 expiration date 5/31/2015.
Stewart, Dora M.	CERT NURSE PRACTITIONER	00034393	75.00%	MEDICAID	DOHJPA03371501		

Name	State Personnel Job Classification	DDSD Tsk Prof ID	Percentage	FUND	Project ID	Medicaid Activities	Job Activities
Storti, Lisa	STAFF	10105223	50.00%	SGF		Non-SPMP Interagency Administration	Manage the Developmental Disabilities Medicaid Waiver (DDW) Program for the DDSD. Collaborate with the New Mexico Human Services Department and key stakeholders to make necessary policy and regulatory changes to the DDW, develop waiver applications and amendments, and ensure the DDW program is in compliance with the requirements of the Centers for Medicare and Medicaid Services (CMS). Provide a key leadership role in implementation of the approved waiver by CMS and a statewide pilot project and implementation of a standardized valid assessment tool. Track and analyze program expenditures and utilization of services. Develop written reports for senior management, legislators, and the public. Provide technical assistance to the five DDSD regional offices, central office staff, other divisions within the Department of Health, and other State agencies as need. Engage in continuous quality improvement practices designed to improve the administration of the program.
Storti, Lisa	STAFF	10105223	50.00%	MEDICAID	DOHJPA03371501		
Swisher, Leslie A.	STAFF	00015150	25.00%	SGF		SPMP Administrative Medical Case Management	PASRR employee-Supervise the PASRR unit to ensure for adequacy of assessment, documentation and appropriate treatment for DDSD clients.
Swisher, Leslie A.	STAFF	00015150	75.00%	MEDICAID	DOHJPA82141501		
Tenorio, Yvette	EXEC SEC & ADMIN ASST-O	00032214	50.00%	SGF		General Program Administration	Provide general clerical support.
Tenorio, Yvette	EXEC SEC & ADMIN ASST-O	00032214	50.00%	MEDICAID	DOHJPA03371501		
Thomas, Louise	OFFICE & ADMIN SUP-A	00032218	50.00%	SGF		General Program Administration	Provide general clerical support.
Thomas, Louise	OFFICE & ADMIN SUP-A	00032218	50.00%	MEDICAID	DOHJPA03371501		
Thorne-Lehman, Jennifer K	GEN I	00032213	50.00%	SGF		General Program Administration	DDSD Deputy Division Director-Supervise multiple activity functions and provide general policy and procedures relating to Division activities.
Thorne-Lehman, Jennifer K	GEN I	00032213	50.00%	MEDICAID	DOHJPA03371501		

Name	State Personnel Job Classification	DDSD Tsk Prof ID	Percentage	FUND	Project ID	Medicaid Activities	Job Activities
Tischler-Kaune, Chloe	SOC/COM SV COORD-A	00056654	50.00%	SGF		General Program Administration	Serve as project manager in coordination with designated IT Division personnel for the Therapy contract, including monitoring quality and timeliness of deliverables, review and approval of invoice and preparation of any contract amendments. Also, when maximum contract term is approaching, work with IT Division to issue new RFP for services currently carried out by Therap. Coordinate ongoing skill development by Regional Therapy Liaisons statewide in the use and navigation within the Therapy system in order to ensure their maximum ability to provide technical assistance to case managers and other providers in their regions. Coordinate the annual effort of DDSD related to NCI indicators, including data collection, analysis and reporting to DDSQI. Coordinate collection and approval of DOH, LFC and DDSD related performance measures. Ensure such measures are distributed to the appropriate entities for use in decision making, program evaluation and system improvement activities.
Tischler-Kaune, Chloe	SOC/COM SV COORD-A	00056654	50.00%	MEDICAID	DOHJPA03371501		
Truby, Thomas L	REG NURSE-A	00071794	25.00%	SGF		SPMP Administrative Medical Case Management	Participate in medical reviews, assess the necessity for medical care associated with medical case management and case coordination activities as required by DDSD's clients. Licensed Registered Nurse. License Number R16471 expiration date 6/30/2015.
Truby, Thomas L	REG NURSE-A	00071794	75.00%	MEDICAID	DOHJPA03371501		
VACANT	SOC/COM SV COORD-O	00012481	50.00%	SGF		Outreach	Work with Case Management agencies to assure appropriate timely services to individuals on the DD Waiver. Act as liaison to case management agencies. Provide technical assistance to case managers and other agencies.
VACANT	SOC/COM SV COORD-O	00012481	50.00%	MEDICAID	DOHJPA03371402		
VACANT	A/O II	00012485	50.00%	SGF		Non-SPMP Administration	Oversee Supported Employment Program.
VACANT	A/O II	00012485	50.00%	MEDICAID	DOHJPA03371501		
VACANT	CLINICAL PSYCHOLOGIST-I	00013193	25.00%	SGF		SPMP Administrative Medical Case Management	PASRR employee-Schedule, coordinate and conduct medical reviews for adequacy of assessment, documentation and appropriate treatment. Licensed Psychologist, License Number 1200, expiration date, 7/1/2016.
VACANT	CLINICAL PSYCHOLOGIST-I	00013193	75.00%	MEDICAID	DOHJPA82141501		
VACANT	EXEC SEC& ADM ASST-B	00015151	25.00%	SGF		SPMP Administrative Medical Case Management	Provide general clerical support. Employee is supervised by licensed registered nurse.

Name	State Personnel Job Classification	DDSD Tsk Prof ID	Percentage	FUND	Project ID	Medicaid Activities	Job Activities
VACANT	EXEC SEC& ADM ASST-B	00015151	75.00%	MEDICAID	DOHJPA03371501		
VACANT	REG NURSE-A	00015158	25.00%	SGF		SPMP Administrative Medical Case Management	Participate in medical reviews, assess the necessity for medical care associated with medical case management and case coordination activities as required by DDSD's clients. Licensed Registered Nurse. License Number expiration date .
VACANT	REG NURSE-A	00015158	75.00%	MEDICAID	DOHJPA82141501		
VACANT	REGISTERED NURSE-A	00027750	25.00%	SGF		SPMP Administrative Medical Case Management	Participate in medical reviews, assess the necessity for medical care associated with medical case management and case coordination activities as required by DDSD's clients. Licensed Registered Nurse. License Number expiration date .
VACANT	REGISTERED NURSE-A	00027750	75.00%	MEDICAID	DOHJPA03371501		

Name	State Personnel Job Classification	DDSD Tsk Prof ID	Percentage	FUND	Project ID	Medicaid Activities	Job Activities
VACANT	LINE II	00027763	50.00%	SGF		General Program Administration	Review and prepare fiscal documents to ensure timely payment of fiscal obligations to public and private organizations. Coordinate other fiscal activities as directed.
VACANT	LINE II	00027763	50.00%	MEDICAID	DOHJPA03371501		
VACANT	LINE II	00029613	50.00%	SGF		Outreach	Planning, developing, implementing and monitoring a case management program, including 1) mentoring of regional staff, 2) collaboration with the state Medicaid lead agency and associated third party utilization review entity, and 3) ensuring
VACANT	LINE II	00029613	50.00%	MEDICAID	DOHJPA03371501		
VACANT	REGISTERED NURSE-A	00032222	25.00%	SGF		SPMP Administrative Medical Case Management	Participate in medical reviews, assess the necessity for medical care associated with medical case management and case coordination activities as required by DDSD's clients. Licensed Registered Nurse. License Number expiration date .
VACANT	REGISTERED NURSE-A	00032222	75.00%	MEDICAID	DOHJPA03371501		
VACANT	SOC/COM SV COORD-O	00043714	50.00%	SGF		General Program Administration	Develop, provide & document quality assurance oversight for annual performance-based contracts with assigned Community Inclusion (CI) Services providers. Technical assistance & provide information to individuals, providers and team members.
VACANT	SOC/COM SV COORD-O	00043714	50.00%	MEDICAID	DOHJPA03371501		
VACANT	BEHAV HEALTH THERPST	00043742	25.00%	SGF		Outreach	Implement a system of behavioral supports for individuals with developmental disabilities. Provide training and consultation to behavioral support consultants and other Developmental Disabilities Waiver providers. Position evaluates existing behavioral supports for individuals provided through the Developmental Disabilities Waiver and assists the Northeast interdisciplinary teams and behavioral support consultation providers in interpretation of current standards as well as locating community resources for individuals to augment services provided through the Developmental Disabilities Waiver program.
VACANT	BEHAV HEALTH THERPST	00043742	75.00%	MEDICAID	DOHJPA95291501		
VACANT	IT GENERALIST 1	00044241	50.00%	SGF		General Program Administration	Assists with IT operations within DDSD.
VACANT	IT GENERALIST 1	00044241	50.00%	MEDICAID	DOHJPA03371501		
VACANT	SOC/COM SV COORD-O	00060356	50.00%	SGF		Outreach	Coordinate & support the achievement of highest quality meaningful day outcomes for adults with developmental disabilities. Communicate standards, policies & best practices to providers. Approve Community Inclusion exceptions
VACANT	SOC/COM SV COORD-O	00060356	50.00%	MEDICAID	DOHJPA03371501		

Name	State Personnel Job Classification	DDSD Tsk Prof ID	Percentage	FUND	Project ID	Medicaid Activities	Job Activities
VACANT	SOC/COM SV COORD-0	00070392	50.00%	SGF		Outreach	Monitor provider compliance with approved provider agreements based on Developmental Disabilities Support Division/Department of Health Developmental Disabilities Waiver Standards and Regulations including DDSD/DOH policies. This position is responsible for monitoring Individual Service Plan implementation, implementation of Community Provider Review recommendations to Division of Health Improvement incident management investigations.

Name	State Personnel Job Classification	DDSD Tsk Prof ID	Percentage	FUND	Project ID	Medicaid Activities	Job Activities
VACANT	SOC/COM SV COORD-O	00070392	50.00%	MEDICAID	DOHJPA03371501		
VACANT	OFFICE CLRK, GEN-O	00071803	25.00%	SGF		SPMP Administrative Medical Case Management	PASRR employee-Provide general clerical support.
VACANT	OFFICE CLRK, GEN-O	00071803	75.00%	MEDICAID	DOHJPA82141501		
VACANT	MGT ANALYST-A	00071810	50.00%	SGF		General Program Administration	Provide data & program reports for mgmt, coordinates data collection and report generations. Analyzes existing processes and makes recommendations for improvements.
VACANT	MGT ANALYST-A	00071810	50.00%	MEDICAID	DOHJPA03371501		
VACANT	HEALTHCARE SURVYR-O	00072254	50.00%	SGF		Non-SPMP Quality Management	Conduct periodic review of protocols, monitor service delivery systems, respond to medical quality of care issues.
VACANT	HEALTHCARE SURVYR-O	00072254	50.00%	MEDICAID	DOHJPA03371501		
VACANT	HEALTHCARE SURVYR-O	00074756	50.00%	SGF		Non-SPMP Quality Management	Conduct periodic review of protocols, monitor service delivery systems, respond to medical quality of care issues.
VACANT	HEALTHCARE SURVYR-O	00074756	50.00%	MEDICAID	DOHJPA03371501		
Valles, Teresa	SOC/COM SV COORD-O	00032184	50.00%	SGF		Outreach	Process registrations for the Developmentally Disabled Medicaid Waiver and manage the Central Registry for the Metro Region. Review psychological and medical evaluations to determine if the registrant matches the federal and state definition of a developmental disability, completing necessary paperwork, entering data into the Central Registry, assisting individuals with the registration process, and referring registrants to other relevant community resources.
Valles, Teresa	SOC/COM SV COORD-O	00032184	50.00%	MEDICAID	DOHJPA03371501		
Vandever, Petulia	SOC/COM SV COORD-B	00071796	50.00%	SGF		Outreach	Provide support as part of a behavioral unit administrating crisis services for individuals with intellectual/developmental disabilities. This position is responsible for tracking information regarding crisis response calls and to provide quality assurance review of crisis services as well as database entry and reports. This position will also coordinate technical assistance and training to individuals related to crisis in the state, and will occasionally be responsible for responding to emergency situations.

Name	State Personnel Job Classification	DDSD Tsk Prof ID	Percentage	FUND	Project ID	Medicaid Activities	Job Activities
Vandever, Petulia	SOC/COM SV COORD-B	00071796	50.00%	MEDICAID	DOHJPA95291501		
Velasco, Marie	SOC/COM SV COORD-O	00060359	50.00%	SGF		Outreach	Oversee implementation of the State's "Employment First" initiative for adults with developmental disabilities receiving services through the Developmental Disabilities Supports Division of the Department of Health in the Southeast Region. Examples of related tasks include offering technical assistance to Southeast Region Interdisciplinary teams, including individuals served and providers of Community Inclusion services: negotiating and monitoring of Community Inclusion performance contracts: collecting, entering and monitoring individual and provider progress: evaluating and supporting the effectiveness of community inclusion services.
Velasco, Marie	SOC/COM SV COORD-O	00060359	50.00%	MEDICAID	DOHJPA03371501		
Vidro, Felicia	SOC/COM SV COORD-O	00041183	50.00%	SGF		General Program Administration	Perform duties as the Therapy Services Coordinator for the Clinical Services Bureau (CSB). Statewide Coordinator for the Assistive Technology Initiative; coordinating the specialty seating clinic services & therapy recruitment services in the DD Waiver; is the liaison with contract therapists, coordinating the development of resources, policies, procedures & outreach to therapists and teams. Manages affiliated databases and creates reports related to bureau activities as needed.
Vidro, Felicia	SOC/COM SV COORD-O	00041183	50.00%	MEDICAID	DOHJPA03371501		
Vigil, Eugene	SOC/COM SV COORD-O	00060355	50.00%	SGF		Outreach	Oversee implementation of the State's "Employment First" initiative for adults with developmental disabilities receiving services through the Developmental Disabilities Supports Division of the Department of Health in the Southeast Region. Examples of related tasks include offering technical assistance to Southeast Region Interdisciplinary teams, including individuals served and providers of Community Inclusion services: negotiating and monitoring of Community Inclusion performance contracts: collecting, entering and monitoring individual and provider progress: evaluating and supporting the effectiveness of community inclusion services.
Vigil, Eugene	SOC/COM SV COORD-O	00060355	50.00%	MEDICAID	DOHJPA03371501		

Name	State Personnel Job Classification	DDSD Tsk Prof ID	Percentage	FUND	Project ID	Medicaid Activities	Job Activities
Vigil, G. Gabriel	SOC/COM SV COORD-B	00071797	50.00%	SGF		Outreach	Provide on-site & telephone response to crisis calls received by the Office of Behavioral Services or the Southeast Regional Office, including determining whether or not there is need for immediate response. Provide technical assistance to providers, team members, guardians & individuals with Developmental Disabilities regarding how to address crisis situations.
Vigil, G. Gabriel	SOC/COM SV COORD-B	00071797	50.00%	MEDICAID	DOHJPA03371501		
Vincent, Anthony	REG NURSE-A	10105227	25.00%	SGF		SPMP Administrative Medical Case Management	Participate in medical reviews, assess the necessity for medical care associated with medical case management and case coordination activities as required by DDSD's clients. Licensed Registered Nurse. License Number R65496 expiration date 6/30/2016.
Vincent, Anthony	REG NURSE-A	10105227	75.00%	MEDICAID	DOHJPA03371501		
Visarraga, Catherine V.	OFFICE & ADMIN SUP-A	00032216	50.00%	SGF		General Program Administration	Provide general clerical support.
Visarraga, Catherine V.	OFFICE & ADMIN SUP-A	00032216	50.00%	MEDICAID	DOHJPA03371501		
Weems, Carrie	SOC/COM SV COORD-O	00027744	50.00%	SGF		Outreach	Responsible for managing statewide community inclusion initiatives for the Developmental Disabilities Supports Division (DDSD), to include supported employment and meaningful day activities for individuals with developmental disabilities served through the Developmental Disabilities Medicaid Waiver (DDW) Program. Coordinate efforts with the DDSD Regional Directors to fully integrate community inclusion activities, provide guidance at the system level for policy planning, development, and implementation and coordinate Jackson related requirements. Supervision of (2) two community inclusions leads and (12) twelve statewide community inclusion coordinators.
Weems, Carrie	SOC/COM SV COORD-O	00027744	50.00%	MEDICAID	DOHJPA03371501		
Welch, Suzanne L.	SOC/COM SV COORD-O	00015157	50.00%	SGF		Outreach	Provide technical assistance to case management agencies and providers on consumer related issues, as assigned documenting the technical assistance using an approved format. Review Individual Service Plans (ISP) for quality and adherence to regulations using an approved format.
Welch, Suzanne L.	SOC/COM SV COORD-O	00015157	50.00%	MEDICAID	DOHJPA03371501		

Name	State Personnel Job Classification	DDSD Tsk Prof ID	Percentage	FUND	Project ID	Medicaid Activities	Job Activities
Wester, Christine E.	STAFF	00043712	50.00%	SGF		Outreach	Represent the interests of persons with developmental disabilities & the Developmental Disabilities Supports Division on implementation and renewal of the Mi Via Self Directed Waiver.
Wester, Christine E.	STAFF	00043712	50.00%	MEDICAID	DOHJPA03371501		
Williams, Rose Mary	SOC/COM SV COORD-O	00015129	50.00%	SGF		Outreach	Provide technical assistance to providers & teams to ensure services are of an appropriate intensity, individualized and meet individuals' needs. Metro lead to provide technical assistance to providers regarding children and young adults on the DD Waiver.
Williams, Rose Mary	SOC/COM SV COORD-O	00015129	50.00%	MEDICAID	DOHJPA03371501		
Winters, Madelon	BEHAV HEALTH THERPST	00043741	50.00%	SGF		Outreach	Implement compliance with the DD Waiver State Plan. Perform quality assurance functions as per plan of action related to Behavioral Support consultation services. Provide crisis intervention assistance to teams, providers, behavior support consultants, and individuals.
Winters, Madelon	BEHAV HEALTH THERPST	00043741	50.00%	MEDICAID	DOHJPA03371501		
Wright, Crystal J.	STAFF	00032217	50.00%	SGF		General Program Administration	Develop and implement program administrative policies and procedures. Provide general supervision of Regional Office Staff to ensure compliance with DDSD's program objectives and goals.
Wright, Crystal J.	STAFF	00032217	50.00%	MEDICAID	DOHJPA03371501		

Division of Health Improvement
ASB / Incident Management Bureau

Monthly Time Study

Name: Steve Baacke

Perm. #24040

Phone: 468-8111

E-mail: steven.baacke@state.nm.us

Week of: 8/23-29/2014

Day of the Week	Sat. 8/23/2014		Sun. 8/24/2014		Mon. 8/25/2014		Tues. 8/26/2014		Wed. 8/27/2014		Thurs. 8/28/2014		Fri. 8/29/2014		Total Hours for Each Activity	
	DD	MF	DD	MF	DD	MF	DD	MF	DD	MF	DD	MF	DD	MF	DD	MF
No. of Hours in Each Activity																
IMS Intake																
Investigations					2.00				4.00		3.00				9.00	
Report Writing							8.00		4.00				7.00		19.00	
Developing or Providing Training																
Receive Training																
Travel					5.00						8.00				13.00	
Mortality Review																
Support																
Other					1.00								1.00		2.00	
SUB-TOTAL																43.00
MEDICAID WAIVER RELATED (DDW or MFW)																
NON-WAIVER RELATED																
TBI, FIT, Behavioral Health																
Other																
SUB-TOTAL																43.00
*Leave (ANNUAL, ADMLV, COMPT, SICK, HOL, etc)																

Specify Date & Details of Above Activities Where Required on the Lines Below:

Employee Signature:

Date:

Supervisor Signature:

Date:

