

**Time Study Proposal Attachments**

**School Based  
Medicaid Administrative Match Program  
Washington State**

**October 2003**

**Designed and Prepared by:**  
*Washington State Department of Social and Health Services*  
**Management Services Administration**  
**Research and Data Analysis Division**  
**Dario Longhi, Ph.D., Senior Research Manager**



# Contents

<b>TIME STUDY PROPOSAL ATTACHMENTS</b>	<b>Pages</b>
1. DATA COLLECTION FORM AND ACTIVITY CODES .....	1
2. DEFINITIONS OF SAMPLE UNIVERSE: ELIGIBLE STAFF, DESIGNATED STAFF, SCHOOL DAYS.....	11
3. COMPUTERIZED SAMPLING PROCEDURES: DAYS AND STAFF.....	15
4. DOCUMENTATION.....	19
5. TRAINING.....	23
6. MONITORING.....	35
7. DSHS CONTRACTS WITH SCHOOL DISTRICTS.....	39
8. EXAMPLE OF ALLOCATION PROCEDURES WITH POOLED ESTIMATES.....	55
9. NUMBER OF SCHOOL DISTRICTS AND TIME SPENT ON MEDICAID ACTIVITIES BY SIZE OF SCHOOL DISTRICT IN 2001-2002 (INCLUDING DATA ON % MEDICAID ENROLLED AMONG STUDENTS).....	59



## **ATTACHMENT 1:**

### **DATA COLLECTION FORM AND ACTIVITY CODES**

- 1. Form**
- 2. Tracking Activities (2 Page Description)**
- 3. Tracking Activities (PowerPoint)**



## Draft - MEDICAID ADMINISTRATIVE MATCH TIME STUDY FORM

	Each tick mark represents 15-Minutes (4 marks = 1 hr.)	Total Hours & Minutes 1 2 3 4 5 6 7 8    15 30 45 00000000    0 0 0
Code 3 - EDUCATIONAL SCHOOL-RELATED & ACTIVITIES - Teaching, extra-curricular activities, IEP development, coordinating/monitoring IEPs, discipline, evaluating curriculum or instruction, career guidance, & general supervision of students		00000000    0 0 0
Code 4 - DIRECT MEDICAL SERVICES – Provision of care, treatment/patient follow-up &/or counseling services, & the related administrative/clerical activities, & staff related travel		00000000    0 0 0
Code 10 - SYSTEM SUPPORT OR PERSONAL TIME - <u>Breaks</u> , paid time not at work; staff or district level <u>meetings</u> ; <u>supervision</u> or evaluation of staff; establishing school <u>goals/objectives</u> ; <u>administrative or clerical</u> activities		00000000    0 0 0
<b>REFERRAL, COORDINATION &amp; MONITORING (Attach completed Tracking Guide)</b>		
Code 9a - Referrals for non-medical services or state education agency mandated child health screens, (Free Care), (e.g. vision, hearing, scoliosis) services		00000000    0 0 0
Code 9b - Referrals for medical, dental, mental health, substance abuse, & family planning services (MUST BE REFERRAL TO MEDICAID PROVIDER. See back of form.)		00000000    0 0 0
<b>OUTREACH</b>		
Code 1a - Inform potential eligible individuals about General health education, wellness & prevention programs, IDEA & child find activities		00000000    0 0 0
Code 1b - Inform potential eligibles about Medicaid & Medicaid managed care & encourage access		00000000    0 0 0
<b>FACILITATING APPLICATIONS</b>		
Code 2a - Explain eligibility process & how to apply for programs like IDEA, TANF, & reduced lunches		00000000    0 0 0
Code 2b - Explain & assist students/families with Medicaid application process; verify current status		00000000    0 0 0
<b>TRANSPORTATION</b>		
Code 5a - Scheduling or arranging transportation not in support of Medicaid covered services (e.g. social, vocational, &/or educational programs or activities)		00000000    0 0 0
Code 5b - Scheduling or arranging transportation to Medicaid covered services		00000000    0 0 0
<b>PROGRAM PLANNING, POLICY DEVELOPMENT &amp; INTERAGENCY COORDINATION</b>		
Code 7a - Improving coordination/delivery/planning for non-medical services (e.g. social, vocational, state mandated child health) screening, policy development, for school aged children		00000000    0 0 0
Code 7b - Improving coordination/delivery/planning of medical/dental/mental health services to school aged children		00000000    0 0 0
<b>TRAINING (PARTICIPATION IN OR COORDINATION)</b>		
Code 8a - Improving delivery & referral to non-Medicaid services like IDEA/Child Find activities/programs		00000000    0 0 0
Code 8b - Improving delivery& referral to Medicaid related services, early identification & referral for special health services like EPSDT, or administrative requirements related to Medicaid services		00000000    0 0 0
<b>TIME TOTALS SHOULD MATCH:</b> Total paid time worked this day:	Total hours tracked this day:	00000000    0 0 0

Staff Name (print): \_\_\_\_\_ Position # \_\_\_\_\_ Job Title: \_\_\_\_\_ Date of time study (mm/dd/yy): \_\_\_\_\_

School District \_\_\_\_\_ School Building: \_\_\_\_\_

This time study represents the activities that I performed during the day that was time studied.

Staff signature: \_\_\_\_\_

Date: \_\_\_\_\_

I reviewed this time study and it is complete and in compliance with Medicaid Administrative Match program guidelines.

Supervisor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Directions for completing the form:** Complete the time study form by tracking paid hours worked during the day identified for the time study. For each 15-minute period of the day, make one tick mark on the form in the area that best describes the activity performed during the majority of that 15-minute period. Enter only one tick mark per 15-minute period. Record ticks for all paid hours worked during the day. At the end of the day, add the number of tick marks in each activity area and convert the number of tick marks into the number of hours and minutes worked in that area. (For example: 3 hours and 45 minutes in the example below.) Submit the completed time study form to your supervisor within 5 workdays after the day that was time studied.

**SAMPLE OF COMPLETED FORM:**

	<u>Each tick mark represents 15 minutes</u>	<u>Total Hours &amp; Minutes</u>
		1 2 3 4 5 6 7 8 15 30 45
<b>FACILITATING APPLICATIONS</b>		0 0 X 0 0 0 0 0 0 X 0 0
<b>TRANSPORTATION</b>	IIII IIII IIII I	0 0 0 0 0 0 0 0 0 X 0
<b>PROGRAM PLANNING, POLICY DEVELOPMENT</b>	II	0 0 0 0 0 0 0 0 0 0 0 0
<b>TRAINING</b>		0 0 0 0 0 0 0 0 0 0 0 0
<b>TIME TOTALS SHOULD MATCH: Total Paid time worked this day: 3 hrs. 45 min.</b>	<b>Total hours tracked this day: 3 hrs. 45 min.</b>	

**Referral to Medicaid Provider** (Say how you determined referral was to a Medicaid provider):

**The remaining space is available for additional activity documentation:**



## TRACKING ACTIVITIES

### **3 – EDUCATIONAL SCHOOL-RELATED & ACTIVITIES**

Carry out discipline

Evaluate curriculum, policies or instruction

Develop & monitor IEP goals of IEP

Attend meetings for initial approval or review

Supervise students outside of the classroom instruction

Prepare & provide classroom &/or individual

Monitor immunization compliance

Obtain student registration information

### **4 – DIRECT MEDICAL SERVICES** – Provide care, treatment, & counseling services:

Physical or mental health assessments & diagnostic testing screenings

Routine or mandated health

*Developmental assessments IEP*

*Health/mental health services identified in an*

*Assisting with personal care or special procedures*

*Speech, occupational &/or physical therapies*

*Administering first aid, prescribed injection, immunizations or medications*

*Clinical services*

### **10-SYSTEM SUPPORT OR PERSONAL TIME**

Breaks, vacation, sick leave, & other paid time not at work

Staff or district-level meetings

Review school or district procedures or rules

Supervision or evaluation of staff, student teachers or classroom volunteers

Administrative or clerical activities related to general building or district functions or operations

### **9 – REFERRAL, COORDINATION & MONITORING**

#### 9A - Referrals for non-medical services or Free Care:

- *Social, educational, vocational services & special education*
- Free Care examples:

*An acute or one-time event occurs*

- *Child injured & school assesses, refers & follows-up*

*Referral is within the school system*

- *Teacher refers student to another staff member*

*Services & activities related to a 504 plan*

#### 9B - Referrals for medical, dental, mental health, substance abuse & family planning:

Filters (conditions) to be met for this activity:

*Not direct medical care*

*Not health screenings or immunizations*

*Not Child Find*

*Not 504*

*Not IEP*

*Not Free Care*

*Referral is to current Medicaid provider (use provider lists, MAA web page, telephone call, etc.)*

**Performing activities that:**

*Refer student to verified Medicaid health care provider(s) in the community*

*Follow-up to ensure service was received*

*Participate in meeting/discussion with other staff, health care professionals &/or parents to coordinate or review need for health related services covered by Medicaid (Supplemental Documentation Required: Tracking Guide)*

### **1 - OUTREACH**

#### 1A - General health education, wellness & prevention programs & Child Find activities:

*Inform individuals about their eligibility for non-Medicaid social, vocational & educational programs (including special education)*

*Inform about wellness programs, healthy life-styles & practices*

*Provide health &/or prevention education (dental, tobacco, alcohol, drug & violence)*

*Identify children with special medical needs through Child Find activities*

#### 1B - Inform about Medicaid, services available & encourage access:

Filters (conditions) to be met for this activity:

*Medicaid related*

*Directed toward school population (students & their parents/guardians)*

- *Describe benefits & availability of Medicaid & Healthy Options managed care services*
- *Distribute literature about the benefits, eligibility requirements, & availability of Medicaid, including preventive services under Early Periodic Screening Diagnosis & Treatment (EPSDT)*
- *Use MAA literature or obtain MAA approval before creating own materials*

## 2 – FACILITATING APPLICATIONS

2A - Explain or help individuals or families to apply for programs like IDEA, TANF & reduced lunches:

- *Inform about programs, such as, Temporary Assistance for Needy Families (TANF); Food Stamps; Women, Infants & Children (WIC), day care, legal aid, IDEA & other social or educational programs*
- *Explain the eligibility application process*
- *Assist with application & re-application process for continuing eligibility*
  - *Provide applications forms*
  - *Assist in gathering necessary documentation*

2B - Explain & assist students & families with the Medicaid application:

Filters (conditions) to be met for this activity:

*Medicaid application form*  
*Application-related materials*

- *Explain the Medicaid eligibility application process*
  - *Provide & help complete application forms*
  - *Assist in gathering necessary documentation*

## 5 - TRANSPORTATION

5A - Transportation not in support of Medicaid covered services:

*Schedule or arrange transportation to social, vocational, &/or educational programs & activities*

5B - Schedule or arrange transportation to Medicaid covered services:

*Arrange transportation through the Medicaid transportation brokerage system or inform families how to use the brokerage system*

## 7 – PROGRAM PLANNING, POLICY DEVELOPMENT, INTERAGENCY COORDINATION

7A - Regarding non-medical needs & services:

*Perform collaborative activities associated with developing strategies to improve the coordination & delivery of non-medical services, such as, social, educational & vocational*

7B - Improve coordination & delivery of medical/dental/mental health services:

Filters (conditions) to be met for this activity:

*Collaborate with other agencies & health care professionals*

Identified in job description:

- *% of time dedicated*
- *Responsibilities include program planning & interagency coordination*

*Analyze Medicaid data &/or evaluate the need for medical/dental/mental health services*

*Identify gaps or duplication of health services*

*Develop strategies to improve coordination & delivery of needed health services*

*Increase Medicaid provider participation & improve provider relations*

## 8 - TRAINING

8A - Participating in or coordinating professional development & training on instructional, emotional, social & behavioral needs of students, Child Find:

*Curriculum improvement*

*Asthma monitoring & control*

*Poverty training*

*Smoking Cessation*

*Conflict Resolution*

*Mental illness & treatment modalities*

8B - Participating in or coordinating training that improves delivery of medical/Medicaid-related services, early identification & referral for special health services like EPSDT (not IDEA) & related administrative requirements:

Filters (conditions) to be met for this activity:

*Related to Medicaid or school-based administrative match*

Examples:

- *Medicaid 101 – Medicaid services available for children & how to apply for coverage*
- *Using EPSDT to enhance early identification of and intervention with children experiencing health-related needs*

## Tracking Activities

- 3 - Educational School-Related & Activities
- 4 - Direct Medical Services
- 10 - System Support or Personal Time
- 9 - Referral, Coordination & Monitoring
- 1 - Outreach
- 2 - Facilitating Applications
- 5 - Transportation
- 7 - Program Planning, Policy Development & Interagency Coordination
- 8 - Training

## 3 - Educational School-Related & Activities

- Social & educational service activities:
  - Prepare & provide classroom &/or individualized instruction
  - Evaluate curriculum, policies or instruction
  - Develop & monitor IEP goals
  - Attend meetings for initial approval or review of IEP

## Cont. Educational School-Related & Activities

- Supervise students outside of the classroom
- Carry out discipline
- Monitor immunization compliance
- Obtain student registration information

## 4 - Direct Medical Services

- Provide care, treatment, & counseling services:
  - Physical or mental health assessments & diagnostic testing
    - Clinical services
    - Developmental assessments
    - Health/mental health services identified in an IEP

## Cont. Direct Medical Services

- Assisting with personal care or special procedures
- Speech, occupational &/or physical therapies
- Routine or mandated health screenings
- Administering first aid, prescribed injection, immunizations or medications

## 10-System Support or Personal Time

- Breaks, vacation, sick leave, & other paid time not at work
- Staff or district-level meetings
- Review school or district procedures or rules
- Supervision or evaluation of staff, student teachers or classroom volunteers
- Administrative or clerical activities related to general building or district functions or operations

## 9 - Referral, Coordination & Monitoring

- Referrals for non-medical services or Free Care:
  - Social, educational, vocational services & special education
  - Free Care examples:
    - *An acute or one-time event occurs*
      - *Child injured & school assesses, refers & follows-up*
    - *Referral is within the school system*
      - *Teacher refers student to another staff member*
    - *Services & activities related to a 504 plan*

## Cont. Referral, Coordination & Monitoring

- Referrals for medical, dental, mental health, substance abuse & family planning:
  - *Filters (conditions) to be met for this activity:*
    - *Not direct medical care*
    - *Not health screenings or immunizations*
    - *Not Child Find*

## Cont. Referral, Coordination & Monitoring

- *Not 504*
- *Not IEP*
- *Not Free Care*
- *Referral is to current Medicaid provider (use provider lists, MAA web page, telephone call, etc.)*

## Cont. - Referral, Coordination & Monitoring

- Performing activities that:
  - Refer student to verified Medicaid health care provider(s) in the community
  - Follow-up to ensure service was received
  - Participate in meeting/discussion with other staff, health care professionals &/or parents to coordinate or review need for health related services covered by Medicaid (Supplemental Documentation Required: Tracking Guide)

## 1 - Outreach

- General health education, wellness & prevention programs & Child Find activities:
  - Inform individuals about their eligibility for non-Medicaid social, vocational & educational programs (including special education)
    - Inform about wellness programs, healthy lifestyles & practices
    - Provide health &/or prevention education (dental, tobacco, alcohol, drug & violence)
    - Identify children with special medical needs through Child Find activities

## Cont. - Outreach

- Inform about Medicaid, services available & encourage access:
  - *Filters (conditions) to be met for this activity:*
    - *Medicaid related*
    - *Directed toward school population (students & their parents/guardians)*

## Cont. - Outreach

- Cont. - Inform about Medicaid, services available & encourage access:
  - Describe benefits & availability of Medicaid & *Healthy Options* managed care services
  - Distribute literature about the benefits, eligibility requirements, & availability of Medicaid, including preventive services under Early Periodic Screening Diagnosis & Treatment (EPSDT)
  - Use MAA literature or obtain MAA approval before creating own materials

## 2 - Facilitating Applications

- Explain or help individuals or families to apply for programs like IDEA, TANF & reduced lunches:
  - Inform about programs, such as, Temporary Assistance for Needy Families (TANF); Food Stamps; Women, Infants & Children (WIC), day care, legal aid, IDEA & other social or educational programs
  - Explain the eligibility application process
  - Assist with application & re-application process for continuing eligibility
    - Provide applications forms
    - Assist in gathering necessary documentation

## Cont. - Facilitating Applications

- Explain & assist students & families with the Medicaid application:
  - *Filters (conditions) to be met for this activity:*
    - *Medicaid application form*
    - *Application-related materials*
  - Explain the Medicaid eligibility application process
    - Provide & help complete application forms
    - Assist in gathering necessary documentation

## 5 - Transportation

- Transportation not in support of Medicaid covered services:
  - Schedule or arrange transportation to social, vocational, &/or educational programs & activities
- Schedule or arrange transportation to Medicaid covered services:
  - Arrange transportation through the Medicaid transportation brokerage system or inform families how to use the brokerage system

## 7 - Program Planning, Policy Development & Interagency Coordination

### Regarding non-medical needs & services:

- Perform collaborative activities associated with developing strategies to improve the coordination & delivery of non-medical services, such as, social, educational & vocational

## Cont. - Program Planning, Policy Development & Interagency Coordination

- Improve coordination & delivery of medical/dental/mental health services:
  - *Filters (conditions) to be met for this activity:*
    - *Collaborate with other agencies & health care professionals*
    - *Identified in job description:*
      - *% of time dedicated*
      - *Responsibilities include program planning & interagency coordination*

### Cont. - Program Planning, Policy Development & Interagency Coordination

- Analyze Medicaid data &/or evaluate the need for medical/dental/mental health services
- Identify gaps or duplication of health services
- Develop strategies to improve coordination & delivery of needed health services
- Increase Medicaid provider participation & improve provider relations

## 8 - Training

- Participating in or coordinating professional development & training on instructional, emotional, social & behavioral needs of students, Child Find:
  - Curriculum improvement
  - Asthma monitoring & control
  - Poverty training
  - Smoking Cessation
  - Conflict Resolution
  - Mental illness & treatment modalities

### Cont. - Training

- Participating in or coordinating training that improves delivery of medical/Medicaid-related services, early identification & referral for special health services like EPSDT (not IDEA) & related administrative requirements:
  - *Filters (conditions) to be met for this activity:*
    - *Related to Medicaid or school-based administrative match*

### Cont. - Training

- Examples:
  - Medicaid 101 – Medicaid services available for children & how to apply for coverage
  - Using EPSDT to enhance early identification of and intervention with children experiencing health-related needs

**ATTACHMENT 2:**  
**DEFINITIONS**





## Eligible staff

**Conceptual definition:** All staff who are not wholly funded by other federal funding sources and/or who are not included under ‘indirect costs’.

‘Indirect Costs’ means those operating expenses that are attributed to and allocated across more than one program. School Ad Match indirect costs are calculated as a percentage of salaries and benefits claimed based on the OSPI unrestricted rate.

‘OSPI Unrestricted Rate’ means federally negotiated unrestricted indirect rate which can be found on the OSPI website at [www.k12.wa.us](http://www.k12.wa.us). The rate varies by school district and changes each school year.

**Operational definition:** All staff whose position is not defined as part of one of the following programs (ordered by OSPI program code number):

- |                              |                              |
|------------------------------|------------------------------|
| ◆ 24 Special Ed.—Supp.—Fed.  | ◆ 98 Food Services           |
| ◆ 29 Special Ed.—Other—Fed.  | ◆ 99 Pupil Transportation    |
| ◆ 38 Vocational—Federal      | ◆ CP Capital Projects Funds  |
| ◆ 46 Skills Center—Federal   | ◆ SB Associated Student Body |
| ◆ 51 Remediation—Federal     | ◆ 61 Certificated on Leave   |
| ◆ 53 Migrant—Federal         | ◆ 63 Contractor Teacher      |
| ◆ 61 Head Start—Federal      | ◆ 64 Contractor ESA          |
| ◆ 64 Bilingual—Federal       | ◆ 90 Classified on Leave     |
| ◆ 67 Indian Ed.—Fed.—JOM     | ◆ 92 Crafts/Trades           |
| ◆ 68 Indian Ed.—Fed.—ED      | ◆ 93 Laborers                |
| ◆ 76 Targeted Assist.—Fed.   | ◆ 95 Operators               |
| ◆ 77 Eisenhower Prof. Dev.   | ◆ 97 Service Workers         |
| ◆ 78 Youth Train. Prog.—Fed. | ◆ 98 Technical               |
| ◆ 97 Districtwide Support    |                              |

## Designated Staff

“Designated Staff” means those school district staff with primary responsibilities for: external coordination and linkage to the community, performing outreach to identify and inform Medicaid clients, assisting families with completing Medicaid application, developing and planning methods to increase access to Medicaid services, coordinating with other agencies and community partners, and referring students to medical services. School Ad Match duties are assigned in the job description of designated staff. Designated staff have training and education to perform School Ad Match duties.

## School day

A school day shall mean each day of the school year on which pupils enrolled in the common schools of a school district are engaged in educational activity planned by and under the direction of the school district staff, as directed by the administration and board of directors of the district.

See: **RCW 28A.150.030**



**ATTACHMENT 3:**  
**COMPUTERIZED RANDOM SAMPLING PROCEDURES:**  
**DAYS AND STAFF**



Designed and implemented by Raymond A. Saeger, Consultant  
Contracted By  
Research and Data Analysis Division,  
Department of Social and Health Services  
September 16, 2003

## Sampling Days

Days randomly selected for the time study need to be

- 1) in each of five groups of days in a "quarter" (first stratum)
- 2) with each day selected being a different day of the week (second stratum).

Calculations and sampling are done with an Excel macro based on

- 1) the school calendar supplied by the School District (SD) and available on the website of the Office of the Superintendent for Public Instruction (OSPI),
- 2) the starting date for the "quarter," and
- 3) the number of school days in the "quarter."

## Computerized day sampling procedures

To obtain five random days in a quarter for a particular School District the Excel macro does the following:

- 1) Performs some logical checks to make sure the start date is valid, the number of days in the "quarter" is at least five but less than 100, and there are enough school days to sample from.
- 2) Takes the SD's calendar and picks off the desired number of dates where school is scheduled (including early release days), conforming to how 'school days' are officially defined.
- 3) Divides those dates into five, roughly equal, sequential time periods. (If needed, remainders are accumulated during the calculations and a day is added to a time period as soon as the accumulated remainders exceeds one.)
- 4) Selects one date out of the first group of dates randomly and designates it as a sample day. That day of the week is "flagged" as "taken."

From the second group of dates, selects randomly dates until the day of the week is not "taken" and designates it as a sample day. That day of the week is then "flagged" as "taken."

Continues on similarly for the third through fifth groups of dates until five dates, each on a different day of the week, are identified at random within the strata specified.

- 5) The dates are then output to a version of the school calendar that can be viewed or printed by DSHS.
- 6) These dates can then be supplied to the individual SDs by DSHS at the appropriate time.

**Note on the random numbers generator:** Random numbers are generated using Microsoft's *Rnd* function which produces random numbers uniformly across a specified range.

## Sampling Staff

Staff randomly selected are taken from a pool of *eligible, 'teacher and other support staff'* provided electronically to DSHS by each large School District in a file with a standard template designed by DSHS.

For smaller School Districts the files will contain all *eligible* staff. - All will be sampled after some standard monitoring checks are conducted.

For larger School Districts the files will be contain at least two files:

- 1) A file with a list of *eligible 'designated staff'*. - All will be sampled after some standard monitoring checks are conducted.
- 2) A file with a list of all *eligible 'teacher and other support staff'*. This pool will be randomly sampled after some monitoring checks are conducted, if the district opts to do a time study of Teachers.

For very large Schools Districts, who have many diverse schools, the above process will be repeated many different times for each school or type of school within each school district. In this way the resulting samples for '*designated staff*' and '*teachers and other support staff*' will be selected at random with the same sampling proportion for each of the diverse schools, in each of the very large school districts.

## Computerized staff sampling procedures

The only parameter needed to run the Excel macro is the proportion of the population (sample universe) desired for the sample, entered as a real number. The actual sample size is calculated from the total number in the pool, rounding up whenever the result is fractional (i.e., a sample size of 166.2 rounds up to 167).

Staff records (sitting in the worksheet as a row of data) are selected one-by-one as follows until the sample size is reached:

- 1) A staff record is randomly selected from all those in the pool. That record is removed from the pool and placed in the "Staff Selected" worksheet (sampling is without replacement).
- 2) The next record is now randomly selected from those remaining in the pool, that record is removed from the pool and placed in the "Staff Selected" worksheet.
- 3) This process continues until there are enough records in the "Staff Selected" worksheet to satisfy the sample size.
- 4) Additional records (about 10% of the sample size) are also selected, removed from the pool, and placed in a "Staff Alternates" worksheet to provide additional records for substitutions which may be needed. These records are ordered as they were selected to maintain randomness. Substitutions are expected to be used only in the case a particular sampled staff is no longer working in the school district.

**Note on the random numbers generator:** Random numbers are generated using Microsoft's *Rnd* function which produces random numbers uniformly across a specified range. When randomly selecting the sample of staff the Excel macro re-specifies the range each time the pool is reduced by one to maintain uniformity as the pool decreases.

**ATTACHMENT 4:**  
**DOCUMENTATION**







### *The Contracts*



- \* Provides the structure by which to work together.



### *Special Features*



- \* The contracts, called Interlocal Agreements, are with each School District, and
- \* Based on a Vision and Goals developed by MAA and the Education Community.
- \* The language is consistent throughout the State.



### *Special Features*



- \* Yet, provides some flexibility for the uniqueness of each district.
- \* Each School District has a Service Delivery Plan.
- \* Each School District has one appointed School Ad Match Coordinator.



### *The Coordinator*



- \* Coordinate time study requirements across all schools within the district.
- \* Work with MAA to implement the automated claiming processes when available.
- \* Review completed time studies to ensure compliance with the manual and instructions



### *The Coordinator*



- \* Ensure time study information is collected and report to MAA as required in the Claiming Instructions of the manual.
- \* Attend MAA training as required
- \* May work with community-based health care and social service providers to increase access to medical services



### *The Coordinator*



- \* May perform outreach activities that inform communities of Medicaid covered services, benefits, and availability.
- \* May work with families and other staff to complete Medicaid applications.
- \* Establish working knowledge of Medicaid eligibility, the application process, community resources, outreach activities, access issues, claims process, documentation, monitoring, and performance measures.



### *The Coordinator*



- \* Ensure information is compiled and produce reports as required by MAA .
- \* May collaborate with other district coordinators to enhance service delivery
- \* Provide support to district staff, including program feedback and trouble-shooting.

SCHOOL ADMINISTRATIVE MATCH PROGRAM

**Documentation for Referral, Coordination & Monitoring Activity**

For each day that is time studied, identify the number of 15-minute increments spent on each of the following activities. Place a tick mark in the “Time Spent” column by the primary activity performed during a 15-minute period. (Coordinate information on this document with information reported on the time study under the Referral, Coordination & Monitoring activities. Attach to time study form.)

Name of Person Completing Form (print) \_\_\_\_\_

Position \_\_\_\_\_ DATE: \_\_\_\_\_

Signature \_\_\_\_\_

Activities Completed	Time Spent
Discussed barriers to learning for the student defined as possible physical or emotional impediments to student’s success at school	
Gathered information needed to make a referral for medical/dental/mental health/substance abuse services	
Conducted mental health, cognitive or physical assessments as part of the student’s evaluation	
Discussed or reviewed a student’s needs for health-related services	
Made referral for student and family to social service agency	
Identified and referred student for family planning services	
Made referral for medical or physical examinations and necessary medical/dental/mental health evaluations	
Created classroom and/or instructional accommodations for student	
Created a behavior plan for the student	
Completed an assessment for substance use or abuse	
Completed initial or review of IEP	
Reviewed or created a Section 504 Accommodation Plan	
Discussed and/or reviewed the student’s related medical/dental/mental health needs and services with other staff	
Conferred with student and/or parents about discipline	
Conferred with student and/or parents about academic progress	
Provided counseling about health-related issues to student and/or parents	
Coordinated medical or physical examinations and necessary medical/dental/mental health evaluations	
Coordinated the delivery of community-based medical/dental/mental health services for a student with special needs	
Discussed strategies for ensuring the student receives recommended services	
Other	

**ATTACHMENT 5:**  
**TRAINING**



## Assisting Students to Access Medicaid Services



**School  
Administrative Match Program  
Medical Assistance Administration**  
09/03

## Welcome Back!

SY 03-04



## Medicaid Eligibility, Application Process, Healthy Options, EPSDT & Resources

This section is designed to provide the information you need to:

- Identify Target Population
- Assist with Application Process
- Educate Medicaid Potentials & Recipients
- Assist to Access Medicaid Services
- Learn About Community Resources

## What is Medicaid?

- Medicaid is a federal/state match program that provides health care coverage and medical services to low-income children, pregnant women, families, persons with disabilities and elderly citizens.
- Authorized under Title XIX of the Social Security Act
- An entitlement for mandatory populations
- MAA administers the Medicaid program

## Health Coverage Is Important For All Children!

- Children stay healthy and become better students.
- Children with chronic conditions get the treatment they need
- Children with health coverage are more likely to be immunized and miss less school days
- Promotes Preventive Care



## Health Coverage Is Available For Your Students!

- **Medicaid:**
  - ◆ medical for eligible low-income kids
- **CHIP** (Children's Health Insurance Program)
  - ◆ medical for higher income kids
- **Basic Health**
  - ◆ WA. State- funded medical plan

## Who Qualifies?

Target Population: *Students*

- Under age 19
- 200% FPL
- Pregnant Teens (185% FPL)
- Free & Reduced Price Meals (185% FPL)

## Income Guidelines for Children's Medical

### 200% FPL Kids

- ◆ Family of 1: \$1,497
- ◆ Family of 2: \$2,020
- ◆ Family of 3: \$2,544
- ◆ Family of 4: \$3,067

\*FPLs change yearly in April

\*\* 3 month retroactive coverage available

## Children Under 19 Are Eligible for Medicaid

- Kids with single parents
- Kids with working parents
- Kids living with relatives, other families or friends
- Kids with 2 parents
- Homeless, Living Alone
- Kids with pre-existing conditions

## MAA's Health Care Delivery Models

### Medicaid:

- **Healthy Options Managed Care**
  - ◆ Mandatory populations
- **Fee-For-Service**
  - ◆ Populations outside *Healthy Options*
- **Primary Care Case Management (PCCM)**
  - ◆ American Indians/Alaska Natives

## Healthy Options

- Name of Washington State, Medical Assistance Administration's managed care program.
- Mandatory Enrollment For:
  - ◆ 200% FPL Kids
  - ◆ 185% FPL Pregnant Women/Teens
  - ◆ TANF Families (receive cash grant)

*\*Healthy Options may not be available in all counties – refer to Healthy Options handout/map.*

## Healthy Options

### How Does It Work?

- ◆ MAA pays premiums to health plans to manage care of client/member
- ◆ Client must choose a health plan & Primary Care Physician (PCP)
- ◆ PCP coordinates health care & referrals to specialists within health plan's networks

## Healthy Options Enrollment

- All new eligibles will be sent a HO enrollment packet
- Enroll by the 15<sup>th</sup> of the month in a health plan of your choice
- If you don't voluntarily enroll, MAA will assign you to a plan – (plan will assign you to a doctor)  
*It may not be one you like*
- If you enroll after the 15<sup>th</sup>, you will not have HO coverage until the next enrollment month (FFS in the interim).

## Healthy Options Service Areas for 2003

- Some counties are Voluntary:
    - ◆ only one health plan, or health plan does not have sufficient capacity.
    - ◆ client can choose Healthy Options or FFS
      - ◆ HO: assigned to health plan in your area
      - ◆ some health plans do not serve entire county, only certain zip codes
- \*may change from year to year

## Services: What's Covered?

- Doctor, Nurse & ER Visits
- Check-ups and Immunizations/EPSTD
- Dental
- Prescriptions
- Eyeglasses & Hearing Aids
- Mental Health & Substance Abuse
- Physical & Speech Therapy
- Durable Medical Equipment
- Transportation & Interpreter Services



## Health Care Delivery Models

- **Fee-for-Service:**
  - ◆ Client goes to any doctor who accepts Medicaid
  - ◆ Use valid medical coupon/MAID
  - ◆ Medical Provider bills MAA directly

## Health Care Delivery Models

### Primary Care Case Management:

For American Indians/Alaska Natives:

1. Indian Health Services
2. Healthy Options
3. Exemption: No Healthy Options
  - ◆ Will be assigned to tribal PCCM
  - ◆ PCCM listed under HMO on coupon

## Exemption, Disenrollment & Complaints

### Exempted from *Healthy Options*:

- American Indian/Alaska Native
- Other Health Insurance
- Special Health Care Needs
- Foster Care Kids

Call MAA's helpline for more information:

**1-800-562-3022**

### EPSDT/*Healthy Kids*: Early & Periodic Screening, Diagnosis & Treatment

- EPSDT is Medicaid’s comprehensive and preventive child health program
- For kids under the age of 21
- Includes regular checkups for children & teens, physicals, immunizations, vision, dental, hearing, etc.



### EPSDT Services

- Children ages 7 - 21:
  - ◆ *checkup every 2 years*
  - ◆ *Additional EPSDT exams as medically necessary*
- EPSDT covered under Healthy Options & Fee-for-Service:  
*Call your doctor for appointment*



### Pregnancy Services

- 185% FPL
- Prenatal & Delivery:
  - ◆ Medical + 2 months postpartum
  - ◆ Up to 12 months of family planning  
Call: 1-800-770-4334
  - ◆ Newborn gets Medicaid up to 1 year – in HO
  - ◆ *First Steps Services (maternity support services and case management)*

### Can You Have Medicaid And Other Insurance?

- As long as you qualify for Medicaid, we may be able to pay for premiums, co-pays, deductibles, and services not covered by your insurance
- Look for providers who will accept both Medicaid & private insurance (provider must be willing to bill DSHS)
- Medicaid is payor of last resort  
**1-800-562-3022**

### What About Higher Income Kids?

- **Children’s Health Insurance Program (CHIP)**
  - ◆ For higher income kids: 200-250% FPL
  - ◆ For children under age 19
- **Medically Needy Program (MN)**
  - ◆ Required to spenddown excess income before receiving medical benefits

### Outreach Activities

- Eligibility & Application Assistance:**
  - ◆ Prescreen for eligibility and assist family to complete the HKN application and Healthy Options enrollment form.
- Client Education:**
  - ◆ Educate family about Medicaid, Healthy Options, EPSDT and covered services
- Access To Health Care Services:**
  - ◆ Educate family how to access health care services using the medical coupon
- Follow-up: Medicaid Retention**
  - ◆ Help family to understand the importance of reading DSHS correspondence and responding timely to information requested by CSO



## Outreach Activities

### Identify Eligible Students:

#### Free & Reduced Price Meal Program:

- ◆ Most students on this program (185% FPL) are eligible for Medicaid (200%)
- ◆ Screen Multi-Use FRPM Application to see if family checked the box "Free Medical Coverage For Children"
- ◆ If checked box family should be contacted and mailed yellow & blue HKN application

Check Student Records for Insurance Coverage

## Application Process

Refer Eligible Student/Families to:

### CSO Call Centers:

- ◆ General information
- ◆ Request an application
- ◆ Applicant must complete and return application
- ◆ CSO determines eligibility  
\*signature required



\*Refer to handout for CSO nearest you

## Apply On-Line!

[www.onlinceso.dshs.wa.gov](http://www.onlinceso.dshs.wa.gov)

- ◆ On-line application for various DSHS programs.

[https://wvs2.wa.gov/dshs/onlineapp/maa\\_intro.asp](https://wvs2.wa.gov/dshs/onlineapp/maa_intro.asp)

## Coordinate Service Delivery With Community Partners

Coordinate to Avoid Duplication

### Healthy Kids Now/HKN

- ◆ 1-877-543-7669
- ◆ statewide line answered by Healthy Mothers, Healthy Babies (Seattle)

### Health Improvement Partnership/HIP

- ◆ (509) 444-3088
- ◆ Spokane and 11 eastern counties



## Community Partners

### CHOICE Regional Health Network

- ◆ 1-800-981-2123
- ◆ Thurston, Mason, Lewis, Pacific, Grays Harbor Counties

### Community Health Access Program/CHAP

- ◆ 1-800-756-5437
- ◆ King County

### Community CHOICE

- ◆ 1-888-452-0731
- ◆ Chelan-Douglas & Okanogan Counties



## Medical Assistance Identification Card

### Medical Coupon

- Issued monthly as long as client remains eligible for services
- **Healthy Options:**
  - ◆ plan identifier under the **HMO column** (BHPP, PBC, CHPW, etc.)

- **Fee-For-Service:**

- ◆ column is blank

\*refer to HO & Eligibility Review Booklets

## Medical Assistance Identification Card *Medical Coupon*

**MEDICAL IDENTIFICATION CARD**  
Medical Coupon Form  
DSHS-100-001 (Rev. 01-01)

**PERSONAL INFORMATION**

Name: John D. Plunk  
Address: 123 Main St, Anytown, WA 98000  
Phone: (509) 555-1234

**INSURANCE INFORMATION**

Insurance: MAA  
Policy Number: 123456789  
Effective Date: 01/01/2008  
Expiration Date: 12/31/2009

**PROVIDER INFORMATION**

Provider Name	Address	Phone	Service
John D. Plunk	123 Main St, Anytown, WA 98000	(509) 555-1234	General
Dr. Jane Smith	456 Oak St, Anytown, WA 98000	(509) 555-5678	Primary Care
Dr. Robert Brown	789 Pine St, Anytown, WA 98000	(509) 555-9012	Specialty

**ISSUANCE INFORMATION**

Issued On: 01/01/2008  
Expires On: 12/31/2009

**INSTRUCTIONS:**

- Present this card to all health care providers.
- Keep this card safe. It is your responsibility to replace it if lost or stolen.
- Call the Department of Social & Health Services (DSHS) at 1-800-562-3022 if you need a replacement card.

## IPND: Provider Directory



- **Provider Directory for:**
    - ◆ Healthy Options, CHIP, Basic Health and PEBB
    - ◆ Helpful for choosing a health plan, provider, hospital or pharmacy
    - *call provider first!*
- <http://maa.dshs.wa.gov/ipndweb/>

## Medicaid Providers

- **Provider must have a Provider Core Agreement and Provider Number in order to bill MAA**
  - **Providers can call 1-800-562-3022 to sign up**
- schools can encourage doctors & dentists to accept Medicaid*

## Referral to Medicaid Providers

- **For FFS, refer to these Providers:**
    - ◆ Community Health Centers (CHCs)
    - ◆ Federally Qualified Health Centers (FQHCs)
    - ◆ Rural Health Centers (RHCs)
- All accept Medicaid*
- \*Refer to handouts for providers/county*

## Healthy Kids Now Outreach Materials

Order Materials *Free* of Charge:

- Applications (7 languages)
  - Posters
  - Rack cards with holders
  - Bookmarks, Stickers
    - ◆ *Order for health fairs, PTA meetings, parent/teacher conferences, carnivals, front desk, registration packets, bulletin board, etc.*
- \* order form in packet

## Outreach Materials – *Free!*

- [www.coveringkids.org/communications](http://www.coveringkids.org/communications)  
(national advocate – connects to HKN 1-877 Line)
- Order the following materials:
- *Back-to-School* 03 Action Kit
  - Language Outreach Videos
  - Outreach Kits
  - Bookmarks, fliers, posters, stickers, etc.
- \*order form in your packet

## Coordination with Title 1 Migrant Health Program

- Identify Migrant children without health insurance.
- Ask the family if they receive services from DSHS:
- Ask to see their medical coupon and make a copy.
- Is the coupon valid? HO or FFS?
- Migrant insurance is available  
[www.ncesd.org](http://www.ncesd.org)



## Medicaid & Title 1 Migrant Health Program:

- Get migrant children on Medicaid & other medical programs before using Title 1 funds because:
  - ◆ Medicaid is an entitlement for eligible kids
  - ◆ Medicaid offers full scope services
  - ◆ Title 1 is a “payer of last resort”

## Internal Model

- School staff can help student/family to complete the Medicaid application, or
- School staff can refer student to your school’s Administrative Match Coordinator for:
  - ◆ Medicaid application & Healthy Options enrollment, outreach materials, referral to CSO or community partners
- Free & Reduced Price Meals:
  - ◆ Talk to *Food Director* about getting kids on this program to apply for Medicaid (if eligible)

## External Model

Schools can refer Medicaid eligibles to:

DSHS CSO Call Center:  
1-800-735-7038

*Healthy Kids Now (HMHB)*  
statewide campaign to help kids enroll in Medicaid (HKN blue & yellow app)  
1-877-543-7669

## Support Services for Medicaid Recipients

- **Transportation:**
  - ◆ Client calls DSHS contracted broker ,
  - ◆ requires 48 hr. notice (refer to list)
- **Interpreter:**
  - ◆ Arranged by medical provider,
  - ◆ requires 48 hr. notice (refer to list)

## What About Medical for Non-citizen Kids?

Qualified & Entered U.S. before Aug. 21, 1996:  
(LPR met 5 yr. bar)

- ◆ Eligible for Medicaid, CHIP, Pregnancy

Qualified & Entered U.S. after Aug. 21, 1996:  
(LPR not met 5 yr. bar)

- ◆ apply for Basic Health

Undocumented:

- ◆ apply for Basic Health, or access safety net providers

## Non-citizen Children: cont.

### May Be Eligible For:

- **Alien Emergency Medical:**
  - ◆ Apply at CSO
- **State-funded Medical:**
  - ◆ Apply for Basic Health

For More Information:

Northwest Justice website: [www.nwjustice.org](http://www.nwjustice.org)  
click on "immigrants".

## Alien Emergency Medical

- Federally-funded medical for non-citizen aliens with emergent medical conditions
- Ineligible for Medicaid due to citizenship or alien status
- Must be categorically related to Medicaid  
(parent with dependent child, aged or disabled adult or a child under 19, but ineligible for Medicaid)
- 3 month certification period – submit completed application to the CSO

## Benefits & INS:

- *If going through the Legalization Process:*
  - ◆ **Can Receive:**
    - ◆ Medicaid, CHIP, WIC, food stamps, school meals, child care, etc.
  - ◆ **Risky To Receive:**
    - ◆ Cash Grant/TANF, SSI  
GA-General Assistance.

## Changes to MAA Medical Programs 2003 Legislative Mandates

- **Income Verification**
  - ◆ Verify income for Children's & Pregnancy medical at Application & Eligibility Review
  - ◆ Wage stubs, employer letter, systems check
- **6 Month Review:**
  - ◆ Eligibility Review at 6 months
  - ◆ CSO will terminate case for no response
- **Rescinds Continuous Eligibility:**
  - children's medical program
- **Implements Premiums:**
  - for Optional Groups

## Mandatory Groups

- Age 0-1            185% FPL
- Age 1-5            133% FPL
- Age 6-19          100% FPL

No Premiums For Mandatory Groups (Medicaid is an entitlement)

### Also Exempt from Premiums:

American Indian/Alaska Native; Children receiving SSI;  
Newborn of 'S' Women; Pregnant Women

## Optional Groups

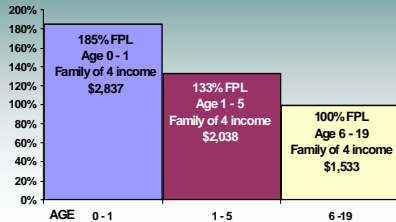
Premiums Required: (needs federal approval)

- 0% - 150% FPL: \$15
- 151% - 200% FPL: \$20
- 201% - 250% FPL: \$25

- Household Maximum: Total of 3 highest premiums  
- Sanctions for not paying all or partial premiums for 3 months.

## Optional Kids Eligibility

Eligibility is a "staircase" based on age



## Medically Indigent (MI)

- Program ended June 30, 2003
  - ◆ (program for persons with an emergent medical condition that required hospital services and who were not eligible for any other medical program).
- Hospitals received some funding to help cover costs
- **New Program beginning 07/01:**
  - ◆ Psychiatric Indigent Inpatient (PII):
  - ◆ administered by mental Health Division

## Insurance Options Basic Health Plan

- Must be a resident of WA. State & not eligible for Medicaid nor Medicare
  - ◆ Basic Health Plus/BHPP is Medicaid – for 200% FPL kids whose parents applied via BH)
- Premiums, Co-pays & Deductibles (\*higher in 04)
- Pre-existing Condition: 12 mo. wait
- Kids can still apply, Adults put on wait list
- Call BH Call Center & Member Services:  
**1-800-660-9840**

## Basic Health Changes

### Beginning January 2004:

- Co-Insurance: member is responsible for paying 20% of the cost of health care services
  - Co-pay: \$15/office visit
  - Deductible: \$150/year
  - Out-of-Pocket Maximum: \$1,500/yr.  
Maximum amount for each BH member
- \*refer to BH Brochure for details

## Safety Net Providers

- **Health Departments**
    - ◆ Limited services, such as immunizations, etc.
  - **Community Health Centers**
    - ◆ health care services on a sliding fee.
  - **Hospitals & Emergency Rooms**
    - ◆ Charity Care - talk to the billing dept.
- \*Uninsured more likely to have chronic medical conditions and use ERs & walk-in clinics for primary care.



## Need Help With Your Health Insurance?

For insurance options, advocacy & referrals:

**Office of Insurance Commissioner**  
Statewide Health Insurance Benefits Advisors (SHIBA)  
**1-800-397-4422**  
[www.insurance.wa.gov](http://www.insurance.wa.gov)

## Order Outreach Materials *On-Line*

### ■ Use the On-line General Store

Go to the Department of Printing website at:

[www.prl.wa.gov](http://www.prl.wa.gov)

For PDF Files of DSHS publications:

<http://www.wa.gov/dshs/geninfo/pubs3.html>



## Tracking Outreach Efforts

Measure Your Success:

- ✓ Number of parents you talked to, or who intend to apply for Medicaid
- ✓ Number of referrals to CSO, Providers, Partners
- ✓ Keep Copies of:

Number of: Medicaid Applications, Healthy Options Enrollment Forms distributed, CSO Award Letters, Medical Coupons, Referral Slips, Reports, Articles published, etc.

- ✓ Testimonials from families (written)



## Why Measure Performance?

- Improve Medicaid Children's success in Schools
- Accountability for Federal Medicaid Funds
- Assure Continuation of School Administrative Match



## Input and Output Measures

### ■ Input Measures (activities)

- ◆ Referrals
- ◆ Medicaid applications completed
- ◆ Time spent discussing Medicaid with parents

### ■ Outcome Measures (results compared to goals)

- ◆ Post referral Physician, Dental, EPSDT visits completed
- ◆ Newly enrolled or re-enrolled students (in Medicaid)
- ◆ Number of physicians accepting Medicaid clients

## Basic Steps to Accountability

### ■ Set Measurable Goals

- ◆ Track & document inputs and outcomes
- ◆ Review and improve performance

### ■ What's Next?

- ◆ Advisory Committee work
- ◆ 2004-05 Contract Changes

## The End!



**Additional training materials are in the following files:**

1. Medicaid Administrative Match.ppt
2. Program goals9-26.ppt
3. The time study9-26.ppt
4. Activity EXAMPLES 9-17-03.ppt
5. The Claiming Instructions9-26.ppt

**ATTACHMENT 6:**  
**MONITORING**





## ■ Monitoring

- Assist contractors
- Quality service delivery
- Accountability for public funds
- Compliance with regulations



## ■ Authorities and References

- Center for Medicaid Services (CMS) Guide May 2003
- Office of Budget and Management (OMB) Circular A-87 "Cost Principles"
- OMB Circular A-133 and Compliance Supplement
- RCW 39.34 Interlocal Cooperation Act
- State Administrative and Accounting Manual (SAAM) and Contracting Guides
- Interlocal Agreement and Program Manual

## ■ Monitoring Plan for 9/01/03 – 8/31/05

- Provide initial training September-October 2003
- Provide follow-up Coordinator training in November and December 2003
- Provide technical assistance
- Begin on-site monitoring 2004

## ■ Monitoring Plan for 9/01/03 – 8/31/05

- Comprehensive statewide Coordinator training August 2004

## ■ Questions and Issues:

- Are only allowable activities claimed?
- Are only allowable staff costs claimed?
- Is the proper MER used to calculate claims?
- Can staff costs claimed be supported by payroll, job descriptions, and time cards?

## ■ Questions and Issues:

- Are any of the activities claimed covered under another program or third party?
- How are the program goals and other information regarding the program relayed to staff?
- Are staff provided resources and training to meet the program goals?

---

■ Methods for monitoring:

---

- Review the School District's Service Delivery Plan.
- Interview the Coordinator and other staff.
- Review instructions given to time study participants.
- Review claims submitted.
- Review a sample of completed time studies.

---

■ Reporting on results:

---

- Each onsite review will be followed with a report.
  - Outline the issues and period reviewed,
  - The authority or reference in question, if any,
  - Recommendations for improvements, and
  - Best or good practices observed.

---

■ Other reporting:

---

- School Districts will be notified in writing of any issues with their claims.
- Commonly asked questions or trouble-spots will be addressed on the MAA web-page.
- Best Practices will be posted on the MAA web-page.

**ATTACHMENT 7:**

**DSHS CONTRACTS WITH SCHOOL DISTRICTS**





# INTERLOCAL AGREEMENT

## REVISED DRAFT SCHOOL DISTRICT

DSHS CONTRACT #:

This Agreement is by and between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below, and is issued pursuant to the Interlocal Cooperation Act, chapter 39.34 RCW.

Program Contract Number

Contractor Contract Number

CONTRACTOR NAME <b>School District DRAFT CONTRACT</b>		CONTRACTOR DBA	
CONTRACTOR ADDRESS <b>805 Plum Olympia, WA 98504</b>		CONTRACTOR UNIFORM BUSINESS IDENTIFIER (UBI) NUMBER	CONTRACTOR DSHS INDEX NUMBER
CONTRACTOR CONTACT	CONTRACTOR CONTACT TELEPHONE	CONTRACTOR FAX	CONTRACTOR E-MAIL ADDRESS
DSHS ADMINISTRATION <b>Medical Assistance Administration</b>	DSHS DIVISION <b>Division of Business and Finance</b>	DSHS CONTRACT CODE <b>7000LC</b>	
DSHS CONTACT NAME AND TITLE <b>Ramona Roberts Contracts Officer</b>		DSHS CONTACT ADDRESS <b>623 8th Avenue SE Olympia, WA 98504</b>	
DSHS CONTACT TELEPHONE <b>725-1911</b>	DSHS CONTACT FAX	DSHS CONTACT E-MAIL ADDRESS <b>roberrg@dshs.wa.gov</b>	
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? <b>Yes</b>		CFDA NUMBERS <b>93.778</b>	
CONTRACT START DATE <b>10/31/2003</b>	CONTRACT END DATE <b>6/30/2005</b>	MAXIMUM CONTRACT AMOUNT	
<p><b>ATTACHMENTS.</b> When the boxes below are marked with an X, the following Exhibits are attached to and incorporated into this Interlocal Agreement by reference:</p> <p>X Exhibit A. School Ad Match Coordinator Performance Plan</p>			
<p>This Interlocal Agreement, including all Exhibits and other documents attached or incorporated by reference, contains all of the terms and conditions agreed upon by the parties. No other understandings or representations, oral or otherwise, regarding the subject matter of this Interlocal Agreement shall be deemed to exist or bind the parties.</p>			
CONTRACTOR SIGNATURE <b>Draft Copy</b>		PRINTED NAME AND TITLE	DATE SIGNED
DSHS SIGNATURE <b>Draft Copy</b>		PRINTED NAME AND TITLE	DATE SIGNED

## Definitions

“Agreement” means this Interlocal Agreement, including all documents attached or incorporated by reference.

“A-19 Invoice Voucher” means the State of Washington Invoice Voucher A19-1A; and is attached and incorporated by reference as the invoicing document to be used per this Agreement.

“CMS” or “Centers for Medicare & Medicaid Services” means the U.S. Department of Health & Human Services Centers for Medicare & Medicaid Services.

“Contracting Officer” means the Contracts Administrator, or successor, of Central Contract Services or successor section or Office.

“Contractor” means the entity performing services pursuant to this Interlocal Agreement and includes the Contractor’s officers, directors, trustees, employees and/or agents unless otherwise stated in this Interlocal Agreement. For purposes of this Interlocal Agreement, the Contractor shall not be considered an employee or agent of DSHS.

“Designated Staff” means those school district staff with primary responsibilities for: external coordination and linkage to the community, performing outreach to identify and inform Medicaid clients, assisting families with completing Medicaid application, developing and planning methods to increase access to Medicaid services, coordinating with other agencies and community partners, and referring students to medical services. School Ad Match duties are assigned in the job description of designated staff. Designated staff have training and education to perform School Ad Match duties.

“DSHS” or “the department” or “the Department” means the State of Washington Department of Social and Health Services and its employees and authorized agents.

“Educational Service District (ESD)” means one of nine public subdivisions providing an administrative and supportive link between the State Board of Education, Office of Superintendent of Public Instruction and certain public school districts.

“Eligible Staff/Participant” means those staff who are determined to be in compliance with regulations and to meet the guidelines necessary in order to claim staff time costs for conducting Ad Match activities.

“Federal Financial Participation – FFP” refers to the federal portion of the total allowable costs of providing services.

“Indirect Costs” means those operating expenses that are attributed to and allocated across more than one program. School Ad Match indirect costs are calculated as a percentage of salaries and benefits claimed based on the OSPI unrestricted rate.

“MAA Program Manager” means the DSHS Contact person named on page 1 of this agreement, or successor.

“Manual” means the School Administrative Match Program Training Manual, or its successor, and updates including additions, changes and/or deletions issued by MAA School Ad Match Section. Incorporated by reference to this contract.

“Medicaid” means a joint federal-state program that offers provisions for covered medical services and for costs of administration of related activities.

“MER - Medicaid Eligibility Rate” means the proportional share of Medicaid students to the total number of students.

“OSPI” means the Office of the Superintendent of Public Instruction

“OSPI Unrestricted Rate” means federally negotiated unrestricted indirect rate which can be found on the OSPI website at [www.k12.wa.us](http://www.k12.wa.us). The rate varies by school district and changes each school year.

“Percentage Medicaid Eligible” or “% Medicaid Eligible” means the percentage determined by dividing the number of children on Medicaid in the school district by the total number of children enrolled in the public schools within the school district.

“Personal Information” means information identifiable to any person, including, but not limited to, information that relates to a person’s name, health, finances, education, business, use or receipt of governmental services or other activities, addresses, telephone numbers, social security numbers, driver license numbers, other identifying numbers, and any financial identifiers.

## INTERLOCAL AGREEMENT (CONTINUED)

“School Day” shall mean the same as defined by RCW 28A.150.030 School day.

A school day shall mean each day of the school year on which pupils enrolled in the common schools of a school district are engaged in educational activity planned by and under the direction of the school district staff, as directed by the administration and board of directors of the district.

“The Guide” refers to the Medicaid School-Based Administrative Claiming Guide issued May 2003, produced by CMS, and any supplements, amendments or successor. Incorporated herein by reference to this Agreement.

### Statement of Work.

**The Purpose of this agreement is to provide the School-Based Ad Match Program as defined in the CMS Guide dated May 2003, its successor and/or amendments, shall be effective on December 1, 2003.**

Vision, and Goals:

Vision: Assure the opportunity for eligible school children to obtain needed Medicaid services.

Goals:

- (1) To increase the number of children receiving preventative and early detection medical services.
- (2) To assist children and families to access needed medical services.
- (3) To provide an effective, efficient, compliant, and consistent statewide School-Based Administrative Match Program (School Ad Match).
- (4) To increase access through recruitment of participating providers.

The Contractor is a sub-recipient for the purposes of the Agreement. CFDA number 93.778

a. **The Contractor shall:**

- (1) **Commit to performing activities that provide positive movement towards reaching the goals [listed at 2.b. (1)-(4)] and vision [2.b].**
- (2) **Appoint a School Ad Match Coordinator to act as liaison with MAA and school staff, and perform the duties as outlined in Exhibit A, School Ad Match Coordinator Performance Plan, attached and incorporated to this Agreement.**
  - (a) **Submit to the MAA Program Manager, the name and working position title of the School Ad Match Coordinator within 30 days of signing this Agreement.**
  - (b) The School Ad Match Coordinator will be the point of contact for MAA correspondence. All correspondence and notifications will be sent to the Coordinator at the address on page one of this Agreement; unless the MAA Program Manager has received a written notice from the Contractor that another address is to be used.
- (3) **Develop and maintain a Service Delivery Plan for School Ad Match, to include the following:**
  - (a) Name and working position title of Designated Staff and the School Ad Match Coordinator.
  - (b) The method the district will use to train eligible staff on completing the Time Study and Medicaid Activities and a schedule for these trainings.
- (4) Ensure the School Ad Match Coordinator is provided the resources and opportunities to meet the vision and goals 2.a. (1)-(4), to accomplish the tasks outlined in Exhibit A, Coordinator Performance Plan, to support staff in conducting Ad Match activities in accordance with the Service Delivery Plan, to conduct outreach, and to remain up-to-date with Medicaid issues.

## INTERLOCAL AGREEMENT (CONTINUED)

- (5) **Make available to all of the Contractor's staff, information regarding:**
- (a) **The benefits of Medicaid services,**
  - (b) **The Medicaid application process (including blank applications), and**
  - (c) **A list of references for further information or assistance**
- (6) The School Ad Match Coordinator is required to participate in MAA performed training, to include the following modules: Medicaid Eligibility and Application Process, Benefits of Preventive Care, Community Partnerships, Outreach, Claiming Instructions, Allowable Activities, Time Study, and Performance Measures.
- (a) Initial training has been provided by MAA, at location throughout the state, during September and October 2003.
  - (b) Additional training will be provided by MAA.
  - (c) Other district staff preparing the claims or performing Ad Match activities are encouraged to attend the MAA provided training.
  - (d) For school year 2004-2005, all School Ad Match Coordinators and Designated Staff are required to attend MAA provided training, described in 7 above, during August or September 2004.
- (7) Obtain blank Medicaid application forms and other informational materials for distribution to children and families. Must be available for staff to distribute by December 1, 2003.
- (8) Ensure applications and informational materials are available in the primary languages of the population served by the school district.
- (9) Include information regarding availability of Medicaid, and the name of school staff to contact for further information, in the back to school, enrollment, and registration packets distributed at the beginning of the school year.
- (10) Work with MAA School Ad Match staff to develop and measure outcomes towards meeting the goals [listed above at 2.b. (1)-(4)] through School Ad Match activities.
- (a) Assist MAA in collecting data to measure outcomes
  - (b) Maintain data relevant to measuring outcomes
  - (c) Assist MAA in up-dating the goals, objectives, and the School Administrative Match Program Training Manual (Manual), incorporated by reference to this Agreement, as needed.
- (11) Ensure staff continues to receive training and materials to conduct activities.
- (a) All who claim reimbursement for Ad Match activities must have received the Time Study and Allowable Activities training outlined in the Manual.
  - (b) Staff are encouraged to receive the training related to Medicaid services and process.
  - (c) Ensure staff completing the time studies have received the MAA instructions and training on completing the time study; and
    - Complete the time study per instructions,
    - Certify the time study by signature attesting to its accuracy
    - Document activities per the Manual requirements.
- (12) Implement the automated time study and claiming process when available, projected date for availability is March 1, 2004. Related to the claim automation project, the Contractor agrees to:
- (a) Provide requested information



## INTERLOCAL AGREEMENT (CONTINUED)

- (b) Comply with Claiming Instructions updated to implement the automated claim system.
- (13) Ensure up-to-date blank Medicaid application forms and informational materials are kept available for staff.
- (14) Ensure staff complete the documents required in the Manual.
- (15) Ensure billings are approved and signed by staff that have received the Claiming Instructions training, and have authorization to approve and sign billings.
- (16) Ensure billings are in compliance with the Claiming Instructions, as outlined in the Manual (incorporated by reference.)
- (17) Review billing documents prior to approval for:
  - (a) Accuracy,
  - (b) Compliance with the Guide and the Manual
  - (c) Treatment of Indirect Costs:
    - Claim at the OSPI unrestricted rate appropriate to the school year and district.
    - Certify that indirect costs do not duplicate direct costs.
  - (d) **Activities claimed are allowable, as defined in the Manual.**
  - (e) **Matching funds are certified as:**
    - Not already being used to match federal funds of other federal programs, or
    - Being reimbursed by other federal grants.
- (18) **Notify the MAA Program Manager of any audits or reviews planned or conducted involving the School Administrative Match Program. Including, but not limited to, providing copies of any findings or conclusions of reviews or audits.**
- (19) Accept responsibility for payment of any disallowances and/or penalties identified by MAA or audits and fully cooperate in the recovery of funds.
- (20) Corrective Action Plans will be submitted to the MAA Program Manager and as required by Single Audit findings.
- (21) Comply with and implement Corrective Action Plans.
- (22) Comply with all applicable federal regulations.

### **The Contractor may:**

- (1) **Request assistance from MAA Administrative Match Program staff.**
- (2) Use consultants or billing agents at the sole discretion of the Contractor; and
  - (a) Contractor agrees not to pay Contractor's Consultants or Billing Agents a percentage of the claim amount; or based on the claim amount.
  - (b) The Contractor agrees to comply with all federal procurement requirements in the contracting for Consultants or Billing Agents.
  - (c) The Contractor is solely responsible for the training and monitoring of Consultants or Billing Agents.
  - (d) MAA accepts no responsibility or obligation for the results of any of the Contractor's Consultants' or Billing Agents' work or statements.
  - (e) The Contractor assumes full responsibility for the work performed by the Contractor's Consultant staff or Billing Agents

## INTERLOCAL AGREEMENT (CONTINUED)

### MAA shall:

- (1) **Commit to working with the Contractor to promote positive movement towards reaching the goals and vision.**
- (2) Keep the School Ad Match Coordinator informed of current on the name and phone number of the MAA Program Manager, as well as maintaining current information on the MAA staff contacts listed on the MAA web page.
- (3) Post contact names, titles, and phone numbers of MAA staff, and their area of work, on the School-Based Ad Match web page.
- (4) Assign an MAA Program Manager to act as liaison with the Contractor regarding the Ad Match Program, and assist the Contractor in contacting the appropriate source for assistance.
- (5) Arrange for and provide training to school district employees, at locations based on facility availability and number of participants.
- (6) Provide initial training of the School Ad Match Coordinator in September or October 2003 for implementation of the new CMS Guide on December 1, 2003.
- (7) Provide and update, as needed, the Manual.
  - (a) Written notification of changes shall be sent to the School Ad Match Coordinator, at the address provided by the Contractor.
  - (b) Information on the Claim Automation Project will be posted to the MAA School Ad Match website.
- (8) Distribute the Manual to Contractors during initial training sessions. The Manual, including updates and additions, shall serve as the basis for operating the School Ad Match Program; and is incorporated by reference.
- (9) Provide Contractor with a list of sources of information on Medicaid and related services with the Manual.
- (10) Implement the automated claiming process as available.
- (11) Provide Contractor's staff with training and technical assistance with implementing the automated claiming process.
- (12) Provide the Contractor's staff with technical assistance with implementing the CMS Guide and the Manual.
- (13) MAA will work with CMS for approval of the Washington School-Based Ad Match Program.
- (14) **Notify the Contractor and make available, through the Contractor's liaison with MAA, information related to School Administrative Match, as it becomes available to MAA.**
- (15) **Maintain a web page with information and links to other sources of information.**
- (16) **Directly or by contracting agent, monitor the Contractor to provide guidance on compliance with this agreement, CMS guidelines, state and federal regulations.**
  - (a) **Provide a written report to the Contractor within 30 calendar days after a formal monitoring review**
  - (b) Review Corrective Action Plans and Contractors' audits
  - (c) Consult with CMS, State Auditors, and the Contractor to resolve non-compliance issues, when appropriate.

## INTERLOCAL AGREEMENT (CONTINUED)

- (17) **Provide technical assistance to the Contractor, based on availability of MAA staff.**
- (18) **Review invoices and supporting documentation prior to submitting for payment.**
  - (a) **The Contractor will be notified, in writing, of any questionable or denied amounts.**
  - (b) **The Contractor has the right to adjust the invoice or dispute the denial, and resubmit for payment.**
- (19) Charge an administrative fee to cover program administration.
- (20) Post the MER rate quarterly to the MAA web page.

### **MAA may:**

- (1) Amend the Contract: after the 2003-2004 school year, to be effective for the 2004-2005 school year if indicated by actual practices observed during the implementation or pilot period December 2003 through June 2004.
  - When practical and possible MAA will post issues and considerations for amendment to the MAA School Ad Match web page for comment.
- (2) At the request of the Contractor and based on availability of MAA staff, provide minimal technical support to Contractor's Consultants regarding claiming issues.
  - (a) The Contractor will be informed in writing as to the nature of the claiming issue, whether resolved through contact with the Consultant and the proposed resolution.
  - (b) The Contractor shall remain solely responsible for the accuracy of the claim; and
  - (c) The Contractor remains solely responsible for the actions and monitoring of the Contractor's Consultants.
- (1) **Share information, regarding the Contractor's Ad Match Program operations, gathered through monitoring, training, auditing, or technical assistance, with other Ad Match Contractors. Such sharing will be a "best practices/troubleshooting" model.**

### **Local Match:**

- (1) **The Federal Financial Participation rate for School-Based Administrative Match shall be 50%.**
- (2) **The Contractor shall ensure that Contractor's monetary share for administrative match activities is non-federal money that has not and will not be used as match for federal money by the Contractor or any other agency.**
- (3) **The Contractor shall also ensure that funds used as state match meet federal regulations regarding state match funding.**
- (4) **State match funds must be available for outreach and linkage activities and within the Contractor's control and budget.**

Funds donated by Medicaid providers may not be used as state match without prior written approval from the MAA Program Manager.

**Billing Procedure** Claims for reimbursement shall be submitted in the form and manner described below:

- a. **Only allowable costs incurred during the effective dates of this Agreement shall be included.**
- b. **Reimbursement shall be based on the federal financial participation rate of 50%**
- c. **Submission of A-19 Invoice Voucher:**
  - (1) **Shall be submitted quarterly to:**
    - School Administrative Match Section
    - Building 6 4<sup>th</sup> floor

## INTERLOCAL AGREEMENT (CONTINUED)

805 Plum Street SE  
P O Box 45508  
Olympia, WA 98504-5508

- (2) **The MER must be the rate posted on the MAA web site for the quarter for which the reimbursement is being requested.**
- (3) **Costs for indirect expenses must be claimed at the OSPI unrestricted rate.**
- (4) **Must have supporting documents for each month of the quarter as outline in the Manual, Claiming Instructions.**
- (5) **Must be signed by the Contractor**
- (6) **Must contain the following statements:**
  - **I certify that these expenses were incurred for Outreach and Linkage services for potential Medicaid clients or Medicaid administrative purposes to Medicaid-covered clients, under the terms of the CMS Medicaid School-Based Administrative Claiming Guide.**
  - **I certify that funds used as match for claims of FFP are available and are not federal funds.**
  - **I certify that expenses claimed as direct costs do not duplicate those reimbursed through the application of the indirect costs rate.**

### Payment

DSHS shall pay the Contractor an amount not to exceed the maximum consideration specified on page 1 of this Agreement for the satisfactory performance of all work set forth in the Statement of Work. The Contractor shall request payment using forms as designated by DSHS. DSHS shall pay the Contractor upon acceptance by DSHS of properly-completed invoices or vouchers.

If this Interlocal Agreement is terminated, DSHS shall only pay for performance rendered or costs incurred in accordance with the terms of this Interlocal Agreement prior to the effective date of termination.

## INTERLOCAL AGREEMENT (CONTINUED)

**Confidentiality.** The Contractor may use Personal Information and other information gained by reason of this Contract only for the purpose of this Agreement. The Contractor shall not disclose, transfer, or sell any such information to any party, except as provided by law or, in the case of Personal Information, with the prior written consent of the person to whom the Personal Information pertains. The Contractor shall maintain the confidentiality of all Personal Information and other information gained by reason of this Agreement, and shall return or certify the destruction of such information if requested in writing by DSHS.

### **Governance**

- a. **The provisions of this Interlocal Agreement are severable. If any provision of this Interlocal Agreement is held invalid by any court, that invalidity shall not affect the other provisions of this Interlocal Agreement and the invalid provision shall be considered modified to conform to existing law.**

**In the event of an inconsistency in the terms of this Interlocal Agreement, or between its terms and any applicable statute or rule, the inconsistency shall be resolved by giving precedence, in the following order to:**

- Applicable federal and state law, regulations, and rules;
- Exhibit A (if any);
- Any other provision of this Interlocal Agreement; and
- Any document incorporated by reference.

## INTERLOCAL AGREEMENT (CONTINUED)

In the event of a lawsuit involving this Interlocal Agreement, venue shall be proper only in Thurston County, Washington.

The Contractor shall comply with all applicable non-discrimination and other local, state and federal laws, regulations and rules.

**Indemnification.** The Contractor shall be responsible for and shall indemnify and hold DSHS harmless from all claims resulting from the acts or omissions of the Contractor and any Subcontractor. DSHS shall be responsible and shall indemnify and hold the Contractor harmless from all claims resulting from the acts or omissions of DSHS.

### Inspection; Maintenance of Records

- b. During the term of this Interlocal Agreement and for one (1) year following termination or expiration of this Interlocal Agreement, the Contractor shall give reasonable access to the Contractor, Contractor's place of business, client records, and Contractor records to DSHS and to any other employee or agent of the State of Washington or the United States of America in order to monitor, audit, and evaluate the Contractor's performance and compliance with applicable laws, regulations, and this Interlocal Agreement.

During the term of this Interlocal Agreement and for six (6) years following termination or expiration of this Contract, the Contractor shall maintain records sufficient to:

*Document performance of all acts required by law, regulation, or this Interlocal Agreement;*

*Substantiate the Contractor's statement of its organization's structure, tax status, capabilities, and performance; and*

*Demonstrate accounting procedures, practices, and records which sufficiently and properly document the Contractor's invoices to DSHS and all expenditures made by the Contractor to perform as required by this Interlocal Agreement.*

**Ownership of Material.** Material created by the Contractor and paid for by DSHS as a part of this Interlocal Agreement shall be owned by DSHS and shall be "works for hire" as defined by the U.S. Copyright Act of 1976. This material includes, but is not limited to: books; computer programs; documents; films; pamphlets; reports; sound reproductions; studies; surveys; tapes; and/or training materials. Material which the Contractor uses to perform this Interlocal Agreement but which is not created for or paid for by DSHS is owned by the Contractor; however, DSHS shall have a perpetual license to use this material for DSHS internal purposes at no charge to DSHS.

**Insurance.** DSHS certifies it is self-insured under the State's self-insurance liability program, as provided by RCW 4.92.130, and shall pay for losses for which it is found liable. For purposes of this Agreement, the Contractor shall maintain insurance as required in the Statement of Work, unless the Contractor is self-insured or insured through a risk pool.

**Alteration, Amendment, and Waiver.** This Agreement may be amended only by a written amendment signed by both parties. Only the DSHS Contracting Officer may waive any provision of this Agreement on behalf of DSHS.

**Disputes.** Disputes shall be determined by a Dispute Board. Each party to this Agreement shall appoint one member to the Dispute Board. The members so appointed shall jointly appoint an

## INTERLOCAL AGREEMENT (CONTINUED)

additional member to the Dispute Board. The Dispute Board shall review the facts, contract terms, and applicable statutes and rules and make a determination of the dispute. As an alternative to this process, either party may request intervention by the Governor, as provided by RCW 43.17.330, in which event the Governor's process shall control. Participation in either dispute process shall precede any judicial or quasi-judicial action and shall be the final administrative remedy available to the parties.

### Termination

- c. **If the funds DSHS relied upon to establish this Interlocal Agreement are withdrawn, reduced or limited, or if additional or modified conditions are placed on such funding, DSHS may immediately terminate this Interlocal Agreement by providing written notice to the Contractor. The termination shall be effective on the date specified in the notice of termination.**

**Either party may terminate this Interlocal Agreement for any other reason by providing 30 calendar days' written notice to the other party.**

**Assignment.** The Contractor shall not assign all or any portion of this Interlocal Agreement to a third party.

**Waiver of Default.** If DSHS waives any breach of this Agreement by the Contractor on any occasion, such waiver shall not be deemed to be a waiver of any subsequent breach of this Interlocal Agreement by the Contractor.

**Subcontracting.** Except as otherwise provided in this Agreement, the Contractor may subcontract for any of the contracted services with the prior, written approval of DSHS. The Contractor shall be responsible for the acts and omissions of any subcontractor.

**Single Audit Act Compliance.** If the Contractor is a subrecipient of federal awards as defined by Office of Management and Budget (OMB) Circular A-133, the Contractor shall maintain records that identify all federal funds received and expended. Such funds shall be identified by the appropriate OMB Catalog of Federal Domestic Assistance numbers. The Contractor shall make the Contractor's records available for review or audit by officials of the federal awarding agency, the General Accounting Office, DSHS, and the Washington State Auditor's Office. The Contractor shall incorporate OMB Circular A-133 audit requirements into all contracts between the Contractor and its subcontractors who are subrecipients. The Contractor shall comply with any future amendments to OMB Circular A-133 and any successor or replacement Circular or regulation.

If the Contractor expends \$300,000 or more in federal awards from any and/or all sources in any fiscal year beginning after June 30, 1996, the Contractor shall procure and pay for a single or program-specific audit for that year. Upon completion of each audit, the Contractor shall submit to the DSHS Contact named in this Contract the data collection form and reporting package specified in OMB Circular A-133, reports required by the program-specific audit guide (if applicable), and a copy of any management letters issued by the auditor.

## INTERLOCAL AGREEMENT (CONTINUED)

### HIPAA Compliance

#### d. Definitions.

**“Covered Entity” means DSHS, a Covered Entity as defined in 45 CFR 160.103.**

**“Business Associate” means the political subdivision named above, and as defined in 45 CFR 160.103, that provides a service or performs or assists in the performance of an activity, for or on behalf of the Covered Entity, that involves the use or disclosure of protected health information (PHI). Any reference to Business Associate in this Agreement includes the Business Associate’s employees, agents, officers, subcontractors, third party contractors, volunteers, or directors.**

**“Designated Record Set” means a group of records maintained by or for a Covered Entity that is: The medical and billing records about individuals maintained by or for a covered health care provider; The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or Used in whole or part by or for the Covered Entity to make decisions about individuals.**

**“Electronic Protected Health Information (EPHI)” means protected health information that is transmitted by electronic media or maintained in any medium described in the definition of electronic media at 45 CFR 162.103.**

**“HIPAA” means the Health Insurance Portability and Accountability Act of 1996, as codified at 42 USCA 1320d-d8.**

**“Individual” means the person who is the subject of PHI and includes a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g).**

**“Protected Health Information (PHI)” means information created or received by Business Associate from or on behalf of Covered Entity that relates to the provision of health care to an individual; the past, present, or future physical or mental health or condition of an individual; or past, present, or future payment for provision of health care to an individual. 45 CFR 160.103. PHI includes demographic information that identifies the individual or about which there is reasonable basis to believe, can be used to identify the individual. 45 CFR 160.103. PHI is information transmitted or held in any form or medium. 45 CFR 160.103. PHI does not include education records covered by the Family Educational Rights and Privacy Act, as amended, 20 USCA 1232g(a)(4)(B)(iv).**

**Use and Disclosure of PHI. Business Associate shall perform all business associate duties, activities, and tasks in compliance with HIPAA and regulations enacted pursuant to its provisions, successor law and/or regulation. Business Associate is limited to the following required and permitted uses or disclosures:**

**Business Associate shall only use or disclose PHI as required to perform the services specified in this Agreement or as required by law, and shall not use or disclose such information in any manner inconsistent with the use and disclosure restrictions placed on the Covered Entity by HIPAA, or the resulting policies and procedures of the Covered Entity.**

**For as long as PHI is within its possession and control, even after the termination or expiration of this Agreement, Business Associate shall establish appropriate safeguards to prevent its use or disclosure other than as provided for by this Agreement and state and federal law. 45 CFR 164.504(e)(2)(ii)(B).**

**For as long as EPHI is within its possession and control, even after the termination or expiration of this Agreement, Business Associate shall implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the EPHI that it creates, receives, maintains, or transmits. 45 CFR 164.314.**

**If necessary, Business Associate may use or disclose the PHI it receives for its own proper management, or administration, or to carry out its own legal responsibilities if:**



## INTERLOCAL AGREEMENT (CONTINUED)

The disclosure is required by law; or

The business associate obtains reasonable assurance that:

**The information will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed.**

Business Associate will be notified of any breach in the confidentiality of the information.

*Business Associate may provide data aggregation services, as defined at 45 CFR 164.501, relating to the health care operations of Covered Entity.*

Report Unauthorized Use or Disclosure. **Business Associate shall report to Covered Entity, in writing, all uses or disclosures of PHI not provided for by this Agreement, within five (5) working days of becoming aware of the unauthorized use or disclosure.**

Third Party Agreements. **If subcontracting is permitted under the terms of this Agreement, then Business Associate shall enter into a written agreement that contains the same terms, restrictions, and conditions as this Agreement, with any agent, subcontractor, independent contractor, volunteer, or any other third party with access to PHI.**

Consent to Audit. **Business Associate shall give reasonable access to records, books, documents, electronic data and/or all other information received from, or created or received by Business Associate on behalf of Covered Entity, to the Secretary of the U.S. Department of Health and Human Services or designee and/or to Covered Entity, to determine Covered Entity's compliance with HIPAA.**

Return of Information. **Business Associate shall, within ten (10) working days of termination or expiration of this Agreement, and at the discretion of Covered Entity, either return or destroy all PHI, including that in possession of third parties under contract to Business Associate.**

Accounting of Disclosures. **Business Associate shall document all disclosures of PHI and information related to such disclosures. Within ten (10) working days of a request from Covered Entity, Business Associate shall provide Covered Entity with an Accounting of those disclosures, as required by 45 CFR 164.504 and 164.528.**

PHI Amendment. **Business Associate shall, within ten (10) working days of a request from Covered Entity, provide Covered Entity with information regarding amendment of PHI contained in a Designated Record Set. Business Associate will, as directed by Covered Entity, thereafter incorporate any amendments to the PHI in the Designated Record Set. 45 CFR 164.526.**

Individuals' Access to Information

*If any individual asks Business Associate for an Accounting of disclosures of PHI, or for access to or amendment of PHI in a Designated Record Set, Business Associate shall within two (2) working days forward the request to the Covered Entity for response.*

*Business Associate shall provide Covered Entity with access to PHI in a Designated Record Set, and any other information necessary, for Covered Entity to timely respond to an individual's request. 45 CFR 164.524.*

**APPROVED AS TO FORM BY THE OFFICE OF THE ATTORNEY GENERAL**

## **School Administrative Match Coordinator Performance Plan**

- Coordinate time study requirements across all schools within the district.
- Work with MAA to implement the automated claiming processes when available.
- Review completed time studies to ensure compliance with the Manual and instructions
- Ensure time study information is compiled and report to MAA as required in the Claiming Instructions of the Manual.
- Attend MAA training as required
- May work with community-based health care and social service providers to increase access to medical services
- May perform outreach activities that inform communities of Medicaid covered services, benefits, and availability.
- May work with families and other staff to complete Medicaid applications.
- Establish working knowledge of Medicaid eligibility, the application process, community resources, outreach activities, access issues, claims process, documentation, monitoring, and performance measures.
- Ensure information is compiled and produce reports as required by MAA .
- May collaborate with other district coordinators to enhance service delivery
- Provide support to district staff, including program feedback and trouble-shooting and encourage participation in School Ad Match.

**ATTACHMENT 8:**  
**EXAMPLE OF ALLOCATION PROCEDURES  
WITH POOLED ESTIMATES**



EXAMPLE OF POOLED BASED ALLOCATION

Population Data	Sample Data		Calculations		Results
Population Total Time	Designated Time sample=all	Pooled Teacher Time sample= 1/4	Proportion Calculated Teacher/Designated	Calculated Teacher Time	Estimated Total Time
0.015	0.007			0.009	0.016
0.048	0.018			0.023	0.041
0.049	0.022			0.028	0.049
0.128	0.059			0.075	0.135
0.057	0.024	0.031	1.272	0.030	0.054
0.059	0.024			0.030	0.054
0.038	0.017			0.022	0.039
0.036	0.014			0.018	0.033
0.063	0.024			0.031	0.055
0.064	0.032			0.040	0.072
<b>Total</b>	<b>0.056</b>	<b>0.024</b>		<b>0.031</b>	<b>0.055</b>



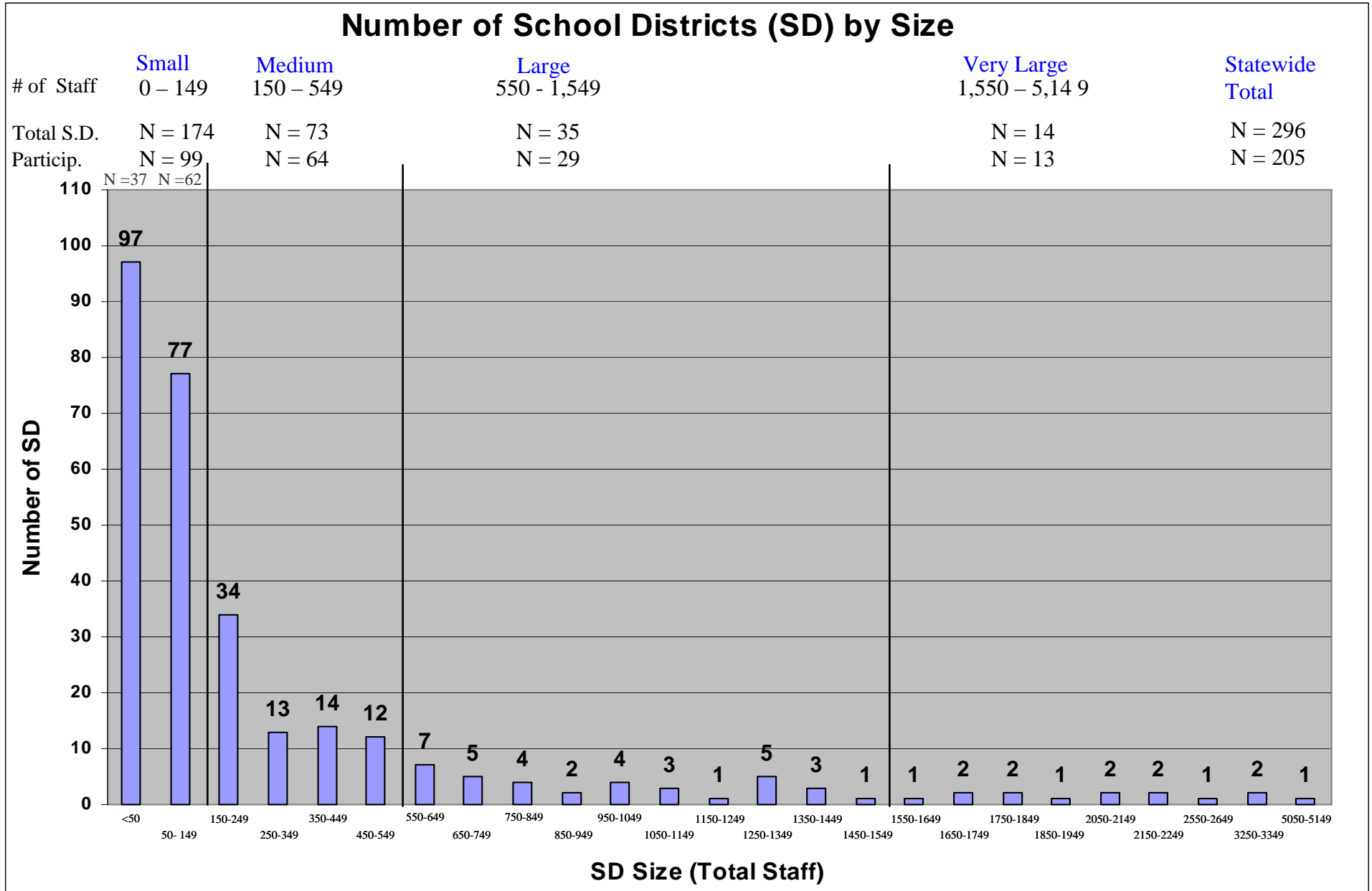
**ATTACHMENT 9:**

**NUMBER OF SCHOOL DISTRICTS AND  
TIME SPENT ON MEDICAID ACTIVITIES BY SIZE  
OF SCHOOL DISTRICT IN 2001-2002  
(INCLUDING DATA ON % MEDICAID  
ENROLLED AMONG STUDENTS)**





## NUMBER OF SCHOOL DISTRICTS BY SIZE





### Small Participating School Districts (Very Small < 50 Staff)

ESD	District Number	District Name	Total FTE	Eligible FTE	Total Staff	Eligible Staff	% Med (age 5-17)	% Med Matched	% Time Old	% Time New
113	21226	Adna	45.2	37	52	45	26.7	21.5	11.2	11.5
113	21234	Boistfort	15.2	9	22	15	45.2	58.2	3.3	4.3
114	16046	Brinnon	9.0	5	12	9	54.1		12.8	18.9
101	33206	Columbia (Stev)	33.6	22	46	32	63.2		6.0	6.3
113	14099	Cosmopolis	18.3	13	25	18	31.8		7.0	8.3
101	10050	Curlew	32.2	23	43	34	65.7		6.3	7.3
101	26059	Cusick	47.1	32	66	50	67.5	46.9	6.8	7.7
171	04127	Entiat	42.3	31	50	36	53.2	46.6	4.7	5.4
101	38302	Garfield	28.9	20	42	26	28.3		3.4	3.9
112	20401	Glenwood	19.8	14	28	22	29.8	37.5	74.8	83.8
101	22204	Harrington	25.3	17	37	27	26.6	32.9	2.0	2.3
113	23404	Hood Canal	42.7	28	57	38	54.7	65.9	5.1	6.0
112	20402	Klickitat	27.1	20	33	31	49.2	50.0	3.7	3.8
101	38126	Lacrosse	27.8	19	36	24	44.5	40.8	2.8	3.1
101	01158	Lind	34.7	24	43	31	42.6	49.4	1.9	2.2
113	23311	Mary M. Knight	30.7	24	47	38	50.0	48.0	9.1	9.3
113	14065	McCleary	33.0	23	49	36	39.4	42.6	16.4	17.7
171	24014	Nespelem	39.5	26	48	36	19.8	70.6	7.1	8.9
101	33211	Northport	32.3	22	46	35	64.3		11.1	11.7
113	14400	Oakville	40.2	29	57	45	57.8	62.6	7.4	7.3
101	22105	Odessa	39.5	27	59	49	24.4		5.7	6.8
101	10065	Orient	12.4	7	20	9	52.5	62.0	10.5	13.2
171	09013	Orondo	28.2	21	37	29	60.9	51.0	1.5	1.7
171	24122	Pateros	37.4	27	49	37	68.9	35.9	9.7	10.8
113	21301	PeEll	38.7	28	50	43	41.8	40.9	3.5	3.9
123	12110	Pomeroy	47.2	34	76	60	33.0		0.8	0.9
114	16048	Quilcene	36.8	26	48	38	40.7	42.8	6.2	6.9
113	14097	Quinalt	42.6	29	50	38	52.6	58.4	6.9	7.2
101	01160	Ritzville	46.5	34	56	39	37.0	40.9	9.9	10.9
101	38320	Rosalia	40.6	30	62	51	35.6		11.1	11.4
113	23042	Southside	23.3	17	29	21	36.2		5.7	5.5
113	14077	Taholah	38.0	27	45	34	76.0	73.7	5.5	6.0
101	38265	Tekoa	31.9	24	47	37	47.5	48.3	10.2	11.0
101	33070	Valley	19.7	14	30	23	66.3	66.9	6.9	7.4
171	09209	Waterville	37.2	27	48	37	33.2	37.9	8.0	9.1
101	22200	Wilbur	35.1	24	55	41	36.2	41.7	5.7	6.2
113	14117	Wishkah Valley	29.9	23	43	35	17.0	31.7	2.1	2.2
<b>Total Staff</b>			<b>1209.7</b>	<b>857</b>	<b>1643.0</b>	<b>1249</b>				
<b>Number of SDs</b>			<b>37</b>							
<b>Approx. Averages (by SD)</b>							<b>47.5</b>	<b>50.8*</b>	<b>8.5</b>	<b>9.5</b>

\* - Excludes missing data.

**Small Participating School Districts  
(Small 50 - 149 Staff)**

ESD	District Number	District Name	Total FTE	Eligible FTE	Total Staff	Eligible Staff	% Med (age 5-17)	% Med Matched	% Time Old	% Time New
123	02420	Asotin-Anatone	66.8	53	79	63	29.3	30.4	7.6	7.7
171	24111	Brewster	109.2	82	134	106	77.5	52.9	5.1	5.3
171	09075	Bridgeport	75.0	56	88	69	71.0	54.7	9.5	10.1
114	05401	Cape Flattery	104.8	80	133	106	44.1	51.7	4.6	4.9
171	04222	Cashmere	147.5	112	182	145	40.4	39.0	3.9	4.1
112	08401	Castle Rock	124.7	93	158	108	33.7	33.8	4.7	4.7
101	33036	Chewelah	120.7	90	159	122	44.8	50.2	1.5	1.5
114	16049	Chimacum	143.5	102	202	148	40.9	36.2	5.3	5.8
101	38300	Colfax	74.2	55	114	87	27.6		4.6	5.1
123	36250	College Place	94.1	67	109	82	45.2	48.8	3.1	3.4
123	36400	Columbia (Walla)	98.5	73	125	87	12.8	32.7	4.0	4.0
189	15204	Coupeville	98.8	80	115	91	28.6	24.0	3.9	3.9
189	31330	Darrington	75.6	45	98	77	39.0	43.3	4.5	5.7
101	22207	Davenport	54.8	38	65	44	32.4		10.6	11.3
123	07002	Dayton	72.4	53	110	91	55.5	45.2	7.6	8.0
123	03053	Finley	116.1	84	143	101	29.8	42.6	10.5	11.5
101	32358	Freeman	80.4	59	104	72	22.1	23.3	6.8	6.8
105	20404	Goldendale	131.9	95	174	135	54.7	49.2	3.1	3.2
171	13301	Grand Coulee Dam	109.5	78	148	111	44.1	48.3	4.9	5.3
105	39204	Granger	145.8	106	176	135	91.1		11.2	12.3
105	39203	Highland	125.3	90	155	118	54.3	52.6	4.0	4.3
101	33212	Kettle Falls	91.4	66	122	87	43.3	45.5	10.0	10.7
105	19403	Kittitas	58.9	44	76	59	23.7	41.6	4.2	4.4
171	04129	Lake Chelan	133.3	100	172	135	46.1	43.2	9.0	9.6
101	32362	Liberty	68.0	46	98	67	37.8	35.7	6.8	7.7
105	39120	Mabton	93.2	66	119	88	76.0	66.5	7.8	9.2
171	04019	Manson	80.8	54	109	78	67.9	49.1	5.8	6.6
101	33207	Mary Walker	69.8	49	95	66	56.1		11.8	12.5
171	24350	Methow Valley	72.7	53	92	64	36.0	34.9	4.0	4.3
113	14066	Montesano	129.9	103	176	145	28.6	32.0	1.9	1.9
113	21214	Morton	53.9	41	78	61	40.7		3.3	3.4
113	21206	Mossyrock	67.6	50	86	65	50.2		5.5	5.8
105	39003	Naches Valley	146.7	112	180	134	31.6	30.5	3.1	3.3
113	21014	Napavine	59.0	47	74	60	32.1	39.3	5.1	5.1
101	26056	Newport	132.1	101	166	130	58.0		10.0	9.7
113	14064	North Beach	77.1	56	91	73	62.0	58.2	9.8	11.0
113	14172	Ocosta-Westport	84.3	61	114	89	48.6		6.4	7.2
171	24105	Okanogan	123.4	87	166	130	55.9	47.0	3.6	3.8
113	21300	Onalaska	89.6	64	119	84	44.6	50.2	7.1	7.3
171	24410	Oroville	86.6	64	110	81	65.4	53.8	6.5	6.5
113	23402	Pioneer-Shelton	88.2	66	106	80	55.8	55.5	3.1	3.4
113	34307	Rainier	99.8	76	130	95	35.5		6.9	6.7
113	25116	Raymond	73.3	53	105	79	67.0	50.3	2.0	7.0
101	22009	Reardan-Edwall	74.6	53	99	76	35.8	37.1	4.2	4.3
101	10309	Republic	53.8	39	78	58	54.7	49.4	5.7	5.8
105	13160	Royal	135.5	95	168	126	69.1	44.8	4.4	5.0
101	26070	Selkirk	52.9	35	70	49	48.2	51.4	9.6	10.9
171	13156	Soap Lake	53.0	39	66	51	66.9	65.8	8.6	8.9
113	25118	South Bend	72.5	54	95	76	47.8	46.1	13.4	14.8
112	30303	Stevenson-Carson	122.9	94	158	129	39.4	39.6	3.2	3.6
113	34402	Tenino	132.2	107	174	146	38.5		6.6	7.0
113	21237	Toledo	86.6	70	119	97	61.5	47.2	4.5	4.5
171	24404	Tonasket	113.1	79	156	116	59.6	60.2	7.0	7.5
112	08130	Toutle Lake	65.1	48	91	71	28.5	33.6	6.7	7.1
105	39002	Union Gap	62.5	48	76	66	79.5	67.5	2.1	2.3
121	17402	Vashon Island	149.3	120	212	181	18.0		0.8	0.8
171	13146	Warden	101.7	75	132	101	67.0	56.9	5.0	5.6
101	33049	Wellpinit	83.1	41	92	62	64.8		5.1	6.4
113	21303	White Pass	84.7	64	116	95	61.9	49.7	3.9	4.3
112	20405	White Salmon Valley	121.3	90	157	117	56.4	46.3	5.0	5.0
113	21232	Winlock	76.6	59	102	80	46.6	42.0	4.3	4.4
105	39205	Zillah	114.7	82	135	100	63.1	41.7	7.4	7.9

<b>Total Staff</b>	<b>5905.3</b>	<b>4342.0</b>	<b>7651.0</b>	<b>5845.0</b>
<b>Number of SDs</b>	<b>62</b>			
<b>Approx. Averages (by SD)</b>			<b>48.2</b>	<b>45.4*</b>
			<b>5.8</b>	<b>6.3</b>

\* - Excludes missing data.

**Medium Participating School Districts  
(Medium150 - 549 Staff)**

ESD	District Number	District Name	Total FTE	Eligible FTE	Total Staff	Eligible Staff	% Med (age 5-17)	% Med Matched	% Time Old	% Time New
113	14005	Aberdeen	409.7	317	501	408	56.3	48.1	7.4	7.6
189	29103	Anacortes	284.5	224	364	296	30.8	28.2	5.3	5.2
189	31016	Arlington	450.0	357	527	422	24.0	25.4	5.7	5.6
189	37503	Blaine	198.6	151	248	189	49.6	43.6	5.0	5.1
189	29100	Burlington-Edison	355.7	270	442	337	36.2	31.8	5.4	5.5
171	04228	Cascade	156.5	114	190	142	37.2	41.6	9.6	9.8
113	21401	Centralia	337.1	244	448	320	54.8	50.3	1.5	1.6
113	21302	Chehalis	304.7	245	394	312	41.6	40.1	2.4	2.3
101	32360	Cheney	361.2	272	434	318	32.9	39.9	7.4	7.6
123	02250	Clarkston	275.3	201	343	244	48.6	43.6	4.9	5.1
101	33115	Clville	211.5	162	279	232	53.9	46.3	9.4	9.5
101	32414	Deer Park	196.7	148	276	218	41.5	48.1	11.6	12.1
101	32361	East Valley (Spk)	475.3	346	582	418	37.7	40.4	3.0	3.1
105	39090	East Valley (Yak)	223.9	170	288	220	35.5	38.5	2.6	2.6
171	09206	Eastmont	497.3	399	629	545	41.9	40.3	8.0	7.9
105	19401	Ellensburg	280.5	207	371	285	43.1	34.7	3.8	4.0
113	14068	Elma	203.0	151	265	191	47.0	42.8	7.3	7.6
121	17216	Enumclaw	466.5	360	590	446	20.6	21.1	0.4	0.4
171	13165	Ephrata	221.0	163	268	199	40.4	38.8	5.5	5.6
189	37502	Ferndale	524.2	395	649	502	41.4	41.4	5.7	5.8
121	27417	Fife	282.4	214	345	254	38.1	31.3	6.4	6.5
105	39200	Grandview	304.3	225	369	283	73.1	59.7	4.0	4.2
189	31332	Granite Falls	202.4	167	250	209	29.0	34.1	6.6	6.1
113	14028	Hoquiam	232.8	167	294	237	57.9	51.2	9.5	10.8
112	08458	Kelso	535.3	397	675	506	45.3	42.9	4.9	5.0
123	03052	Kiona-Benton	160.8	122	211	168	41.6	42.4	3.0	3.0
189	31306	Lakewood	218.8	165	268	207	19.2	18.8	3.6	3.6
189	37504	Lynden	237.1	187	343	281	29.1	31.6	0.8	0.7
101	32326	Medical Lake	230.5	177	294	219	22.6	21.8	3.0	3.1
189	37505	Meridian	153.3	114	193	146	42.0	38.7	13.2	13.7
189	31103	Monroe	501.6	403	602	490	20.4	21.9	1.2	1.2
189	37507	Mount Baker	247.0	170	302	209	49.0	47.2	3.0	3.2
101	32325	Nine Mile Falls	153.9	123	203	171	24.6	28.2	7.1	7.1
189	37506	Nooksack Valley	194.8	146	256	203	44.1	42.5	1.3	1.4
123	11051	North Franklin	216.4	153	279	206	59.8	43.2	4.6	5.0
114	23403	North Mason	232.0	170	290	213	36.1	35.3	1.3	1.3
171	24019	Omak	222.3	160	271	202	54.2	57.5	3.2	3.3
123	01147	Othello	303.3	229	371	286	72.3	54.5	8.5	9.2
114	05121	Port Angeles	450.5	348	515	406	44.1	44.2	6.9	7.2
114	16050	Port Townsend	172.7	130	217	172	39.4	36.4	4.9	4.9
123	03116	Prosser	277.5	206	340	250	46.3	43.8	5.7	5.7
114	05402	Quillayute Valley	162.4	116	191	148	46.4	44.5	7.8	8.1
171	13144	Quincy	238.4	181	303	244	62.2	48.3	11.7	11.5
101	32416	Riverside	192.1	162	257	227	41.3	43.3	8.9	8.4
113	34401	Rochester	210.0	193	247	238	45.4	41.6	5.0	4.4
189	29101	Sedro Woolley	458.9	358	571	450	38.8	40.7	3.3	3.3
105	39119	Selah	350.4	279	447	360	35.8	34.6	3.6	3.6
114	05323	Sequim	235.4	189	303	258	43.1	39.3	3.8	3.7
113	23309	Shelton	442.6	331	540	422	48.2	43.2	1.2	1.2
121	17410	Snoqualmie Valley	404.4	311	490	364	13.6	15.8	0.9	0.9
121	17406	South Central_Tukwilla	273.4	210	328	253	62.2	47.9	1.7	1.8
189	15206	South Whidbey	229.2	176	292	228	24.9	27.2	0.7	0.7
189	31401	Stanwood	489.9	385	599	452	23.0	23.8	2.5	2.5
189	31311	Sultan	220.8	171	260	195	31.5	33.7	5.8	6.1
105	39201	Sunnyside	525.6	367	613	415	77.5	60.3	3.2	3.9
105	39202	Toppenish	363.6	260	417	315	82.8	71.1	11.5	12.7
121	27083	University Place	509.1	399	621	482	26.5	25.1	2.4	2.5
105	13073	Wahluke	163.5	126	189	148	77.2	47.3	10.7	11.6
112	06112	Washougal	273.8	205	362	278	35.4	33.6	5.3	5.3
101	32363	West Valley (Spok)	361.6	272	456	342	42.7	48.1	11.1	11.0
105	39208	West Valley (Yak)	417.1	314	490	379	26.5	27.3	3.2	3.2
121	27416	White River	402.8	314	508	384	21.9	23.9	2.7	2.7
112	08404	Woodland	193.6	139	260	179	33.9		0.5	0.5
113	34002	Yelm	453.4	340	556	406	37.3	35.5	1.0	1.0

<b>Total Staff</b>		<b>19535</b>	<b>14867</b>	<b>24276</b>	<b>18729</b>					
<b>Number of SDs</b>	<b>64</b>									
<b>Approx. Averages (by SD)</b>						<b>41.9</b>	<b>39.2*</b>	<b>5.0</b>	<b>5.2</b>	

\* - Excludes missing data.

## Large Participating School Districts (Large 550 - 1,549 Staff)

ESD	District Number	District Name	Total FTE	Eligible FTE	Total Staff	Eligible Staff	% Med (age 5-17)	% Med Matched	% Time Old	% Time New
121	17408	Auburn	1250.3	951	1480	1106	38.0	35.6	1.5	1.6
112	06119	Battle Ground	951.8	795	1174	981	24.3	28.3	0.7	0.7
121	27403	Bethel	1534.1	1172	1839	1387	32.1	33.4	4.8	4.9
114	18100	Bremerton	634.6	476	764	602	48.5	46.8	5.7	5.9
114	18401	Central Kitsap	1325.3	988	1653	1229	20.4	21.0	4.4	4.6
101	32356	Central Valley	1151.0	919	1423	1180	31.2	32.1	4.7	4.7
121	27400	Clover Park	1394.6	1047	1620	1173	38.6	34.9	4.8	5.1
121	27402	Franklin Pierce	767.7	593	974	763	52.1	44.5	3.6	3.9
123	03017	Kennewick	1366.7	1083	1697	1349	36.7	34.1	4.7	4.5
189	31004	Lake Stevens	620.2	479	770	580	22.1	22.8	0.1	0.1
101	32354	Mead	775.0	605	939	733	22.7	24.9	5.9	5.9
171	13161	Moses Lake	650.3	492	798	652	47.6	46.9	4.9	5.0
189	29320	Mount Vernon	582.1	443	705	550	50.3	44.9	5.9	6.0
189	31006	Mukilteo	1260.7	1024	1573	1289	34.9	32.9	1.7	1.6
114	18400	North Kitsap	728.6	561	959	756	23.5	24.0	4.5	4.5
113	34003	North Thurston	1328.2	1026	1610	1196	30.3	29.0	6.2	6.1
189	15201	Oak Harbor	562.2	445	646	523	19.2		7.8	7.6
113	34111	Olympia	871.2	687	1088	873	29.7	22.9	3.0	3.1
123	11001	Pasco	952.5	695	1143	825	70.0	50.6	6.3	6.7
121	27401	Peninsula	849.4	684	1029	831	18.5	22.1	9.7	9.6
121	17403	Renton	1233.4	945	1466	1123	36.5	36.0	2.6	2.7
123	03400	Richland	878.8	697	1111	866	23.5	23.8	8.6	8.6
121	17412	Shoreline	1069.1	821	1340	1048	20.9	22.4	1.7	1.7
189	31201	Snohomish	751.7	600	908	725	15.6	17.0	5.2	5.2
114	18402	South Kitsap	987.2	773	1159	891	28.0	30.1	4.7	4.9
121	27320	Sumner	745.8	568	947	734	23.5	23.3	3.3	3.3
123	36140	Walla Walla	616.6	464	763	614	48.3	41.8	12.8	12.8
171	04246	Wenatchee	693.1	524	909	721	50.3	41.7	3.8	3.9
105	39007	Yakima	1453.1	1089	1671	1297	73.5	61.1	6.4	6.6
<b>Total Staff</b>			<b>27985</b>	<b>21646</b>	<b>34158</b>	<b>26597</b>				
<b>Number of SDs</b>			<b>29</b>							
<b>Approx. Averages (by SD)</b>							<b>34.9</b>	<b>33.2*</b>	<b>4.8</b>	<b>4.9</b>

\* - Excludes missing data.

**Very Large Participating School Districts  
(Very Large 1,550 - 5,149 Staff)**

ESD	District Number	District Name	Total FTE	Eligible FTE	Total Staff	Eligible Staff	% Med (age 5-17)	% Med Matched	% Time Old	% Time New
121	17405	Bellevue	1632.5	1276	1987	1571	19.3	18.4	0.0	0.1
189	31015	Edmonds	2173.3	1671	2636	2044	24.4	26.1	1.6	1.6
189	31002	Everett	1659.4	1356	1977	1641	30.0	29.6	3.2	3.2
121	17210	Federal Way	2078.7	1695	2603	2120	36.4	35.1	0.1	0.1
121	17401	Highline	1727.0	1348	2044	1590	47.0	44.2	3.2	3.3
121	17415	Kent	2638.9	2098	3145	2498	30.1	33.8	2.8	2.7
121	17414	Lake Washington	2169.8	1793	2655	2249	12.8	13.6	0.8	0.8
121	17417	Northshore	1849.4	1451	2280	1753	12.9	14.1	2.2	2.3
121	27003	Puyallup	1868.7	1406	2276	1726	21.2	22.9	0.5	0.5
121	17001	Seattle	5098.6	3970	5711	4497	39.0	40.3	1.6	1.7
101	32081	Spokane	3281.0	2519	3964	3082	50.4	50.4	4.0	4.3
121	27010	Tacoma	3330.5	2468	3827	2835	48.6	47.2	1.2	1.3
112	06037	Vancouver	2197.6	1630	2645	1961	45.1	42.0	1.4	1.4

<b>Total Staff</b>			<b>31705</b>	<b>24681</b>	<b>37750</b>	<b>29567</b>				
<b>Number of SDs</b>		<b>13</b>								
<b>Approx. Averages (by SD)</b>							<b>32.1</b>	<b>32.1*</b>	<b>1.7</b>	<b>1.8</b>

\* - Excludes missing data.

**Very Large Participating School Districts  
Excluding Seattle, Bellevue, And Federal Way  
(Very Large 1,550 - 5,149 Staff)**

ESD	District Number	District Name	Total FTE	Eligible FTE	Total Staff	Eligible Staff	% Med (age 5-17)	% Med Matched	% Time Old	% Time New
189	31015	Edmonds	2173.3	1671	2636	2044	24.4	26.1	1.6	1.6
189	31002	Everett	1659.4	1356	1977	1641	30.0	29.6	3.2	3.2
121	17401	Highline	1727.0	1348	2044	1590	47.0	44.2	3.2	3.3
121	17415	Kent	2638.9	2098	3145	2498	30.1	33.8	2.8	2.7
121	17414	Lake Washington	2169.8	1793	2655	2249	12.8	13.6	0.8	0.8
121	17417	Northshore	1849.4	1451	2280	1753	12.9	14.1	2.2	2.3
121	27003	Puyallup	1868.7	1406	2276	1726	21.2	22.9	0.5	0.5
101	32081	Spokane	3281.0	2519	3964	3082	50.4	50.4	4.0	4.3
121	27010	Tacoma	3330.5	2468	3827	2835	48.6	47.2	1.2	1.3
112	06037	Vancouver	2197.6	1630	2645	1961	45.1	42.0	1.4	1.4

<b>Total Staff</b>			<b>22895</b>	<b>17740</b>	<b>27449</b>	<b>21379</b>				
<b>Number of SDs</b>		<b>10</b>								
<b>Approx. Averages (by SD)</b>							<b>32.2</b>	<b>32.4*</b>	<b>2.1</b>	<b>2.1</b>

\* - Excludes missing data.







