

# **Montana Medicaid Administrative Claiming Program**

## **Coordinators' Guidelines for Developing Participant Listings and Administering Time Study**

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## Medicaid Administrative Claiming Program Overview

### Introduction

Congratulations. Your district has made the decision to participate in the Montana Medicaid Administrative Claiming (MAC) Program and as such will be taking advantage of reimbursement that is available from Medicaid for administrative activities associated with health services provided to students in schools. This Coordinator's guide will give you an overview of the MAC Program, detail the role of the MAC Coordinator and provide examples of the forms necessary to complete the documentation required for program participation.

The State of Montana, Department of Public Health and Human Services (DPHHS), Child & Adult Health Resources, is the state agency that is responsible for developing and implementing the MAC Program.

### Overview of Medicaid in Schools

Schools have been able to provide and obtain reimbursement from Medicaid for health services provided to students since the early 1990s. There are several pieces of legislation and regulations that make this possible:

- Title XIX of the Social Security Act.
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program - This is a special program for Medicaid beneficiaries under 21 years of age. The purpose of EPSDT is to ensure that through periodic check ups and early detection, children's health problems are prevented and/or ameliorated.
- The Medicare Catastrophic Coverage Act - Enacted in 1988, this act contains provisions that permit state Medicaid programs to provide reimbursement for medical services provided as part of a child's Individualized Education Plan (IEP).
- Individuals with Disabilities Education Act (IDEA) – This act provides for the provision of related services that may be health-related, to support the education of students with disabilities.
- Medicaid School-Based Administrative Claiming Guide developed by the Center for Medicare and Medicaid Services (CMS) specifically to provide guidance for this program, May 2003.

Medicaid can be an important source of funding for schools, particularly because the cost of providing special education can greatly exceed the federal assistance provided under the Individuals with Disabilities Education Act (IDEA). Children who qualify for IDEA are frequently eligible for Medicaid services. Although Medicaid is traditionally the "payer of last resort" for health care services, it is required to reimburse for IDEA related medically necessary services for eligible children before IDEA funds are used.

There are currently two Medicaid programs available to schools in Montana. They are the Direct Services Program and the MAC Program. This guide specifically addresses implementation processes for the MAC Program.

## Overview of Medicaid Administrative Claiming Program

The MAC program allows school districts and cooperatives to be reimbursed for some of the costs associated with administration of school-based health services as well as outreach activities, which are not claimable under the Medicaid Direct Services Program. In general, the types of school-based health and outreach activities funded under MAC are to:

- Locate, identify and refer individuals needing medical/dental/mental health related services after the initial development of an IEP,
- Assist families in accessing Medicaid services through education and public awareness, and
- Seek appropriate providers and care for individuals.

A key focus of the MAC program is the Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program, which is used to ensure a comprehensive, preventative health care program for Medicaid eligible children aged 3 through 20.

In order to administer this program the following must occur:

1. Districts and cooperatives must sign up to participate in the program (*Memorandum of Understanding*)
2. Clinicians who perform the activities that are reimbursable through this program must be identified (*Participant Listing*)
3. A sampling of the work done by these clinicians must be obtained (*Time Study*)
4. Data from the school districts and cooperatives regarding monies spent to maintain the staff members that provide these services must be collected (*Financial Data Collection*)

This guide addresses the documentation requirements for developing the Participant Listing and coordinating time study participation. Another guide will address the requirements for financial data collection.

## Role of the MAC Coordinator

As your district's MAC Coordinator, you play a very important part in the accurate and effective administration of the MAC Program. You will be responsible to:

At the onset of the program:

- Ensure that your district has completed a Memorandum of Understanding (MOU) with the DPHHS in order to participate in this program.
- Ensure that your district is participating in the Direct Services program (either directly or through a local cooperative).

On a quarterly basis:

- Identify the employees and contractors in your district that will participate in the program.
- Prepare an electronic data file containing employee information needed for the process and send the file to DPHHS.
- Coordinate training participation for those individuals completing the time study.

- Receive time study observation forms from DPHHS and distribute the forms to the specified employee. This is done thru the [WebRMS](#) electronic system with a user ID and password assigned by DPHHS.
- Receive completed forms back from employees.
- Review completed forms for appropriate content.
- Provide written validation for the required forms.
- Return completed forms to DPHHS. The data is entered directly into the [WebRMS](#) electronic system.
- Monitor employees' participation, including contacting employees to pursue overdue forms.

Please review the following sections carefully for more detailed guidelines on meeting these responsibilities.

#### Entering a MOU with DPHHS for MAC Program Participation

If you have received this guide, your district should have already signed a Memorandum of Understanding with the DPHHS. The MOU only needs to be completed for the duration of participation in the program. If you have not, please contact:

**Rena Steyaert, Program Officer**

Montana Department of Public  
Health and Human Services  
Health Resource Division  
P.O. Box 202951  
Helena, MT 59620

Phone: (406) 444-4066

Fax Number: (406) 444-1861

Email: [rsteyaert@mt.gov](mailto:rsteyaert@mt.gov)

## Guidelines for Developing the Participant Listing

In order to develop a Participant Listing, it will be helpful to understand the time study process and the associated random moment sampling.

### Time Study Overview

The time study is intended to quantify the amount of time that participants spend completing activities that are reimbursable through the MAC program. The time study method used is called a random moment sample (RMS) method. The process is designed to be as quick and unobtrusive to participants as possible.

### Random Moment Sampling

The RMS method measures the work effort of the entire group of staff (identified on the Participant Listing) involved in the school district's medical and health-related services, by sampling and analyzing the work efforts of a cross-section of the group. RMS methods employ a technique of polling employees at random moments over a given time period and tallying the results of the polling. The method provides a statistically valid means of determining what portion of the selected group of staffs' workloads are spent performing activities that are reimbursable by Medicaid through this program.

First, each district must identify the staff that will participate in the MAC program and indicate these staff on the Participant Listing. Then when the Participant Listings are returned to DPHHS, all participants for all participating districts will be included in one sample pool and random moments for the time study will be generated.

Each calendar quarter, the following process will be initiated:

1. A portion of the statewide pool of selected employees and contractors will be identified to participate in the RMS time study.
2. For each employee selected, one or more forms will be generated by DPHHS indicating the specific date and time that the employee is to be surveyed, or "sampled" (selected employees may be sampled more than once during a given quarter).
3. Forms will be distributed thru the [WebRMS](#) electronic system to each school district's designated MAC Coordinator, who will then be responsible for distributing each form to the selected employee.
4. All participants completing the time study must be trained by the MAC Coordinator on the purpose of the time study and how to complete the form.
5. At the specified date and time, the employee will be expected to complete the survey form (referred to as an "observation" form).
6. Forms are then returned to the MAC Coordinator for entry of the information into the [WebRMS](#) system and final review done by DPHHS.

## Guidelines for Choosing MAC Participants

Only certain school district staff may be included on the MAC Program Participant Listing. In order to optimize the effectiveness and accuracy of the time study it is important that all appropriate staff are selected to participate and that inappropriate staff are omitted. Review the following guidelines carefully to select your district's participants.

1. Time study participants may be any direct employees of the school district, contract employees, part-time employees, temporary employees and any other category of individuals receiving pay from the school district. This does not include individuals such as parents or other volunteers who receive no compensation for their work or in-kind contributions.
2. Generally, school district employees or contract staff with the job titles/activities listed below may be included in time studies. Clerical staff, supervisory staff and administrators who provide direct support exclusively to time study participants usually do not participate in time studies.

- |  |   |
|--|---|
| 1. Administrators for Special Education  | 11. Occupational Therapists and Assistants  |
| 2. Audiologists and Audiology Assistants   | 12. Orientation and Mobility Specialists  |
| 3. Bilingual Specialists   | 13. Physical Therapists and Assistants  |
| 4. Counselors  | 14. Program and Staffing Specialists (including staff like Mobility, Behavioral and Transportation Paraprofessionals) |
| 5. Diagnosticians  | 15. Psychologists and Interns   |
| 6. Dietitians  | 16. Recreation Therapist  |
| 7. Home to School Coordinators/Liaisons for Special Education  | 17. Registered Nurses   |
| 8. Interpreters  | 18. Respiratory Therapists  |
| 9. Licensed Practical Nurses or School Health Aides  | 19. Social Workers  |
| 10. Medicaid Billing Clerks (If the Medicaid Billing Clerks are performing activities that are reimbursable under the MAC Program) | 20. Speech-language Pathologist and Aides   |
|  | 21. Student Services Personnel  |
|  | 22. Work-Study Coordinator  |

3. Staff that are compensated 100% from Federal funds must not be included on the Participant Listing. Staff that are partially paid from Federal funds may be included.
4. Only staff that perform any of the following activities as part of their routine work tasks should be selected to participate:

**ACTIVITIES:****OUTREACH TO MEDICAID PROGRAM**

*Informing eligible or potentially eligible individuals about Medicaid and how to access it, describing the range of services covered under Medicaid and how to obtain Medicaid preventive services. Both written and oral methods may be used. Includes related paperwork, clerical activities, training (including training regarding Medicaid outreach), or staff travel required to perform these activities.*

**Examples:**

- Informing Medicaid eligible and potential Medicaid eligible children and families about the benefits and availability of services provided by Medicaid (including preventative treatment and screening) including services provided through the EPSDT program
- Developing and/or compiling materials to inform individuals about the Medicaid program (including EPSDT) and how and where to obtain those benefits
- Distributing literature about the benefits, eligibility requirements and availability of the Medicaid program, including EPSDT
- Assisting the Medicaid agency to fulfill the outreach objectives of the Medicaid program by informing individuals, students and their families about health resources available through the Medicaid program
- Providing information about Medicaid EPSDT screening (e.g., dental, vision) in schools that will help identify medical conditions that can be corrected or improved by services offered through the Medicaid Program
- Contacting pregnant and parenting teenagers about the availability of Medicaid prenatal, and well baby care programs and services
- Providing information regarding Medicaid managed care programs and health plans to individuals and families and how to access them
- Encouraging families to assess medical/dental/mental health services provided by the Medicaid program

**FACILITATING AN APPLICATION FOR MEDICAID**

*Assisting an individual or family in becoming eligible for Medicaid. Includes related paperwork, clerical activities, training (including training regarding Medicaid eligibility) or staff travel required to perform these activities.*

**Examples:**

- Referring an individual or family to the local assistance office to complete an application for Medicaid benefits
- Explaining the Medicaid eligibility process to prospective applicants
- Providing assistance to the individual or family in collecting required information and documents for the Medicaid application
- Assisting the individual or family in completing the application

## **REFERRAL, COORDINATION AND MONITORING OF MEDICAID SERVICES**

*This code includes making referrals for and coordinating and/or monitoring the delivery of medical/mental health services. Linking the individual and family with Medicaid service providers to plan, carry out and maintain a health service plan. Includes related paperwork, clerical activities, training (including training regarding referral, coordination and monitoring of medical services), or staff travel required to perform these activities.*

### **Examples:**

- Scheduling and/or coordinating EPSDT screens or other medical and mental health diagnostic services
- Gathering any information that may be required in advance of referrals or evaluations for necessary medical health, mental health or substance abuse services
- Coordinating necessary medical, mental health or substance abuse services covered by Medicaid which were identified as a result of a screen or evaluation
- Assisting in coordinating and/or scheduling health care appointments for the individual or family
- Participating in meetings/discussions to coordinate or review an individual's need for health related services covered by Medicaid
- Providing information to other staff about the individual's related medical/mental health services and plans
- Monitoring compliance with periodicity schedules to ensure immunizations are received in a timely manner
- Scheduling and/or coordinating the delivery of immunizations

## **CLIENT ASSISTANCE TO ACCESS MEDICAID SERVICES**

*Arranging for specific support provisions, such as transportation or translation assistance, which are necessary for an individual or family to access Medicaid services. Includes related paperwork, clerical activities, training (including training regarding medical transportation service and coordination) or staff travel required to perform these activities.*

### **Examples:**

- Arranging for or providing translation or signing services that assist an individual or family accessing and understanding necessary care or treatment
- Arranging for transportation for an individual or family to access Medicaid services

## **PROGRAM PLANNING, POLICY DEVELOPMENT AND INTERAGENCY COORDINATION RELATED TO MEDICAL SERVICES**

*Activities associated with the development of strategies to improve the coordination and delivery of medical/mental health services to school age children.*

*This code includes time spent developing, monitoring, and implementing tracking systems to assess the effectiveness of these services and programs. Includes related paperwork, clerical activities, training (including training regarding program planning, policy development and interagency coordination of medical services) or staff travel required to perform these activities.*

### **Examples:**

- Working with other health agencies to improve the coordination, delivery, and access of medical/mental health services
- Developing internal plans and strategies to increase service capacity and close service gaps
- Monitoring the effectiveness of medical/mental health services in schools
- Developing procedures for tracking the requests of families for assistance with Medicaid services and providers
- Working with other agencies and/or providers that provide medical/dental/mental health services to improve the coordination and delivery of services, to expand their access to specific populations of people eligible for Medicaid, and to increase provider participation and improve provider relations
- Working with Medicaid resources, such as the Medicaid agency and Medicaid managed care plans, to make good faith efforts to locate and develop EPSDT health service referral relationships
- Developing advisory or work groups of health professionals to provide consultation and advice regarding the delivery of health care services to the school population
- Developing EPSDT referral resources (e.g., directories of Medicaid providers who will provide EPSDT services to certain population groups)
- Coordinating with interagency committees to identify, promote and develop EPSDT services in the school system
- Coordinating with advisory committees for EPSDT early intervention programs or other Medical health initiatives
- Coordinating the medical/mental health service programs provided in schools with other community medical/mental health programs and agencies

## Preparing Participant Listing

A Microsoft Excel spreadsheet has been provided as a template for school districts' use in providing required data for personnel to be included on the Participant Listing. As a result of this listing, employees will be included in the time study sample pool. Save and retain a blank copy of this template in a folder on your computer's hard drive for use in upcoming quarters. Please follow these instructions to complete the template.

## Guidelines

In general, the following guidelines should be followed each quarter:

- Each employee included on the Participant Listing can only be listed once.
- When entering data elements such as School Names, be consistent in the spelling used throughout the template. Abbreviations are acceptable as long as the abbreviations are used consistently.
- Do not change the column headings used in the template.
- Do not add additional columns, insert macros, or create range names within the template.
- Column widths may be adjusted as needed.

## Required Data Elements

Each of the following pieces of information (except Middle Name) must be provided for each employee included on the Personnel Listing:

**District Code** – The length of the District Code field is currently limited to 3 characters.

Please choose your district's code from the tab on the bottom of the Participant Listing workbook called "District Code". Each code has to be a unique identifier for data entry in the time study software.

**District Name** – Use the district name that is listed with the District Code on the tab on the bottom of the Participant Listing workbook called "District Code".

**School Code** – This code is limited to 10 alpha-numeric characters and must be unique for each school or administrative office location. One idea is to use your district code number then 101, 102, etc. (Ex. 289101; 289 is district code) In determining how detailed to be in assigning School Codes and School Names, keep in mind that this information will primarily be used to assist district MAC Coordinators in routing observation forms to employees.

**School Name** – Use a school or administrative office location description that is most meaningful and useful to district personnel, particularly those persons that will be responsible for routing forms and reports. Use abbreviations to shorten names that are excessively long. Do not use periods or hyphens. *As noted above, be consistent in the spelling used for the same location throughout the template. The school name must correspond with the school code that you assign.*

**Job Code** – Please refer to the tab at the bottom of the Participant Listing spreadsheet that is called "Job Codes" and enter the code that most closely corresponds to the employee's job title.

**Job Title** – Use the job title that is listed with the Job Code on the tab on the bottom of the Participant Listing spreadsheet called "Job Codes". The job title will automatically fill in on the newer templates.

**Work Schedule** – Use one of the work schedules that are included in the Work Schedule on the tab at the bottom of the Participant Listing spreadsheet. Remember to spell out the word “Schedule” with a number.

**Fund Code** – Enter the accounting code(s) for the fund(s) from which the non-Federal portion of the employee’s salary is paid. If the employee is paid from more than one fund, please list in one cell comma delimited.

**Function Code** – Enter the accounting code for the function to which the employee is assigned. If the employee is paid from more than one function, please list in one cell comma delimited.

**Employee ID** – This identifier is limited to 12 characters and must be unique for each employee included in the statewide sample pool. Social Security numbers are typically used. If the social security number is used, please enter it without hyphenation.

**First Name** – Enter the first name of the employee.

**Middle Name** – Enter the middle name or initial of the employee. This is the only optional data element in this file. It is recommended when you have more than one employee with the same first and last name included on your Participant Listing.

**Last Name** – Enter the last name of the employee.

## Saving and Submitting Your Employee Data File

- Attach the completed file to an e-mail message and [email to: rsteyaert@mt.gov](mailto:rsteyaert@mt.gov) using the subject line “(District Name) Participant List QXXX”:

## Questions

If you need assistance in completing or submitting your employee data file, please contact:

**Rena Steyaert, MAC Program Officer**  
DPHHS  
P.O. Box 202951  
Helena, MT 59620

Phone: (406) 444-4066  
Fax Number: (406) 444-1861  
[Email: rsteyaert@mt.gov](mailto:rsteyaert@mt.gov)

## Preparing Participant Listings for Subsequent Quarters

Once you have submitted the Participant Listing for the first quarter, you will need to submit a new listing each quarter that your district participates in the MAC program. The easiest way to do this is one of the following:

- Set up a process where you can electronically gather the information each quarter and reformat it into the Participant Listing spreadsheet to be emailed to DPHHS, or
- Save the Participant Listing from the previous quarter, make updates directly on the spreadsheet and save as the next quarter's Participant Listing. Keep a copy of that Participant Listing for the next quarter's update.

## Training for Time Study Participants

All staff selected to participate in a random moment sample must participate in training and testing that ensures an adequate understanding of activities and the coding system used for data collection. This training must be provided prior to the start of the random moment sample. Training options will vary as the MAC program is developed and implemented. DPHHS staff will contact you to inform you of available training options.

## Handling of Time Study Forms and Reports

Most of the work effort associated with being your district's MAC Coordinator involves the routing, review and data entry of time study observation forms. The success of the time study process ultimately depends on the timely and accurate routing and completion of observation forms. The last part of the data entry is important and needs to be done by the end of the quarter. This section provides a brief overview of how the process should work, focusing on the responsibilities of the MAC Coordinator.

### Receipt of Observation Forms from DPHHS

You should expect to be notified by DPHHS when the time study observation forms are available in the Web RMS system to print one week prior to the beginning of sample period. With the forms, a Control List of the observations scheduled for your district during the quarter is also available. This listing will show each observation's:

- Sample ID number
- The date and time that the form should be completed and
- The name, job description and location of the employee that should complete the form

### Routing of Observation Forms to Employees

In most cases, these forms should be routed to employees in weekly batches, with each week's batch going out the week prior to the sample week. That is, distribute the observation forms before the start of the week for which the employee must complete the form. Collect them at the end of the sample week and complete the data entry of them in the [WebRMS](#) system.

## How to Proceed if an Employee Has Left the District

If the district no longer employs the participant for whom the form was intended, the observation may still be completed if both of the following conditions exist:

- The position that employee was in has been refilled
- The new employee has been trained to complete the time study

If so, replace the old employee's name on the form with the new employee's name and route the form to the new employee. Remember to update the next Participant Listing appropriately.

If the position of the intended employee is vacant or the new employee has not been trained, make a note on the form explaining the situation and choose Activity 14 for the data entry of the incomplete form in the [WebRMS](#) electronic system.

## Receipt and Review of Completed Forms

Participants should be instructed at training to complete the observation form at or shortly after the specified date and time and return the form to the MAC Coordinator as promptly as possible. Upon receiving the completed form, the MAC Coordinator should perform a cursory review of the form to confirm that:

- The employee checked one, and only one, box in each of Sections 1 and 2 of the observation form
- The employee signed and dated the form and that the signature date is the same as the observation date shown on the form and not pre-dated
- The employee has completed the 3 questions with information to describe the activity they were performing at the sample date and time and that it properly correlates to the activity code and title checked in Section 2 of the form

If any of the above items are not true, the MAC Coordinator should attempt to contact the employee as soon as possible to discuss the error or route the form back to the employee with a note asking them to make the needed correction.

## Data Entry of Observation Forms for DPHHS

At the end of each week, all completed observation forms should be entered into the [WebRMS](#) electronic system. As each form is returned, the MAC Coordinator should mark that form's listing on the Control List. All completed forms should be returned to:

**Rena Steyaert, MAC Program Officer**  
DPHHS  
P.O. Box 202951  
Helena, MT 59620

Phone: (406) 444-4066  
Fax Number: (406) 444-1861  
[Email: rsteyaert@mt.gov](mailto:rsteyaert@mt.gov)

### **Monitoring Employee Participation**

MAC Coordinators should attempt to insure that every observation form generated for their district is completed and data entered for DPHHS. To assist in achieving this goal, MAC Coordinators are strongly urged to use the Control List of observations as a checklist for return of all observations. MAC Coordinators are responsible for contacting the employee to obtain the missing forms.

### **Questions**

If you have questions concerning developing the Participant Listing or the time study process, please contact:

**Rena Steyaert, MAC Program Officer**

DPHHS

P.O. Box 202951

Helena, MT 59620

Phone: (406) 444-4066

Fax Number: (406) 444-1861

Email: [rsteyaert@mt.gov](mailto:rsteyaert@mt.gov)

## Frequently Asked Questions About the Participant Listing

The following is a sample of what the Excel Spreadsheet Electronic Participant Listing looks like. The answers to the most frequently asked questions appear below.

District Code	District Name	School Code	School Name	Work Schedule	Job Code	Job Title	Employee ID	First Name	Middle Name	Last Name	Fund Code	Function Code

### Where do I find the district code?

On the electronic version of the Participant Listing, there is a tab at the bottom of the spreadsheet that is called "District Codes". Please look there for the code that you will use on this form.

### Do I have to include the district name and code on each line of the spreadsheet?

Yes, please use the same district code and the same spelling of the district name for each entry on the spreadsheet. Use the copy and paste feature available through Microsoft Excel.

### Where do I find the school code?

School codes are developed by each participating district. Please use a school code that is most appropriate for school personnel to understand. The purpose of this code is to be able to sort RMS time study participant forms to an individual school for district distribution. Please remember to accurately use these codes each time you develop a Participant Listing.

### What is the work schedule?

The work schedule represents the typical schedule of the employee listed on the Participant Listing. Please choose a schedule option from the tab at the bottom of the spreadsheet that best fits the employee's work schedule. The posted schedule on the tab may not be the exact one you need but one needs to be selected and the word "Schedule" must be included in the field.

### Why am I including fund codes and function codes on this listing?

The Purpose of entering accounting codes in this document is two fold. First, it helps you validate that the staff listed on the Participant Listing is not paid 100% from Federal funds. Second, it prepares you for the final step of the MAC reimbursement requirement – Financial Data Gathering.

### **Where do I find the job code?**

On the electronic version of the Participant Listing, there is a tab at the bottom of the spreadsheet that is called "Job Codes". Please look there for the code that you will use on this form.

### **What is an appropriate number to use for the employee ID?**

A preferred number to use in this column is the employee's Social Security number. The MAC Program Officer is the only person who sees the information on the participant listing. If the district is not comfortable sharing this number on the Participant Listing, then you can use the district code #, school code #, and the employee initials. This number has to be specific to the employee and does not change from quarter to quarter and can be used. If the employee Social Security number is used, please do so without hyphenation. The employee ID number is used as a unique identifier in the time study software.

### **Can I use employee nicknames?**

You can use any name that you feel is appropriate for a participant, however, please be consistent in using the same name for the same employee quarter after quarter.

### **If an employee works in more than one position or at more than one school in the district, should I enter that person two times on the spreadsheet?**

No. Please enter each employee that is appropriate for participation in the MAC program based on his or her primary function in the district, including them only once on the listing.

[Information regarding School-Based Medicaid Services, including manuals, fee-schedules, and guides can be found at https://medicaidprovider.mt.gov/](https://medicaidprovider.mt.gov/)