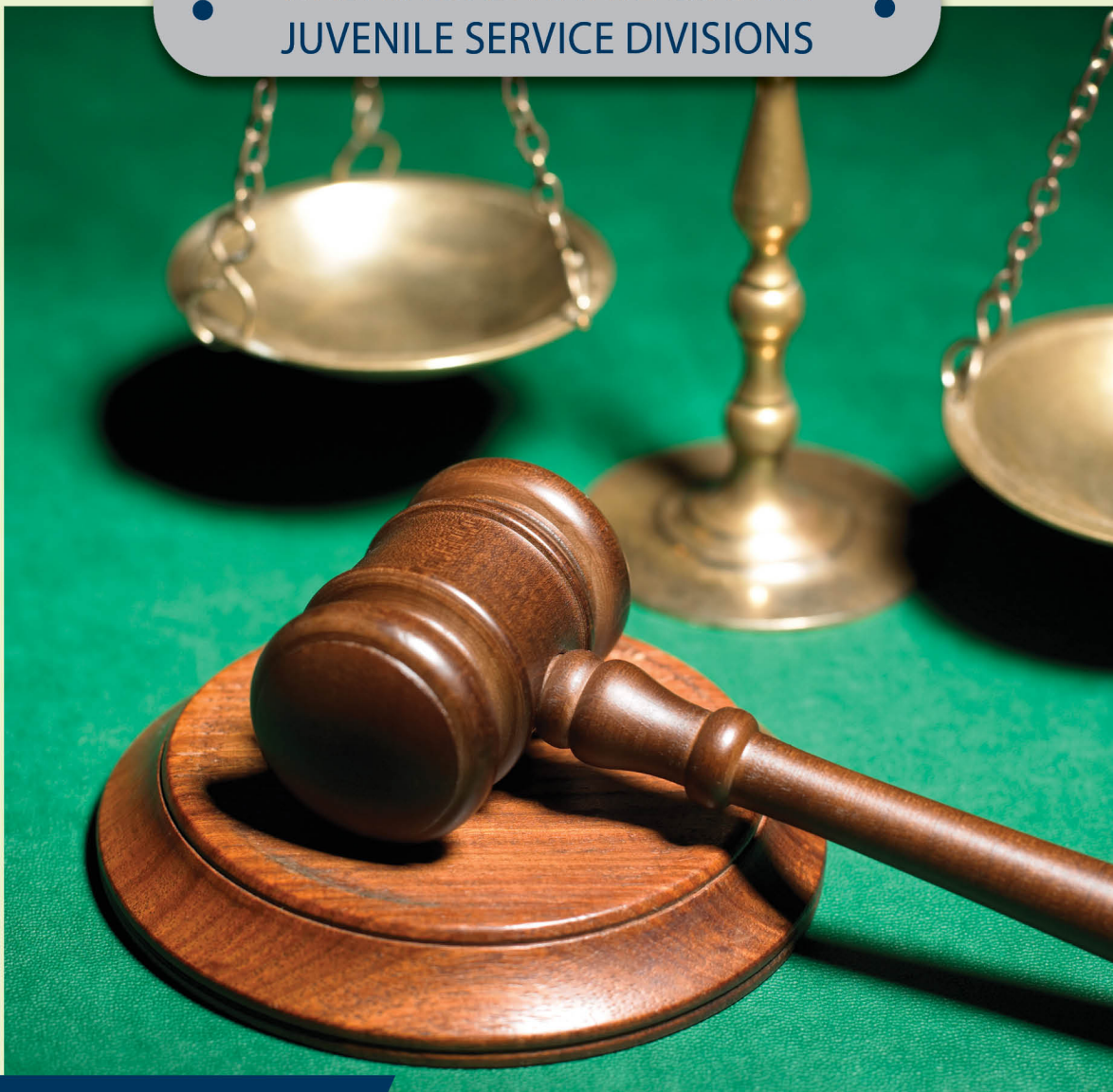# Medicaid Administrative Claiming RMTS Coordinator Manual

WASHINGTON STATE COURTS
JUVENILE SERVICE DIVISIONS

UPDATED JANUARY 2022

Washington State Health Care Authority

Contents

INTRODUCTION

The purpose of this Health Care Authority (HCA) Medicaid Administrative Claiming (MAC) Random Moment Time Study (RMTS) Coordinator Manual (Manual) is to provide an overview of the MAC program and the roles and responsibilities of the Washington State Courts Juvenile Service Divisions (WSCJSD) MAC Coordinator/backup for the RMTS. This Manual also provides step-by-step instructions for completing the Coordinator's duties.

PURPOSE OF THE WASHINGTON STATE MAC PROGRAM

Federal funds are available through the HCA MAC program to reimburse WSCJSD for the cost of activities that support the efficient administration of the Washington State Medicaid Plan. HCA contracts with multiple local governmental entities in addition to WSCJSD to carry out the goals of the MAC program, which include:
- Outreach to residents with no or inadequate medical coverage
- Explaining benefits of Washington Apple Health (Medicaid)
- Assisting residents in applying for Apple Health
- Linking residents to appropriate Apple Health covered services
- Informing individuals about Apple Health and the benefits or services offered through Medicaid.

Note: Application assistance activities solely for the purpose of determining eligibility for a qualified health plan within the Exchange will be coded as Non-Medicaid application assistance (see activity code 2a).

APPLICABLE LAWS, REGULATIONS AND PUBLISHED GUIDANCE

To participate in MAC the WSCJSD must comply with applicable federal and state laws, regulations, published guidance, or their successors. These include, but are not limited to:
- Section 1902 (a) of the Social Security Act
- Code of Federal Regulation (CFR) Title 42 and Title 45
- Medicaid School-Based Administrative Claiming Guide May 2003
- Revised Code of Washington (WAC)
- This Manual
- Uniform Administrative Requirements Cost Principles and Audit Requirements for Federal Awards
- OMB Circular A-133, Audits of States, Local Governments and Non-Profit Organizations
- Washington State Medicaid Plan

MAC PARTICIPATION REQUIREMENTS

INTERLOCAL AGREEMENT WITH HCA

WSCJSD must enter into an Interlocal Agreement with HCA in order to participate in the MAC program. The contract must be fully executed (signed by both parties) prior to the first calendar quarter in which WSCJSD first participates in the MAC Program.

HCA-UMASS AGREEMENT

HCA has entered into a contract with the University of Massachusetts Chan Medical School (UMass) for the operation of the statistically valid RMTS model and for the day-to-day administration of the time study and claim calculations. HCA and UMass meet on a regular basis and have worked closely to develop and implement the RMTS model for WSCJSD.

Contact Information	
University of Massachusetts Chan Medical School Center for Health Care Financing RMTS & School-Based Medicaid Program 333 South Street Shrewsbury, MA 01545 MedicaidAdmMatch@UMassmed.edu Phone: 800-535-6741 Fax: 508- 856-7643	**Health Care Authority** Medicaid Administrative Claiming P.O. Box 45530 Olympia, WA 98504-5530 MAC@hca.wa.gov Phone: 360-725-1907 Fax: 360-664-4371

HCA ADMINISTRATIVE FEES

The administrative fee for the MAC program and the UMass contract fee is intended to cover the cost of staff effort at the HCA and UMass to administer the program. WSCJSD is responsible for paying HCA this fee and the process for HCA to collect will be automated and will be two line items withholding from each quarterly claim.

HCA can provide more information if you have any questions.

SUBCONTRACTORS

Subcontracting is not permitted for WSCJSD in the MAC Program.

MAC COORDINATOR AND BACKUP

WSCJSD is required to establish a MAC Coordinator and Backup Coordinator. These coordinators are responsible for monitoring the MAC program to ensure compliance with all applicable laws, regulations, and guidelines specific to MAC, and are required to comply with all roles, responsibilities, limitations, restrictions, and documentation requirements described in the HCA MAC contract, manuals, training materials or other documentation provided. The MAC coordinator is responsible for ensuring all aspects of the time study are functioning and in compliance in addition to ensuring all aspects of the claiming/invoicing process are functioning and in compliance. HCA expects the MAC program to be managed similarly to other federal awards and expects the Coordinator to report to, or work closely, with an administrator assigned oversight authority within the Washington State Courts Juvenile Service Divisions system.

THE ROLE OF THE MAC COORDINATOR

The MAC Coordinator is responsible for the participation of WSCJSD in the MAC program. This portion of the Manual provides step-by-step instructions for managing the time study components of the MAC program.

The MAC Coordinator responsibilities are best understood as a set of tasks which are generally time-limited to before, during, and after the quarter, as well as annual and ongoing tasks. There are many resources available to help you understand your responsibilities and ensure you meet program requirements and deadlines.

MAC PARTICIPATION TASKS

This list of tasks offers a step-by- step process for the successful management of your MAC program. As laid out below, the list includes explanations of why the tasks must be completed and refers to more detailed sections of the Manual and supporting documents.

BEFORE THE QUARTER STARTS

STEP 1: Identify staff who will participate in the time study.

> **STEP 1a**: Review Current Time Study Participants
> - Update participant information and/or status in the RMTS system.
> - Verify that no participants are 100% federally funded.
> - Verify or update the participant's work schedule

> **STEP 1b**: Identify New Time Study Participants
> - Verify the participant has an "Eligible Job Classification." If the classification is not listed but the participant regularly performs MAC activities, it must be submitted to HCA for review and approval.
> - Remove any participants that are 100% federally funded or have 100% of their costs in your agency's indirect rate.
> - Enter participant demographics, work schedule and other data into the RMTS system.

STEP 2: Update the WSCJSD **Calendar in the RMTS**
- Update the quarterly calendar in the RMTS system. This calendar sets the standard business days, holidays, and closures.

STEP 3: Certify the Participant List
- You must certify the participant data entered is in compliance and accurate by checking the certification box in the RMTS. You cannot change the participant list once it has been certified. You must be sure all participant data (work schedules and demographics) is entered for new participants or updated for current participants, and that the agency calendar has been updated. The RMTS system will then auto generate a master list of RMTS participants for the quarter and store it. This list cannot be changed once it is certified.

STEP 4: **Verify all staff participating in the MAC program have completed the required training prior to answering their first moment.**
- New participants are notified of the training requirements via their RMTS "welcome" emails. The coordinator is responsible for ensuring all participants have completed the required trainings on time.

> **STEP 4a**: Verify all participants have completed the annual online training.
> - Staff cannot participate in the MAC program until they have completed the online training.

STEP 5: Have your IT staff review the latest version of the Technical Notes/System Requirements to ensure computer operating systems and browser versions are current.

DURING THE QUARTER

STEP 1: Monitor the RMTS to ensure moments are answered within 5 business days.
- You may view moments in the RMTS and e-mail participants asking them to complete their random moments.
- Follow up with participants who have not completed their moments in a timely manner; stress the importance of completion for the statistical validity of the RMTS.
- Use the "RMTS Participant Not Completed Report" to track the number of expired moments in the RMTS, by individual participant.

STEP 2: Update Participant Data as needed and submitting Change of Status Forms
- Limited participant data can be updated during the quarter. This includes updating email addresses or the participant's work/employment status (termination, retirement, extended leave). "Extended leave" means the participant will be absent from work for the majority of the quarter (two or more months). These changes will not affect moments already drawn for the current quarter. Updates are made on the "participant" page in the RMTS.
- **Complete Change of Status (COS) form (See section on Change of Status Form)**
  If a participant's status changes during a quarter complete and submit a COS. For example, if a participant is:
    - No longer employed
    - Retired
    - On extended leave / vacation
    - Change of job position

AFTER THE QUARTER ENDS

Confirm and enter actual staff salary and benefits into RMTS.
- This information is to be used for claim calculation within 120 days after the close of the quarter. (All salaries and benefits entered into the RMTS must be reconciled with WSCJSD Financial statements.

ANNUALLY

STEP 1: Enter the WSCJSD **Calendar for the year.**
- Ensure all holidays and other known dates of closure are captured on the Calendar.
  Note: The calendar may also be updated before each quarter**.**

STEP 2: Ensure all MAC Participants Complete the Annual online Training
- Remind current RMTS participants of the annual online refresher training requirement.
- Verify participants received the RMTS notifications for accessing the training and the deadline.

ONGOING
-
- **Provide training and technical assistance to staff participating in the MAC program as needed.**
    - Follow up with participants who have incomplete moments
    - Monitor participation and minimum response rates
    - Participate in scheduled Medicaid meetings/trainings
    - Answer general participant questions throughout the quarter
    - Maintain required documentation
    - Serve as liaison between HCA
    - Assist with providing HCA with any requested documentation

RANDOM MOMENT TIME STUDY MANAGEMENT

The RMTS system (System) is a web-based program designed to determine the amount of time and corresponding cost that can be claimed to the MAC program. The System uses a common set of activity codes.

MAC ACTIVITY CODES

In order to determine the amount of time spent performing MAC activities and their related costs, staff participate in an RMTS. This method identifies the amount of time staff spent performing one or more federally-approved MAC activity codes. The activity codes represent all the work performed by KCSCJPS staff participating in the MAC program. Some of these activities are allowable for MAC reimbursement; others are not. The activity codes are summarized in the following chart. The Activity Code Descriptions provide detailed information on each code, as well as activity examples, and is available on the HCA website.

SUMMARY OF MAC ACTIVITY CODES

Code 1a	Non-Medicaid Outreach
Code 1b	Medicaid Outreach
Code 2a	Facilitating Application for Non-Medicaid Programs
Code 2b	Facilitating Medicaid Eligibility Determination
Code 3	Non-Medicaid Other Program Activities
Code 4	Direct Medical Services
Code 5a	Arranging Transportation for Non-Medicaid Services
Code 5b	Arranging Transportation for Medicaid Services
Code 6a	Arranging or Coordinating Non-Medicaid Translation or Interpretation
Code 6b	Arranging or Coordinating Translation or Interpretation Related to Medicaid Services
Code 7a	Program Planning, Policy Development, and Interagency Coordination Related to Non-Medicaid Services
Code 7b	Program Planning, Policy Development, and Interagency Coordination Related to Medical/Medicaid Services
Code 8a	Non-Medical/Non-Medicaid Related Training
Code 8b	Medical/Medicaid Related Training
Code 9a	Referral, Coordination, and Monitoring of Non-Medicaid Services
Code 9b	Referral, Coordination, and Monitoring of Medical/Medicaid Services
Code 10	General Administration

ELIGIBLE JOB CLASSIFICATIONS

The following job classifications have been approved to participate in the MAC program. Staff in these job classifications who perform allowable MAC activities as part of their regular work may be included in the MAC program. These examples are not all-inclusive. If you have a job classification that is not listed below, please consult with HCA. The HCA will work with UMass to evaluate the job classification to determine if it is allowable in the MAC program.

Job Category:

At-Risk Youth Case Manager
Education & Employment Specialist
Health and Education Advocacy
Juvenile Probation Counselor
Juvenile Probation Counselor, Lead
Juvenile Probation Supervisor
Social Worker

THE RANDOM MOMENT TIME STUDY

The RMTS is the primary basis of allocating allowable costs to the MAC program. The System allows participants to record their work activities at random moments during their standard work hours throughout the quarter. These random moments represent a one (1) minute interval of time.

When participants are responding to a moment, they will use the internet to log into the web-based System to record their activities. The participant will respond to four main questions in the System to document what they were doing during that moment. The questions will have several predefined responses to choose from, or the participant may free-type a response. The System will randomly assign moments throughout the entire quarter to all staff who are participating in the RMTS.

The System is comprised of the web-based time study and claiming systems. After the end of the quarter, the System calculates all the random moments to determine the percentage of time staff spent performing various activities. These time study results are used in the claiming system to calculate the amount of time staff spent performing various activities including MAC activities and calculate the MAC reimbursement amount. The System uses this data in conjunction with the WSCJSD specific expenditure data to generate the quarterly A19-1A Invoice Voucher (A19).

RMTS RESPONSE RATE AND STATISTICAL VALIDITY

It is a federal requirement that any RMTS used for the MAC program must be statistically valid and it must achieve 2,401 valid moments each quarter. To ensure there are enough valid moments to reach statistical validity, the RMTS includes a 15% oversample, for a total of 2,761 moments. The moments in each quarterly RMTS consist of all scheduled time within the individual work schedules of all participating staff. Agency holidays and weekends are excluded from the sample.

The RMTS generates a random sample of 2,761 moments prior to the start of the quarter. No participants will be assigned moments outside their work schedules. All moments must be completed within five (5) business days (Monday-Friday, excluding holidays), and be certified as true and accurate by the participant. Any moment completed after the five (5) business day deadline, not returned at all, or if HCA has requested additional information from a participant and the information has not been received within two (2) weeks, will be counted as invalid unless there is supporting documentation why the moment was not answered.

NON-COMPLIANCE AND CORRECTIVE ACTION

HCA and UMass will monitor the response rate of WSCJSD by reviewing the RMTS Compliance Status Report. If the 85% compliance rate is not met, the invalid moments are reported to a non-Medicaid time study code, and included in the calculation of time study results. Any non-response rate greater than 15% is unacceptable, and HCA will require remedial action:

- **Non-response rates greater than 15%:**
    - HCA will send written notification to the WSCJSD MAC Coordinator requesting a corrective action plan.
    - WSCJSD must develop and submit the corrective action plan to HCA for approval within 30 working days of HCA's notification.

- o   Failure to provide a timely corrective action plan may result in contract termination.
- o   85% compliance rate must be met in the following quarter.
- **Non-response rates greater than 15% for two (2) consecutive quarters:**
  - o   HCA will reduce reimbursement by 35% when WSCJSD does not meet the 85% compliance rate for two consecutive quarters.
  - o   WSCJSD will be notified via certified mail of the reduced reimbursement.
  - o   85% compliance rate must be met in the following quarter.
- **Non-response rates greater than 15% for three (3) consecutive quarters:**
  - o   HCA will deny all reimbursement for the third consecutive quarter.
  - o   HCA will evaluate on individual basis the WSCJSD continue participation in the MAC program.
  - o   The WSCJSD will be notified via certified mail of the withheld reimbursement and HCA decisions regarding continue participation of the MAC program.

WSCJSD must abide by all rules and limitations as outlined in the contract and this Manual. HCA may perform on-site monitoring visits at the WSCJSD when not in compliance, and/or need any additional support at any time in the program.
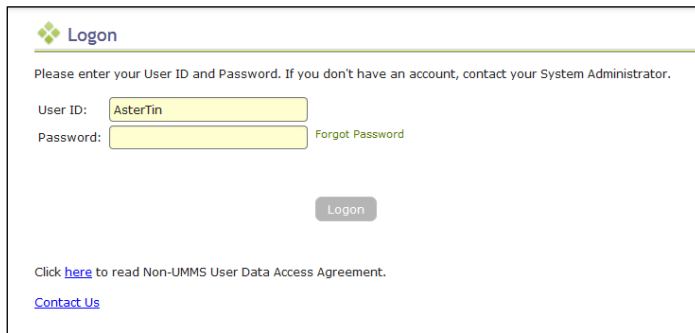
OVERVIEW OF THE RMTS SYSTEM

This section of the Manual contains an overview of the components of the RMTS, with a goal of providing a better picture of how the tasks that must be completed by the MAC coordinator fit into the larger RMTS system. Detailed instructions for using the RMTS site are also included in this section.

THE LOG IN

Each participant has a unique user ID and password that is used to log into the **RMTS site** to respond to moments and to access training videos and other resources.

Login with your User ID and password

> **Logon**
>
> Please enter your User ID and Password. If you don't have an account, contact your System Administrator.
>
> User ID: AsterTin
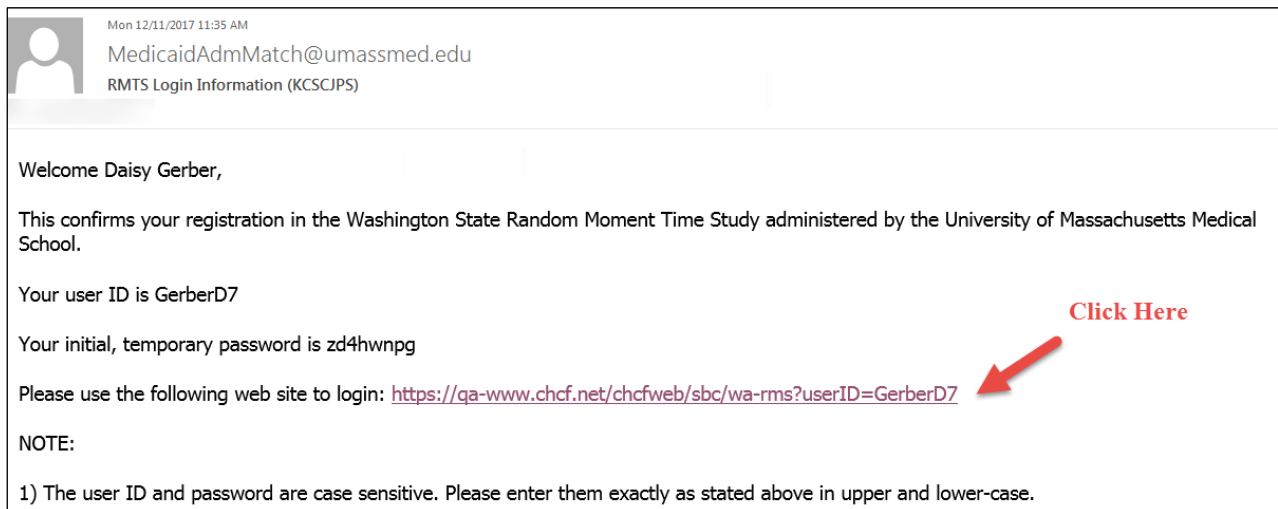> Password: Forgot Password
>
> [Logon]
>
> Click here to read Non-UMMS User Data Access Agreement.
>
> Contact Us

RMTS PASSWORD RESET

Lost passwords can be reset quickly and easily. Just follow the step by step directions and screen shot examples:

STEP 1: Navigate to the UMass website or from any of the RMTS emails you have received notifying you of a random moment, click on the hyperlink to take you to the RMTS website.

> Mon 12/11/2017 11:35 AM
> MedicaidAdmMatch@umassmed.edu
> RMTS Login Information (KCSCJPS)
>
> Welcome Daisy Gerber,
>
> This confirms your registration in the Washington State Random Moment Time Study administered by the University of Massachusetts Medical School.
>
> Your user ID is GerberD7
>
> Your initial, temporary password is zd4hwnpg   **Click Here**
>
> Please use the following web site to login: https://qa-www.chcf.net/chcfweb/sbc/wa-rms?userID=GerberD7
>
> NOTE:
>
> 1) The user ID and password are case sensitive. Please enter them exactly as stated above in upper and lower-case.

STEP 2: From the login page of the RMTS website, click on the "Forgot/Reset Password" hyperlink.

STEP 3: Enter your e-mail address where indicated, and click the 'reset' button.

STEP 4: An automated email will be delivered to your email box within a few minutes. This email contains your user ID and a temporary password that you can use to access the website. Copy the temporary password from the email, and then click on the website link in the email to return to the website.

STEP 5: At the login page of the RMTS website, paste in the temporary password where indicated (your User ID will be pre-populated if you accessed the URL from an email) and click the 'login' button.

STEP 6: If you have never logged in before, you will need to accept the User Access Agreement. Whether you have logged in before or not, you will be prompted to change your password. Choose a password you will easily remember and click the 'save' button.

PARTICIPANT MANAGEMENT

If you are logged into the WSCJSD Claiming system, select *'RMTS Admin'* from the left-hand navigation menu to transfer to Participant Management.

The My Participants grid for the Random Moment Time Study (RMTS) identifies individuals that you have named to participate in the RMTS. Prior to the start of a quarter, the MAC Coordinator uploads or updates information about each RMTS participant into the RMTS system. The information includes the participant's name, job description, claiming unit, supervisor, work schedule, and employment status.
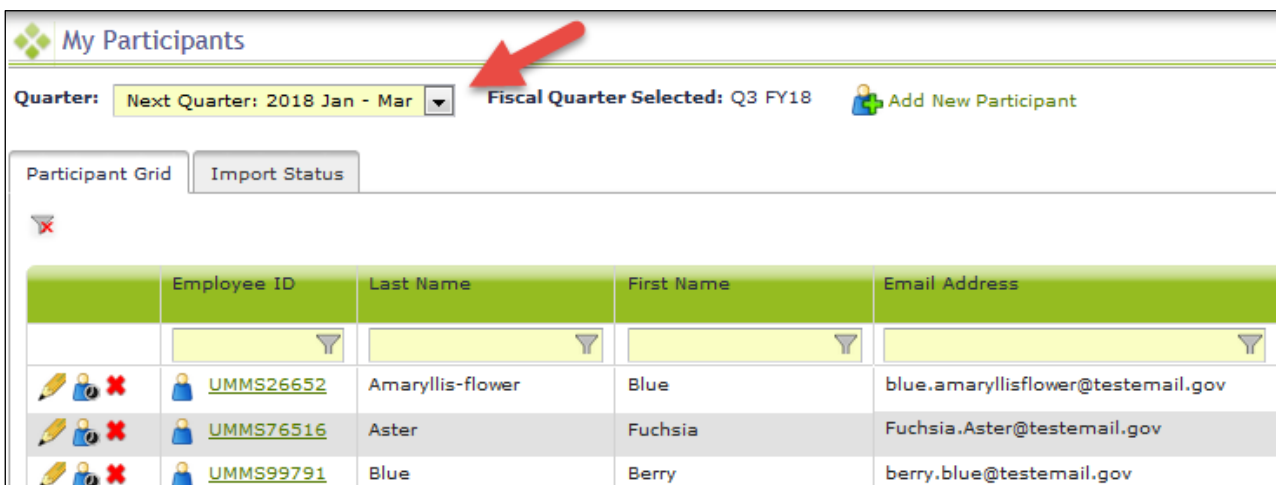
From this screen, you will be able to:
- Add new participants
- Update information about current participants who will be continuing to participate
- De-activate staff members who will no longer be participating
- Re-activate staff who participated in the past, but did not participate in the most recent RMTS quarter

The system allows more than one way to complete most functions, including clicking on an action icon in the left hand column of the participant grid, opening a form by clicking on the Employee ID, making changes directly in the participant grid, or importing and exporting files.

CONFIRM THAT YOU ARE WORKING IN THE CORRECT QUARTER

The RMTS System will default to displaying participant information related to the Next Quarter. But it's always a good practice to double check that the Next Quarter is displayed in the *'Quarter'* navigational field near the top left of the screen.

GENERAL INFORMATION ABOUT USING THE 'MY PARTICIPANTS' GRID

On the grid, you will notice that the first four columns will freeze as you scroll to the right, and filters at the top of every field will help you search for information as you type in the field. Find what works best for you.

Maximize your screen to see as many fields as possible. Fields listed include: Employee ID, Last Name, First Name, Email Address, Job Description, Job Pool and Federally Funded %.

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If you need to navigate to a different quarter, select the quarter from the '**Quarter**' drop-down menu.

CREATING A PARTICIPANT LIST

UMass provides an Excel file template to complete the initial upload process. Dropdown menus, where provided, must be used to populate information (no manual entry allowed). For subsequent uploads the MAC Coordinator can use the extraction function to make any changes to future quarter participant lists.

Note: WSCJSD may only include staff on the participant upload file if they are eligible to participate in the RMTS. Each field must be completed. If the System does not recognize any data entered, it will not allow the file to upload. Rather than completing a brand new spreadsheet each quarter, the MAC Coordinator extracts the current participant list from the system. Once extracted, new staff can be added, and updates to any of the fields made. After the spreadsheet is updated it must be uploaded for use in the upcoming quarter.

The following is an example of the participant spreadsheet:

Employee ID	Last Name	First Name	Email Address	Job Pool	Job Description	Active Yes or No	Fed Fund %	Supervisor Email #1	Supervisor Email #2	Supervisor Email #3
UMMS26652	Amaryllis-flower	Blue	blue.amaryllisflower@testemail.gov	All Particpants	Juvenile Probation Supervisor	YES	0	super@pretend.mail		
UMMS76516	Aster	Fuchsia	Fuchsia.Aster@testemail.gov	All Particpants	Juvenile Probation Counselor	YES	0	super@pretend.mail		
UMMS99791	Blue	Berry	berry.blue@testemail.gov	All Particpants	Social Worker	YES	0	super@pretend.mail		
UMMS26648	Bougainvillea	Ruby	Ruby.Bougainvillea@testemail.gov	All Particpants	Social Worker	YES	0	super@pretend.mail		

Note there is no special naming convention requirement for the file name. We suggest you name the file something that will be helpful and meaningful to you so that you can accurately identify the file when you browse for it.

For example:
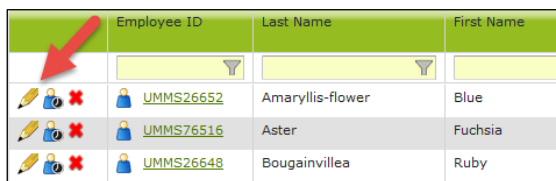
- Uploaded files names should include FY and the quarter.
  Example: HP_EXT_KCSCJPS_ALL_1_2017_01.xls

- In order to upload an additional file, change the version number at the end of the file name.
  Example: HP_EXT_KCSCJPS_1_2017_02.xls

EXPLANATION OF THE INFORMATION NEEDED FOR THE PARTICIPANT UPLOAD FILE

Title	Explanation
Court Name	KC Superior Court
Employee ID:	This is a number that is assigned by UMass. The participant will be identified by this number across participating quarters. Example UMMS26749
Last Name:	The last name of the participant.
First Name:	The first name of the participant.
Email address:	The worksite email address of the participant. No personal email addresses.
Job Pool:	All Participants
Job Description:	Employee of the KCSCJPS or a contracted staff
Active Yes or No:	Enter "Y" or "N" - This indicates the participant is actively participating in the time study.
Fed Fund %:	The percentage of salary that is paid from federal funds.
Supervisor email #1:	This is the first person other than the participant to receive a reminder if a participant fails to complete their moment 24 hours, 48 hours and 72 hours before the moment's expiration date.
Supervisor email #2:	This is the second person other than the participant to receive a reminder at if a participant fails to complete 24 hours, 48 hours and 72 hours before the moment's expiration date.
Supervisor email #3:	This is the third person other than the participant to receive a reminder if a participant fails to complete their moment 24 hours, 48 hours and 72 hours before the moment's expiration date.

EDITING INFORMATION

STEP 1: Click on the *'pencil'* in the left hand column.

- a. As you tab across each field, it becomes interactive and you can update information.
- b. After your edits are complete, save your changes by clicking on the *'green check mark icon'* in the left column, or cancel your changes and return to the grid view without saving by clicking on the *'black reverse arrow'*.

	Employee ID	Last Name	First Name	Email Address	Job Description	Fed Fund %	Supervisor Email #1
					(All)		
	UMMS26652	Amaryllis-flower	Blue	blue.amaryllisflower@testemail.gov	Juvenile Probation Supervisor	0	super@pretend.mail
✓ ↩	UMMS76516	Aster	Fuchsia	Fuchsia.Aster@testemail.gov	Juvenile Probation Counselor	0	super@pretend.mail
	UMMS99791	Blue	Berry	berry.blue@testemail.gov	Social Worker	0	super@pretend.mail

STEP 2: Click on the *'Employee ID'.*

	Employee ID	Last Name	First Name
✏ 👤 ✖	UMMS26652	Amaryllis-flower	Blue
✏ 👤 ✖	UMMS76516	Aster	Fuchsia
✏ 👤 ✖	UMMS26648	Bougainvillea	Ruby

     a.   Edit Participant form opens. Make edits and click *'Save'*.

Edit Participant

Fiscal Quarter Selected: Q3 FY18

Profile

* Employee ID :	UMMS26652
* Last Name :	Amaryllis-flower
* First Name :	Blue
* Email Address :	blue.amaryllisflower@testemail.gov
* Active Yes or No :	Yes

Job Details

* Job Pool :	All Particpants
* Job Description :	Juvenile Probation Supervisor
* Fed Fund % :	0

Supervisor Emails

Supervisor Email #1 :	super@pretend.mail
Supervisor Email #2 :	
Supervisor Email #3 :	

[New Change of Status Request] [Save] [Cancel]

INACTIVATING PARTICIPANTS

If someone is no longer going to participate in the RMTS program for the next quarter or indefinitely, they can be marked as inactive. If someone leaves during the quarter and moments have been generated, see the section on Change of Status (COS) forms.

	Employee ID	Last Name	First Name
✏ 👤 ✖	UMMS26652	Amaryllis-flower	Blue
✏ 👤 ✖	UMMS76516	Aster	Fuchsia
✏ 👤 ✖	UMMS26648	Bougainvillea	Ruby

a. You will see a confirmation box. Click **'Yes'**.
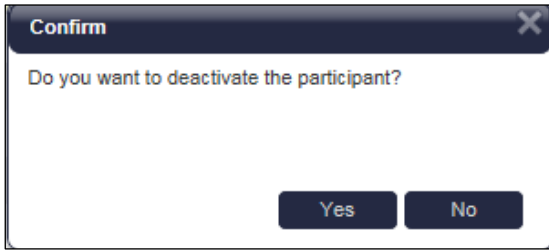
b. The person's information will no longer be displayed on the grid (unless you choose the option to display inactive participants).

STEP 2: Click on the **'Employee ID'**.

a. Edit Participant form opens. Change **'Active Yes or No'** field to **'No'**. Click **'Save'**.

RETURNING INACTIVE PARTICIPANTS

When a prior RMTS participant returns to the RMTS program for the next quarter, you can reactivate their participant information to include them. This prevents having to re-enter information.

Option 1: Click on the box labeled **'Include Inactive Participants'** on the right side, above the grid.

a. Click on the *'green arrows'* in the left hand column.

b. You will see a confirmation box. Click *'Yes'*.

c. The person's information will be displayed on the grid as an active participant.

Option 2: Click on the *'Employee ID'*.

a. Edit Participant form opens. Change *'Active Yes or No'* field to *'Yes'.* Click *'Save'*.

ADDING NEW PARTICIPANTS

STEP 1: Click on the *'Add New Participant'* link at the top of the grid.

a. Add Participant form opens. Add the appropriate information. Click *'Save'*.

EXTRACTING PARTICIPANT FILES

Following the initial quarter, the MAC Coordinator can extract a file listing all of the time study participants from the System.   This file can be edited to create the next quarter's eligible participant list and uploaded.

STEP 1: Select '***RMTS Admin'*** from the left-hand navigation menu to transfer to Participant Management.
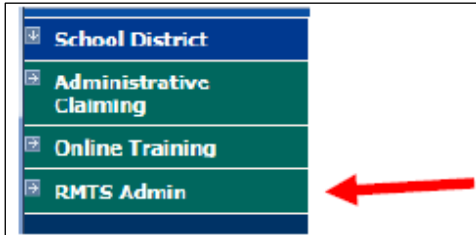
STEP 2: From the '***Quarter'*** dropdown menu, select the quarter you want to extract your participant file from.
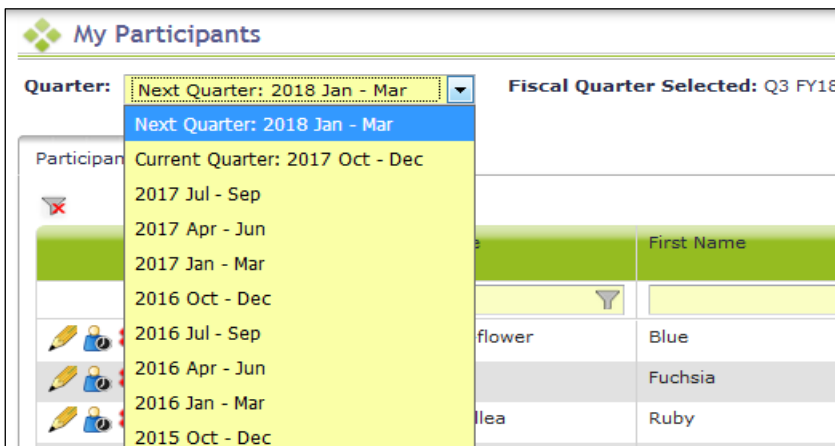
STEP 3: Click on the ***'Export to Excel'*** icon on the right-side of the screen.

STEP 4: Make any required changes to participant's information.

STEP 5: Add new participants.

STEP 6: Delete any participant as necessary

STEP 7: Name and save your file:

i. Note there is no special naming convention requirement for the file name.

ii. We suggest you name the file something that will be helpful and meaningful to you so that you can accurately identify the file when you browse for it.

iii. File names cannot exceed 45 characters in length.

iv. The file format cannot be changed (i.e., the file must be in the latest version of Excel (.xlsx)

Example: (HP_EXT_KCSCJPS_ALL_1_2017_01.xls)

This file is ready for upload

	A	B	C	D	E	F	G	H	I	J	K
	Employee ID	Last Name	First Name	Email Address	Job Pool	Job Description	Active Yes or No	Fed Fund %	Supervisor Email #1	Supervisor Email #2	Supervisor Email #3
	JMMS26652	Amaryllis-flower	Blue	blue.amaryllisflower@testemail.gov	All Particpants	Juvenile Probation Supervisor	YES	0	super@pretend.mail		
	JMMS76516	Aster	Fuchsia	Fuchsia.Aster@testemail.gov	All Particpants	Juvenile Probation Counselor	YES	0	super@pretend.mail		
	JMMS99791	Blue	Berry	berry.blue@testemail.gov	All Particpants	Social Worker	YES	0	super@pretend.mail		
	JMMS26648	Bougainvillea	Ruby	Ruby.Bougainvillea@testemail.gov	All Particpants	Social Worker	YES	0	super@pretend.mail		

UPLOADING PARTICIPANT FILES

Participant files must be uploaded 30 days before the start of each quarter, even if there are no changes from the current quarter. All participant files must be uploaded before moments are generated. This ensures an accurate pool of participants.

STEP 1: Click on the *'Import'* icon on the right-side of the screen.
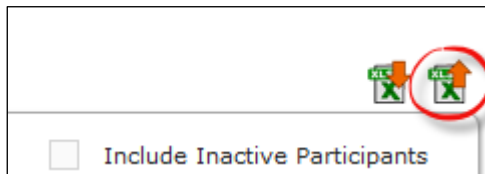
STEP 2: Confirm the Year and Quarter and then click *'Browse'*.
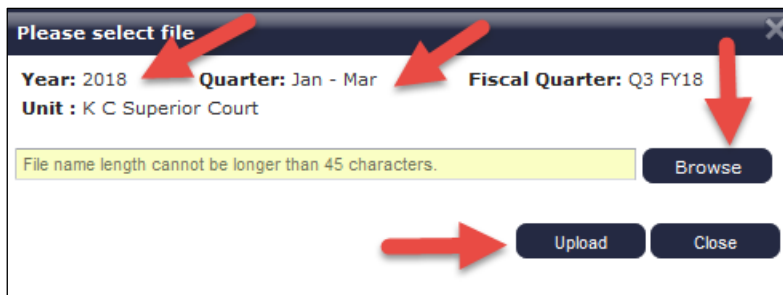
STEP 3: Select your file based on the name you assigned it and click *'Upload'*.

STEP 4: Review the Import Report to verify the changes. This report identifies all changes that your upload file will make to your participant list. These changes are detailed in three (3) sections:
- New Participants Added
- Deactivated Participants
- Upload Changes

Confirmation Report Confirmation Date: 12/12/2017 8:40:02 AM

State/Entity: KCSCJPS
Unit: K C Superior Court
Quarter: 2018 Q3 FY18
File Name: KCSC JPS FY18 Q3.xlsx

New Participants Added:

Employee ID	Last Name	First Name	Email Address	Job Pool	Job Description	Active Yes or No
UMMS99791	Blue	Berry	berry.blue@testemail.gov	All Particpants	Social Worker	Yes

Deactivated Participants:

Employee Id	Last Name	First Name	Email Address	Deactivated Start Date
UMMS80999	Dahlia	Azure	Azure.Dahlia@testemail.gov	1/1/2018 12:00:00 AM

Upload Changes:

Employee Id	First Name	Last Name	Field Name	New Value	Old Value
UMMS26653	Peony	Climbing-Ivy	Last Name	Climbing-Ivy	Ivy
UMMS26653	Peony	Climbing-Ivy	Email Address	Peony.Climbing-Ivy@Testemail.go	Peony.Ivy@Testemail.gov

[Review] [Confirm] [Reject]

STEP 5: Review the changes to make sure that everything is accurate. Then select one of the following actions:
- Review: Click this button to export an Excel version of the report for further review. **Note:** If you select this option, you will need to return to the *'Import Status'* tab to confirm or reject the upload file.
- Confirm: Click this button to confirm that the changes in the file are accurate and to process those changes.
- Reject: Click this button to reject the upload file if errors have been found. You will need to correct any errors and re-upload a new file.

STEP 6: Click on the *'Import Status'* tab, click on the Excel Report icon to open the Imported Report and *'Confirm'* the report if it is still in *'Review'* status. The report should be displayed as *'Successful'* when done.

My Participants

Quarter: Next Quarter: 2018 Jan - Mar ▼   Fiscal Quarter Selected: Q3 FY18   Add New Participant

Participant Grid | Import Status

File Name	Status	Report	Imported-By	Imported-Date/Time	Status Updated By	Status Updated-Date/Time
KCSC JPS FY18 Q3.xlsx	Successful	📄			Daisy Gerber	12/12/2017 08:40 AM
KCSC JPS FY18 Q3.xlsx	Review	📄	Daisy Gerber	12/12/2017 08:37 AM		

Note: *Changes and additions in the file will not be made to the system until this step has been completed. Participants who are not listed on the upload file will be deactivated for the upcoming quarter and will be reported on the "Deactivated Health Personnel" report.*

Note: *Files should not be left in Review status. If any files are left in Review status, they must be deleted in order to upload future files.*

COMPLETE QUARTER – FINALIZING PARTICIPANT MANAGEMENT

When all updates have been completed, and before the submission deadline (One month before each RMTS quarter), click *'Complete Quarter'* in the lower right hand corner. This will confirm that you have completed your updates for the next quarter and it will lock the system. If for any reason you realize you need to make changes after you have already marked a quarter as complete, contact UMass to open the Participant Management screens for you.

CHANGE OF STATUS REQUEST DURING THE QUARTER

If someone is not able to participate in the Random Moment Time Study after moments have been generated, you can submit a **Change of Status Request** using the *'My Participants'* screens.

STEP 1: Locate the participant for the Change of Status and click on the *'Employee ID'* for that person.

STEP 2: Click *'New Change of Status Request'*

STEP 3: Select Change of Status Type from the drop-down menu.

Change of Status Request

Participant Information

Participant Name:	Tiana Bayou
Participant Employee ID:	UMMS81685
Job Pool:	
Job Description:	607

Change of Status Request

Change of Status Type:
Select an Type...
Change of Employment Status
Leave of Absence
Termination

Reason:

STEP 4: Depending upon the Change of Status Type, other questions will be asked. When completed, click '*Submit'*.

Change of Status Request

Change of Status Type: Leave of Absence

Leave of Absence Reason: Select an Reason...

☐ Paid
☐ Unpaid
☐ Undetermined

Change of Status Request

Change of Status Type: Change of Employment Status

Change of Employment Status Reason: Select an Reason...

Change of Employment Status Start Date:

Change of Status Request

Change of Status Type: Termination

Termination Reason: Select an Reason...

Termination Start Date:

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STEP 5: You will receive a confirmation message. Click *'Confirm'*.

Confirm ✕

Once approved, this participant will be removed from the RMTS process. Are you sure you want to submit the Change of Status?

[Confirm]   [Cancel]
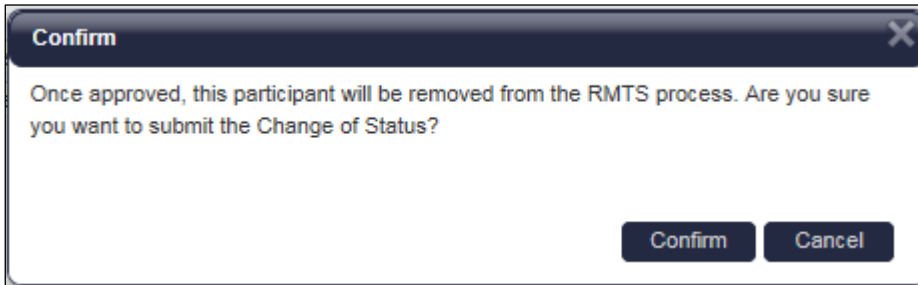
RMTS CALENDAR MANAGEMENT

The purpose of this section is to provide an overview of the calendaring feature within the RMTS System. This section also provides step-by-step instructions for how to successfully set up the work schedules specific, and participant-level calendars.

CALENDAR OVERVIEW

The System follows the state fiscal year which runs from July 1st through June 30th. The following table lists the dates for each quarter of a fiscal year.

First Quarter	Second Quarter	Third Quarter	Fourth Quarter
July'16 –Sept'16	Oct.'16 —Dec.'16	Jan'17. – March'17	April'17 —June'17
July'17 – Sept '17	Oct.'17 —Dec.'17	Jan.'18 – March'18	April'18 —June'18
July'18 – Sept '18	Oct.'18 —Dec.'18	Jan.'19 – March'19	April'19 —June'19
July'19 – Sept '19	Oct.'19 —Dec.'19	Jan.'20 – March'20	April'20 —June'20
July'20 – Sept '20	Oct.'20 —Dec.'20	Jan.'21 – March'21	April'21 —June'21

Prior to beginning the time study, WSCJSD must identify their general work hours, workdays, scheduled closures such as holidays and typical employee work shifts. The MAC Coordinator enters this calendar information into the System prior to the beginning of each quarter. All calendar changes must be made before moments are generated. Moments will only be generated during the days and hours the MAC Coordinator enters in the System's calendar.

One month before each RMTS quarter, you will complete the following tasks:

- Annually, by June 10, enter your general calendar
- Quarterly, create any new Work Schedules
- Quarterly, edit your Work Schedule date and time information
- Review system-generated reports to ensure the accuracy of your Work Schedules

TASK ONE: ENTER HEALTH PERSONNEL CALENDARS

1. Click on the *'Health Personnel'* Tab
2. Select *'KC Superior Court'* from the Unit drop down menu
3. Select a participant from the *'Health Personnel'* drop down menu
4. Select the correct Fiscal Year from the *'Fiscal Year'* drop down menu
5. Click on the *'Show Calendar'* button

6. Click on the *'Generate Calendar'* button

The Work Schedule calendar is automatically populated with the non-moment days that were set up on the WSCJSD calendar. Enter any additional days off, or change days off as needed.

7. In the Shifts section, you may change the default start time and end time. Highlight the current time in the start/end field and enter the updated information. Select the save icon.

To change the hours for a specific day, follow the steps below:

- Select the day, (if multiple days, simply click on the selected days to turn them blue) highlighting it blue means it is selected. In the example above, all Thursdays are selected.
- To modify the hours, click on **'Modify Shifts'**

- The **'Modify Shifts'** dialog box will appear. Select the red X to delete the current shift times
- Then enter the new start and end times. Carefully review the data entry. You must specify AM/PM.
- Select the **'Add'** button
- Select the **'Close'** button

Modify Shifts

Shifts

*Start Time   *End Time

9:30   AM ▾   5:30   PM ▾   Add

Start Time	End Time	Delete
No records found.		

Close

Enter new start and end time. Select Add button. Select Close button.

8. To change days that are marked as Non-Moment Days (pink) and make them working days, simply click on the selected days so that they turn blue, then click on the button **'Mark as Working Days'**

WELCOME EMAIL AND TRAINING

Prior to the start of the quarter, "welcome" emails are automatically sent to all new RMTS participants with instructions on how to login and establish a unique password. The welcome email lets new participants know they must complete online training before the quarter begins. All participants **must** complete online refresher training annually. The online training will help participants to:

- Log into the RMTS System
- Understand RMTS
- Answer a moment

As the RMTS Coordinator, you can monitor the completion of the online quarterly training (for new participants) and annual training (for all participants) using the RTMS training reports. Participants will be prevented by the System from answering moments until they have completed the online training.

If you have not yet completed the Online Training for RMTS Participants, you can do so by following these step by step directions and screen shot examples:

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STEP 1: Clicking on *'Online Training'* from the left navigation bar.

STEP 2: To complete the Online Training module, click on the Hyperlink for *'WA RMTS'*.

EMAIL NOTIFICATION

Participants will receive an email notification at the exact designated moment. The notice will include the date and time of the random moment as well as a unique URL that links the participant to the moment in question. Participants have up to five (5) working days to complete moments. Moments are no longer available after the five (5) working day grace period. If a moment is not completed, participants will receive email reminders from the System at 24 hours, 48 hours, and 72 hours before the moment expires. The email reminders are also sent to the MAC Coordinator and/or supervisor(s).

ANSWERING AND COMPLETING A RANDOM MOMENT

VIEWING MOMENTS

Once participants log into the system they will see two tabs: *'Active Moments'* and *'Prior Moments'*. All unanswered   moments will be listed under the Active Moments tab. All moments that have either been answered or have expired moments that were not answered within five (5) working days will be listed under Prior Moments. Below is an example of active moments:

ANSWERING A MOMENT

A moment consists of a series of questions the participant will complete according *to the activity* they performed precisely at   the random moment. The questions, in chronological order, are:

- What type of activity were you doing?
- What specifically were you doing?
- What did this activity relate to?

PREDEFINED DROPDOWN RESPONSES

Each question has a set of predefined   dropdown responses which correspond with activities they may be performing. Only one response is allowed for each question. If none of the predefined responses apply to   that given moment, select *'other activity not listed above'* and you will have the option to free type a response.

Note: Predefined dropdown responses are preferable to free-typed responses as this allows the System to allocate the correct activity code to the moment.

NARRATIVE DESCRIPTION

In addition to answering the three above questions, participants must provide a narrative description of the activity they recorded through the predefined dropdown responses. Once the participant selects a response for each question, a free type box appears, and the participant may enter up to 250 characters in the space provided to record their narrative.

Narratives must clearly describe why the activity was being performed and who was involved. Referral activities should specifically state to whom or where a referral was made, and coordination activities should clearly explain what services were being coordinated and specifically state who was involved. Example narratives include, but are not limited to: Examples:

- I was attending professional development training for license renewal.
- I was meeting with a client to follow-up on compliance with Court order.
- I was completing the daily attendance report to be forwarded to the front office.

Note: Due to public disclosure, HIPAA, and FERPA policies, the use of Personally Identifiable Information (PII) is prohibited in moment narratives.

COMPLETING A MOMENT

Once finished answering the three questions and entering a narrative, participants must check the box indicating they certify the answers are true and complete, and select submit. Participants must complete moments within five (5) working days after the sampled moment. The MAC Coordinator is responsible for monitoring and ensuring all participants complete moments in a timely manner. They can follow up with the participant and monitoring the RMTS Participant Moment Not Completed Report.

DOCUMENTATION TO SUPPORT AN RMTS MOMENT

HCA requires all participants maintain documentation for the activities they were performing during all time study moments. This documentation must be sufficiently detailed in order for HCA to determine whether the activities were necessary for the proper and efficient administration of the state Medicaid plan. It is the MAC Coordinator's responsibility to ensure participants maintain adequate documentation and ensure it is accessible for review for a minimum of six (6) years as per RCW 40.14.060. Examples of supporting documentation include, but are not limited to:

- Calendars
- Chart notes
- Activity log

EDITING AN ANSWERED MOMENT

Participants have five (5) working days after the moment to edit responses. All moments previously completed within the quarter will be listed under the **'Prior Moments'** tab. Participants select the moment they wish to edit to make changes.

QUALITY ASSURANCE AND PROGRAM ADMINISTRATION

A collaborative effort is required between HCA, UMass, and the WSCJSD to run a successful MAC program. HCA is responsible for administration and oversight of all MAC programs in the State of Washington. UMass provides technical assistance to HCA and the WSCJSD regarding the System. It is the responsibility of the WSCJSD to ensure their MAC program and participating staff comply with all HCA, state, and federal guidelines.

HCA ADMINISTRATION

HCA will provide oversight to the WSCJSD MAC program by:
- Training the primary and backup MAC Coordinators
- Monitoring MAC related training
- Collecting time study and claims data for review
- Identifying areas of concern and requesting corrective action plans, if necessary
- Managing all activity coding
- Reviewing 'real time' time study results
- Reviewing quarterly invoices and claimed costs
- Reviewing the WSCJSD supporting documentation for the time study and claim calculations
- Conducting a fiscal monitoring review at least once every three (3) years. The HCA fiscal review will consist of an in depth analysis of the local match funding source and prescribed revenue account codes to ensure CPE complies with all federal, state, HCA and MAC regulations. HCA may select additional quarters for further claims review as needed.

UMASS TECHNICAL SUPPORT

UMass provides technical support to HCA and their MAC Contractors. UMass has built this time study and claiming systems based on the unique needs of WSCJSD. UMass supports the dynamic needs in Washington by updating the System as needed and producing reports that consolidate various data elements. These reports are used for monitoring and reviewing time study and claiming results. The reports provide information such as:

Total numbers of:
- Participants
- Moments per participant
- Moments not answered

Identification of:
- Sampled participant
- Job title/description
- Assigned moments
- Participant responses

Trends in time study results:
- Incomplete or contradictory responses
- Non-responders
- Manually coded moments

WSCJSD OVERSIGHT

The WSCJSD is required to ensure their MAC program complies with all HCA, state, and federal guidelines, and is in support of the State Medicaid Plan. Major components of proper oversight include but are not limited to:

Training:
- Required for MAC Coordinators, backups, and participants
- Must be provided by UMass and/or HCA
- Proof of training must be documented
- Completion of moments is critical

Monitoring:
- Participant list for accuracy
- Salary and benefit data for accuracy
- Minimum response rates
- Resolving issues related to participation rates that fall below 85%
- Reports related to participation

RMTS MANAGEMENT REPORTS

The System generates many reports for the MAC Coordinator to review which assist in RMTS management. The reports display a range of historical or real-time information including moments, participant demographics, and compliance rates.

ACCESSING THE REPORTS

Once logged into the System the MAC Coordinator can review reports of the online training and time study. This section describes how to access and run reports for the online training and time study.
- To access training reports, select *'Online Training"* then *'Training Summary'*.
- To access RMTS reports, select *'Administrative Claiming'* then *'Reports'*. A list of all available reports will be displayed. Simply click on the report you wish to run.

TRAINING DOCUMENTS VIEWED REPORT

This report is located under *'Online Training', 'Training Summary'* details the online training that RMTS participants have viewed   and completed.

Example:

Training Documents Viewed Report										
MAC Contractor:	KCSCJPS									
Unit:	ALL									
Name:	ALL									
Training Document	ALL									
Run Date:	12/12/2017									
Run Time:	06:17 AM PT									
Unit	Last Name	First Name	Employee Id	Job Type	Job Description	Email Address	Training Material Title	Date Accessed	Certification Date	Certification
K C Superior Court	Amaryllis-flower	Blue	UMMS26652	Employee	Juvenile Probation Supervisor	blue.amaryllis-flower@testemail.gov	KCSCJPS RMTS Training	10/12/2017	10/12/2017	Yes
K C Superior Court	Daisy	Black	UMMS26650	Employee	Social Worker	Black.Daisy@testemail.gov	KCSCJPS RMTS Training	10/03/2017	10/03/2017	Yes
K C Superior Court	Elephant	Ellie	UMMS99790	Employee	Health and Education Advocacy	ellie.elephant@testemail.gov	KCSCJPS RMTS Training	10/10/2017	10/10/2017	Yes
K C Superior Court	Poppy	Ivory	UMMS99523	Employee	Juvenile Probation Counselor, Lead	Ivory.Poppy@testemail.gov	KCSCJPS RMTS Training	10/11/2017	10/11/2017	Yes
K C Superior Court	Sourdough	Brenda	UMMS99786	Employee	Health and Education Advocacy	brenda.sourdough@testemail.gov	KCSCJPS RMTS Training	10/16/2017	10/16/2017	Yes
K C Superior Court	Wildflower	Aquamarine	UMMS27036	Employee	Juvenile Probation Counselor	A.Wildflower@testemail.gov	KCSCJPS RMTS Training	10/17/2017	10/17/2017	Yes

TRAINING DOCUMENTS NOT VIEWED REPORT

This report is located under *'Online Training', 'Training Summary'* and lists participants who have not completed the RMTS on-line training. It includes participant email addresses for the MAC Coordinator to send reminders.

Example:

Training Documents Not Viewed Report							
MAC Contractor:	KCSCJPS						
Unit:	ALL						
Name:	ALL						
Training Document:	ALL						
Run Date:	12/12/2017						
Run Time:	06:26 AM PT						
Unit	Last Name	First Name	Employee ID	Job Type	Job Description	Email Address	Training Material Title
K C Superior Court	Fudge	Brownie	UMMS99788	Employee	Juvenile Probation Counselor	brownie.fudge@testemail.gov	KCSCJPS RMTS Training
K C Superior Court	Spring	Windy	UMMS99787	Employee	Social Worker	windy.spring@testemail.gov	KCSCJPS RMTS Training
K C Superior Court	Aster	Fuchisia	UMMS76516	Employee	Juvenile Probation Counselor	fuchsia.aster@testemail.gov	KCSCJPS RMTS Training
K C Superior Court	Cloud	Stormy	UMMS99784	Employee	Education & Employment Specialist	stormy.cloud@testemail.gov	KCSCJPS RMTS Training
K C Superior Court	Lily	Pink	UMMS986747	Employee	Social Worker	pink.lily@testemail.gov	KCSCJPS RMTS Training

RMTS PARTICIPANT MOMENTS COMPLETED TO DATE REPORT

This report is located under *'Administrative Claiming', 'Reports'* and gives information on moments already completed by the participants and the final status of the moment.

Example:

RMTS Participant Moments Completed to Date Report								
Run Date:	12/12/2017							
Run Time:	06:35 AM PT							
MAC Contractor:	KCSCJPS							
Unit:	K C Superior Court							
Job Position:	ALL							
Work Schedule:	ALL							
Year:	2018							
Quarter:	2							
	Name	Emp ID	Job Desc	Job Code	Work Schedule	Moment Date	End of Grace Period	Email
	Aster,Fuchsia	UMMS76516	Juvenile Probation Counselor	1		10/10/2017 01:22 PM	10/17/2017 01:22 PM	Fuchsia.Aster@testemail.gov
	Wildflower, Aquamarine	UMMS27036	Juvenile Probation Counselor	1		10/11/2017 02:15 PM	10/18/2017 02:15 PM	A.Wildflower@testemail.gov
	Holly,Green	UMMS26638	At-Risk Youth Case Manager	1		10/03/2017 03:50 PM	10/10/2017 03:50 PM	green.holly@testemail.gov
	Lavendary, Gray	UMMS26705	Juvenile Probation Counselor	1		10/04/2017 09:59 AM	10/11/2017 09:59 AM	Gray.Lavendar@testemail.gov
	Hyacinth,Coral	UMMS26661	Juvenile Probation Counselor	1		10/05/2017 03:49 PM	10/12/2017 03:49 PM	Coral.Hyacinth@testemail.gov
	Gladiolus,Bisque	UMMS26692	Social Worker	1		10/05/2017 01:36 PM	10/12/2017 01:36 PM	Bisque.Gladioulus@testemail.gov

RMTS PARTICIPANT MOMENT NOT COMPLETED REPORT

This report is located under *'Administrative Claiming', 'Reports'* and provides details of moments the participant has not completed. It allows the MAC Coordinator to identify participants who have not completed a moment so they can follow up with the participant.

Example:

RMTS Participant Moment Not Completed Report										
Run Date: 12/12/2017										
Run Time: 06:46 AM PT										
Contractor: KCSCJPS										
Unit: K C Superior Court										
b Position: ALL										
Schedule: ALL										
Year: 2018										
Quarter: 2										
Date:										
Name	**Emp ID**	**Job Desc**	**Job Code**	**Work Schedule**	**Moment Date**	**End of Grace Period**	**Email**	**Status**	**Supervisor Email #1**	
Foxglove,Brown	UMMS26703	Juvenile Probation Counselor	1		10/02/2017 10:45 AM	10/09/2017 10:45 AM	Brown.Foxglove@testemail.gov	Incomplete Expired	super@pretend.mail	
Poppy,Ivory	UMMS99523	Juvenile Probation Counselor, Lead	1		10/02/2017 11:48 AM	10/09/2017 11:48 AM	Ivory.Poppy@testemail.gov	Incomplete Expired	super@pretend.mail	
Aster,Fuchsia	UMMS76516	Juvenile Probation Counselor	1		10/02/2017 03:37 PM	10/09/2017 03:37 PM	Fuchsia.Aster@testemail.gov	Incomplete Expired	super@pretend.mail	
Carnation's,Blue Azure	UMMS26640	Juvenile Probation Counselor	1		10/02/2017 03:59 PM	10/09/2017 03:59 PM	A.Carnations@testemail.gov	Incomplete Expired	super@pretend.mail	
Crocus,Tangerine	UMMS26649	Social Worker	1		10/03/2017 11:28 AM	10/10/2017 11:28 AM	Tangerine.Crocus@testemail.gov	Incomplete Expired	super@pretend.mail	
Dahlia,Azure	UMMS80999	Juvenile Probation Counselor, Lead	1		10/03/2017 02:06 PM	10/10/2017 02:06 PM	Azure.Dahlia@testemail.gov	Incomplete Expired	super@pretend.mail	

PARTICIPANT QUARTERLY UPDATE REPORT

This report is located in RMTS Admin under the Reports drop down menu, and shows the completion status of the participant list.

Example:

RMTS CALENDAR CONFIGURATION REPORT

This report is located under *'Administrative Claiming', 'Reports',* and confirms that individual work schedules have been entered into the system for the quarter.

Example:

RMTS Calendar Configuration Report						
Run Date: 12/14/2017						
Run Time: 04:46 AM PT						
MAC Contractor: KCSCJPS						
Unit: K C Superior Court						
Year: 2018						
Quarter: 2						
Include Health Personnel: Yes						
MAC Contractor	**Unit**	**Work Schedule**	**Health Personnel**	**Status**	**User ID**	**Date**
KCSCJPS				Not Configured		
KCSCJPS	K C Superior Court		Cloud, Stormy	Confirmed	BradstrR	12/13/2017
KCSCJPS	K C Superior Court		Amaryllis-flower, Blue	Confirmed	BradstrR	12/13/2017
KCSCJPS	K C Superior Court		Aster, Fuchsia	Confirmed	BradstrR	12/13/2017
KCSCJPS	K C Superior Court		Bougainvillea, Ruby	Not Configured		
KCSCJPS	K C Superior Court		Carnation's, Blue Azure	Not Configured		

CALENDAR DATA ENTRY REPORT

Example:

Calendar Data Entry Report							
MAC Contractor: KCSCJPS			**User Id:** GerberD7				
Year: 2018			**Environment:** QA				
Quarter: 2			**Is Data Scrambled:** No				
Date:		12/14/2017					
	Total Minutes for Moments:		0		10,905		14,685
	Day		10/01/2017		10/02/2017		10/03/2017
Unit	**Work Schedule**	**Health Personnel Available for Moments**	**Minutes/Day**	**Start/End Time**	**Minutes/Day**	**Start/End Time**	**Minutes/Day** **Start/End Time**
K C Superior Court		Amaryllis-flower, Blue					540 08:00 AM - 05:00 PM
K C Superior Court		Aster, Fuchsia					540 08:00 AM - 05:00 PM
K C Superior Court		Bougainvillea, Ruby			480	08:30 AM - 04:30 PM	480 08:30 AM - 04:30 PM
K C Superior Court		Carnation's, Blue Azure					540 08:00 AM - 05:00 PM
K C Superior Court		Cherryblossom, Cerulean			540	08:00 AM - 05:00 PM	540 08:00 AM - 05:00 PM

RMTS PARTICIPATION COMPLIANCE STATUS REPORT

This report is located under *'Administrative Claiming', 'Reports'*, and provides the following details:

- How many moments generated during the quarter
- How many moments have occurred to date
- How many moments are completed, and the percentage of completed moments to total quarterly moments
- Number of moments not completed and expired
- Number of moments not completed and not expired
- Number of moments completed to date and total number of moments for the quarter

Example:

KCSCJPS RMTS Participation Compliance Status Report	
Run Date:	12/12/2017
Run Time:	07:19 AM PT
MAC Contractor:	KCSCJPS
Unit:	K C Superior Court
Year:	2018
Quarter:	2
Job Code:	1
Total Number of Moments for quarter:	2762
Number of Moments occurred to date:	2162
Number of Moments completed to date:	1870
Number of Moments "Left/LOA" for quarter:	132
Number of Moments "Left/LOA" to date:	105
Number of Moments not completed and expired:	107
Number of Moments not completed and not expired:	653
Compliance Tracking To Date:	
(Number of Moments Completed to date) / (Number of moments Occurred to Date – "Left/LOA" to date):	91%
End of Quarter Compliance Rate:	
(Number of Moments completed to date) / (Total Number of Moments for quarter – Number of Moments "Left/LOA" for quarter):	92%

TECHNICAL NOTES | SYSTEM REQUIREMENTS

UMass recommends that all computer operating systems and browser versions be supported by their software vendor. Each vendor's policy varies so it is important to keep current with the supported software.

WORKSTATION REQUIREMENTS

Operating Systems - Windows XP and newer Macintosh

WEB BROWSERS

Internet Explorer 10 – 11.0 with MS Windows XP, Windows 7, or Vista
Microsoft Edge
Safari 4.1 or Higher
Mozilla Firefox 46.0 or Higher; utilize all their automatic updates
Google Chrome 54 or Higher
Note: Internet Explorer web browser is not supported on Macintosh operating system. Safari should be used instead of IE. Lifecycle policy and supported versions
https://support.microsoft.com/en-us/lifecycle/search?sort=PN&alpha=internet%20explorer

Note: A change in support occurred on January 12, 2016,
https://support.microsoft.com/en-us/gp/microsoft-internet-explorer

COOKIES

Workstations: Enable cookie in browser.
See **"**Instructions for Finding your Browser/Enabling Cookies**"**

WEB FILTERS

Workstations should allow access to the following URL
Production Secure connection: https://www.chcf.net/chcfweb/ and https://cbe-rmts.chcf-umms.org/

EMAIL

Email should allow delivery from MAC@HCA.WA.gov and MedicaidAdmMatch@umassmed.edu in large quantities on a single   day.

INSTRUCTIONS FOR ONLINE TRAINING APPLICATION

Flash Player is needed to run the Instructions for online training program. The following link
http://www.adobe.com/software/flash/about/ has a connection to Player Download Center, which will walk you through the process of downloading the most recent version of Player. It takes about two minutes. MP4 files can be opened with Windows Media Player, and other multi-format media players like VLC, QuickTime, and more.

SYSTEM ADMINISTRATION REQUIREMENTS

COOKIES

System administrator: If there is a proxy server, set proxy NOT to cache the www.chcf.net domain.

ACTUAL WEB SITE URL

https://www.chcf.net/chcfweb   and   https://cbe-rmts.chcf-umms.org/
Note: www.chcf.net cookies (sessions) are tied to the URL and IP address

ROUTERS

If SBC IP address needs to be explicitly defined on routers, SBC IP address is 146.189.217.25, 146.189.217.92 and 146.189.217.21

EMAIL

Email servers should allow email delivery from MAC@HCA.WA.gov and MedicaidAdmMatch@umassmed.edu

Email server IP – emails may be sent through the following mail gateways:
146.189.195.117
146.189.195.118
146.189.144.105
146.189.144.106
146.189.144.107
146.189.144.147
146.189.144.148
146.189.144.149

WEB FILTERS

Allow access to the following URL
Production Site Secure Connection: https://www.chcf.net/chcfweb/ and https://cbe-rmts.chcf-umms.org/

INSTRUCTIONS FOR FINDING YOUR BROWSER/ENABLING COOKIES

Internet Explorer
Choose Help > About Internet Explorer
Find out Internet Explorer version.

Safari
Choose Help
Find out Safari version

Mozilla Firefox
1. Choose Help
2. Find out Mozilla version

ENABLING COOKIES

Internet Explorer 10 - 11 Choose Tools > Internet Options
Click the Privacy tab
Click the Default and choose Medium level

Mozilla Firefox
Choose Tools > Options
Select Privacy
Click Accept cookies from sites

DOWNLOAD INTERNET BROWSER

Use the following web sites to download a free copy of the latest browser for:

Internet Explorer
http://www.microsoft.com/windows/ie/worldwide/ie6sp1downloads.asp

Safari
http://www.apple.com/safari/download/

Mozilla Firefox
http://www.mozilla.com/en-US/products/firefox

CLAIMING PROCESS

OVERVIEW

The following describes how to complete and submit a Medicaid Administrative Claiming (MAC) claim.

CLAIMING PROCESS OVERVIEW

The quarterly Medicaid Administrative Claiming process is designed to utilize the participant data and time study results from the RMTS as the building blocks for calculating an Administrative Activity Claim. Additional data on actual costs/expenditures per quarter are uploaded and/or entered into the system and the system performs the calculations.

Elements of the claim include:

- Quarterly state-wide time study results for each RMTS group are calculated following the end of the quarter.
- The WSCJSD MAC Coordinator enters quarterly claim data (participant salary/benefits).
- WSCJSD prepares the Certificate of Indirect Costs, Certified Public Expenditures (CPE), and the A19 Invoice Voucher to assure they're signed and dated by the authorized WSCJSD official.
- The WSCJSD emails the Certificate of Indirect Costs, Certified Public Expenditures (CPE), and A19 Invoice Voucher to HCA for processing and approval.
- HCA staff will enter the Indirect Costs in the RMTS System and will review and approve the quarterly CPE and A19. The CPE and A19 is forwarded to HCA fiscal to process.
    - o If there are questions regarding the claim, HCA will notify the WSCJSD MAC Coordinator.
- Approved A19 invoices will be processed by HCA within thirty (30) calendar days.

EXTRACTS AND UPLOADS

This section will go over how to add quarterly salary and benefit data into the system. To create and manage data manually, please refer to the Data Submission Section below.

EXTRACTING FILES
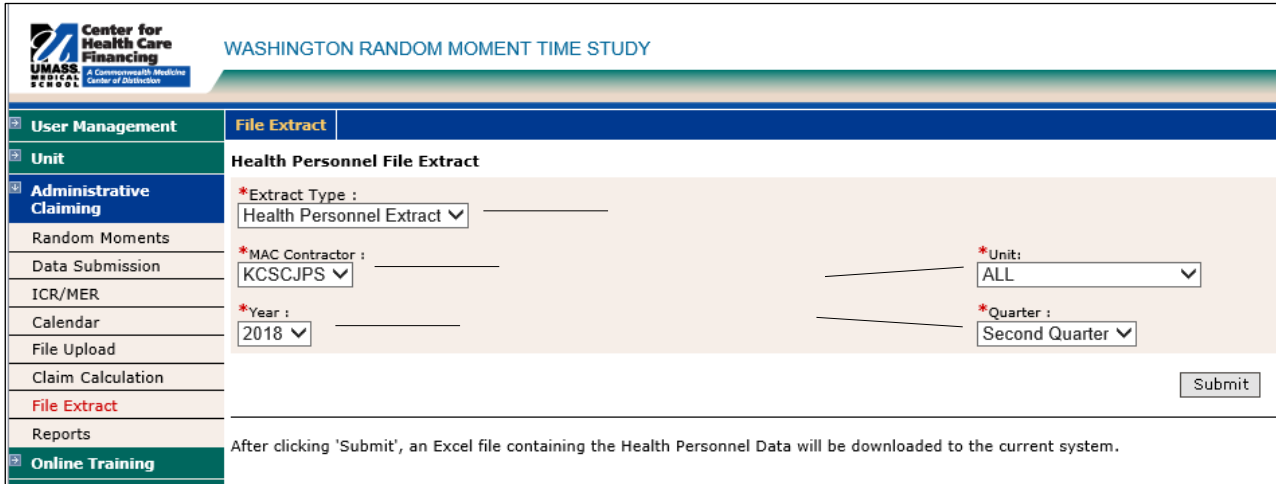
By the time an Administrative Activity Claim is being processed, the entities have already completed the RMTS for the quarter. Therefore, a list of active participants for that quarter can be extracted from the system. This list can be used to create an editable template to update in order to be uploaded with salary and benefit data.

STEP 1: Under the *'Administrative Claiming'* tab, select *'File Extract'*.

STEP 2: Using the drop-down menus, select **Extract Type:** "Health Personnel Extract", **MAC Contractor:** "KCSCJPS", **Unit:** "All", Year, and Quarter. Year and Quarter are based on fiscal year.

For example:

        Q1 2017 = July-September 2016
        Q2 2017 = October-December 2016
        Q3 2017 = January-March 2017
        Q4 2017 = April-June 2017

STEP 3: Click *'Submit'*. The file can be opened or saved in Excel.

Example:

Employee ID	Last Name	First Name	Email Address	Job Pool	Job Description	Active Yes or No	Fed Fund %	Supervisor Email #1
UMMS76516	Aster	Fuchsia	Fuchsia.Aster@testemail.gov	All Particpants	Juvenile Probation Counselor	Y	0	super@pretend.mail
UMMS26648	Bougainvillea	Ruby	Ruby.Bougainvillea@testemail.gov	All Particpants	Social Worker	Y	0	super@pretend.mail
UMMS26640	Carnation's	Blue Azure	A.Carnations@testemail.gov	All Particpants	Juvenile Probation Counselor	Y	0	super@pretend.mail
UMMS26702	Cherryblossom	Cerulean	Cerulean.cherryblossom@testemail.com	All Particpants	Juvenile Probation Counselor	Y	0	super@pretend.mail
UMMS26653	Climbing-Ivy	Peony	Peony.Climbing-Ivy@Testemail.gov	All Particpants	Juvenile Probation Counselor	Y	0	super@pretend.mail

CREATING AN UPLOAD FILE

Use the extracted data to populate the file to be uploaded.

Example:

Employee ID	Last Name	First Name	Job Description	Active Y or N	Fed Fund %	Salary	Employer Paid Benefits
UMMS26652	Amaryllis-flower	Blue	Juvenile Probation Supervisor	Y	0	17347.07	7940.43
UMMS76516	Aster	Fuchsia	Juvenile Probation Counselor	Y	0	15114.44	7482.56
UMMS26648	Bougainvillea	Ruby	Social Worker	Y	0	18031.63	8083.61
UMMS26640	Carnation's	Blue Azure	Juvenile Probation Counselor	Y	0	20393.54	8497.42
UMMS26702	Cherryblossom	Cerulean	Juvenile Probation Counselor	Y	0	20207.97	8493.65
UMMS95387	Chrysanthemum	Eggshell White	Health and Education Advocacy	Y	0	18794.03	8206.71

The file must have the headings *'Employee ID', 'Last Name', 'First Name', 'Job Description', 'Active Y or N', 'Fed Fund %', 'Salary',* and *'Employer Paid Benefits'.*

Tip: Remove the *'Email Address'* and *'Job Pool'* columns from the extract file first, then remove the columns to the right including all 3 *'supervisors'*. Then simply add *'Salary'* and *'Employer Paid Benefits'*.

When saving the file to upload, the naming convention is: HP_CC_state_VendorID_Qtr_Year_Version#. Please ensure that your system has the latest Microsoft Excel product, at least Microsoft excel 1997-2003 or above.

Example:
HP_CC_KCSCJPS_KCSC_1_2018_01.XFR

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UPLOADING FILES

Upload the file to add salary and benefits data to the claim.

STEP 1: Under the *'Administrative Claiming'* tab, select *'File Upload'*.

STEP 2: Click on either '*Unit'* or *'Year'* to change the unit and fiscal year.

STEP 3: Select *'HP_CC'* under component. Click *'Browse'* to find your file. Click *'Open'*.

Note: Files must follow the naming convention described on the previous page.

STEP 4: Click *'Upload'*. The file will show up on the uploaded list below and will take some time before it is ready to be checked. You will need to click *'Refresh'* after a few minutes for the file status to change.

STEP 5: After the file is uploaded and there are no errors, click *'Review'* to review the file for errors and changes.

File Name	Quarter	Date ▼	Status
HP_CC_KCSCJPS_KCSC_2_2018_01.XFR	2	12/12/2017 11:42:15 AM	Review
Refresh			

Note: If your file has errors, you will need to click on *'Error'* and then *'View Detailed Report'* to review the issues that caused the file to fail. Once you have fixed the problems in the file, delete the error file by checking the box next to the file and clicking *'Delete'*. Then upload the corrected file.

STEP 6: Review the New Health Personnel, Deactivated Health Personnel, and Updates by clicking on the appropriate *'View Detailed Report'* link. If changes need to be made to the file, the file will need to be deleted and re-uploaded

and checked again. Once everything is correct, check the **‘Verified Upload File Results’** box and click **‘Upload’** to upload the file.

Note: Changes and additions in the file will not be made to the system until this step has been completed.

STEP 7: When the file is submitted and uploaded, the status will change to **‘Successful’** when completed. You will need to click **‘Refresh’** after a few minutes for the file status to change. You may review the detailed reports at any time by clicking **‘Successful’** and **‘View Detailed Report’**.

File Name	Quarter	Date ▼	Status	Uploaded By
HP_CC_KCSCJPS_KCSC_2_2018_01.XFR	2	12/12/2017 11:42:15 AM	Successful	GerberD7

DATA SUBMISSION

The previous section, **‘Extracts and Uploads’** explains how to upload a large amount of information at one time. This section will go over how to review and/or manually enter salary data and other claim data if needed. If you are beginning a new claim each component will show **‘NOT Received’** and will change depending on the status of the claim. **‘Received’** will show after data is submitted, **‘Calculated’** if the claim has been calculated, **‘Approved’** if the claim is approved, and **‘Final’** after the claim has been finalized.

Example:

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SALARY DATA

STEP 1: Under the *'Administrative Claiming'* tab, select *'Data Submission'*.

STEP 2: Click on either *'Quarter'* or *'Year'* to change the quarter and fiscal year.

STEP 3: If no data has been entered or uploaded, you will click *'NOT Received'* otherwise you will click *'Received'* next to the name of the claim component you wish to enter. In this case, choose the Salary component.

Salary

Last Name :	First Name :		Job Position :		🔍 Search		

Page 1 2 3 4

Last Name ▲	First Name	Job Position	HP ID Number	Full Time Equivalency	Fed. Fund. %	Salary Amount ($)	Total Benefits ($)
Amaryllis-flower	Blue	1	UMMS26652	1	0	17347.07	7940.43
Aster	Fuchsia	1	UMMS76516	1	0	15114.44	7482.56
Bougainvillea	Ruby	1	UMMS26648	1	0	18031.63	8083.61
Carnation's	Blue Azure	1	UMMS26640	1	0	20393.54	8497.42
Cherryblossom	Cerulean	1	UMMS26702	1	0	20207.97	8493.65
Chrysanthemum	Eggshell White	1	UMMS95387	1	0	18794.03	8206.71
Climbing-ivy	Peony	1	UMMS26653	1	0	18342.52	8085.56
Cloud	Stormy	1	UMMS99784	1	0	21296.03	8538.50
Crocus	Tangerine	1	UMMS26649	1	0	17347.07	7940.43
Dahlia	Azure	1	UMMS80999	1	0	15114.44	7482.56

Received Date : 12/12/2017 ▾

STEP 4: Click on the first employee you want to add/edit data for.

Salary Information

Last Name : Aster   First Name : Fuchsia
Job Position Code : 1   Job Position Description : Juvenile Probation Counselor
FTE : 1   Job Type : Employee
Original Salary ($) : 15,114.44   HP ID Number : UMMS76516
Quarterly Salary ($) : 15,114.44   Fed. Fund. % : 0

Benefit Details -

Workers Compensation ($) : 0.00   Unemployment ($) : 0.00
Medicare ($) : 0.00   Pension ($) : 0.00
Health Insurance ($) : 0.00   Life Insurance ($) : 0.00
Dental Insurance ($) : 0.00   Disability Insurance ($) : 0.00
Social Security Tax - Employer ($) : 0.00   Employer Paid Benefits ($) : 7,482.56
Employer Paid Benefits ($) : 0.00   Employer Paid Benefits ($) : 0.00
Employer Paid Benefits ($) : 0.00

[Next] [Reset] [Close]

STEP 5: Enter data in the *'Original Salary'* and employer paid fringe benefits in any of the *'Other'* fields and click *'Next'*. This will save the data submitted and open the next employee's screen. If you are done entering data or want to review the data before the end of the list of employees, click *'Close'* to return to the front screen.

STEP 6: When you have completed and checked all of the salary data, enter the date at the bottom of the screen and click *'Save'*. This will generate a note in the system which includes who saved the data and the date it was saved.

Note: If salary data was uploaded this screen, including the Received Date and Notes History, will be populated.

MATERIALS AND SUPPLIES COSTS

STEP 1: From the data submission screen, click the hyperlink next to the Other Components. If no data has been entered, you will click *'NOT Received'* otherwise you will click *'Received'*.

Example:

STEP 2: Enter Materials and Supplies Amount.
Example:
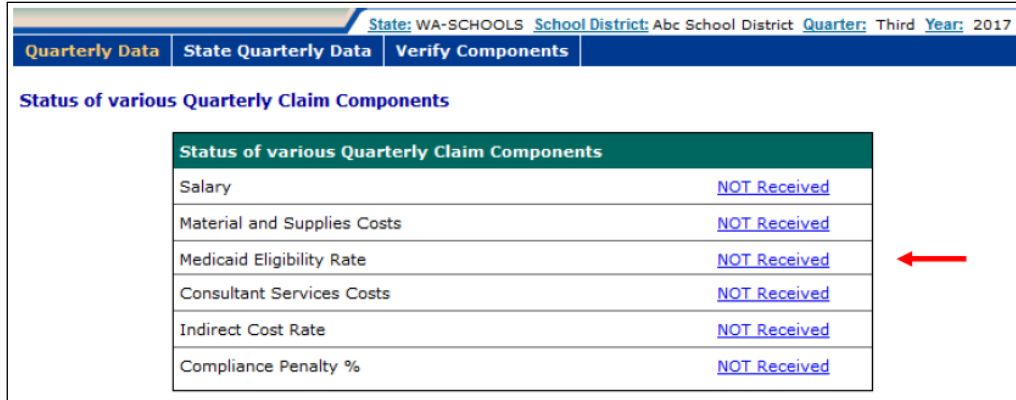
STEP 3: Enter Received Date and click *'Save'*.

MEDICAID ELIGIBILITY RATE
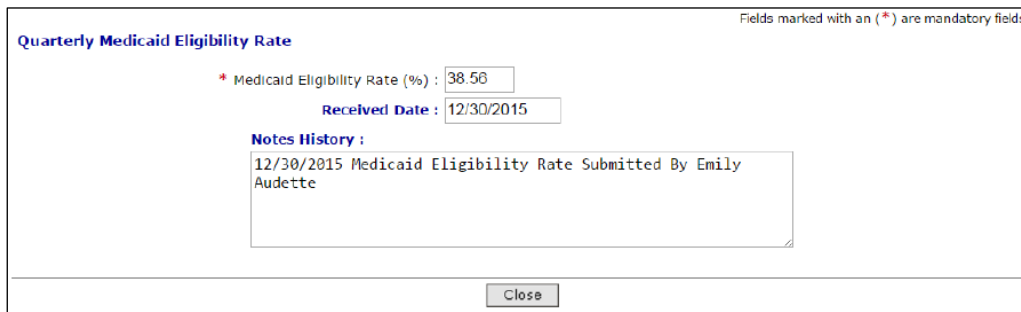
STEP 1: The Medicaid Eligibility Rate and Indirect Cost Rate percentages are entered by HCA and will be pre-populated into the claim. You can view the information by clicking on *'Received'* next to the Medicaid Eligibility Rate Component.

Example:

STEP 2: View the Medicaid Eligibility Rate on the screen. You cannot change this rate.

CLAIM CALCULATION AND APPROVAL

When all of the claim data has been entered and checked, the claim will need to be calculated.

Note: You will not be able to calculate the claim until the RMTS percentages have been calculated. WSCJSD MAC Coordinator will receive e-mail notification from HCA informing when this has been completed and the claim can be calculated. However, you do not need to wait for this notification in order to enter your claim data.

CLAIM CALCULATION

Step 1: Under the *'Administrative Claiming'* tab, select *'Claim Calculation'*.

Step 2: Click on either *'Quarter'* or *'Year'* to view the claim you wish to calculate.

Step 3: Click *'Calculate'*. While the claim calculates, the screen will give the following prompt. You will not be able to do anything on the screen until the message closes, however, it should only appear for a few moments.

Please wait while your request is being processed...
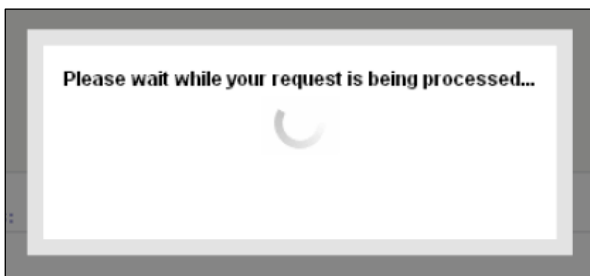
Step 4: When the claim has finished calculating, the screen will show that the Claim Status is *'Calculated'*, the date it was calculated, and the User Name of the person who calculated the claim.

Claim Calculation

Claim has been calculated successfully. You must recalculate the claim for the changes to be reflected.

Claim Status: Calculated   Date: 12/30/2015   User Name: Emily Temily

Claim Components	
Salary Information	$ 70,846.03
Fringe Benefit Information	$ 12,355.00
Material and Supplies Information	$ 2,500.00
Medicaid Eligibility Rate	38.56 %
Consultant Services Costs	$ 24,025.00
Administrative Staff Costs	$ 12,500.00
Indirect Cost Rate	14.20 %
Net Claim Amount	$ 9,207.94

Recalculate   Approve

Note: Claims are finalized by HCA. The Claim Status will reflect this.

State Claim Calculation

Claim Status: Final   Date: 05/02/2014   User Name:

Claim Components

Salary Information

Fringe Benefit Information

APPROVING THE CLAIM

Note: If any changes are made to the claim, you will need to *'Recalculate'* the claim. Only when the claim is complete, the data has been checked, and calculated for the last time should you approve the claim.

STEP 1: Click *'Approve'*. When prompted, click *'OK'*. While the claim calculates, the screen will give the following prompt. You will not be able to do anything on the screen until the message closes, however, it should only appear for a few moments.
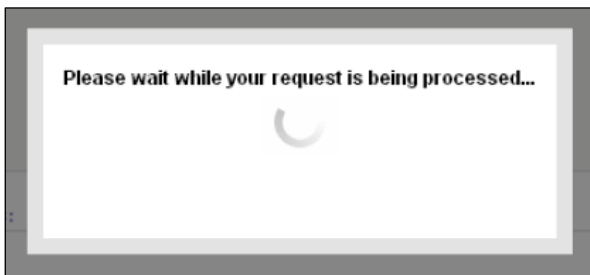
STEP 2: When the claim is approved, the screen will show that the Claim Status is *'Approved'*, the date it was approved, and the User Name of the person who approved the claim. You must notify your HCA MAC Program Specialist that your claim is ready for their review in an email. Please attach your CPE/Local Match Form to the email so that your claim can be processed.

Claim Calculation	
Claim has been approved successfully. You must unapprove the claim calculation to incorporate any changes.	
Claim Status: Approved Date: 12/30/2015 User Name: Emily Temily	
Claim Components	
Salary Information	$ 70,846.03
Fringe Benefit Information	$ 12,355.00
Material and Supplies Information	$ 2,500.00
Medicaid Eligibility Rate	38.56 %
Consultant Services Costs	$ 24,025.00
Administrative Staff Costs	$ 12,500.00
Indirect Cost Rate	14.20 %
Net Claim Amount	**$ 9,207.94**

Note: If there are changes that need to be made to the claim before it is submitted to HCA, you may "Unapprove" the claim. After making any changes, be sure to "Recalculate" the claim before Approving.

Claim Status: Approved Date: 08-MAR-12 User Name: Person Test	
Claim Components	
Salary Information	$ 208,328.93
Fringe Benefit Information (Actuals)	$ 31,898.97
Offset	$ 0.00
Contractor FFP	$ 0.00
Net Claim Amount	**$ 30,038.23**

CLAIM REPORTS

Under **'Administrative Claiming'** and **'Reports'**, click on the report you wish to view. Each report is run by clicking **'View in Excel'** or **'View as PDF'** and can be saved. To return back to the list of reports, click **'Back to Reports'**.

Note: Once HCA has reviewed your claim including the Certified Public Expenditures (CPE) /Local Match form, you will be notified by HCA if your claim is approved or rejected so you can make the appropriate correction. If the claim is approved, click the A19 form, print it, obtain the appropriate signature and send it to HCA via email to the HCA Program Specialist or to (MAC@hca.wa.gov).

CLAIM SUMMARY REPORT

Use the dropdown menus to select the MAC Contractor, year, and quarter you wish to view. This report can be viewed as a PDF.

Claim Summary Report

State :
KCSCJPS

Year :
2017

Quarter :
Fourth Quarter

Quarterly Claim Calculation Summary Report

Claim Year:	2017	Print Date	12/14/2017
Claim Quarter:	4		
MAC Contractor:	King County Superior Court JPS		

1	Indirect Cost Rate	31.99%
2	Medicaid Eligibility Rate	100.00%

	ADMINISTRATIVE COST POOLS' TOTAL GROSS CLAIM AMOUNTS FROM QUARTERLY CALCULATION DETAIL REPORT	COSTS FOR WHICH THE FFP = 50%
3	SUM SUBTOTAL GROSS CLAIM AMOUNT	$21,531.22
4	SUM OF QUARTERLY MATERIAL AND SUPPLIES COSTS AND ADMINISTRATIVE STAFF COSTS	$.00
5	ADJUSTED QUARTERLY MATERIAL AND SUPPLIES COSTS AND ADMINISTRATIVE STAFF COSTS	$.00
6	INDIRECT COSTS	$6,887.84
7	SUM OF QUARTERLY CONSULTANT SERVICES COSTS	$.00
8	ADJUSTED QUARTERLY CONSULTANT SERVICES COSTS	$.00
9	TOTAL GROSS CLAIM AMOUNT	$28,419.06
10	TOTAL NET CLAIM AMOUNT	$14,209.53

CLAIM CALCULATION DETAIL REPORT

Change the MAC Contractor, year, and quarter. This report can be viewed as a PDF.

Claim Calculation Detail Report

State :
KCSCJPS ▼

Year :
2017 ▼

Quarter :
Fourth Quarter ▼

Claim Year:	2017				Run Date:	12/14/2017
Claim Quarter:	4					
MAC Contractor:	King County Superior Court JPS					

Claim Calculation Report

Admin Cost Pool	Activity Code	Percent Of Time Spent On Activity	Total Cost Pool Costs Amount	Medicaid Eligibility Rate (MER)	General Administrative Overhead Factor	Amount Of Total Cost Pool Costs	Subtotal Gross Claim Amount
1	1a	0.76	$1,697,478.27	N/A	N/A	$12,900.83	N/A
1	1b	0.48	$1,697,478.27	100	N/A	$8,147.90	$8,147.90
1	2a	0.24	$1,697,478.27	N/A	N/A	$4,073.95	N/A
1	2b	0.19	$1,697,478.27	100	N/A	$3,225.21	$3,225.21
1	3	51.21	$1,697,478.27	N/A	N/A	$869,278.62	N/A
1	10	47.12	$1,697,478.27	N/A	1.27	$799,851.76	$10,158.12
		100.00				$1,697,478.27	$21,531.22

Pool 1 Participation Compliance Penalty:	0.00 %	
Pool 1 Result of Participation Compliance Penalty:	100.00 %	$21,531.22

Page 1 of 1

The *'General Administration Factor'* is calculated to allocate costs for performing general administration activities by MAC activity code. The formula for calculating the General Administration Factor is as follows:

$$\frac{[1b\% + 2b\% + (MER * (5b\% + 6b\% + 7b\% + 8b\% + 9b\%))]}{[1a\% + 1b\% + 2a\% + 2b\% + 3\% + 4\% + 5a\% + 5b\% + 6a\% + 6b\% + 7a\% + 7b\% + 8a\% + 8b\% + 9a\% + 9b\%]}$$

COST POOL CALCULATION REPORT

Change the MAC Contractor, year, and quarter. This report can be opened as a PDF or in Excel.

Cost Pool Calculation Report

State :
KCSCJPS ▼

Year :
2017 ▼

Quarter :
Fourth Quarter ▼

Sample Report:

Participant Last Name	Participant First Name	Participant Unique ID	Job Pos Code	Job Position Description Title	Job Pos Federally Funded %	Quarterly Salary Amount	Salary Reduced by Federally Funded %	Quarterly Employer Paid Benefit Amount	Employer Paid Benefits Reduced by Federally Funded %	Employer Paid Tot Salary + Benefits Reduced by Federally Funded %
Amaryllis-flower	Blue	UMMS26652	1	Juvenile Probation Supervisor	0.00%	$16,614.23	$18,614.23	$8,199.56	$8,199.56	$26,813.79
Aster	Fuchsia	UMMS76516	1	Juvenile Probation Counselor	0.00%	$20,672.59	$20,672.59	$8,538.88	$8,538.88	$29,211.37
Blue	Berry	UMMS99791	1	Social Worker	0.00%	$20,126.02	$20,126.02	$8,442.84	$8,442.84	$28,568.86
Bougainvillea	Ruby	UMMS26648	1	Social Worker	0.00%	$21,666.29	$21,686.29	$8,765.05	$8,565.05	$30,351.33
Carnation's	Blue Azure	UMMS26640	1	Juvenile Probation Counselor	0.00%	$15,569.52	$15,569.52	$7,536.88	$5,536.88	$23,106.30
Cherryblossom	Cerulean	UMMS26702	1	Juvenile Probation Counselor	0.00%	$21,667.94	$21,687.94	$8,794.24	$8,594.24	$30,382.18
Chrysanthemum	Eggshell White	UMMS95387	1	Health and Education Advocacy	0.00%	$16,755.35	$18,755.35	$8,169.87	$8,169.85	$26,925.22
Cloud	Stormy	UMMS99784	1	Education & Employment Specialist	0.00%	$16,963.93	$18,963.93	$8,209.14	$8,209.14	$27,173.07
Crocus	Tangerine	UMMS26649	1	Social Worker	0.00%	$17,173.49	$17,173.49	$7,849.45	$5,849.45	$25,022.93
Daisy	Black	UMMS26650	1	Social Worker	0.00%	$15,505.10	$15,505.10	$7,541.18	$5,541.18	$23,036.28
Elephant	Ellie	UMMS99790	1	Health and Education Advocacy	0.00%	$16,339.31	$16,339.31	$7,947.22	$5,945.22	$23,286.53
Eucalyptus	Amber	UMMS81000	1	Juvenile Probation Counselor	0.00%	$20,673.44	$20,673.44	$8,588.37	$8,588.35	$29,261.81
Fall	Autumn	UMMS99789	1	Social Worker	0.00%	$16,755.73	$18,755.73	$8,166.72	$8,166.52	$26,922.35
Foxglove	Brown	UMMS26703	1	Juvenile Probation Counselor	0.00%	$16,755.34	$18,755.34	$8,166.61	$8,166.61	$26,921.95
Fudge	Brownie	UMMS99788	1	Juvenile Probation Counselor	0.00%	$20,169.19	$20,169.19	$8,485.71	$8,485.51	$28,653.90
Gladiolus	Bisque	UMMS26692	1	Social Worker	0.00%	$16,437.45	$18,437.45	$8,173.05	$8,153.05	$26,610.50
Hibiscus	Chartreuse	UMMS26641	1	Juvenile Probation Counselor	0.00%	$17,737.36	$17,737.38	$8,020.92	$8,020.92	$25,758.30
Holly	Green	UMMS26638	1	At-Risk Youth Case Manager	0.00%	$16,755.30	$18,755.30	$8,168.54	$8,168.54	$26,923.83
Honeysuckle	Caramel	UMMS26700	1	Juvenile Probation Counselor	0.00%	$16,437.44	$18,437.44	$8,169.87	$8,169.85	$26,607.31
Iris	Bronze	UMMS26642	1	Juvenile Probation Counselor	0.00%	$16,755.33	$18,755.33	$8,168.54	$8,168.54	$26,923.87
Iris	Goldy	UMMS98668	1	Juvenile Probation Counselor	0.00%	$16,755.32	$18,755.32	$8,166.65	$8,166.65	$26,921.97
Climbing-ivy	Peony	UMMS26653	1	Juvenile Probation Counselor	0.00%	$17,165.66	$17,165.88	$8,387.34	$8,385.34	$25,553.22
Jasmine	Orange	UMMS26690	1	Juvenile Probation Counselor, Lead	0.00%	$16,755.31	$18,755.31	$8,167.39	$8,165.39	$26,922.70
Juniper	Alabaster	UMMS26654	1	Juvenile Probation Counselor	0.00%	$19,626.69	$19,826.89	$8,461.66	$8,461.66	$28,288.55
Lavendar	Rose	UMMS26659	1	Juvenile Probation Counselor	0.00%	$16,437.46	$18,437.46	$8,167.40	$8,165.40	$26,603.86
Lavendar	Gray	UMMS26705	1	Juvenile Probation Counselor	0.00%	$16,755.33	$18,755.33	$8,125.34	$8,125.34	$26,880.67
Lily	Pink	UMMS98674	1	Social Worker	0.00%	$16,755.31	$18,755.31	$8,226.51	$8,226.51	$26,981.82
O'carnation	Beige	UMMS26691	1	Juvenile Probation Counselor	0.00%	$15,655.90	$15,855.90	$5,915.82	$5,915.82	$21,771.72
Orchid	Red	UMMS99519	1	Juvenile Probation Counselor, Lead	0.00%	$16,755.34	$18,755.34	$8,168.54	$8,168.54	$26,923.88
Poppy	Ivory	UMMS99523	1	Juvenile Probation Counselor, Lead	0.00%	$16,437.46	$18,437.46	$8,166.65	$8,166.65	$26,603.11
Sourdough	Brenda	UMMS99786	1	Health and Education Advocacy	0.00%	$16,755.35	$18,755.35	$8,173.36	$8,153.36	$26,928.71
Spring	Windy	UMMS99787	1	Social Worker	0.00%	$22,094.95	$22,094.95	$8,959.57	$8,959.55	$31,053.52
Sunflower-seed	Hunter-green	UMMS26682	1	Juvenile Probation Counselor	0.00%	$22,540.15	$22,540.15	$8,942.40	$8,942.40	$31,382.55
Tiger	Lily	UMMS99777	1	At-Risk Youth Case Manager	0.00%	$16,755.34	$18,755.34	$8,166.65	$8,166.65	$26,921.99
Tinsle	Holly	UMMS99785	1	Juvenile Probation Counselor	0.00%	$19,667.26	$19,687.26	$8,391.66	$8,391.66	$28,078.92
Violet	Lime Green	UMMS26662	1	Juvenile Probation Counselor	0.00%	$16,437.40	$18,437.40	$8,168.54	$8,168.54	$26,605.93
Wildflower	Aquamarine	UMMS27036	1	Juvenile Probation Counselor	0.00%	$15,165.93	$15,185.93	$5,352.68	$5,352.68	$20,538.61
Total Job Position Code			1							$993,423.41
Total:										$993,423.41

A19 FORM

Use the dropdown menus to select the MAC Contractor, year, and quarter you wish to view. This report can be viewed in Excel.

Form **A19-1A** (REV. 6/95)	STATE OF WASHINGTON **INVOICE VOUCHER**	AGENCY USE ONLY		
		AGENCY NO.	LOCATION CODE.	P.R. OR AUTH NO.
		1070		K1002

AGENCY NAME

Health Care Authority
Health Care Services
Medicaid Outreach Unit
PO Box 45530
Olympia WA 98504-5530

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's certificate: I hereby certify under penalty of perjury that the items and totals listed herin are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans Status

VENDOR OR CLAIMANT

King CO Superior Court

516 3rd Ave RM C203
Seattle WA 98104

BY

(SIGN IN INK)

(TITLE)   (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.)   RECEIVED BY   DATE RECEIVED

DATE	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT	FOR AGENCY USE
	For services rendered in performance under					
	Contract Number: K1002					
	Period of Service: July - September 2017					
	Total Outreach & Linkage T19 Computable Cost				$23,405.53	
	FFP Match Rate 50%				$11,702.76	
				Total Computable	$23,405.53	
				Total FFP Reimbursement	$11,702.76	

As the Designated Authorizing Representative: I certify the expended amount shown on this A19 invoice is accurate, valid, and represents expenditures eligible for federal financial participation (FFP) in accordance of Certification of Public Expenditure (CPE) CFR 42.Sec 433.51; that applied matching funds are not already used as matching funds in other federal programs and being reimbursed by other federal grants; and any applied donated matching funds have been preapproved for use by Centers for Medicare and Medicaid (CMS). I also certify indirect costs are accurate and allowable under OMB Circular A-87 and comply with all applicable rules and regulations. Costs that have been treated as indirect costs have not been claimed as direct costs.

PREPARED BY		TELEPHONE NUMBER	DATE	AGENCY APPROVAL	DATE

DOC. DATE	PMT DUE DATE	CURRENT DOC. NO.	REF DOC. NO.	VENDOR NUMBER	USE TAX	UBI NUMBER
		MA		SWV0000320-30		

ACCOUNT NUMBER 30 CHARS
July - September 2017

VENDOR MESSAGE 25 CHARS
Medicaid Admin Claiming

TRANS CODE	FUND	MASTER INDEX APPN INDEX	MASTER INDEX PROGRAM INDEX	SUB OBJ	SUB SUB OBJ	ORG INDEX	ALLOC	MOS	PROJ	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE DATE	INVOICE # 30 CHARS
	001		A0912	ER	7360	A7V0	5156		MAC K	10	02	$11,702.76		Contract# K1002

ACCOUNTING APPROVAL FOR PAYMENT	DATE	WARRANT TOTAL	WARRANT NUMBER
		$11,702.76	

CPE FORM AND INSTRUCTIONS

The CPE form must be submitted every quarter. The form can be found at the Health Care Authority website; please follow the link: CPE local match certification. A sample CPE form and corresponding instructions can be found in the appendix.

MEDICAID ELIGIBILITY RATE (MER) AND MER CALCULATION

Part of the MAC claiming requires the application of a MER:

- HCA staff then enters the MER into the claiming system.

LOCAL MATCH CERTIFICATION, SOURCES OF FUNDING, AND CERTIFIED PUBLIC EXPENDITURES (CPE)

FEDERAL GUIDELINES

The federal government (Medicaid) provides partial Federal Financial Participation (FFP) reimbursement for allowable MAC activities through the Certified Public Expenditure (CPE) process. Federal regulations permit state, local, and tribal governments to provide the non-federal share of Medicaid expenditures. The funding of the non-federal share may be directly appropriated to government units by their legislature or other authority, transferred between the government units or actual expenditures incurred by the government unit may be certified as expenditures eligible for Medicaid reimbursement.

CMS policy is authorized by Section 1903(w) (6) (A) of the Social Security Act which specifically identifies States, and units of government within a State, as the appropriate agencies to fund the non-federal share of Medicaid costs. The non-federal share may be funded with proceeds derived from:

- State and local taxes.
- Funds appropriated to State University teaching hospitals.
- Funds transferred from or certified by units of government within a State.
- Funds of the unit of government not considered to be provider-related donations.
- Funds of the unit of government not derived from an impermissible health care related-tax.

Funds of the unit of government that are not considered to be provider-related donations, or are not derived from an impermissible health care related-tax, may only be used as the non-federal share of MAC expenditures when these funds have been approved by CMS' Center for Medicaid and State Operations' National Institutional Reimbursement Team (NIRT).

THE CERTIFICATION PROCESS

Quarterly, WSCJSD must identify the allowable local matching funds that pay for MAC activities by certifying them as public expenditures. HCA provides a CPE form that should be filled out by WSCJSD listing the allowable funding sources used.

INDIRECT RATE

WSCJSD certifies they have reviewed the indirect cost rate allowable for the quarter with the requirements of the Federal award(s) to which they apply. All staff included in operating costs or an approved indirect rate is prohibited from participating in the time study. WSCJSD then informs HCA of the Indirect Rate and submits via e-mail the "Certificate of Indirect Costs.
The HCA MAC Program Specialist adds the Indirect Cost Proposal Rate in the RMTS System for the time period the rate covers prior to the claim approval. The following is an example of the "Certificate of Indirect Costs."

Certificate of Indirect Costs

Washington State Health Care Authority

KING COUNTY SUPERIOR COURT
NAME OF LOCAL GOVERNMENT

CONTACT'S NAME	
STEVE DAVIS	
CONTACT'S TELEPHONE NUMBER	CONTACT'S EMAIL ADDRESS
(206)477-1639	STEVE.DAVIS@KINGCOUNTY.GOV
INDIRECT COST PROPOSAL RATE	TIME PERIOD THE RATE COVERS
31.99	FROM APRIL 2017 TO JUNE 2017

This is to certify that I have reviewed the indirect cost rate submitted with this contract and to the best of my knowledge and belief:

1. All costs included in this rate proposal JUNE 2017_____ to establish a billing or final
   (DATE)

   indirect costs rate(s) for APRIL - JUNE 2017_____ are allowable with the requirements
   (PERIOD COVERED BY RATE)

   of the Federal award(s) to which they apply and 2 C.F.R. Office of Management and Budget (OMB) OMB Super Circular, which incorporates Cost Principles for State, Local, and Indian Tribal Governments. Unallowable costs have been adjusted for in allocating costs as indicated in the cost allocation plan.

2. All costs included in this proposal are properly allocated to Federal awards on the basis of a beneficial or causal relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. Similar types of costs have been accounted for consistently and the Federal Government will be notified of any accounting changes that would affect the predetermined rate.

I declare that the foregoing is true and correct.

SIGNATURE	DATE OF EXECUTION
[signature]	6/13/17
PRINTED NAME OF OFFICIAL	TITLE
STEVE DAVIS	DIRECTOR, BUSINESS & FINANCE

REVENUE OFFSET

Certain revenues must be offset to reduce costs to determine the total amount of costs in which the federal government will participate. (Federal Regulations (2CFR), Part 225).

Sample categories of revenue offset may include the following (not all inclusive):
- All federal funds
- All state expenditures which have been previously matched by the federal government (includes Medicaid funds for medical assistance, such as payments for services under fee- for-service)
- Insurance and other fees collected from non-governmental sources
- All applicable credits such as receipts or reduction of expenditure type transactions offsetting or reducing expense items allocable to federal awards as direct or indirect costs.

NON-DUPLICATION OF PAYMENT

Federal, state, and local government resources should be expended in the most cost effective manner possible.

WSCJSD may not claim any FFP for administrative activities if related costs have already been paid by another revenue source. A government program may not be reimbursed in excess of its actual costs, i.e., make a profit.

Example activities where costs may not be claimable due to the potential for duplicate payments include but are not limited to:

- An activity that is an integral part or extension of a direct medical service, such as patient follow-up, patient assessment, patient education, or counseling.
- An activity that has been, or will be, paid for as a service of another non-Medicaid program.
- An activity that has been, or will be, paid for as a Medicaid administrative cost through another MAC program.
- An activity that is included as part of a managed care rate and is reimbursed by a managed care organization.
- Costs for activities that are included in a direct medical service encounter rate.

It is important to distinguish between duplicate payments for the same activity and an inefficient use of resources, which may result in the unnecessary repeated performance of an activity.
Duplicate performance of services or administrative activities must be mitigated through coordination of activities.

- **A19-1A Invoice Voucher (A19) -** The State of Washington Invoice Voucher used by the WSCJSD to submit claims for reimbursement of allowable MAC costs. It certifies that all costs, including CPE and the indirect cost rate are certified as accurate, allowable and in accordance with applicable federal regulations.

- **Activity -** Job duties and responsibilities performed by a time study participant.

- **Administrative Fee -** The dollar amount charged to a contractor by HCA based on a percentage of each Contractor's billing for Federal Financial Participation (FFP) claimed at the federally approved match rate. The fee is used to offset HCA's costs incurred in administering the MAC program. Administrative fees charged to Contractor are used to provide the state share of match required to operate the program.

- **Apple Health -** The Washington State Medicaid program funded by the federal and state government, which pays for medical coverage for children and adults who meet specific income criteria.

- **Apple Health Application Assistance -** To assist Apple Health clients in completing the application process.

- **Audit -** An investigation of a contractor's MAC program and financial information to ensure compliance with state, federal, and local laws.

- **Billing Quarter -** A consecutive three (3) calendar month period during the contractor fiscal year. Most MAC contractors utilize the State Fiscal year, July – June, with billing quarters beginning on the first day of month one (1) and ending on the last day of month three (3).

STATE FISCAL YEAR BILLING QUARTERS	
Quarter(s)	**Months**
Qtr. 1	July – September
Qtr. 2	October – December
Qtr. 3	January – March
Qtr. 4	April - June

- **Centers for Medicare and Medicaid Services (CMS) -** The federal agency with oversight responsibility for the Medicare and Medicaid programs within the Department of Health and Human Services (DHHS).

- **Certified Public Expenditure (CPE) -** The sources of funds certified as actual expenditures by a local or public governmental entity and used as the State share in order to receive federal matching Medicaid funds, or Federal Financial Participation (FFP).

- **Code of Federal Regulation (CFR) -** The codification of the general and permanent rules published in the Federal Register by the departments and agencies of the Federal Government.

- **Cognizant Agency -** The federal agency responsible for reviewing, negotiating, and approving Indirect Cost Rates.

- **Consultant or Billing Agent -** Any subcontractor to include any individual or organization hired by the Contractor to provide support with the System. The Contractor is responsible for all work done by the subcontracted consultants or billing agents or both.

- **Contractor or MAC contractor -** The individual, entity, or claiming unit performing MAC services pursuant to this agreement and includes the contractor's owners, members, officers, directors, partners, employees, or

agents, or all, unless otherwise stated in this agreement. For purposes of any permitted subcontract, "contractor" includes any subcontractor and its owners, members, officers, directors, partners, employees, or agents, or all.

- **Corrective Action -** A plan developed after completion of an audit, evaluation, or review where a finding(s) of deficiency are identified. The plan specifies actions the facility or contractor must take to correct the finding of deficiency; the person responsible for developing the plan; the date when the correction will be completed, and the person responsible for correcting the deficiency.

- **Direct Cost -** Costs in direct support of MAC as reported on the quarterly A19 which are not already included in the indirect cost rate.

- **Eligible participants -** Contractor staff, subcontracted individuals or subcontractor individuals that are in compliance with regulations, meeting guidelines, and the Manual criteria, to participate in the Medicaid Administrative Claiming (MAC) Random Moment Time Study (RMTS).

- **Federal Financial Participation (FFP) -** The level of federal funding to which the federal government will participate to reimburse government agencies for certain Medicaid administrative activities.

- **HCA MAC RMTS Coordinator Manual (Manual) -** The Manual or its successor(s), including any updates that describe how to manage the MAC program including the time study and claiming.

- **Health Care Authority (HCA) -** The single state Medicaid agency that has complete authority and responsibility for administration of the State Medicaid Plan and Medicaid Administrative Claiming.

- **Indirect Cost(s) -** An operating expense that is allocated across more than one program.

- **Indirect Cost Rate -** The ratio, expressed as a percentage, of the indirect costs to a direct cost base as approved by the Contractor's Cognizant Agency.

- **Job Title -** A short description of a job position.

- **Job Description -** A summary of specific duties and responsibilities of a job position.

- **Linkage -** Connecting clients to services.

- **Local Matching Funds -** The contractor's non-federal tax dollars that are not otherwise obligated and are designated or certified to match the FFP rate of reimbursement. This revenue must be in the contractor's budget and under the contractor's control. These funds cannot be contributed by healthcare providers as local matching funds and subcontractor cannot certify local match funding. All local match funds must meet CPE requirements.

- **Medicaid -** The federal aid Title XIX program of the Social Security Act under which medical care is provided to eligible persons.

- **Medicaid Administrative Claiming Program (MAC) -** The source of funding for reimbursements provided in this agreement is shared between the contractor and the Federal Financial Participation (FFP).

- **MAC Coordinator -** An employee of the contractor assigned MAC RMTS oversight responsibilities and to act as liaison between HCA and the contractor for purposes of a MAC agreement.

- **Medicaid Client -** A person who is eligible to receive Medicaid Covered Services.

- **Medicaid Covered Services -** The array of federally required and Washington State legislatively appropriated medical and social services available to Medicaid Clients.

- **Medicaid School-Based Administrative Claiming Guide -** The CMS MAC manual issued May 2003 produced by CMS, and any supplements, amendments, or successor, incorporated here by reference into this agreement.

- **Monitoring -** Review of a contractor's MAC program to ensure program integrity.

- **Office of Management and Budget (OMB) -** A division under the Executive Office of the President of the United States.

- **Outreach -** Activities undertaken by the contractor to inform families about services available and encourage access to these services.

- **Random Moment Time Study (RMTS) -** A statistically valid time study system that asks each participant to report the activity he or she was performing during a specific moment.

- **Referral -** Providing information and support to clients that will assist them in accessing medical, social, education, or other services.

- **State Fiscal Year (SFY) -** A twelve (12) month period beginning on July 1st of one calendar year and ending on June 30th of the following calendar year. The SFY is broken into four (4) billing quarters.

- **State Medicaid Plan -** The comprehensive written commitment by HCA, submitted under 1902(a) of the Social Security Act and approved by CMS, to administer the Washington State Medicaid program in accordance with federal and state requirements.

- **University of Massachusetts Chan Medical School (UMass) -** The HCA contracted vendor who oversees the RMTS.

APPENDIX

QUARTERLY MAINTENANCE CHECKLIST

Status	Due Date	Task	Who's responsible at the WSCJSD?
		Before the Quarter Begins	
	30 days before the quarter begins	Update calendar and participant work schedules	
	30 days before the quarter begins	Pull participant extract upload and update as needed	
	15 to 30 days before the quarter begins	Schedule and conduct additional staff training, if necessary	
		During the Quarter	
	First working day of quarter	Participants will begin to receive and respond to moments	
	Ongoing	Monitor RMTS Participant Moment Not Completed Report to remind participants to complete all moments	
	Continuous throughout the quarter, within 5 working days of change	See Change of Status process above	
	Ongoing	Monitor the RMTS Participant Moment Not Completed Report to remind participants to complete all moments. This report should be kept with your audit file.	
		After the Quarter Ends	
	Within 120 days after the close of the quarter	Upload and/or update staff salary and benefits to the System	
	Within 120 days after the end of the quarter	Enter quarterly MAC related materials, supply costs, and administrative staff costs into the System	
	Within 120 days after the end of the quarter	Submit quarterly Local Match Certification and CPE forms with the signed A19 (original) to HCA for reimbursement.	

MEDICAID ADMINISTRATIVE CLAIMING (MAC) SUBCONTRACTOR REVIEW

WSCJSD is not allowed to subcontract in the MAC Program.

MEDICAID ADMINISTRATIVE CLAIMING (MAC) AUDIT FILE CHECKLIST

Present Y/N	Location Identified Y/N	Required Documentation
		Current Interagency/Interlocal Agreement with HCA
		Dun and Bradstreet Data Universal Numbering System (DUNS) number
		Statewide Vendor (SWV) number
		WSCJSD **MAC Organization Chart** • Administrator • CFO and/or Business Manager • MAC Program Administrator • Consultant and/or billing agent • MAC Coordinator and Backup Coordinator • Participating staff by claiming group(s) with names and job titles
		All MAC related contracts with consultants/billing agents
		All MAC Contracts/Grants related to outreach and linkage such as: • WSCJSD • Outreach organizations • Community based organizations • Washington Healthplanfinder
		MAC Subcontractor Documentation: • List of all MAC subcontracts • Copy of contract • Subcontractor information form (as submitted to HCA) • HCA approval notification from HCA
		MAC Financial claiming documentation • Copies of signed quarterly A-19 invoice vouchers and all detailed documents in support of that quarterly claim • MAC Subcontractor invoices for services provided under the MAC Contract • Signed copy of the quarterly Local Match Certification form • Signed Certified Public Expenditure worksheet listing funding sources, description and back-up documentation • Copy of Indirect Cost Rate Certification, methodology description and back-up documentation • Listing of all participants' salary/wages and benefits
		All HCA MAC Monitoring Report(s)
		All quarterly *Compliance Status Reports* as described in the Manual
		All State and/or federal audit reports, including the most recent OMB Circular A-133 Audit and any related documents and corrective action plans that relate to the MAC program
		All MAC related training documents (rosters and materials)
		All quarterly participant lists

Health Care Authority (HCA)
Certification of Public Expenditures (CPE)
Local Match Certification
This form must be completed and submitted per the terms of the contract.

HCA Contractor Name: _____

HCA Contract #: _____

Sub Unit (if applicable): _____

Invoice Time Period: _____

Federal Financial Participation (FFP) @ 50%/50% Split

FFP (50%)	Local Match (50%)	Total Computable
$0.00	$0.00	$0.00

Enhanced Federal Financial Participation (FFP) @ 75/25% Split

FFP (75%)	Local Match (25%)	Total Computable
$0.00	$0.00	$0.00

Total	$0.00	$0.00	$0.00

List only the non-federal funds eligible to be used as local matching funds per CFR 42.Sec 433.51.

Name of Local Match (Funding Source)	Prescribed Revenue Account Code	Amount
		$0.00
	Check Point: Net Zero	$0.00

As the Designated Authorizing Representative: I certify the expended amount shown on this document is accurate, valid, and represents expenditures eligible for federal financial participation (FFP) in accordance with Certification of Public Expenditure (CPE) CFR 42.Sec 433.51; that applied matching funds are not already used as matching funds in other federal programs and being reimbursed by other federal grants; and any applied donated matching funds have been preapproved for use by Centers for Medicare and Mediciaid (CMS).

_____
Authorizing Representative's Signature   Date

_____
Title

_____
Printed Name of Authorizing Representative

_____
Telephone Number (Including Area Code)

CPE Local Match Certification Instructions

HCA Contractor Name	The name of the contractor.
HCA Contract Number	The contract number of the entity.
Sub Unit (if applicable)	A cost center or budget unit within the claiming unit.
Invoice Time Period	Period of time the services were provided (e.g., January-March 2016).
Federal Financial Participation (FFP)	Enter the FFP dollar amount in the appropriate FFP box. Dollars reported must agree with amount on the invoice.
Local Match	Enter the dollar amount used to match federal funds in the appropriate local match box.
Name of Local Match (Funding Source)	List the name of the Local Match funding source.
Prescribed Revenue Account Code	List the prescribed account coding for the local match (funding source)
Prescribed revenue account coding for: Local Health Jurisdictions, King County Superior Court Juvenile Probation Services, County and City correctional facilities, Area Agency on Aging.	State Auditor's Office (SAO) Budgeting, Accounting and Reporting System (BARS) Manual for Cities, Counties, Special Purpose Districts
Prescribed revenue account coding for: Public school districts.	Office of the Superintendent of Public Instruction (OSPI) School Apportionment & Finacial Servcies Accounting Manual for School Districts
Prescribed revenue account coding for: UW school of dentistry, DSHS Special Commitment Center, Washington State Department of Corrections.	Office of Financial Management (OFM) State Administrative & Accounting Manual (SAAM), Chapter 75
Authorized Representative's Signature	The signature of the entity's authorized representative.
Date	Date when form was completed.
Title	Title of entity's authorized representative.
Printed Name	Printed name of authorized representative.
Telephone Number (including Area Code)	Telephone number with area code of authorized representative.