InteCare

INDIANA MHFRP ACTIVITY CODE SUMMARY

> The following information defines each of the activity codes for use in filling out the time study.
> **General rule as it relates to each activity code:**
> **Time spent driving nd doing paperwork should be coded the same code as the activity it supports.**

ACTIVITY CODE	DESCRIPTION OF ACTIVITY CODE	ACTIVITIES
A. **Direct Medical Services and Other State Medicaid Programs**	Activities that provide direct medical services to individuals or groups of individuals to diagnose correct or ameliorate a specific condition or the provision of other state Medicaid covered services. Note: Targeted Case Management services are coded here when the client is Medicaid enrolled and eligible to receive targeted case management services and/or if the activity is being **BILLED**.	**Activities:** ➢ Provision of services reimbursed through the Medicaid Clinical Option (MCO) and Medicaid Rehabilitation Option (MRO), e.g. targeted case management services ➢ Direct clinical/treatment and therapeutic services ➢ Developmental assessment and diagnostic testing ➢ Administering first aid, emergency care, or medication ➢ Providing individual, family, or group counseling services to treat health, mental health, or substance abuse conditions ➢ Developmental assessment, diagnostic testing, and evaluation of results ➢ Health Status Monitoring ➢ Giving an injection ➢ Time is covered by grant or contract ➢ Billing Medicaid ➢ Documenting progress notes ➢ Participating (BILLING) in treatment team meetings ➢ Supervision BILLING (staffing client issue with supervisor/doctor/nurse etc.) ➢ Medicaid services performed on behalf of Foster Care Clients

B. Non-Medical and Non-Medicaid Related, Educational, or Social Services	Activities provided which are not medical in nature, such as education or social services provided to clients.	**Activities:** ➤ Providing activities of daily living services **other than through MRO** ➤ Non-therapeutic counseling ➤ Teaching job skills ➤ Helping a client with employment applications or searching for jobs ➤ Appearing in court on behalf of a client ➤ Helping client with resume building

C. Medicaid Outreach	Activities that inform staff, eligible or potentially eligible clients, their families, and/or the community about Medicaid covered services and how to obtain them. .	**Activities:** ➤ Explaining the services that are covered under Medicaid ➤ Helping individuals and their families access Medicaid health resources or informing them about the benefits of the Medicaid program and how to obtain Medicaid covered services ➤ Identifying individuals who may be at risk of poor health outcomes and linking them to Medicaid covered services ➤ Creating or distributing educational materials about Medicaid services ➤ Informing individuals and their families about the benefits of Medicaid services such as targeted case management ➤ Developing a system for ensuring that clients obtain needed preventative and health services by providing information on accessing transportation and assistance with scheduling of appointments, paperwork, and travel time directly associated with any of the above activities ➤ Informing individuals for directions to agency, hours of business, or programs/services offered ➤ Health fairs

D. Non-Medicaid Outreach	Activities that inform staff, eligible or potentially eligible clients, their families, and/or the community about non-Medicaid services and how to obtain them, such as WIC, TANF, legal aid, DMHA supported consumer and housing services	**Activities:** ➢ Developing, disseminating, or presenting non-Medicaid materials to effectively inform eligible individuals about non-Medicaid services and where to obtain services ➢ Informing individuals and their families about non-Medicaid programs such as the DMHA Supported Consumer (DSC), WIC, TANF, housing services ➢ Explaining services available under non-Medicaid programs. ➢ Conducting outreach campaigns directed toward persons to access social, education and legal services.

E. Facilitating Access to Medicaid Eligibility	Activities that assist an individual, client, or their family in becoming eligible for Medicaid. This code includes all related paperwork, clerical activities, or staff travel to perform these activities.	**Activities:** ➢ Explaining Medicaid eligibility rules and the enrollment process to potentially eligible clients and their family ➢ Referring an individual or family to the Local Assistance Office to fill out an application for Medicaid benefits ➢ Assisting an individual in completing the Medicaid eligibility application, including interpreting the application and gathering information and documents in support of the application ➢ Monitoring/assisting eligibility with re-determination for Medicaid and assisting individuals to provide third party resource information at Medicaid eligibility intake

F. Facilitating Non-Medicaid Program Eligibility	Activities that assist an individual, client, or their family in becoming eligible for non-Medicaid programs, such as, food stamps, DMHA Supported Consumer (DSC) WIC, TANF, housing, vocational programs or legal aid.	**Activities:** ➤ Explaining non-Medicaid eligibility rules & the enrollment process to potentially eligible clients and their family ➤ Completing the assessment and paperwork for DMHA Supported Consumer (CANS or ANSA) ➤ Checking eligibility for private insurance or any other payor ➤ Referring an individual or his/her family with eligibility for non-Medicaid programs.

G1. Referral Coordination and Monitoring of Medicaid Services	As a certified mental health agency for Indiana State Medicaid, activities in this category go above and beyond exceptional clinical care in a fee for service environment to ensuring Medicaid recipient receive comprehensive health care services Activities reflect not only making the referral, but walking the client through the process, following up with the client to ensure treatment was received, arranging transportation, etc.These activities do not require participants' skilled professional medical knowledge. But may performed by both SPMP and Non-SPMP If case planning, referral, coordination, and monitoring of Medicaid services is being performed on the behalf of **foster care clients**, the activities should be coded under Code A	**Activities:** ➤ Referring a client to Medicaid services for clinical treatment and therapeutic services via access line/call center or high-risk Medicaid recipient as required by the State of IN, not my client and not billing ➤ Reviewing information and providing feedback for appropriate triage and assist with administrative case coordination via access line and/or high-risk client, not my client and not billing ➤ Arranging for and/or providing transportation services for a client or family to access Medicaid services ➤ Arranging for translation services for a client or family to access Medicaid services outside of my agency ➤ Monitoring and evaluating medical interventions, plans of care and assuring interventions of Medicaid services meet the appropriate level of care as oversight of the Medicaid programming only provided by a certified mental health agency, such as MRO, not my client and not billing ➤ Preparing on call schedules for weekends and after hours to meet IN State Medicaid requirements for access and availability as a certified mental health center

| G2. SPMP Referral Coordination and Monitoring of Medicaid Services | As a certified mental health agency for Indiana State Medicaid, activities in this category go above and beyond exceptional clinical care in a fee for service environment to ensuring Medicaid recipient receive comprehensive health care services
Activities reflect not only making the referral, but walking the client through the process, following up with the client to ensure treatment was received, arranging transportation, etc. These activities require providers' skilled professional medical knowledge.

Only staff categorized as one of the following are eligible to use this code: **Physician. Nurse. Psychologist. Therapist. and Social Worker-LCSW, LSW.**

If case planning, referral, coordination, and monitoring of Medicaid services is being performed on the behalf of **foster care clients**, the activities should be coded under Code A. | **Activities:**

➢ Referring a client to Medicaid services for clinical treatment and therapeutic services via access line/call center or high-risk Medicaid recipient as required by the State of IN, not my client and not billing

➢ Reviewing information and providing feedback for appropriate triage and assist with administrative case coordination via access line and/or high-risk client, not my client and not billing

➢ Monitoring and evaluating medical interventions, plans of care and assuring interventions of Medicaid services meet the appropriate level of care as oversight of the Medicaid programming only provided by a certified mental health agency, such as MRO, not my client and not billing |

H. Referral Coordination and Monitoring of Non-Medicaid Services	Activities that include making referrals, coordinating, or monitoring the delivery of non-Medicaid covered services	**Activities:** ➢ Referring to non-medical diagnostic or treatment services ➢ Gathering information that may be required in advance of referrals or evaluations to non-Medicaid covered services such as the DMHA Supported Consumer (DSC), food stamps, WIC, childcare, TANF, housing, vocational programs or legal aid. ➢ Coordinating necessary non-Medicaid covered services for clients ➢ Monitoring and evaluating the non-medical components of the individual's plan of care and ensuring that the plan of care objectives are achieved and appropriate ➢ Arranging for and/or providing transportation or translation services for a client or family to access non-Medicaid services ➢ Working with Probation Officers or DCS

I. Medicaid Provider Relations	Activities that include establishing, maintaining, and increasing provider resources to identify and have available qualified providers of essential Medicaid covered health services.	**Activities:** ➢ Recruiting providers to provide Medicaid covered services to meet the needs of the population and IN Medicaid program standards on behalf of the state; ➢ Identifying potential Medicaid providers and linking them with payors to facilitate Medicaid provider enrollment ➢ Facilitating the dissemination of information to providers on Medicaid policy and regulations. ➢ Developing Medicaid service provider directories ➢ Participating in meetings with Medicaid providers to assure maintenance or improvement of covered health services

J1. Program Planning Development and Agency-Wide Coordination	Activities that include planning and developing health related programs and services and the interagency and intra-agency coordination of those Medicaid covered services. .	**Activities:** ➤ Utilization review of IN Medicaid programs/services only provided by a certified mental health agency, such as MRO, access and availability, TCM, etc.; ➤ Quality improvement activities as required by the State to report on and monitor IN Medicaid Program outcomes specific to certified mental health agencies; ➤ Working with other Medicaid providers to create/improve/expand Medicaid services to the community; ➤ Participating in the development of clinical pathways, best practices, or evidenced based treatment/medical protocols for specific DSM diagnoses for statewide implementation; ➤ Participating in the development of State plans and strategies that address the clinical capacity of medical/mental health services provided to Medicaid eligible individuals to meet the population health needs in a specific community; and ➤ Providing technical assistance on practitioner protocols, including development of uniform policy and procedures on the care and treatment of Medicaid eligible individuals based on IN Medicaid Program requirements of a certified mental health agency
J2. SPMP Program Planning Development and Agency-Wide Coordination	Activities that include planning and developing Medicaid covered health related programs and services and the interagency and intra-agency coordination of those Medicaid covered health related services. These activities require providers' skilled professional medical knowledge. *Only staff categorized as one of the following are eligible to use this code:* **Physician. Nurse. Psychologist. Therapist. and Social Worker-LCSW, LSW.**	**Activities:** ➤ Utilization review of IN Medicaid programs/services only provided by a certified mental health agency, such as MRO, access and availability, TCM, etc.; ➤ Quality improvement activities as required by the State to report on and monitor IN Medicaid Program outcomes specific to certified mental health agencies; ➤ Working with other Medicaid providers to create/improve/expand Medicaid services to the community; ➤ Participating in the development of clinical pathways, best practices, or evidenced based treatment/medical protocols for specific DSM diagnoses for statewide implementation; ➤ Participating in the development of State plans and strategies that address the clinical capacity of medical/mental health services provided to Medicaid eligible individuals to meet the population health needs in a specific community; and ➤ Providing technical assistance on practitioner protocols, including development of uniform policy and procedures on the care and treatment of Medicaid eligible individuals based on IN Medicaid Program requirements of a certified mental health agency

K. Medicaid Administrative Training	Activities that include coordinating, conducting, or participating in training events and seminars for outreach/administrative staff regarding the benefit of the Medicaid program, how to assist individuals and families in accessing Medicaid covered health services, and how to more effectively refer to Medicaid covered services.	**Activities:** ➢ Training on referral and coordination of individuals to Medicaid services. ➢ Participating in or coordinating training which improves the skills necessary to perform the administration of Medicaid programs which may include training related to access, outreach, referral, coordination, and monitoring, program services requirements, program development, and Medicaid Services, e.g., MRO; ➢ How to fill out paperwork pertaining to Medicaid ➢ Training about Medicaid benefits, how to identify Medicaid clients, and how to refer clients to Medicaid
L. Non-Medicaid Administrative Program Training	Activities that include coordinating, conducting, or participating in training events and seminars for staff regarding the benefit of non-Medicaid programs, such food stamps, DSC, WIC, TANF, housing, vocational programs or legal aid, how to assist individuals and families in accessing non-Medicaid covered health services, and how to more effectively refer to non-Medicaid programs.	**Activities:** ➢ Participating in or presenting training that improves the quality of identification, referral, and coordination of individuals to non-Medicaid services ➢ Participating in or coordinating training which improves the knowledge and skills of personnel that is necessary to perform non-Medicaid program services ➢ Participating in or coordinating training which improves the delivery of services for programs such as vocational rehabilitation ➢ Training on DMHA Supported Consumer (DSC).

M. Family Planning Referral	Activities that include providing family planning Medicaid administrative case management, outreach coordination and pregnancy prevention referral services to individuals of childbearing age to Medicaid covered services.	**Activities:** ➢ Identifying and referring at risk clients who may need Medicaid family planning services ➢ Coordinating Medicaid Family planning services ➢ Referring to Planned Parenthood or Health Department

N. General Administrative	General administrative activities in support of the local agency. This code includes all related paperwork, clerical activities, or staff travel to perform these activities. NOTE: Attending continuing education training that gives licensed personnel CEUs toward maintenance of their license is a Code A activity.	**Activities:** ➢ Taking paid lunch, break, or leave (vacation/PTO/ holidays) ➢ Reviewing technical literature and research articles ➢ Attending or facilitating general agency meetings ➢ Developing budgets and maintaining records ➢ Processing payroll or other personnel related documents ➢ Maintaining inventories and ordering supplies ➢ Participating in Human Resource training. ➢ Performing other administrative or clerical activities related to general building or agency functions/operations ➢ Meeting with direct reports /supervisor and performance reviews ➢ Team/staff meetings
O. Non-Paid Time	This Activity Code is used to account for unpaid time.	**Activities:** ➢ Not scheduled to work ➢ Person's workday has not started ➢ Staff person is Part-time ➢ Staff person is on an unpaid status ➢ Staff person is carrying a pager or is on call but is not on the clock

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