

Commonwealth of Kentucky  
Cabinet for Health and Family Services  
Cost Allocation Plan – Effective March 6, 2020

# CABINET FOR HEALTH AND FAMILY SERVICES

## COST ALLOCATION PLAN

FOR THE PERIOD BEGINNING MARCH 6, 2020

Commonwealth of Kentucky  
Cabinet for Health and Family Services  
Cost Allocation Plan – Effective March 6, 2020

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COMMONWEALTH OF KENTUCKY  
CABINET FOR HEALTH AND FAMILY SERVICES

CHAPTER 1

INTRODUCTION

COST ALLOCATION PLAN  
FOR GRANTS AND CONTRACTS  
WITH FEDERAL AGENCIES

## Public Assistance Cost Allocation Plan

### CERTIFICATION

I certify that:

- (1) The information contained in this cost allocation plan is prepared in conformance with 2 CFR Part 200 - Uniform Administration Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- (2) The costs are accorded consistent treatment through the application of generally accepted accounting principles appropriate to the circumstances.
- (3) An adequate accounting and statistical system exists to support claims that will be made under the cost allocation plan; and
- (4) The information provided in support of the proposed cost allocation plan is accurate.

#### **Kentucky Cabinet for Families & Children**

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Government Unit

DocuSigned by:

*Kelli Hill*

Signature

3780330E49C945F...

**Kelli Hill**

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Name of Official

**Director of General Accounting**

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Title

**12/1/2020**

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Date



**Public Assistance Cost Allocation Plan/Amendment (PACAP)  
Checklist**

Public Assistance agencies (PA) are responsible for reviewing and analyzing their operations and developing a Plan that will adequately describe how administrative costs are identified, measured, and allocated to benefitting programs. Subpart E of 45 CFR Part 95 establishes the cost allocation plan requirements that the Public Assistance (PA) agency must follow in the preparation of the plan. PA agencies are required to amend the Plan whenever it becomes outdated due to organization changes, changes in Federal law or regulation, and other changes occur which makes the allocation basis or procedures described in the plan invalid. However, if the PA agency has not made any changes to the plan during the State fiscal year, an annual statement shall be submitted to the Director, Division of Cost Allocation certifying that the plan is not outdated within 60 days after the end of the fiscal year.

The Public Assistance Plan submission should be supported by the following:

Check

- 1. A summary of changes to the PACAP.
- 2. An organizational chart showing the placement of each organizational component.
- 3. A listing of all Federal and non-Federal programs performed, administered, or serviced.
- 4. A description of the activities performed by each organizational component and where not self explanatory an explanation of the benefits provided to Federal programs.
- 5. The procedures used to identify, measure, and allocate costs to each benefitting program and activity, including activities with different Federal Financial Participation (FFP) rates.
- 6. The estimated cost impact resulting from proposed changes to the previously approved Plan.
- 7. A statement stipulating that wherever costs are claimed for services provided by a governmental agency outside the PA agency they will be supported by a written agreement which includes, at a minimum, the specific services(s) being purchased, the basis upon which the billing is made by the provided agency, and a stipulation that the billing will be based on the actual costs incurred (45 CFR 95.507 (b) (6)).
- N/A 8. If the PA programs are administered by local government agencies under a State supervised system the PA agency's Plan will also include a cost allocation plan(s) for local agencies.
- 9. A certification by a duly authorized official of the PA agency containing the statements shown in 45 CFR 95.507 (b) (8) (i)-(iv).
- 10. Other information as necessary to establish the validity of the procedures used by the State agency to identify, measure, and allocate costs.

Please explain any not checked on a separate sheet.

DocuSigned by:

*Kelli Hill*

12/1/2020

Signature

Date

**Director of General Accounting**

Title

**Kentucky Cabinet for Families & Children**

Organization

Send checklist along with your PACAP to: DHHS, Division of Cost Allocation, 330 Independence Ave., SW, Cohen Bldg-Room 1067, Washington, DC 20201.

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1. Introduction

1.1 General Information

The Cabinet for Health and Family Services (CHFS) is established by Kentucky Revised Statutes 194A, Executive Order 2003-064, December 16, 2003, and Executive Order 2004-032, January 1, 2004. These Executive Orders expired with non-approval by the Legislature. Therefore Executive Orders 2004-444, dated May 16, 2004 was established. It was subsequently followed by Executive Order 2004-726 dated July 1, 2004, Executive Order 2005-562 dated June 16, 2005, Executive Order 2005-779 dated July 16, 2005, Executive Order 2006-693 dated June 16, 2006, Executive Order 2006-1195 dated September 16, 2006, Executive Order 2006-1550 dated December 16, 2006, Executive Order 2007-556 dated July 16, 2007, Executive Order 2008-504 dated June 16, 2008, Executive Order 2009-363 dated April 16, 2009, Executive Order 2009-541 dated June 16, 2009, Executive Order 2009-770 dated August 16, 2009, Executive Order 2010-431 dated June 16, 2010, Executive Order 2011-004 dated January 1, 2011, Executive Order 2011-353 dated May 16, 2011 was established since Executive Orders (2008-504, 2009-363, 2009-541 and 2010-431) expired with non-approval by the Legislature. Executive Order 2012-587 dated July 16, 2012, Executive Order 2013-323 dated May 16, 2013 and Executive Order 2013-418 dated June 16, 2013 was established since Executive Order 2012-587 expired with non-approval by the Legislature. Executive Order 2014-560 dated July 1, 2014, Executive Order 2014-561 dated July 1, 2014, Executive Order 2014-906 dated November 1, 2014, Executive Order 2014-988 dated December 16, 2014, Executive Order 2015-386 dated June 16, 2015, Executive Order 2015-387 dated June 16, 2015, Senate Bill 185 2016 Regular Session dated April 1, 2016, Executive Order 2016-496 dated July 1, 2016, Executive Order 2016-892 dated December 16, 2016, Executive Order 2017-269 dated May 1, 2017, Senate Bill 132 2018 Regular Session dated April 16, 2018, Executive Order 2018-325 dated May 16, 2018, Executive Order 2018-780 dated September 16, 2018, Executive Order 2019-286 dated April 16, 2019, Executive Order 2019-466 dated June 27, 2019, and Executive Order 2019-719 dated September 17, 2019. The Cabinet is the primary state agency responsible for the development and operations of human services, income supplementation, health, and other related services, including all related federal programs in which the state elects to participate. The major program areas are:

Office of the Secretary  
Office of Inspector General  
Department for Aging and Independent Living  
Department for Income Support  
Department for Public Health  
Department for Behavioral Health, Developmental & Intellectual Disabilities  
Department for Family Resource Centers & Volunteer Services  
Department for Community Based Services  
Office of Health Data and Analytics  
Department for Medicaid Services  
Office for Children with Special Health Care Needs

For information regarding this plan, please contact Kelli Hill, Office of Administrative Services, 4<sup>th</sup> Floor, 275 East Main Street, Frankfort, Kentucky 40621, Telephone Number 502-564-8890, Extension 3163.

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COMMONWEALTH OF KENTUCKY  
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CHAPTER 2

BUDGET AND FINANCIAL ADMINISTRATION

COST ALLOCATION PLAN

FOR GRANTS AND CONTRACTS

WITH FEDERAL AGENCIES

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2. Budget and Financial Administration

2.1 Introduction

Statutory requirements for budget and financial administration are established by the General Assembly.

The General Assembly meets annually and convenes in regular sessions in even numbered years, every two (2) years. Appropriations for the operation of each branch of government for the succeeding two (2) years are contained in bills enacted by the General Assembly during its regular session. Responsibilities for administering the fiscal affairs of the Commonwealth are vested in the Finance and Administration Cabinet.

2.2 Cabinet for Health and Family Services

Cabinet for Health and Family Services administers its various programs through a management system composed of the Office of the Secretary including the Commissioners of Departments, Administrative Service Offices, and Divisions.

Cabinet for Health and Family Services prepares budgets on both an organization and program basis. Each of these budget units must stay within budgetary limitations established, by the executive management of CHFS, in accordance with appropriations made by the General Assembly.

2.3 Fiscal Practices

The Cabinet for Health and Family Services will use the Commonwealth of Kentucky's Enhanced Management Administrative Reporting System (eMARS) to maintain budgetary and fiscal control over its organization components and their programs. All financial reports prepared by CHFS are supported by data contained in the eMARS Accounting System, and/or by manual records maintained by CHFS.

The eMARS system is designed to support the accounting policies mandated by state law and by the Finance and Administration Cabinet, Office of the Controller. The Accounting system consists of both manual and automated procedures and is designed to account for costs of the Cabinet's programs by (1) fund, (2) department, (3) unit, (4) function, (5) sub function, (6) location, (6) activity, (7) major program, (8) program, (9) program period, and (10) object.

The following references are relevant chapters of the Kentucky Revised Statutes and the Kentucky Administrative Regulations.

Chapter 41 – All receipts of state agencies must be deposited with the State Treasurer on approved Cash Receipt documents. The Treasurer then deposits all receipts in designated state depository banks. Money is paid out only by Treasury checks on such banks, provided it has been appropriated and allotted or is part of a fund that does not require appropriation.

Chapter 44 – All claims authorized by law are to be paid by the State Treasurer based on warrants issued by the Finance and Administration Cabinet.

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Chapter 45 – The appropriation act(s) passed by the General Assembly authorizes the maximum amounts of budgeted funds to be expended. Allotments of appropriations are governed by the functions, major program areas, programs, or organization units shown in the Executive Budget as modified and approved by the General Assembly. Disbursements are limited to the amounts and purposes for which appropriations are made and for which sufficient amounts are available.

All receipts, transfers, and disbursements must be recorded and reported by the accounting systems in compliance with Generally Accepted Account Principles (GAAP).

Chapter 46 – Generally Accepted Accounting Principles (GAAP) are the guidelines adopted by the National Council on Governmental Accounting and the Financial Accounting Standards Board.

Chapter 48 – The Finance and Administration Cabinet must prepare financial reports for each branch of government.

Kentucky Administrative Regulations – Title 200. Chapter 2 contains regulations relating to travel expense and reimbursement. Chapter 5 consists of the purchasing regulations implemented by the Office of the Controller of all of state government.

The Office of Administrative Services is responsible for maintaining the data relating to CHFS programs in the eMARS system. Financial transactions are maintained in a manner to reflect separated accountability for each program administered by CHFS in accordance with disbursement classifications established by the Finance and Administration Cabinet and/or various Federal agencies.

Expenditures are limited to those items permissible under state regulations. Federal participation is claimed for only the specific costs allowable under individual grants or applicable regulations. All disbursements are paid by the State Treasurer.

Financial records of CHFS are audited by the Kentucky State Auditor under the guideline of OMB Circular A-133. Federal auditors from the various agencies that fund programs also perform periodic audits of the financial records applicable to specific programs.

The Office of Administrative Services also performs cash management functions for CHFS. State and Federal Funds are drawn by the Office in accordance with applicable regulations. These funds are deposited in bank accounts maintained by the State Treasurer. Records are maintained on all grants as to funds authorized, cash draws, expenditures and balances.

#### 2.4 Sub Functions

The accounting system uses sub functions as a method of identifying objectives and their related activities. Sub Functions accumulate financial information within the Cabinet and its Departments.

Sub Functions consist of the following four data elements:

1. Major Program – identifies the highest level of program activity within an agency, such as Community Based Services (Z).

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2. Program – identifies a further breakdown of major program activity within an agency, such as the Family and Community Services (ZF).
3. Task – identifies a further breakdown of program activity, such as Family Based Services (ZFA) within the Family and Community Services.
4. Element – identifies a further breakdown of activity within a task, such as Child Protection Services (ZFAA) within the Family Based Services.

Current sub functions used to identify the major program areas in the Cabinet are as follows:

<u>Code</u>	<u>Program Area</u>
A	Office of the Secretary & Office of Inspector General
G	Department for Aging and Independent Living
H	Department for Family Resource Centers & Volunteer Services
J	Office of Health Data and Analytics
M	Department for Income Support
S	Department for Public Health
T	Department for Behavior Health, Developmental & Intellectual Disabilities
W	Department for Medicaid Services
Y	Office for Children with Special Health Care Needs
Z	Department for Community Based Services

Sub Functions are segregated into two categories, Direct and Indirect. Direct sub functions identify costs applicable to a single appropriation or grant. Indirect sub functions (cost pools) identify costs which are incurred for the joint or common benefit of more than one appropriation or grant.

## 2.5 Cost Principles

Expenditures are classified by object types that are according to the types of items purchased or services obtained. The object types used in the eMARS system are as follows:

<u>Object Type</u>	<u>Description</u>
1	Personnel Cost
3	Operating Expenses
4	Grants, Loans or Benefits
5	Debt Services
6	Capital Outlay
7	Capital Projects Outlay

Costs are identified to direct sub functions when possible. Costs not identifiable to a direct sub function are charged to an indirect sub function (cost pool).

Only indirect costs charged to the object types Personnel Cost, Operating Expense, Grants, Loans, or Benefits and Capital Projects Outlay are allocated to Sub Function's in the Allocation system. Funds for Debt Service Cost area appropriated by the State and are currently not being recovered for any Federal Funding Service. Capital Outlay costs charged to Indirect Sub Functions are funded with non-federal

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funds. Capital Outlay costs may be recovered through a depreciation allowance. Capital may be expensed if it has received pre-approval by the Federal Program Agency.

Costs applicable to Federal grants are determined under applicable Federal cost principles, as contained in ASMB C-10 Cost Principles and Procedures for Establishing Cost Allocation Plans and Indirect Cost Rates for Grants and Contracts with the Federal Government, and/or applicable Federal Regulations.

## 2.6 Payroll Time/Cost Distribution System

Salary costs for programs are derived from a time distribution system that accumulates cost based on time charges recorded by each employee. Actual time worked by each employee is reported to a specific sub function(s). Leave time (vacation, sick, holiday, etc.) is reported to a code that identifies the type of leave being charged. The time distribution system will determine the hours each employee is paid on the payroll system which will assure that all time for each employee is reported in the time distribution system.

Leave time is allocated to sub functions to which employees in an organizational unit report their actual time worked in proportion to the direct time worked in each program.

Employer's share of FICA, State Retirement, Health and Life Insurance and other authorized fringe benefits will be allocated to actual time codes (program or leave) reported by each individual employee.

Fringe benefits charged to leave codes are allocated on the same basis as described for salaries.

Attachment A contains sample time and cost distribution reports.

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Attachment A

Att./ Abs. Type	Wage Type	Accounting Template	Unit	Activity	Location	Welcome Employee A Personnel ID ABCDEFG PERNR 123456							1-15 2018 Pay Period										
						Sun 04/01	Mon 04/02	Tue 04/03	Wed 04/04	Thu 04/05	Fri 04/06	Sat 04/07	Sun 04/08	Mon 04/09	Tue 04/10	Wed 04/11	Thu 04/12	Fri 04/13	Sat 04/14	Sun 04/15			
75.00 Total Gross Entries																							
75.00 Paid Attendance/Absence Hours																							
TOTAL						31.75	7.50	7.50	7.50	7.50	7.50	7.50	7.50	7.50	7.50	7.50	7.50	7.50	7.50	7.50	7.50		
1REG		HAA/AAA				3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50		
1REG		HAW/CAA				4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00		
COMP						0.25															0.25		

I certify that all information reported above is correct and that attendance, absences, overtime, leave and use of state vehicles is in accordance with existing laws and regulations and Cabinet policies

Revised 09/2011

\_\_\_\_\_  
Supervisor Signature      Date

\_\_\_\_\_  
Employee Signature      Date

Revised 09/2011





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Attachment A

**Time Report eMARS Reporting**

<b>Employee Appl Name</b>	<b>Personnel Number</b>	<b>Work Date</b>	<b>Abs Att Type</b>	<b>Accounting Template</b>	<b>Hours</b>
Employee A	123456	4/2/2018	1REG	HAAXAA	3.50
Employee A	123456	4/2/2018	1REG	HAWCAA	4.00
Employee A	123456	4/3/2018	1REG	HAAXAA	3.50
Employee A	123456	4/3/2018	1REG	HAWCAA	4.00
Employee A	123456	4/4/2018	1REG	HAAXAA	3.50
Employee A	123456	4/4/2018	1REG	HAWCAA	4.00
Employee A	123456	4/5/2018	1REG	HAAXAA	3.50
Employee A	123456	4/5/2018	1REG	HAWCAA	4.00
Employee A	123456	4/6/2018	1REG	HAAXAA	3.50
Employee A	123456	4/6/2018	1REG	HAWCAA	4.00
Employee A	123456	4/9/2018	1REG	HAAXAA	3.50
Employee A	123456	4/9/2018	1REG	HAWCAA	4.00
Employee A	123456	4/10/2018	1REG	HAAXAA	3.50
Employee A	123456	4/10/2018	1REG	HAWCAA	4.00
Employee A	123456	4/11/2018	1REG	HAAXAA	3.25
Employee A	123456	4/11/2018	1REG	HAWCAA	4.00
Employee A	123456	4/11/2018	COMP		0.25
Employee A	123456	4/12/2018	1REG	HAAXAA	2.00
Employee A	123456	4/12/2018	1REG	HAWCAA	5.50
Employee A	123456	4/13/2018	1REG	HAAXAA	2.00
Employee A	123456	4/13/2018	1REG	HAWCAA	5.50
<b>Total</b>					<b>75.00</b>

Total	1REG	HAAXAA	31.75
Total	1REG	HAWCAA	43.00
Total	1REG		74.75
Total	COMP		0.25
<b>Total</b>			<b>75.00</b>

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Attachment A

**Allocation of Leave Time**

Employee A      4/1/2018 - 4/15/2018

1REG	HAAXAA	31.75
1REG	HAWCAA	43.00
Hours Worked		74.75
COMP		0.25
<b>Total Hours in Pay Period</b>		<b>75.00</b>

	Accounting Template	Hours Worked	% of Hours Worked by Accounting Template	Leave Hours Allocated to Work Hours	Total Hours by Accounting Template
1REG	HAAXAA	31.75	42.47%	0.11	31.86
1REG	HAWCAA	43.00	57.53%	0.14	43.14
Hours Worked		74.75	100.00%	0.25	75.00

Steps for allocating employee leave:

1. From the timesheet add time worked by Accounting Template.
2. Develop a % for the hours by Accounting Template.
3. Multiply the leave hours by the percentages from step 2.
4. Hours Worked + Leave Hours Allocated to Work Hours = Total Hours by Accounting Template.

NOTES:

1. The provided above represent an equitable distribution of employee time and cost.
2. The Accounting Template on the timesheet has six (6) characters. The last 4 characters is the Sub Function.

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Attachment A

05/09/2018  
Dynamic List Display  
1

Payroll Distribution Charges  
Program Name: ZFR003\_PAY\_DIST\_CHARGE System: ECP Client: 400 Date: 5/9/2018 Time: 11:10:17  
Check Date: 4/30/2018

Agency	Org Unit	Org Unit Name	Employee Name	Employee #	Template	WB S	WBS Location	WBS Activity	Work Order	Rate	Hours	Charges	E121	E122	E123	E124	Employer Cost
53721	10200522	Medical and Supportive Service Employee A	123456		HAXXAA					\$1,954.47	31.86	\$ 830.26	\$ 59.69	\$410.73	\$220.73	\$0.42	\$1,520.83
53721	10200522	Medical and Supportive Service Employee A	123456		HAWCAA						43.14	\$1,124.21	\$ 79.48	\$556.15	\$298.86	\$0.59	\$2,059.28
53721	10200522	Medical and Supportive Service Employee A	123456								75.00	\$1,954.47	\$138.17	\$966.88	\$519.59	\$1.00	\$3,580.11

Validation of Employee A allocated charges			
Total Hours		By	
Accounting Template	Accounting Template	Rate	Times %
HAXXAA	31.86	\$ 830.26	42.48%
HAWCAA	43.14	\$1,124.21	57.52%
Totals	75.00	\$1,954.47	100.00%

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CHAPTER 3

STATE-WIDE COST ALLOCATION PLAN

COST ALLOCATION PLAN FOR GRANTS AND  
CONTRACTS WITH FEDERAL AGENCIES

### 3. State-Wide Cost Allocation Plan

#### 3.1 Introduction

The Finance and Administration Cabinet, Division of Statewide Accounting Services has the responsibility for preparation of the State-Wide Cost Allocation Plan (SWCAP).

Costs contained in Section I (allocated costs) of the SWCAP are furnished to, but not billed, to state agencies for incorporation in their respective cost allocation plans. The methods used by CHFS to distribute these costs are described below.

- Department of Treasury – Allocated to direct and indirect (cost pools) sub functions based on the number of checks written as used in the SWCAP.
- All other Section I Costs – All other costs contained in Section I of the approved SWCAP are allocated to indirect (cost pools) sub functions based on total salaries of target programs within major programs. Allocation percentages are then determined and cost are allocated to direct sub functions.

Section I costs are calculated and the federal share is entered and posted to the operating ledger in the accounting system. The state share is entered and posted as a memo entry in the accounting system. A Report Query captures both the Federal and State costs and reports as applicable to the grants.

Section II (billed cost) variances appearing in the SWCAP are charged to direct or indirect (cost pools) sub functions on the same basis as the original costs for the service provided was billed. The bases used for distributing these costs are as follows:

<u>Service</u>	<u>Basis for Allocation</u>
Central Duplicating/Printing	Actual Usage
Centrex	Number of Lines
Workmen’s Compensation	Salaries
Motor Pool	Actual Usage
Information Systems	System Usage
Career Training	Number of Positions
Building Occupancy	Square Footage Occupied
Auditor of Public Accounts	Direct Audit Hours
Archives – Public Records	Cubic Feet of Storage Space
Facility Security	Square Footage Occupied and hours of patrol

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CHAPTER 4

CHFS COST ALLOCATION PLAN

COST ALLOCATION PLAN FOR GRANTS  
AND CONTRACTS WITH FEDERAL AGENCIES

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#### 4. CHFS Cost Allocation Plan

##### 4.1 Introduction

The primary function of the cost allocation plan is to equitably distribute indirect cost to the programs operated by the Cabinet. An automated process has been developed in the eMARS Accounting System which allocates actual indirect cost incurred in a given month to the target programs worked on in the same month.

##### 4.2 Definition of Terms

Activity Code – Codes representing the basic elements of service provided by Cabinet personnel. Activity codes are used to group like services, tasks, or elements; such as, Training and Administration & Management.

Administrative Services Cost Pools – The cost pools established for the organizational units comprising the AS program. These cost pools accumulate costs incurred in providing administrative support throughout the Cabinet.

Cost Pool – A grouping of costs that are collected for the purpose of cost allocation.

Department Cost Pools – The cost pool established for each operating department within the Cabinet. Department cost pools are allocated only to the program for which a specific Department is responsible.

Direct Salaries – Salaries, wages, and overtime paid to individuals and charged to sub functions in the Payroll Time/Cost distribution system for services that can be directly identified to the performance of a particular service objective or activity.

Function Code – The Function code is used to identify expenditures and revenues for a distinct programmatic area for the purpose of tracking the program from a statewide perspective in a consistent and uniform manner from fiscal year to fiscal year.

Fund Code – Fund Codes are used to set apart a sum of money for a specific objective.

Funding Line – This tab allows you to identify the billing information related to a specific Customer within Funding Profiles and Funding Priorities. Multiple funding sources can be defined as multiple Funding Lines within a Funding Profile or Funding Priority.

Funding Priority – This tab allows you to breakdown the Funding Profile into the identified components of funding agreements. It allows you to define one or more sequential billing ceilings according to the agreements with funding sources. Within a Funding Priority, one or more Funding Lines must exist to identify the funding sources.

Funding Profile (FPRFLST) – This table allows the establishment of Funding Profiles. A Funding Profile is the Chart of Account element that identifies funding relationships within Major Program. It indicates a classification of match rates that is utilized for cost sharing/reimbursement purposes. The reimbursement



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structure is a hierarchy of three levels: the Funding Profile, Funding Priority, and Funding Line. Funding Profiles are comprised of Funding Priorities, and Funding Priorities are comprised of Funding Lines.

Major Program – Cost Accounting in eMARS uses the Major Program structure to capture the reporting and processing rules for a grant. The Major Program defines the high level initiative under which funds (Grants) are awarded to the Commonwealth.

Object Codes – The codes used to identify the object types of costs, that is, the types of items purchased or services rendered. The object types, used in the accounting system are object type (OT) 1 – Personnel Costs; (OT) 3 – Operating Costs; (OT) 4 – Grants, Loans or Benefits; (OT) 5 – Debt service; and (OT) 6 – Capital Outlay. Only costs charged to object types 1 – Personnel Costs, 3 – Operating Costs, and 4 – Grants, Loans, or Benefits are allocated to target sub functions.

Organizational Code – The element that identifies specific lines of authority. These elements are Cabinet, Department, Division/Office, Branch, Section and Unit.

Program – The Program defines the breakdown of the Major Program initiative and is based on budgeting, reporting, and/or Chart of Accounts requirements. The Program is coded on accounting documents. Other elements used to define the Program; include Program Period, Funding Profile, Funding Priority and Funding Line.

Program Period – Managed through the Program Period Table – (PPC)  
This table allows establishment of sequential timeframes for each Major Program. The Program Period is the fiscal period of the Major Program's primary funding source. Proper cost reporting for many Programs requires tracking a time period that is different from the standard fiscal year. This need exists for multi-year programs, Programs that run on a different fiscal year cycle (e.g. a federal fiscal year), or Programs with a distinct start and end date.

Sub Function – Sub Functions identify service objectives and their related activities. Sub Functions accumulate financial accounting information within the Cabinet and its Department. Sub Functions are segregated into two categories, Direct and Indirect. Direct sub functions accumulate cost applicable to a single appropriation and/or grant. Indirect sub functions (cost pools) accumulate costs which are incurred for the joint or common benefit of more than one appropriation or grant.

Target Program – A term applied to any sub function to which indirect cost is to be allocated. As used in the cost allocation plan a target program is a program (direct or indirect) to which salaries of Cabinet employees are charged.

#### 4.3 Overview of Cost Allocation Plan

In order to accomplish an equitable distribution of indirect cost to target programs, the following cost pools have been established in the eMARS system.

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Administrative Services Cost Pools

1. Administrative Services

AXAA – Code established in each organizational unit in Administrative Services

All charges to these cost pools must relate to administration and operation support services for all the Cabinets programs. No charges are made to AXAA which can be identified to a specific Department or an Office of Inspector General cost pool or a specific program.

2. Division of Administrative Hearings

ASXA- Division of Administrative Hearings Cost Pool

All charges to this cost pool must be those charges that are incurred within the specific organizational unit for which the cost pool is established that cannot be identified to a specific sub function.

3. Office of Inspector General Cost Pools

AXBB- Office of Inspector General Cost Pool

AXDA- Division of Special Investigations Cost Pool

AXGA- Division of Regulated Child Care Cost Pool

AXHA- Division of Community Health Cost Pool

All charges to these cost pools must be those charges that are incurred within the specific organizational unit for which the cost pool is established that cannot be identified to a specific sub function.

A. Department Cost Pools

1. Department for Family Resource Centers & Volunteer Services

HXAB – All charges to this cost pool must be those charges that can be identified to programs administered by the Department for Family Resource Centers & Volunteer Services but cannot be identified to a specific program in the Department for Family Resource Centers & Volunteer Services.

HXAF – All charges to this cost pool must be those charges that can be identified to programs administered by the Division of Family Resource Centers & Volunteer Services (excluding HC codes) as applicable to Family Resource Centers & Youth Services but cannot be identified to a specific program within Family Resource Centers & Youth Services.

HXAK – All charges to this cost pool must be those charges that can be identified to programs administered by Serve Kentucky (excluding HA codes) as applicable to Serve Kentucky but cannot be identified to a specific program within Serve Kentucky.

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2. Department for Public Health

SXBA – All charges to this cost pool must be those charges that can be identified to programs administered by the Department for Public Health but cannot be identified to a specific program in the Department for Public Health.

3. Department for Community Based Services

ZXAA – All charges to this cost pool must be those charges that can be identified to programs administered by the Department for Community Based Services but cannot be identified to a specific program in the Department for Community Based Services.

ZTRN – All charges to this cost pool must be those training charges that can be identified to programs administered by the Department for Community Based Services but cannot be identified to a specific program in the Department for Community Based Services.

ZXAF – All charges to this cost pool must be those charges that can be identified to programs administered by the Department for Community Based Services as applicable to Family Support but cannot be identified to a specific program within Family Support.

ZXAP – All charges to this cost pool must be those charges that can be identified to programs administered by the Department for Community Based Services as applicable to Protection and Permanency but cannot be identified to a specific program within Protection and Permanency.

4. Department for Behavioral Health, Developmental & Intellectual Disabilities

TXAA – All charges to this cost pool must be those charges that can be identified to programs administered by the Department for Behavioral Health, Developmental & Intellectual Disabilities but cannot be identified to a specific program in the Department for Behavioral Health, Developmental & Intellectual Disabilities.

TXAB – All charges to this cost pool must be those charges that can be identified to all programs with the exception of the Hospital/Facility Programs (HS) operated by the Department for Behavioral Health, Developmental & Intellectual Disabilities.

5. Department for Medicaid Services

WCXB – All charges to this cost pool must be those charges that can be identified to programs administered by the Department for Medicaid Services but cannot be identified to a specific program in the Department for Medicaid Services.

6. Department for Income Support

MXAD – All charges to this cost pool must be those charges that can be identified to programs administered by the Department for Income Support but cannot be identified to a specific program in the Department for Income Support.

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MXAC – All charges to this cost pool must be those charges that can be identified to programs administered by the Department for Income Support as applicable to Disability Determination but cannot be identified to a specific program within Disability Determinations.

MXAS – All charges to this cost pool must be those charges that can be identified to programs administered by the Department for Income Support as applicable to Child Support but cannot be identified to a specific program within Child Support.

7. Office for Children with Special Health Care Needs

YXAA – All charges to this cost pool must be those charges that can be identified to programs administered by the Department for Children with Special Health Care Needs but cannot be identified to a specific program within the Department for Children with Special Health Care Needs.

8. Office of Health Data and Analytics

JXAA – All charges to this cost pool must be those charges that can be identified to programs administered by the Office of Health Data and Analytics but cannot be identified to a specific program within the Office of Health Data and Analytics.

JXAH – All charges to this cost pool must be those charges that can be identified to programs administered by the Office of Health Data and Analytics as applicable to Health Benefit Exchange but cannot be identified to a specific program within Health Benefit Exchange.

JXAB – All charges to this cost pool must be those charges that can be identified to programs administered by the Office of Health Data and Analytics as applicable to Health Information but cannot be identified to a specific program within Health Information.

JXAC – All charges to this cost pool must be those charges that can be identified to programs administered by the Office of Health Data and Analytics as applicable to Analytics but cannot be identified to a specific program within Analytics.

9. Department for Aging and Independent Living

GXAA – All charges to this cost pool must be those charges that can be identified to programs administered by the Department for Aging and Independent Living but cannot be identified to a specific program within the Department for Aging and Independent Living.

GXEA – All charges to this cost pool must be those charges that can be identified to all programs with the exception of the Guardianship/Fiduciary programs administered by the Department for Aging and Independent Living but cannot be identified to a specific program within the Department for Aging and Independent Living.

GXFA – All charges to this cost pool must be those charges that can be identified to programs administered by the Department for Aging and Independent Living as applicable to Guardianship/Fiduciary but cannot be identified to a specific program within Guardianship/Fiduciary.

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4.4 Base Used for Indirect Cost Distribution

The bases used for allocating indirect cost in the CHFS automated system will be the total salaries charged to target programs. Total salaries will be determined by accumulating the salary charges to target programs within the Cabinet. This includes salary charges to the target programs in the program department.

The actual bases used to allocate each indirect cost pool to program are described in the sections for each major program department.

A crosswalk of organization, program and cost pools follows as Attachment B.

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Attachment B

Cabinet for Health and Family Services  
Cost Allocation Plan  
Crosswalk Organization-Programs-Cost Pools

Organization/Major Program	Dept Code	Major Sub Function	Note 1	Note 2	All G Programs	All M Programs	All S Programs	All T Programs	All H Programs	All Z Programs	All J Programs	All W Programs	All Y Programs
Office of the Secretary	721	A	*							*			
Office of Inspector General	723	A											
Department for Aging & Independent Living	725	G			*								
Department for Income Support	727	M				*							
Department for Public Health	728	S					*						
Department for Behavioral Health, Developmental & Intellectual Disabilities	729	T						*					
Department for Family Resource Centers & Volunteer Services	730	H							*				
Department for Community Based Services	736	Z								*			
Office of Health Data & Analytics	739	J									*		
Department for Medicaid Services	746	W										*	
Commission for Children with Special Health Care Needs	767	Y											*
ZTRN			*										
ZXAP			*							*			
ZXAF			*							*			
ZXAA			*							*			
YXAA			*										*
WCXB			*									*	
TXAB			*					*					
TXAA			*					*					
SXBA			*				*						
MXAS			*			*							
MXAD			*			*							
MXAC			*			*							
JXAH			*								*		
JXAC			*								*		
JXAB			*								*		
JXAA			*								*		
HXAK			*						*				
HXAF			*						*				
HXAB			*						*				
GXFA			*		*								
GXEA			*		*								
GXAA			*		*								
AXHA			*	*									
AXGA			*	*									
AXDA			*	*									
AXBB			*	*									
AXAA			*										
ASXA			*										

Notes:  
1. Target Programs for AXAA are any direct or indirect Sub Function in the Cabinet to which salaries are charged.  
2. Target Programs for AXBB, AXDA, AXGA, AXHA are any direct or indirect Sub Function charged to a specific organization in the Office of Inspector General.

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4.5 Exceptions to Indirect Cost Distributions

In compliance with Federal regulation, all indirect cost is distributed to applicable programs in CHFS. In some cases, legal requirements exist that preclude the acceptance of indirect cost or require the use of an indirect rate that would increase/decrease the amount of federal or state funds that would be generated through the allocation process. Any adjustments required to meet these requirements will be made by journal voucher.

4.6 Table Maintenance

The automated cost allocation system is a table driven system. Responsibility for maintenance of tables rests with the Office of Administrative Services. Establishment of new sub functions requires the approval of the Budget Officer.

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CHAPTER 5

CHFS ADMINISTRATIVE SERVICES

COST ALLOCATION PLAN FOR GRANTS AND CONTRACTS

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5. Administrative Services – Cost Allocation Procedures

5.1 Introduction

Administrative Services (AS) is a grouping of the administrative support systems for the Cabinet into a major program area. The primary goal is to provide effective support systems to the Departments and coordinate efforts of the Cabinet in the development and delivery of human services.

5.2 Organization Structure – AS

Administrative Services is composed of the following units:

Office of the Secretary

Office of Legal Services

Division of Law, Litigation, and Field Operations

Office of Human Resource Management

Division of Human Resource Administration

Human Resource Administration Branch I

Human Resource Administration Branch II

Human Resource Administration CBS Branch

Division of Employee Management

Training and Prof Development Br

Employee Relations Branch

EEO/Civil Rights Compliance Branch

Language Access Section

Building Costs (Visa Only)

Office of Finance and Budget

Office of Legislative & Regulatory Affairs

Office of Administrative Services

Division of General Accounting

Payables and Travel Reimbursement Branch

Payables & Travel Reimbursement Section

Cost Allocation and Special Projects Branch

Medicaid and Supportive Services Branch

Public Assistance and Supportive Services Branch

Division of Facilities Management

Assets Management Branch

Facilities Management Branch

Leasing and Design Services Branch

Moving Section

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Division of Procurement Services & Grant Oversight  
Commodity Acquisition Branch  
MOU & Grants Oversight Branch  
Personal Services Contract Oversight Branch  
Health Services Section  
Family Services Section  
Services Acquisition Branch  
IT Procurement and Request For Proposal Branch

Office of Application Technology Services

Division of Eligibility Systems  
Integrated Eligibility Systems Development Branch  
Integrated Eligibility Systems Management Branch  
Division of Social Support Systems  
Electronic Records Info Management Branch  
Family Services and Substance Abuse Monitoring Branch  
Child Support Systems Management Branch  
Health Services Systems Management Branch  
Division of Strategic Services  
Application Helpdesk Branch  
Data Management Branch  
Services Coordination Branch  
Strategic & Architectural Services Branch  
Enterprise Data Analytic Section  
Division of Medicaid Systems  
Medicaid Systems Management Branch  
Medicaid Systems Support Branch  
Design, Development and Implementation Support Branch

Office of Public Affairs

Office of Ombudsman & Administrative Review

Division of Administrative Hearings  
Health Services Administrative Hearings Br  
Families & Children Administrative Hearings Br  
Division of Citizen Services and Policy Integrity  
Complaint Review Branch  
Quality Advancement Branch  
Division of Program Performance  
Quality Control Public Assistance Review Branch  
Central Section  
East Section  
West Section  
Quality Control Supplemental Nutrition Assistance Program Review Branch  
Central Section  
East Section  
West Section

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5.3 Cost Allocation Procedures – AS

The bases used for allocating the cost pools in each of the offices/programs in AS is as follows:

Administrative Services Cost Pool – AXAA

Costs charged to cost pool - AXAA are allocated to all target programs in the Cabinet. Included in the target programs for the AXAA cost pools are the Division of Administrative Hearings cost pool and the Department cost pools.

Division of Administrative Hearings Cost Pool – ASXA

Costs charged to the Division of Administrative Hearings cost pool are allocated to the target program for the applicable cost pool. The target programs relate to the programs receiving salaries with in the Division of Administrative Hearings.

Department Cost Pools

Costs charged to the Department Cost Pools in AS are allocated to the target programs for the applicable cost pool. The target programs relate to the major programs for which each Department is responsible as follows:

<u>Cost Pool Code</u>	<u>Department</u>	<u>Major Program</u>
AXBB	Office of Inspector General	A
AXDA	Office of Inspector General (only 723-6000)	A
AXGA	Office of Inspector General (only 723-3000)	A
AXHA	Office of Inspector General (only 723-5000)	A
GXAA	Department of Aging & Independent Living	G
GXEA	Department of Aging & Independent Living (excluding GG codes)	G
GXFA	Department of Aging & Independent Living (GG codes only)	G
HXAB	Dept. for Family Resource Centers & Volunteer Services	H
HXAF	Dept. for Family Resource Centers & Volunteer Services (excluding HC codes)	H
HXAK	Dept. for Family Resource Centers & Volunteer Services (excluding HA codes)	H
JXAA	Office of Health Data & Analytics	J
JXAB	Office of Health Data & Analytics (only 739-1000)	J
JXAC	Office of Health Data & Analytics (only 739-2000)	J
JXAH	Office of Health Data & Analytics (only 739-3000)	J
MXAD	Department for Income Support	M
MXAC	Department for Income Support (excluding MS codes)	M
MXAS	Department for Income Support (excluding MC codes)	M
SXBA	Department for Public Health	S
TXAA	Dept. for Behavioral Health, Developmental, & Intellectual Disabilities	T
TXAB	Dept. for Behavioral Health, Developmental, & Intellectual Disabilities (excluding TS codes)	T
WCXB	Department for Medicaid Services	W

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YXAA	Office for Children with Special Health Care Needs	Y
ZXAA	Department for Community Based Services	Z
ZTRN	Department for Community Based Services	Z
ZXAF	Department for Community Based Services (ZA & ZD codes only)	Z
ZXAP	Department for Community Based Services (ZF codes only)	Z

A. Building Costs

All costs associated with the Human Resources Building in Frankfort and the L & N Building in Louisville which are owned by the Finance and Administration Cabinet, Commonwealth of Kentucky are managed as described below:

Maintenance, service and utility costs associated with the occupancy of the Human Resources Building and L&N Building are billed as approved in Section II of the Statewide Cost Allocation Plan. These costs are distributed to direct or indirect sub functions based on the square footage associated with those sub functions.

Costs incurred within Building Costs that cannot be allocated to direct sub functions may be charged to a department/office cost pool or the AS cost pool – AXAA.

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CHAPTER 6

OFFICE OF INSPECTOR GENERAL

COST ALLOCATION PLAN

FOR GRANTS AND CONTRACTS

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6. Office of Inspector General

6.1 Introduction

The Office of Inspector General is responsible for conducting audits and investigations of programs and operations of all departments and offices of the Cabinet for the purpose of detecting fraud or abuse of any program by any client or by any provider of services with whom the Cabinet has contracted, and conducting such licensing and regulatory functions as the Secretary may delegate. The Office consists of the following five units: Inspector General, Division of Audits and Investigations, Division of Health Care, Division of Regulated Child Care, and Division of Certificate of Need.

6.2 Programs Administered by Office of Inspector General

Federal funds budgeted for operations of this program are:

CFDA #10.557 – Special Supplemental Nutrition Program for Women, Infants, and Children  
CFDA #10.561 – State Administrative Matching Grants for the Supplemental Nutrition Assistance Program  
CFDA #16.754 – Harold Rogers Prescription Drug Monitoring Program  
CFDA #93.558 – Temporary Assistance for Needy Families  
CFDA #93.575 – Child Care and Development Block Grant  
CFDA #93.658 – Foster Care Title IV-E  
CFDA #93.777 – State Survey and Certification of Health Care Providers and Supplies (Title XVIII) Medicare  
CFDA #93.778 – Medical Assistance Program  
CFDA #93.788 – Opioid STR  
CFDA # N/A – Clinical Laboratory Improvement Amendments

6.3 Organization Structure – Office of Inspector General

The Office of Inspector General is composed of the following units:

Inspector General

The Inspector General is responsible for overall administrative direction and supervision of services provided by the Office of Inspector General.

Cost incurred within the Office of the Inspector General may be charged to direct or indirect sub functions. Cost not identified to a direct sub function or a division pool code is charged to AS cost pool AXBB.

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Division of Audits and Investigations

The Division of Audits and Investigations is responsible for conducting comprehensive audits and examinations of programs within the Cabinet, its grantees, and its contractors, as well as developing policies, procedures, standards, and criteria relating to audit activities at all levels within the Cabinet. It also evaluates external audits performed for the Cabinet to determine that such audits are being conducted in accordance with Cabinet objectives. In addition, this Division is responsible for conducting, monitoring and screening client assistance programs for purpose of identifying possible fraud, misrepresentation, and/or abuse and referring potential fraudulent activity to the Office of the Attorney General for investigations and prosecution. Such special reviews or investigations are conducted upon request from the Inspector General.

Cost incurred within the Division of Audits may be charged to a direct sub function or to the Office pool code AXDA. Cost charged to pool code AXDA are allocated monthly based on direct salaries charged to programs within the Division.

Division of Regulated Child Care

The Division of Regulated Child Care is responsible for licensing all child day care centers, child caring facilities and child placing agencies and for rating child day care centers pursuant to the mandated quality rating system.

Cost incurred within the Division of Regulated Child Care may be charged to a direct sub function or to the Office pool code AXGA. Cost charged to pool code AXGA are allocated monthly based on direct salaries charged to functions within the Division.

Division of Health Care

The Division of Health Care is responsible for ensuring compliance with licensure regulations by all health providers and with Federal regulations by health facilities and other providers participating in the Medicare and Medicaid programs.

Cost incurred within the Division of Health Care may be charged to a direct sub function or to the Office pool code AXHA. Cost charged to pool code AXHA are allocated monthly based on direct salaries charged to programs within the Division.

Division of Certificate of Need

The Division of Certificate of Need is responsible for regulating the proliferation of unnecessary, duplicative and underused health care services.

Cost incurred within the Division of Certificate of Need may be charged to a direct or indirect sub function. Cost not identified to a direct sub function is charged to AS cost pool AXBB.

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6.4 Cost Allocation Procedures

Costs within all Divisions may be charged to direct sub functions or to the Cost Pools listed below. These cost pools are allocated monthly based on direct salaries charged to programs within the Office or Division.

AXBB	Office of Inspector General
AXDA	Division of Audits & Investigations
AXGA	Division of Regulated Child Care
AXHA	Division of Health Care



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CHAPTER 7

DEPARTMENT FOR INCOME SUPPORT

COST ALLOCATION PLAN

FOR GRANTS AND CONTRACTS

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## 7. Department for Income Support

### 7.1 Introduction

The Department for Income Support (DIS) administers the Disability Determination Program and the Child Support Enforcement Program.

### 7.2 Programs Administered by Department for Income Support

#### Disability Determinations (Program MC)

In 1956, Congress passed an amendment to the Social Security Act that provided cash benefits to workers with a disability and, in some instances, their disabled dependents under Title II. Eligibility for these payments is based partially on the employment record of the disabled worker. In 1972, an amendment was added to provide payments to needy aged, blind, and disabled persons under Title XVI Supplemental Security Income (SSI). SSI provides payments to individuals with disabilities who are below certain income and resource guidelines. The Department of Disability Determination is the only Agency in the Commonwealth that processes Social Security Disability Benefit applications for residents of Kentucky.

The purpose of the Disability Determinations program is to provide assistance to citizens who, because of medical conditions, are unable to work. Not only must the person be unable to do work he/she has previously done, but also must be unable to do any work given the person's age, education, and previous work experience. The DDS determines medical eligibility for residents of the Commonwealth who apply for Social Security and SSI Disability Benefits. Staff also reevaluates the claims of disability recipients who have been selected by the Social Security Administration (SSA) for a periodic review of their medical conditions. Additionally, the department conducts face-to-face evidentiary hearings for those individuals who appeal unfavorable reviews of their continuing eligibility.

Federal funds budgeted for operation of this program are obtained from:

CFDA #96.001 – Social Security – Disability Insurance

#### Non SSA (Program MC)

Federal funds budgeted for operation of this program are obtained from:

CFDA #93.558 – Temporary Assistance for Needy Families

CFDA #93.659 – Adoption Assistance

CFDA #93.778 – Medical Assistance Program

#### Child Support – (Program Code MS)

The Child Support Enforcement program is authorized by Federal legislation under Title IV-D of the Social Security Act. This program is responsible for the location of absent parents, the establishment of paternity, the establishment and enforcement of court and administrative ordered child support, the collection and distribution of child support payments.

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Federal funds budgeted for operation of this program is obtained from:

CFDA #93.558 – Temporary Assistance for Needy Families  
CFDA #93.563 – Child Support Enforcement  
CFDA #93.597 – Grants to States for Access and Visitation Programs

### 7.3 Organization Structure – DIS

The Department for Income Support is composed of the following units:

#### A. Commissioner’s Office (MC & MS)

The Commissioner’s Office is responsible for executive management of all services and programs administered by DIS.

#### B. Division of Disability Determination Services (MC)

The Division of Disability Determination Services determines medical eligibility for residents of the Commonwealth who apply for Social Security and SSI Disability Benefits. Staff also reevaluates the claims of disability recipients who have been selected by the Social Security Administration (SSA) for a periodic review of their medical conditions. Additionally, the department conducts face-to-face evidentiary hearings for those individuals who appeal unfavorable reviews of their continuing eligibility. The Division consists of 7 branches, Case Processing Branch A, Case Processing Branch B, Case Processing Branch C, Case Processing Branch D, Professional Services Branch, Operations Support Branch, and Medical Relations Branch. Funds for operation of this office are provided by the Disability Determinations Program.

#### C. Division of Child Support Enforcement (MS)

The Division of Child Support Enforcement is responsible for the location of absent parents, the establishment of paternity, the establishment and enforcement of court and administrative ordered child support, the collection and distribution of child support payments. The Division consists of 4 branches, Field Management and Services Branch, Program Services Branch, Processing and Distribution Branch, and Program Development Branch. Funds for the operation of this Division are provided by the Child Support Program.

### 7.4 Cost Allocation Procedures

Costs charged to DIS pool code MXAD are indirect costs incurred within the Commissioner’s Office and Administrative Support operations that are applicable to all programs administered by DIS. The basis for allocating the MXAD cost pool are the cabinet-wide salaries charged to Department programs.

Costs charged to DIS pool code MXAC are indirect costs incurred within the Disability Determination and Administrative Support operations that are applicable to all programs administered by Disability Determinations. The basis for allocating the MXAC cost pool are the cabinet-wide salaries charged to the Disability programs (Excluding MS codes).

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Costs charged to DIS pool code MXAS are indirect costs incurred within the Child Support and Administrative Support operations that are applicable to all programs administered by Child Support. The basis for allocating the MXAS cost pool are the cabinet-wide salaries charged to the Child Support programs (Excluding MC codes).

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CHAPTER 8

DEPARTMENT FOR PUBLIC HEALTH

COST ALLOCATION PLAN

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DEPARTMENT FOR PUBLIC HEALTH

COST ALLOCATION PLAN

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8. Department for Public Health (DPH)

8.1 Introduction

The Department for Public Health administers six programs and numerous subprograms to develop and operate all state and local public health related programs and activities that provide services to protect and improve the health and well-being of the citizens of the Commonwealth.

8.2 Programs Administered by Department for Public Health

A. General Health Support (Program SA)

The General Health Support program supports major activities relating to the administration and financial management necessary to provide overall direction to the other programs and subprograms of the Department and the organization units that are funded through the Department's appropriation. These activities include general management, oversight, and policy development; budget development and execution; fiscal management; local health operations; health education and development; standards development; and management decision-making.

No federal funds are budgeted for this program.

B. Epidemiology and Health Planning (Program SD, S6)

The Epidemiology and Health Planning program consists of Communicable Disease, HIV/AIDS, Surveillance and Health Data, and Vital Statistics.

The Communicable Disease subprogram is responsible for programs related to the detection, prevention and control of communicable diseases, in addition to, specifically monitoring immunizations, sexually transmitted diseases, tuberculosis, and other communicable diseases as warranted by public health considerations. In general, local health departments and various health care providers provide direct patient services while the central office provides direction and support.

The HIV/AIDS subprogram is responsible for HIV/AIDS counseling and testing, HIV/AIDS surveillance, HIV prevention and education, HIV programs for those living with HIV disease, and HIV/AIDS special projects.

The Vital Statistics subprogram is responsible for collecting, preserving, and protecting certificates for all births, deaths, fetal deaths, marriages, and divorces which occur in Kentucky and for issuing certified copies as requested.

Federal funds budgeted for the operation of this program are:

CFDA #93.069 – Public Health Emergency Preparedness

CFDA #93.116 – Project Grants and Cooperative Agreements for Tuberculosis Control Programs

CFDA #93.268 – Immunization Cooperative Agreements

CFDA #93.270 – Viral Hepatitis Prevention and Control

CFDA #93.283 – Centers for Disease Control and Prevention – Investigations and Technical Assistance

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8. Department for Public Health (DPH)

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8.2 Programs Administered by Department for Public Health

A. General Health Support (Program SA)

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No federal funds are budgeted for this program.

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CFDA #93.268 – Immunization Cooperative Agreements

CFDA #93.270 – Viral Hepatitis Prevention and Control

CFDA #93.283 – Centers for Disease Control and Prevention – Investigations and Technical Assistance



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CFDA #93.323 – Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)  
CFDA #93.521 – The Affordable Care Act; Building Epidemiology, Laboratory, and Health Information Systems Capacity in the Epidemiology and Laboratory Capacity for Infection Disease (ELC) and Emerging Infections Program (EIP) Cooperative Agreements; PPHF  
CFDA #93.767 – Children’s Health Insurance Program  
CFDA #93.815 – Domestic Ebola Supplement to the Epidemiology and Laboratory Capacity for Infectious Diseases (ELC).  
CFDA #93.817 – Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities  
CFDA #93.889 – National Bioterrorism Hospital Preparedness Program.  
CFDA #93.917 – HIV Care Formula Grants  
CFDA #93.940 – HIV Prevention Activities – Health Department Based  
CFDA #93.944 – Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance  
CFDA #93.977 – Preventive Health Services – Sexually Transmitted Diseases Control Grants

C. Maternal and Child Health (Program SJ, S2, S3, S4, S5, S8, S9)

The Maternal and Child Health program is responsible for promoting normal growth and development in Kentuckians of all ages through public health education, nutrition, family planning, prenatal care, well-child care, and selected primary care activities. It consists of Nutrition Services, Child and Family Health Improvement, Early Childhood Development Promotion, Early Intervention Services, and Health Promotions.

The Nutrition Services subprogram is responsible for administering the Special Supplemental Nutrition Program for Women, Infants and Children and the nutrition portion of the Adult and Child Health Nutrition and Physical Activity Program.

The Child and Family Health Improvement subprogram is responsible for providing oversight of the services and activities targeting expectant mothers, infants, and preschool and school age children including family planning, maternity services, home visitation, and well child services.

One of the Early Childhood Development subprogram is responsible for providing leadership in achieving the health goals of the state’s Early Childhood Initiatives including the provision of folic acid supplementation, home visitation, childcare consultation, mental health services for children in child care, and oral health services to Kentucky’s maternal and child health population.

The Early Intervention Services subprogram is Kentucky's implementation of Part C of the Individuals with Disabilities Education Act.

The Health Promotion subprogram is responsible for establishing and implementing a health wellness and fitness program for Kentucky and to promote a healthy lifestyle for all citizens of the Commonwealth.

Federal funds budgeted for operation of this program are:

CFDA #10.557 – WIC Special Supplemental Nutrition Program for Women, Infants, and Children  
CFDA #10.572 – WIC Farmers’ Market Nutrition Program (FMNP)  
CFDA #10.578 – WIC Grants To States (WGS)  
CFDA #84.181 – Special Education – Grants for Infants and Families  
CFDA #93.073 – Birth Defects and Developmental Disabilities - Prevention and Surveillance  
CFDA #93.110 – Maternal and Child Health Federal Consolidated Programs  
CFDA #93.282 – Centers for Disease Control and Prevention Investigations and Technical Assistance

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CFDA #93.305 – PPHF 2018: Office of Smoking and Health-National State-Based Tobacco Control Programs-Financed in part by 2018 Prevention and Public Health funds (PPHF)  
CFDA #93.735 – State Public Health Approaches for Ensuring Quitline Capacity – Funded in part by 2012 Prevention and Public Health Funds (PPHF)  
CFDA #93.753 – Child Lead Poisoning Prevention Surveillance financed in part by Prevention and Public Health (PPHF) Program  
CFDA #93.870 - Maternal, Infant and Early Childhood Home Visiting Grant Program  
CFDA #93.945 – Assistance Programs for Chronic Disease Prevention and Control  
CFDA #93.946 – Cooperative Agreements to Support State-Based Safe Motherhood and Infant Health Initiative Programs  
CFDA #93.994 – Maternal and Child Health Services Block Grant to the States

D. Laboratory Services (Program SL)

The Laboratory Services program is responsible for the prompt detection and identification of a wide variety of microorganisms and other toxic substances that pose a threat to the public health. It provides essential examinations of clinical and environmental specimens as required to support other State programs, subprograms and local health department programs, as well as, providing diagnostic testing not readily available elsewhere for hospitals and practicing physicians.

Federal funds budgeted for the operation of this program are:

CFDA #10.479 – Food Safety Cooperative Agreements  
CFDA #93.103 – Food and Drug Administration - Research

E. Public Health Protection & Safety (Program SP)

The Public Health Protection & Safety Program is responsible for reducing injury, disease, and death from unsafe foods, unsafe milk, unsafe consumer products and devices; for minimizing unnecessary radiation exposure; and to ensure public facilities such as swimming pools, schools, etc., are safe for the people of the Commonwealth. This program consists of five subprograms: Milk Safety, Food Safety, Environmental Management, Radiation Health, Public Safety, and Public Health Preparedness.

The Milk Safety subprogram is responsible for the prevention of adulteration, misbranding, and false advertising of milk and milk products and for the protection of the public from disease transmission through milk products. Administration is achieved through inspections of dairy farms, dairy plants, and dairy processors.

The Food Safety subprogram is responsible for the prevention of the sale of adulterated, misbranded or falsely advertised foods, food products, over the counter drugs, and cosmetics. The subprogram provides planning, monitoring, training, and evaluation for all local health department food surveillance programs.

The Radiation Health subprogram is responsible for protecting the citizens of the Commonwealth from unnecessary exposure to the harmful effects of ionizing radiation by focusing on licensure, registration, certification, inspections, environmental surveillance, compliance activities and emergency response.

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The Environmental Management subprogram is responsible for the prevention of disease and injury in public facilities and the individual personal environment through the elimination of unsanitary conditions and safety hazards.

The Public Safety subprogram is responsible for issuing operational permits, inspecting public facilities, issuing permits to abate lead hazards in child occupied facilities, and certifying lead inspectors and abatement professionals.

The Public Health Preparedness subprogram is responsible for both Hospital Bioterrorism Preparedness and Planning and Public Health Preparedness and Response to Bioterrorism which consist of the following seven focus areas:

- Focus Area A – Preparedness Planning and Readiness Assessment,
- Focus Area B – Surveillance and Epidemiologic Capacity,
- Focus Area C – Laboratory Capacity-Biologic Agents,
- Focus Area D – Laboratory Capacity-Chemical Agents,
- Focus Area E – Health Alert Network/Communications and Information Technology;
- Focus Area F – Risk Communication and Public Information Focus Dissemination; and,
- Focus Area G – Education and Training.

Federal funds budgeted for operation of this program are:

- CFDA #66.032 – State Indoor Radon Grants
- CFDA #66.707 – TSCA Title IV State Lead Grants Certification of Lead-Based Paint Professionals
- CFDA #81.104 – Environmental Remediation and Waste Processing and Disposal
- CFDA #93.069 – Public Health Emergency Preparedness
- CFDA #93.070 – Environmental Public Health and Emergency Response
- CFDA #93.103 – Food and Drug Administration Research
- CFDA #93.354 - Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response
- CFDA #93.367 – Flexible Funding Model - Infrastructure Development and Maintenance for State Manufactured Food Regulatory Programs
- CFDA #93.788 – Opioid STR
- CFDA #93.817 – Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities
- CFDA #93.889 – National Bioterrorism Hospital Preparedness Program

F. Division of Women’s Health (Program SB S7)

The Division of Women’s Health (DWH) serves as a “repository for data and information affecting women’s health and mental health by analyzing and communicating trends in women’s health issues and mental health; recommending data elements affecting women’s health and mental health that should be collected, analyzed, reported; and administering a Women’s Health Resource Center to focus on targeted preventive and comprehensive health education.” The DWH maintains a comprehensive web-based Women’s Health Resource Center with data and information specific to women’s health in Kentucky. It contains condition-specific information, data, and links to state and national informational sources. The Center provides access to Fact Sheets, the Data Report, articles on women’s health, statewide events and meeting calendar, transcripts of speeches, legislative updates, and access to a bi-monthly list service.

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Through the website, the DWH is able to serve as a women’s health “ombudsman” as they routinely assist women with questions or concerns related to particular services or information on particular health topics. The DWH takes a broad approach to women’s health. Women’s health has traditionally been thought of as reproductive health. Since women are now living one-third of their life post-menopause, they suffer from conditions such as depression, anxiety, and immunosuppressive disorders to a far greater extent than men, and exhibit different physical symptoms than men; the need to view women as a unique population has grown. Furthermore, women access the healthcare system more often than men and are better cared for in an integrated system that understands both women’s physical and mental health. The DWH strives to bring this type of comprehensive view to its mission and is the only office within the state to address all issues of women’s health.

Federal funds are budgeted for operation of this program are:

- CFDA #93.092 – Affordable Care Act (ACA) Personal Responsibility Education Program
- CFDA #93.217 – Family Planning Services
- CFDA #93.235 – Title V State Sexual Risk Avoidance Education (Title V State SRAE) Program
- CFDA #93.283 – Centers for Disease Control and Prevention – Investigations and Technical Assistance

G. Prevention and Quality Improvement (Program SC)

The Prevention and Quality Improvement Program is comprised of two components which include:  
Chronic Disease Prevention and Control and Health Care Access

The Chronic Disease Prevention and Control program is responsible for decreasing the morbidity and mortality from chronic diseases. Emphasis is on prevention and risk factors that can be reduced through healthy lifestyles. Prevention programs include asthma, arthritis, cardiovascular health, comprehensive cancer, diabetes, and osteoporosis. The program provides funding to local health departments for community-based services aimed at individuals and at bringing about policy and environmental changes that will improve the health status of Kentuckians.

The Health Care Access program provides focus on primary care and the administration of federal grants and programs relative to primary care. The Program is responsible for determining areas of Kentucky that meet Health Professional Shortage Area criteria and Medically Underserved Area criteria. Additionally, the Kentucky Prescription Assistance Program is operated within this program.

Federal funds budgeted for operation of this program are:

- CFDA #93.130 – Cooperative Agreements to State/Territories for the Coordination and Development of Primary Care Offices.
- CFDA #93.305 - PPHF 2018: Office of Smoking and Health-National State-Based Tobacco Control Programs-Financed in part by 2018 Prevention and Public Health funds (PPHF)
- CFDA #93.336 – Behavioral Risk Factor Surveillance System
- CFDA #93.426 - Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke
- CFDA #93.435 – Innovative State and Local Public Health Strategies to prevent and Manage Diabetes and Heart Disease and Stroke-

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CFDA #93.735 - State Public Health Approaches for Ensuring Quitline Capacity – Funded in part by Prevention and Public Health Funds (PPHF)  
CFDA #93.757 – State and Local Public Health Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke (PPHF)  
CFDA #93.800 – Organized Approaches to Increase Colorectal Cancer Screening  
CFDA #93.945 – Assistance Programs for Chronic Disease Prevention and Control  
CFDA #93.991 – Preventive Health and Health Services Block Grant

8.3 Organization Structure – DPH

The Department for Public Health is composed of the following units:

A. Commissioner’s Office (SA)

The Commissioner’s Office is responsible for executive management of all services and programs administered by DPH. Funds for operation of this office are provided by the General Health Support Program.

B. Division of Administration and Financial Management (SA)

The Division of Administration and Financial Management is responsible for budget, accounting, management services, personnel services, and local health operations. Funds for operation of this office are provided by the General Health Support Program.

C. Division of Laboratory Services (SL)

The Division of Laboratory Services provides laboratory services to operating units within DPH, administrative review of any contracts for lab services entered into by CHFS, lab services on contract to other state agencies, and any other additional technical assistance. Funds for the operation of this Division are provided by the Laboratory Service Program.

D. Division of Epidemiology and Health Planning (SD)

The Division of Epidemiology and Health Planning are responsible for policies and programs relating to disease control, and vital statistics. Funds for operation of this Division are provided by the Epidemiology and Health Planning Program.

E. Division of Maternal and Child Health (SJ)

The Division of Maternal and Child Health is responsible for promoting normal growth and development in Kentuckians through public health education, nutrition, cancer prevention, prenatal care, well child care, and selected primary care activities. Funds for the operation of this Division are provided by the Maternal and Child Health Services Program.

F. Division of Public Health Protection and Safety (SP)

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The Division of Public Health Protection and Safety is responsible for minimizing injury, disease, and death from unsafe food, milk, consumer products, and devices, and for reducing unnecessary exposure of Kentuckians to radiation and lead, bio-terrorism preparedness and planning, and for ensuring public facilities such as swimming pools, schools, etc., are safe for our citizens. Funds for operation of this Division are provided by the Public Health Protection and Safety Program.

G. Division of Women’s Health (SB)

The Division of Women’s Health program provides oversight to the services and activities which focus on women, including family planning, abstinence education, and breast and cervical cancer services, and are designed to improve quality of life and provide positive health outcomes. Direct clinical services for Kentuckians include folic acid supplementation and counseling and family planning services, primarily for low income and uninsured individuals. Additionally, breast and cervical screenings and treatment services are provided to the uninsured.

H. Division of Prevention and Quality Improvement (SC)

Prevention and Quality Improvement program is responsible for the delivery of services, including chronic disease management and health access for low income Kentuckians. The Division’s activities cover the spectrum of population-based and personal preventive health services.

8.4 Cost Allocation Procedures – DPH

Costs charged to DPH pool code SXBA are indirect costs incurred within the department that are applicable to all programs administered by DPH. The basis for allocating the SXBA cost pool are the cabinet-wide salaries charged to department programs.

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CHAPTER 9

DEPARTMENT FOR BEHAVIORAL HEALTH, DEVELOPMENTAL & INTELLECTUAL  
DISABILITIES

COST ALLOCATION PLAN  
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9. Department for Behavioral Health, Developmental & Intellectual Disabilities (BHDID)

9.1 Introduction

The Department for BHDID is the primary state agency for operating mental health, substance abuse, and development disabilities programs.

9.2 Programs Administered by BHDID

A. Community Mental Health, Alcohol, and Drug Services (Program TA, TB)

This program supports the provision of high quality treatment services to citizens suffering from or at risk for alcohol and other drug abuse problems. The priority groups within the substance abuse population are (1) pregnant injecting drug users, (2) pregnant substance abusers, and (3) intravenous drug users. This division assures that Kentuckians with mental health problems have an array of services available that will support and improve their abilities to function in their home communities. The priority groups within the mental health population are adults with severe mental illness (SMI) and children with severe emotional disabilities (SED). This is accomplished via 14 regional Mental Health and Mental Retardation Boards and other contracts.

Federal funds budgeted for operation of this program are obtained from:

CFDA #93.150 – Projects for Assistance in Transition from Homelessness (PATH)  
CFDA #93.243 – Substance Abuse and Mental Health Services Projects of Regional and National Significance  
CFDA #93.778 – Medical Assistance Program  
CFDA #93.788 – Opioid STR  
CFDA #93.958 – Block Grants for Community Mental Health Services  
CFDA #93.959 – Block Grants for Prevention and Treatment of Substance Abuse

B. Community Developmental and Intellectual Disabilities Services (Program TC)

This program provides care and supervision for persons with developmental and intellectual disabilities who can no longer be cared for by their families and are unable to live independently. Additional information is referenced in section 9.3 (C).

Federal funds budgeted for operation of this program are obtained from:

CFDA #93.184 – Disabilities Prevention  
CFDA #93.627 – Affordable Care Act: Testing Experience and Functional Assessment Tools  
CFDA #93.630 – Developmental Disabilities Basic Support and Advocacy Grants  
CFDA #93.778 – Medical Assistance Program

C. General Support (Program TH)

This program includes the Commissioner's Office, the Division of Administration and Financial Management, the Division of Program Integrity, and the Office of Autism. It supports activities relating



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to policy and budget development, program and budget monitoring, standards development and management decision making to provide overall direction to the other programs and subprograms in the Department.

No federal funds are budgeted for this program.

D. Residential Services – (Program TS)

This program operates four adult psychiatric hospitals, two nursing facilities primarily for the elderly with mental illness, and seven residential facilities for individuals with developmental and intellectual disabilities, one residential treatment program for individuals who are abusing alcohol and other drugs and one forensic psychiatric hospital.

No federal funds are budgeted for this program.

9.3 Organization Structure – BHDID

The Department for BHDID is composed of the following units:

A. Office of the Commissioner (TH)

The Office of the Commissioner is responsible for executive management of all services and programs administered by BHDID funds for operation of Community and Residential Programs.

B. Division of Behavioral Health (TB)

The Division of Behavioral Health administers and oversees the Department's mental health and substance abuse funds to the fourteen Community Mental Health Centers as well as other contractors. It articulates mental health and substance abuse services' budgetary needs. It also provides oversight of publicly funded mental health and substance abuse services to enhance access, quality of service and cost effectiveness. In addition, the division provides policy direction and program funding and monitoring. The division oversees administration of the Substance Abuse Prevention and Treatment Block Grant; statewide DUI education and treatment programs; substance abuse needs assessment program, development, outcome reports; and the collection and analyses of data for planning and evaluation activities. The division also has responsibility for the oversight of prevention programs and initiatives that support a statewide prevention system including Regional Prevention Centers. The division also has responsibility for treatment programs, including the statewide DUI program and training for Substance Abuse professionals. On the Mental Health side, the division administers the Community Mental Health Services Block grant as well as various other federal grants. They have oversight of and fund other programs such as Deaf and Hard of Hearing, Suicide Prevention, Mental Health Emergency Services, Homelessness, Mental Health Jail Triage and Treatment, and other services and supports to enable individuals with SMI or SED to reside in their communities.

C. Division of Developmental and Intellectual Disabilities (TC)

The Division of Developmental and Intellectual Disabilities provides training and technical assistance to providers and administers contracts with providers for the provision of services to individuals with

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intellectual and development disabilities. The division consults with provider agencies and communities to meet the support needs of individuals qualified for service through the division and monitors agencies for compliance with standards and individual outcomes. The division is also responsible for the planning and oversight of activities to establish an infrastructure for a comprehensive client support system including the development of budgets, data, best practice standards, quality assurance measures for program evaluation, resource development and collaboration with other interested agencies and parties.

D. Division of Administration and Financial Management (TH)

The Division of Administration and Financial Management is responsible for overall administrative support to the department including development and promulgation of programmatic regulations, direction of negotiations, development and monitoring of contracts, analysis and management of the department budget including preparation of the biennial budget, payment to contracting agencies, oversight of the regional Community Mental Health Centers and state owned, contracted and operated residential facilities, and other technical assistance.

E. Division of Program Integrity (TH)

The Division of Program Integrity is responsible for regulatory and legislative review; business information/intelligence gathering; information manipulation and analysis; dashboard development, implementation and maintenance; monitoring agency contracts; electronic medical records initiative; and clinical support, guidance and consultation.

F. Office of Autism (TH)

The Office of Autism is responsible for coordinating statewide efforts to enhance the quality of life and independence to individuals with an Autism Spectrum Disorder, and provide support to their families and caregivers.

9.4 Cost Allocation Procedures

Two cost pools are established for BHDID, TXAA and TXAB. These pools are used for indirect costs incurred within BHDID.

Costs charged to cost pool TXAA are costs that are applicable to all programs administered by BHDID. The basis for allocating the TXAA cost pool is the total cabinet-wide salaries charged to the T0 Appropriation.

Costs charged to cost pool TXAB are costs that are identified with the central operations and programs of BHDID. The basis for allocating the TXAB cost pool is total cabinet-wide costs charged to the T0 Appropriation excluding the TS (Residential Services) Allotment.

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CHAPTER 10

DEPARTMENT FOR FAMILY RESOURCE CENTERS & VOLUNTEER SERVICES

COST ALLOCATION PLAN  
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10. Department for Family Resource Centers & Volunteer Services in Kentucky

10.1 Introduction

The Department for Family Resource Centers & Volunteer Services is comprised of two distinct Divisions that focus on the needs of specific demographic groups within the Kentucky population.

10.2 Programs Administered by Family Resource Centers & Volunteer Services

A. Division of Family Resource and Youth Services Centers (Program HA)

The Division of Family Resource and Youth Services Centers provides administrative, technical, and training support to local school-based Family Resource and Youth Services Centers (FRYSC) so as to support families in ways that strengthen their functioning and further the growth and development of each member.

Federal funds budgeted for operation of this program are obtained from:

CFDA #93.590 - Community-Based Child Abuse Prevention Grants

B. Serve Kentucky (Program HC)

Serve Kentucky administers federal funds that support AmeriCorps programs in the Commonwealth and assumes responsibility for the statewide coordination of volunteer activities to assist senior citizens, the homeless, at-risk youth, victims of natural disasters, and other members of the community.

Federal funds budgeted for operation of this program are obtained from:

CFDA #94.003 – State Commissions

CFDA #94.006 – AmeriCorps

CFDA #94.009 – Training and Technical Assistance

CFDA #94.021 – Volunteer Generation Fund

10.3 Organization Structure – Family Resource Centers & Volunteer Services

The Department is composed of the following units:

Division of Family Resource and Youth Services Centers (HA)

The Division of Family Resource and Youth Services Centers provides administrative, technical, and training support to local school-based Family Resource and Youth Services Centers (FRYSC). Each center has a unique blend of program components depending on location, available services, local need and community input designed to promote the flow of resources and to support families in ways that strengthen their functioning and further the growth and development of each member. Services may include after school child care literacy programs, home visits to new and/or expectant parents, support and training for child day care providers, referrals to social services, employment counseling, summer and part-time job development, drug and/or alcohol counseling and family crisis and mental health

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counseling. Centers also offer programs such as peer mediation, conflict resolution, pregnancy prevention and job shadowing. General funds to support the various services provided through the local Family Resource and Youth Services Centers are appropriated in the Kentucky Department of Education budget as well as the Cabinet for Health and Family Services budget.

Serve Kentucky (HC)

Serve Kentucky serves as a conduit for federal funds that support AmeriCorps programs in the Commonwealth and assumes responsibility for the statewide coordination of volunteer activities. Federal funds are contracted to community organizations that, in turn, generate local matching funds of cash and in-kind services. AmeriCorps members provide diverse services to senior citizens, the homeless, at-risk youth, victims of natural disasters, and other members of the community. In order to receive federal funds for the AmeriCorps program, Kentucky is required to provide an equal amount of state matching funds that are used to administer, monitor, and evaluate programs across the Commonwealth. The funds that are granted out to the community are matched with local funds and in kind services equal to a minimum of 24% of the member cost and all other approved operating costs.

10.4 Cost Allocation Procedures

Costs not identified to a direct sub function are charged to the cost pool code HXAB. The basis for allocating HXAB cost pool are the cabinet-wide salaries charged to department programs.

HXAF- All charges to this cost pool must be those charges that can be identified to programs administered by the Department for Family Resource Centers & Volunteer Services (excluding HC codes) as applicable to Family Resource Centers & Youth Services but cannot be identified to a specific program within Family Resource Centers & Youth Services.

HXAK- All charges to this cost pool must be those charges that can be identified to programs administered by the Department for Family Resource Centers & Volunteer Services (excluding HA codes) as applicable to Serve Kentucky but cannot be identified to a specific program within Serve Kentucky.

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CHAPTER 11

OFFICE OF HEALTH DATA AND ANALYTICS

COST ALLOCATION PLAN

FOR GRANTS AND CONTRACTS

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## 11. Office of Health Data and Analytics (OHDA)

### 11.1 Introduction

The Office of Health Data and Analytics is comprised of three distinct Divisions that focus on the ongoing operations of the Health Benefit Exchange, Health Information, and Analytics in order to promote and achieve greater economy, efficiency, and coordination.

### 11.2 Programs Administered by OHDA

#### A. Health Benefit Exchange (JA)

As a result of the Patient Protection and Affordable Care Act, effective January 1, 2014, Kentucky established a Kentucky Health Benefit Exchange (HBE). Individuals and small businesses can use the HBE to purchase health insurance from a choice of products offered by qualified health plans. HBE ensures that participating health plans meet certain standards. Individuals and families purchasing health insurance through HBE may qualify for reduced cost sharing if their household income is between 138% and 400% of the Federal poverty level. HBE also coordinates eligibility and enrollment with the State Medicaid and Children's Health Insurance Programs to ensure individuals eligible for those programs have affordable Health coverage. CHFS was designated the lead for HBE due to the large number of health-related programs housed within the Cabinet.

HBE successfully transitioned to a State Based Model on the Federal Exchange Platform, meaning the primary enrollment and eligibility portal moved from kynect to Healthcare.gov on January 1, 2017. HBE has retained certain responsibilities and obligations to operate as a State Based Model. In order to manage efficiently and effectively Kentucky's ongoing responsibilities as a State Based Model on the Federal Platform of healthcare.gov, the Division of Health Benefit Exchange is created to align with those responsibilities and obligations.

No federal funds are budgeted for this program.

#### B. Health Information (JB)

Health Information coordinates and works with health care providers throughout the Commonwealth in guiding the implementation of electronic health information technology in the Commonwealth.

Federal funds budgeted for operation of this program are obtained from:

CFDA #93.778 – Medical Assistance Program

#### C. Analytics (JC)

Analytics coordinates the data analytic initiatives of the various departments that regulate health care and social services to ensure that policy is consistent with the long-term goals across the Commonwealth.

Federal funds budgeted for operation of this program are obtained from:

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CFDA #93.627 – Affordable Care Act: Testing Experience and Functional Assessment Tools  
CFDA #93.778 – Medical Assistance Program  
CFDA #93.788 – Opioid STR

### 11.3 Organizational Structure – OHDA

The Office of Health Data and Analytics is composed of the following units:

#### A. The Division of Health Benefit Exchange (JA)

The Division of Health Benefit Exchange is responsible for using healthcare.gov as its Internet portal that will operate more efficiently and effectively and will achieve substantial financial savings from

#### B. The Division of Health Information (JB)

The Division of Health Information is responsible for coordinating and working with health care providers in guiding the implementation of electronic health information technology throughout the Commonwealth.

#### C. The Division of Analytics (JC)

The Division of Analytics is responsible for coordinating the data analytic initiatives of the various departments that regulate health care and social services in order to ensure that policy is consistent with the long-term goals across the Commonwealth. The consolidation of the oversight of policy and research matters of these program areas allows the Commonwealth to be more readily able to address systemic cost drivers impacting the costs of healthcare and social services to its citizens. This will permit the division to identify best practices and perform comprehensive cross-cabinet need assessments for our Commonwealth.

### 11.4 Cost Allocation Procedures

Costs charged to OHDA pool code JXAA are indirect costs incurred that are applicable to all programs administered by OHDA. The basis for allocating the JXAA cost pool are the cabinet-wide salaries charged to Office programs.

Costs charged to OHDA pool code JXAH are indirect costs incurred to all programs administered by the Division of Health Benefit Exchange. The basis for allocating the JXAH cost pool are the cabinet-wide salaries charged to the Division of Health Benefit Exchange programs.

Costs charged to OHDA pool code JXAB are indirect costs incurred to all programs administered by the Division of Health Information. The basis for allocating the JXAH cost pool are the cabinet-wide salaries charged to the Division of Health Information programs.

Costs charged to OHDA pool code JXAC are indirect costs incurred to all programs administered by the Division of Analytics. The basis for allocating the JXAH cost pool are the cabinet-wide salaries charged to the Division of Analytics programs.



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CHAPTER 12

DEPARTMENT FOR COMMUNITY BASED SERVICES

COST ALLOCATION PLAN

FOR GRANTS AND CONTRACTS

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## 12. Department for Community Based Services

### 12.1 Introduction

The Department for Community Based Services (DCBS) is responsible for child and adult protection, foster care and adoption, and services to enhance family self-sufficiency including nutritional, medical, energy and cash assistance. The five divisions of the Department for Community Based Services are the Division of Protection and Permanency, the Division of Family Support, the Division of Child Care, the Division of Service Regions, and the Division of Administration and Financial Management.

Kentucky charges administrative costs directly to the appropriate program when at all possible. Sub Functions were established to be specific to individual programs and activities within those individual programs. When a direct charge is not possible, the CAP distributes common costs to applicable federal and state programs based on direct salary charges. Staff within the Cabinet for Health and Family Services, Department for Community Based Services, is instructed to directly code time and other expenses to the appropriate program and to utilize cost pool codes only when a direct charge is not possible.

### 12.2 Programs Administered by DCBS

#### A. Family Support – (Program ZA)

Division of Family Support is designed to be accessible and responsive to the needs of all stakeholders - clients, partners, communities and employees - in the delivery of services. The Division of Family Support consists of the following programs: Temporary Assistance to Needy Families, the Supplemental Nutritional Assistance Program, Medical Assistance, and State Supplementation. Family Support staff are now completing eligibility for Child Care Assistance.

Costs charged to the ZA Program are, in part, distributed to the Family Support programs based on percentages derived from the Family Support Random Moment Sample (FSRMS) conducted monthly. The FSRMS procedures and the allocation of the FSRMS cost pool are described in detail in the RMS materials at the end of this chapter.

Division of Family Support use Common Codes to allocate time when completing work related to multiple programs. The costs are split evenly between the programs for each sub-function. The breakdown is as follows:

- ZAZA – TANF, Medical Assistance, SNAP, Child Care (25/25/25/25)
- ZAZB – SNAP, Medical Assistance (50/50)
- ZAZC – TANF, Medical Assistance, Child Care (33.33/33.33/33.34)
- ZAZD – Medical Assistance is used when it is unknown which program, among Medicaid, KCHIP, and Quality Health Plan, an individual qualifies. These percentages are updated annually based on the FS RMS hits from the prior federal fiscal year.
- ZAZE – SNAP, Medical Assistance, Child Care (33.33/33.33/33.34)

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Federal funds budgeted for operation of these programs are obtained from:

CFDA #10.537 – Date and Technical Assistance Grant  
CFDA #10.561 – State Administrative Matching Grants for the Supplemental Nutrition Assistance Program  
CFDA #10.592 – Healthy, Hunger-Free Kids Act of 2010 Childhood Hunger Research and Demonstration Projects  
CFDA #10.596 – Pilot Projects to Reduce Dependency and Increase Work  
CFDA #10.598 – Supplemental Nutrition Assistance Program (SNAP) Recipient Trafficking Prevention Grants Requirements and Work Effort under SNAP  
CFDA #93.087 – Enhance Safety of Children Affected by Substance Abuse  
CFDA #93.558 – Temporary Assistance for Needy Families  
CFDA #93.767 – Children’s Health Insurance Program  
CFDA #93.575 – Child Care and Development Block Grant  
CFDA #93.778 – Medical Assistance Program  
CFDA #93.596 – Child Care Mandatory and Matching Funds of the Child Care and Development Fund

No Federal funds for the operation of the State Supplementation Program are budgeted.

B. Energy – (Program ZD)

The Low Income Home Energy Assistance Program (LIHEAP), authorized by PL 94-385 and KRS 205.400, is a federally subsidized program that provides assistance through direct fuel bill subsidies to low-income households to meet the cost of energy expenses. This program is divided into two segments: Subsidy, which provides heating assistance benefits to eligible households; and Crisis, which is designed to assist any low-income family experiencing a home energy emergency. Services include accepting applications, determining eligibility, implementing outreach components, and coordinating this program with other energy assistance initiatives.

Federal funds budgeted for operation of this program are obtained from:

CFDA #93.568 – Low Income Home Energy Assistance

C. Child Care – (Program ZE)

This program is responsible for administration, coordination, and oversight of the Child Care Assistance program in Kentucky and serving clients for the Cabinet for Health and Family Services.

Federal funds budgeted for operation of this program are obtained from:

CFDA #93.434 – Every Student Succeeds Act/Preschool Development Grants  
CFDA #93.575 – Child Care and Development Block Grant  
CFDA #93.596 – Child Care Mandatory and Matching Funds of the Child Care and Development Fund

Kentucky now utilizes the Division of Family Support to administer the eligibility of the Child Care Assistance Program. The administration of the program is paid utilizing the Child Care Development Fund (CCDF). Staff of the Division of Child Care code 100% of their time to CCDF on their timesheets.

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D. Family and Community Services (Program ZF)

Family and Community Services are directed toward preserving the family as a unit and protecting individuals from abuse, neglect, and exploitation. This program provides services that are intended to strengthen and maintain families, and prevent family dissolution and out of home placement.

Federal Funds budgeted for operation of this program are obtained from:

CFDA #93.136 – Injury Prevention and Control Research and State and Community Based Programs  
CFDA #93.472 – Title IV-E Prevention and Family Services and Programs  
CFDA #93.556 – Promoting Safe and Stable Families  
CFDA #93.558 – Temporary Assistance for Needy Families  
CFDA #93.563 – Child Support Enforcement  
CFDA #93.569 – Community Services Block Grant  
CFDA #93.590 – Community-Based Child Abuse Prevention Grants  
CFDA #93.599 – Chafee Education and Training Vouchers Program (ETV)  
CFDA #93.603 – Adoption and Legal Guardianship Incentive Payments  
CFDA #93.643 – Children’s Justice Grants to States  
CFDA #93.645 – Stephanie Tubbs Jones Child Welfare Services Program  
CFDA #93.658 – Foster Care Title IV-E (RMS)  
CFDA #93.659 – Adoption Assistance (RMS)  
CFDA #93.667 – Social Services Block Grant (RMS)  
CFDA #93.669 – Child Abuse and Neglect State Grants  
CFDA #93.671 – Family Violence Prevention and Services/Domestic Violence Shelter and Supportive Services  
CFDA #93.674 – John H. Chafee Foster Care Program for Successful Transition to Adulthood  
CFDA #93.778 – Medical Assistance Program  
CFDA #93.991 – Preventive Health and Health Services Block Grant

Agency Funds budgeted for operation of this program are obtained from:

Targeted Case Management (TCM) Medicaid fee-for-service (RMS)  
Rehabilitation Medicaid fee-for-service (RMS)

Only the five funding sources marked (RMS) involve the Random Moment Sample (Section 12.8). The expenditures for the other grants are derived from direct charges to their sub functions and through the indirect cost allocation system. The costs for the other eleven grants are excluded from the RMS Cost Pool.

The RMS steps 19 and 20 are used as the mechanism for accumulating allowable costs for the TCM Medicaid fee-for-service and the Rehabilitation Medicaid fee-for-services. The RMS is only used as part of the rate setting process for TCM and Rehabilitation. The Medicaid funds can only be accessed by submitting claims of billable units of services for Medicaid eligible cases through Medicaid HP system.

### 12.3 Organization Structure – DCBS

The Department for Community Based Services is composed of the following units:

Commissioner's Office – Responsible for executive management of all services and programs administered by DCBS. The Department's Program Training Branch is directly tied to the Commissioner's Office. Funds for operation of these offices are derived from direct charges to DCBS programs or through the indirect cost allocation system. Commissioner's Office programs and activities are distributed based on worker's timesheet data.

Division of Protection and Permanency – The Division's goal is to assist families to maintain or regain family autonomy while assuring protection of individuals. The Division is committed to providing family centered services to clients to assure that every effort is made to maintain the family safe and together. The Division consists of eight branches, the Adult Protection Branch, the Child Protection Branch, the Adoption Services Branch, the Out of Home Care Branch, Quality Assurance Branch, the Prevention Branch, the Clinical Services Branch, and the Transitional Services Branch. Funds for operation of the Division are derived from direct charges to DCBS programs or through the indirect cost allocation system. Protection and Permanency programs and activities are distributed based on worker's timesheet data.

Division of Family Support – This Division provides technical support to local staff for the Supplemental Nutrition Assisting Program (SNAP), Kentucky Temporary Assistance Program (K-TAP), Medicaid, and State Supplementation programs. The Division consists of five Branches, the Family Self-Sufficiency Branch, the Medical Support and Benefits Branch, the Nutrition Assistance Branch, the Policy Development Branch, and the Program Integrity Branch. Funds for the operation of this division are derived from direct charges to DCBS programs or through the indirect cost allocating system. Family Support programs and activities are distributed based on worker's timesheet data. Costs are identified to direct sub functions when possible; however, cost not identified to direct programs are charged to an indirect sub function.

Division of Child Care – This division is responsible for administration, coordination, and oversight of the child care assistance program in Kentucky. The Division consists of two branches, the Child Care Assistance Program Branch and the Quality Enhancements Branch. Child Care programs and activities are distributed based on worker's timesheet data.

Division of Service Regions – This division provides an administrative structure for local authority. The regions will administer programs for families and children and will manage fiscal and human resources needed to meet the programmatic needs of the regions. The regions are also responsible for direct service delivery including eligibility determinations, moving families toward self-sufficiency, providing adult and child protection and permanency, and creating safe environments and self-sustaining families. Service Region programs and activities are distributed based on worker's timesheet data and random moment study.

Division of Administration and Financial Management – This division oversees all matters financial and administrative within the DCBS. It is comprised of budget analysts, accountants and administrative staff responsible for budget preparation and projections. Oversight is also provided relating to the federal revenues generated/received by the department to support the federally mandated programs under the umbrella of child and public welfare. The division manages all check-writer programs to ensure appropriate and timely payment to public welfare recipients. Administration and Financial Management activities are

distributed based on worker's timesheet data.

Division of Program Performance – The Division of Program Performance consists of two branches, Quality Control Public Assistance Review Branch and Quality Control Supplemental Nutrition Assistance Program (SNAP) Review Branch. The Division is responsible for conducting statewide Medicaid Quality Control reviews to comply with state and federal Medicaid Quality Control standards. The Division reviews program case performance for various programs including Kentucky Works, Medicaid and adult medical cases. Reports are prepared for the federal government, the Cabinet and the Department of Medicaid Services.

The Quality Control SNAP Review Branch staff conducts food stamp quality control reviews and provides information to the federal government and the Cabinet. They also prepare the annual state SNAP quality control sampling plan.

#### 12.4 Cost Allocation Procedures

Cost charged to the DCBS cost pool ZXAA are allocated to all programs administered by DCBS. The basis for allocating these costs are the cabinet-wide direct salary charges to all Z programs.

Training cost charged to the DCBS cost pool ZTRN are allocated to all programs administered by DCBS. The basis for allocating these costs are the cabinet-wide direct salary charges to all Z programs.

Costs charged to DCBS cost pool ZXAF are indirect costs incurred within the Family Support operations that are applicable to all programs administered by Family Support. The basis for allocating the ZXAF cost pool are the cabinet-wide salaries charged to the Family Support programs.

Costs charged to DCBS pool code ZXAP are indirect costs incurred within the Protection and Permanency operations that are applicable to all programs administered by Protection and Permanency. The basis for allocating the ZXAP cost pool are the cabinet-wide salaries charged to the Protection and Permanency programs.

#### 12.5 Cost Allocation Procedures for KAMES System and Program Department Support Staff

The KAMES system supports the TANF, Medical Assistance, State Supplementation, and Supplemental Nutrition Assistance Program (SNAP). The KAMES system uses an integrated approach to the programs that it supports and data is entered and stored as common information. Therefore, costs incurred applicable to the KAMES system and the system support staff will be charged by using the following identifiers:

1. A direct charge to a specific sub function.
2. To either program code ZAAL that will accumulate costs that are attributable to all programs in KAMES or to program code ZAAM, which is applicable to the Income Maintenance portion of KAMES. The Income Maintenance portion is all of the programs in KAMES excluding the Supplemental Nutrition Assistance Program (SNAP). These sub functions will function as accumulators.

To accurately distribute KAMES system related costs that are charged to the accumulator codes, month-end system reports are produced that provide a count of current cases (caseload) and transaction counts (case activity) monthly by program. Caseload is the number of cases by program. Case Activity is the number of times a case is calculated during the month. When a worker takes an action, a new "disposition

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segment” is created and added to a database which accumulates the counts by program and month. The program areas include Supplemental Nutrition Assistance Program (SNAP), Medicaid, TANF, and State Supplementation. If a family is receiving benefits in more than one program area, a count is made for each program area. If a case had multiple actions taken during the month, the count includes each of the actions taken.

The Office of Application Technology Services (OATS) applies the report totals from the system report to derive monthly percentages of total caseload and case activity by program. This information is depicted on the KAMES Cost Allocation Tables form (Attachment A) and is completed by the 10<sup>th</sup> working day of each month for the prior month counts.

The percentages on this form will then be used by Financial Management to distribute the appropriate charges. Attachment B contains the table for computer service line item charges (computer billing). The correct monthly percentages will be applied to the monthly computer billing and financial statement charges that were expensed to the accumulating codes (ZAAL and ZAAM) and the appropriate distribution will occur.

Attachment B1 contains the descriptions for Commonwealth Office of Technology (COT) Activity Codes.

Attachment C provides an example of how computer charges would be distributed based on this formula. A re-cap of KAMES distribution Attachment C will be prepared along with the monthly receiving report for information purposes. All other KAMES costs from the financial statements will be allocated on the following basis; either direct program charge, or where the costs are applicable to ZAAL, then the percentages for all KAMES programs will be applied. If the costs are applicable to ZAAM, the Case Activity percentages for KAMES-IM only will be applied.

All new activity is now being processed in the Integrated Eligibility and Enrollment Solution System (IEES) that used to be in the KAMES System. However, there will continue to be charges coming against the Old KAMES System. Costs for Printing, Infrastructure Consulting & Engineering, Enterprise Server Support, CICS CPU usage, Virtual Machines, Enterprise Server Disk Storage, Enterprise Server Tape Storage, Enterprise Server Report Storage, Open Systems Storage and Backups and Windows Physical Server Support will continue for a number of years until all the Federal Retention Requirements are met.

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Attachment A								10/9/2013	
<b>KAMES Cost Allocation Tables (Spreadsheet)</b>									
<b>For Distributing GOT Charges Against Program Code FCZAAL</b>									
<b>August, 2013</b>									
	<b>KAMES-IM</b>				<b>All Systems</b>				
	Case Load		Activity		Case Load		Activity		
Program	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
K-TAP/ZAGY (10/99)	75,340	3.28%	44,872	5.91%	75,340	3.26%	44,872	5.85%	
Food Stamp/ZABN	1,077,427	46.90%	350,518	46.18%	1,077,427	46.67%	350,518	45.67%	
Medicaid/ZACK	1,137,572	49.51%	362,486	47.76%	1,137,572	49.29%	362,486	47.23%	
State Supplement/ZADC	7,188	0.31%	1,126	0.15%	7,188	0.33%	1,126	0.15%	
JOBS/ZAAJ(ZAGY 10/99)				0.00%	10,454	0.45%	8,465	1.10%	
Refugee									
	2,297,527	100.00%	759,002	100.00%	2,307,981	100.00%	767,467	100.00%	
Percent from "All Systems" are to be used in calculating Connect					Fee, Communication Services (Modem and Line Charges) and related charges.				
Attachment B								10/9/2013	
<b>KAMES Cost Allocation Tables</b>									
<b>For Distributing GOT Charges Against Program Code ZAAM</b>									
<b>August, 2013</b>									
	Case Load			Activity					
Program	Number	Percent	Number	Percent					
K-TAP/ZAAJ	75,340	6.17%	44,872	10.99%					
Medicaid/ZACK	1,137,572	93.24%	362,486	88.74%					
State Supplement/ZADC	7,188	0.59%	1,126	0.28%					
	1,220,100	100.00%	408,484	100.00%					

<b>Current Caseload</b>						
	<b>Single Family</b>	<b>Two parent</b>				
<b>Caseload</b>	<b>8,856</b>	<b>1,598</b>	<b>10,454</b>			
<b>Activity</b>	<b>7,687</b>	<b>778</b>	<b>8,465</b>	<b>\$</b>	<b>834,000</b>	<b>\$ 79.78</b>
	<b>0.867999</b>	<b>0.486859</b>	<b>0.809738</b>			





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Attachment B1

Description	Activity Code	Broader Description
<b>Servers</b>		
z/OS (mainframe) Server Support - 1st Shift	MN10	Consumed CPU cycles are measured in CPU Hours z/OS CPU cycles are billed only as they are consumed, and are not analogous to elapsed (wall-clock) time. For example, a Batch job may take 10 minutes elapsed time from initiation to completion. However, based on wait-time, job priority settings, z/OS workload, etc., the job may only actually require 30 seconds of CPU time. The agency will be billed for the 30 seconds of CPU time actually consumed, regardless of the job's elapsed (wall-clock) time. <ul style="list-style-type: none"> <li>Prime hours are defined as 7:00 AM to 7:00 PM. Prime hours batch support is available from 7:00am to 5:00pm, Monday through Friday.</li> </ul>
Mainframe - On-Line Transactions	MN20	Consumed CPU cycles are measured in CPU Minutes z/OS CPU cycles are billed only as they are consumed, and are not analogous to elapsed (wall-clock) time. For example, a particular user may sign on to an online system (i.e. KAMES, KASES, etc.), have it "up" on their screens and ready to use, but not actively entering data. That may be the case for hours each day. But the user may only enter a few transactions during the day, and those transactions collectively may take 5 minutes elapsed time to complete. However, based on wait-time, job priority settings, z/OS workload, etc., the transactions may only actually require 5 seconds of CPU time. The agency will be billed for the 5 seconds of CPU time actually consumed, regardless of the total elapsed (wall-clock) time.
z/OS (mainframe) Server Support - 2st Shift	MN30	Consumed CPU cycles are measured in CPU Hours z/OS CPU cycles are billed only as they are consumed, and are not analogous to elapsed (wall-clock) time. For example, a Batch job may take 10 minutes elapsed time from initiation to completion. However, based on wait-time, job priority settings, z/OS workload, etc., the job may only actually require 30 seconds of CPU time. The agency will be billed for the 30 seconds of CPU time actually consumed, regardless of the job's elapsed (wall-clock) time. <ul style="list-style-type: none"> <li>Non-Prime Hours are defined as 7:00 PM to 7:00 AM</li> </ul>
UNIX Server Support - Small/Med	UX10	The UX10 service reflects COT's overall responsibility for UNIX-based servers.
UNIX Server Support – Large	UX20	UNIX Server Support – Large - The UX20 service reflects COT's overall responsibility for UNIX-based servers.
Wintel Server Support (Floor Space only)	WN20	Space Only rate (1 Standard Rack) is created to recover the cost of housing, powering, and cooling a single, standard equipment rack. The 16 square foot minimum encompasses "working clearances", front and back, required for a safe working environment. Equipment requiring more than 16 sq. ft. will be billed in 16 sq. ft. increments until the foot-print is covered. Equipment requiring connectivity to Commonwealth Server platforms, or other Networks, will be considered on an individual basis. For consideration of floor-space requirements and/or connectivity needs, agencies may contact the Commonwealth Service desk (502) 564-7576 and request an informational ticket be opened with COT's Division of Communications.
<b>Storage Services</b>		
Storage - Z/OS (mainframe DASD)	ST10	The ST20 service offers backups of application or other user data via the Tivoli Storage Manager Enterprise Edition (TSM EE) product and methodology.
Storage - Open Systems Tape (TSM)	ST20	The ST20 service offers backups of application or other user data via the Tivoli Storage Manager Enterprise Edition (TSM EE) product and methodology.
Storage - Mainframe (z/OS)	ST30	The ST30 service offers the ability to access tape-based data via the z/OS platform and related applications.
Storage - Mainframe (z/OS) RDS	ST40	The ST40 service offers the ability to access tape-based data via the z/OS platform and related applications.
ST50 Storage - Open Systems (SAN)	ST50	The ST50 service offers Storage Area Network (SAN) storage at a per MB rate.
<b>Data Communication Services*</b>		

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Data Comm. Services - Low Speed (<= T-1 speed)

DC10

The Kentucky Information Highway is a statewide telecommunications and information network developed by Kentucky state government in partnership with the state's local telephone companies. In 1995 the Commonwealth of Kentucky entered into a ten-year contract with a consortium of communication companies to develop the Kentucky Information Highway (KIH). BellSouth serves as the prime contractor, coordinating a consortium of Kentucky's nineteen other local telephone companies (local exchange carriers) and Qwest Communications, a long-distance carrier, as a co-prime contractor. In 2005, the Commonwealth of Kentucky bid and let an RFP for KIH-2 in order to upgrade its telecommunications network and reduce costs. AT&T was awarded this contract and has sub-contracted with all of the other local telephone companies to provide a state wide MPLS network. The MPLS backbone that supports KIH-2 provides increased resiliency/fault tolerance within the provider's network, as well as increased security by virtually segmenting the WAN based on Agency/Dept. needs. Today, over 1,500 sites are inter-connected across the state including Executive Branch Agencies, libraries, local government and health departments. KIH-2 is managed by the Commonwealth's Office of Technology Network Operations Branch, which is responsible for the design, implementation, and support of the KIH infrastructure. The Core of the KIH-2 network is located at the Commonwealth Data Center, and is comprised of multiple Enterprise and Carrier class switches that are connected by Gigabit Ethernet. This network is extended to the Frankfort Metropolitan Area Network (MAN) over a fiber optic network. Furthermore, KIH-2 connects all 120 counties through a Wide Area Network (WAN) utilizing high-speed data circuits via an MPLS network. As such, KIH-2 connectivity from COT offers the features below: Coordinating a consortium of Kentucky's nineteen other local telephone companies (local exchange carriers) and Qwest Communications, a long-distance carrier, as a co-prime contractor. In 2005, the Commonwealth of Kentucky bid and let an RFP for KIH-2 in order to upgrade its telecommunications network and reduce costs. AT&T was awarded this contract and has sub-contracted with all of the other local telephone companies to provide a state wide MPLS network. The MPLS backbone that supports KIH-2 provides increased resiliency/fault tolerance within the provider's network, as well as increased security by virtually segmenting the WAN based on Agency/Dept. needs. Today, over 1,500 sites are inter-connected across the state including Executive Branch Agencies, libraries, local government and health departments. KIH-2 is managed by the Commonwealth's Office of Technology Network Operations Branch, which is responsible for the design, implementation, and support of the KIH infrastructure. The Core of the KIH-2 network is located at the Commonwealth Data Center, and is comprised of multiple Enterprise and Carrier class switches that are connected by Gigabit Ethernet. This network is extended to the Frankfort Metropolitan Area Network (MAN) over a fiber optic network. Furthermore, KIH-2 connects all 120 counties through a Wide Area Network (WAN) utilizing high-speed data circuits via an MPLS network.

Data Comm. Services - Med Speed (> T-1 up thru 10Mb)

DC20

The Kentucky Information Highway is a statewide telecommunications and information network developed by Kentucky state government in partnership with the state's local telephone companies. In 1995 the Commonwealth of Kentucky entered into a ten-year contract with a consortium of communication companies to develop the Kentucky Information Highway (KIH). BellSouth serves as the prime contractor, coordinating a consortium of Kentucky's nineteen other local telephone companies (local exchange carriers) and Qwest Communications, a long-distance carrier, as a co-prime contractor. In 2005, the Commonwealth of Kentucky bid and let an RFP for KIH-2 in order to upgrade its telecommunications network and reduce costs. AT&T was awarded this contract and has sub-contracted with all of the other local telephone companies to provide a state wide MPLS network. The MPLS backbone that supports KIH-2 provides increased resiliency/fault tolerance within the provider's network, as well as increased security by virtually segmenting the WAN based on Agency/Dept. needs. Today, over 1,500 sites are inter-connected across the state including Executive Branch Agencies, libraries, local government and health departments. KIH-2 is managed by the Commonwealth's Office of Technology Network Operations Branch, which is responsible for the design, implementation, and support of the KIH infrastructure. The Core of the KIH-2 network is located at the Commonwealth Data Center, and is comprised of multiple Enterprise and Carrier class switches that are connected by Gigabit Ethernet. This network is extended to the Frankfort Metropolitan Area Network (MAN) over a fiber-optic network. Furthermore, KIH-2 connects all 120 counties through a Wide Area Network (WAN) utilizing high-speed data circuits via an MPLS network. As such, KIH-2 connectivity from COT offers the features below: Located at the Commonwealth Data Center, and is comprised of multiple Enterprise and Carrier class switches that are connected by Gigabit Ethernet. This network is extended to the Frankfort Metropolitan Area Network (MAN) over a fiber-optic network. Furthermore, KIH-2 connects all 120 counties through a Wide Area Network (WAN) utilizing high-speed data circuits via an MPLS network.

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Data Comm. Connections - High Speed (>10Mb)	DC30	The Kentucky Information Highway is a statewide telecommunications and information network developed by Kentucky state government in partnership with the state's local telephone companies. In 1995 the Commonwealth of Kentucky entered into a ten-year contract with a consortium of communication companies to develop the Kentucky Information Highway (KIH). BellSouth serves as the prime contractor, coordinating a consortium of Kentucky's nineteen other local telephone companies (local exchange carriers) and Qwest Communications, a long-distance carrier, as a co-prime contractor. In 2005, the Commonwealth of Kentucky bid and let an RFP for KIH-2 in order to upgrade its telecommunications network and reduce costs. AT&T was awarded this contract and has sub-contracted with all of the other local telephone companies to provide a state wide MPLS network. The MPLS backbone that supports KIH-2 provides increased resiliency/fault tolerance within the provider's network, as well as increased security by virtually segmenting the WAN based on Agency/Dept. needs. Today, over 1,500 sites are inter-connected across the state including Executive Branch Agencies, libraries, local government and health departments. KIH-2 is managed by the Commonwealth's Office of Technology Network Operations Branch, which is responsible for the design, implementation, and support of the KIH infrastructure. The Core of the KIH-2 network is located at the Commonwealth Data Center, and is comprised of multiple Enterprise and Carrier class switches that are connected by Gigabit Ethernet. This network is extended to the Frankfort Metropolitan Area Network (MAN) over a fiber optic network. Furthermore, KIH-2 connects all 120 counties through a Wide Area Network (WAN) utilizing high-speed data circuits via an MPLS network.
Firewall - Tier I	FW10	The Commonwealth Office of Technology (COT) features two distinct firewall platforms as part of its network security service offerings. These two platforms are defined as Tier I Firewall Service and Tier II Firewall Service. COT offers two different platforms for firewall protection because of the diversity of security needs that exist among the different agencies that connect to KIH. The following is an Executive Summary of the differences in Tier I and Tier II firewall services. Tier I Firewall Service is designed to meet the needs of larger agencies that desire maximum proactive security services. This service utilizes Checkpoint Firewall-NG (the industry leader in firewall technology) based on Nortel's Alton Stateful Firewall (ASF); which runs on a hardened Linux Kernel. Tier I Firewall Customers receive 24x7x365 firewall support. Therefore, a Tier I Firewall solution provides the following security services.
Firewall - Tier II	FW20	The Commonwealth Office of Technology (COT) features two distinct firewall platforms as part of its network security service offerings. These two platforms are defined as Tier I Firewall Service and Tier II Firewall Service. COT offers two different platforms for firewall protection because of the diversity of security needs that exist among the different agencies that connect to KIH. The following is an Executive Summary of the differences in Tier I and Tier II firewall services. The Tier II Firewall Service is designed to meet the security needs of small to medium sized agencies or to serve as a departmental firewall behind an agency's Tier I solution. This solution primarily utilizes Nortel's Contivity Stateful Firewall due to its cost-effectiveness. However, a Checkpoint based ASF can be used to provide this service when higher throughput is a necessity. Tier II Firewall customers receive support directly from COT's Firewall Team through the Commonwealth Service Desk.
<b>Voice Communications Services</b>		
Voice Comm. - Local Service	VC10	The VC10 rate applies only to voice services provided via a Centrex phone circuit. Centrex lines are "normal" telephone lines which typically offer extended services like: Three-way calling for conference calls, call transfer to any telephone number, Caller ID (for a fee), Number Hunt, Voice mail (for a fee). Centrex services are available in Ashland, Bowling Green, Covington, Danville, E-town, Frankfort, Hazard, Hopkinsville, Lexington, Louisville, London, Madisonville, Owensboro, Paducah, Paintsville, Pikeville, Prestonsburg, Somerset, and Winchester. Many State office locations don't want to purchase and manage their own telephone system due to the capital investment, technical requirements, &/or time limitations. Three Kentucky local telephone companies offer PBX-like services to Kentucky State Government office locations, without requiring purchase of a telephone system. This is typically called "Centrex" service within the industry. Since local dial tone in the U.S. and Canada is already very inexpensive, Centrex is a very cost effective way to get the features of a PBX without having to buy a PBX.
Voice Comm. - Equipment Maintenance	VC40	Having agency staff located in a Centrex city does not automatically mean they are serviced by Centrex. COT can provide this information upon request by contacting the Commonwealth Service Desk.
Voice Comm. - Long Distance	VC50	Long Distance services consumed by a Centrex subscriber. Centrex services are available in Ashland, Bowling Green, Covington, Danville, E-town, Frankfort, Hazard,

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Hopkinsville, Lexington, Louisville, London, Madisonville, Owensboro, Paducah,  
Paintsville, Pikeville, Prestonsburg, Somerset, and Winchester.

Print Services		
Print - Hard copy	CP10	<p>A page is defined as 66 lines (with or without print) on a single side of paper COT Operations Services Branch is currently capable of printing Hard Copy Output originating from either the z/OS Mainframe system or a networked desktop or server. Network printing is currently limited to Server-driven application data. Please contact the Commonwealth Service Desk at (502) 564-7576 for clarification if needed.</p> <p>Agency z/OS Mainframe output is routed to Operations "BARR" system and printed at the Operations Center, located in the CHR Building.</p> <p>COT utilizes (3) Xerox HLC155 Highlight Color printers. These devices are capable of print speeds up to 155 pages per minute (8.5" X 11" pages) and accept a variety of tock papers and sizes, including most special forms and labels.</p>
Professional Services		
Application Development	CS10	<p>Application development services are provided within the structure of an established Product Development Process (PDP) which is based on the Project Management Institute's "Project Management Body of Knowledge" (PMBOK), and follows industry standard Project Management Lifecycle and System Development Lifecycle methods. Application development services cover a broad spectrum that includes programming, analysis and project management services.</p>
Project Management	CS20	<p>COT's Enterprise Office of Technology employ staff that are skilled in project management and portfolio management tools and techniques. EOT staff can assist agencies in selecting projects and managing their project portfolios. EOT staff can also serve as the project manager for an entire project or for only those portions of a project for which COT has specific responsibility.</p>
Infrastructure Consulting	CS30	<p>The CS30 service provides agencies with access to COT support staff on an hourly billable basis. This rate can be applied to a large number of IT support services that are not already included in one of the other rated services.</p>
Infrastructure Installation	CS40	<p>The CS40 service provides agencies with access to COT support staff on an hourly billable basis. This service allows an agency to procure COT staff to provide necessary infrastructure installation services as needed.</p>
Pass-Through		
Pass Through of charges	PTA0	<p>. Pass Thru equates to any activity/materials supplied through COT to CHFS that is not covered in a Rated Service.</p>

\* All monthly circuit costs, including fiber and dialup, will be a pass thru to the appropriate agency.

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Attachment C

August 2013 Activity which would post in June in the production cycle.													
Row Label	CP10	MN10	MN20	MN30	MN40	PTA0	ST10	ST30	ST40	Grand Total	Test Output	GT to test	Total of both amounts
ZAAL	67,794.54	14,079.75	154.34	49,792.87	407,309.35	5,734.00	2,976.17	36,846.09	3,996.28	588,683.40	(588,683.40)	(0.00)	
ZAAM	369.66	35.62		1,368.09	3,462.36			86.31	5,138.09	10,460.13	(10,460.13)	(0.00)	599,143.53
Results of	TOTAL	RATE	FED SHARE	STATE SHARE									
ZABN_Foo	278,410.01	50/50	139,205.01	139,205.01									
ZACK_Mec	296,794.53	50/50	148,397.27	148,397.27									
ZADC_Sta	1,757.10	0/100		1,757.10									
ZAGY_TAN	22,181.88	100/0	22,181.88										
OUTPUT	599,143.52		309,784.15	289,359.37									
INPUT	599,143.53												
Variance	0.01	Due to Rounding.											

12.6 Operational Cost Allocation Procedures for Kentucky’s Eligibility and Enrollment system, Integrated Eligibility and Enrollment Solution (IEES).

System Cost Allocation

As allowed for under the Affordable Care Act (ACA), Kentucky expanded the Medicaid population to non-elderly adults with income at or below 138% of the federal poverty level (FPL) and has built a new Eligibility and Enrollment (E&E) system to support Kentucky’s implementation of the ACA including the new insurance affordability programs that are administered via the E&E system. This new system is called Integrated Eligibility and Enrollment Solution (IEES) System.

Cabinet for Health and Family Services (CHFS) developed and formulated the Operational Cost Allocation Methodology (CAM) related to the IT functions for federal review and approval that reflects the most accurate model to allocate the current system and operating environment and can be best supported by data. The Methodology is outlined in the information below.

The Maintenance and Operational (M&O) Cost Allocation Plan is based on the principles of OMB circular A-87 and other CMS guidance. The approach devised is founded on a sound methodology of utilizing the membership served and system resource usage. The underlying allocation of system related costs will be based on a review of all line items and appropriately classifying the components and allocating costs based on the benefiting programs. The cost allocation plan for items that are utilized by all programs is based on a three step process as follows:

**Step 1 – Membership Served**

IEES will support several HHS programs including the State Based Exchange on Federal Platform (SBE-FP) insurance affordability programs. As the SBE-FP is not eligible for federal funding for operations, the cost allocation principle was applied based on the total membership served for the non-federal program (SBE-FP) versus the membership served for the programs eligible for Federal Financial Participation (FFP) such as Medicaid, SNAP, Medicaid Waiver Management Application (MWMA), CHIP, TANF and Child Care Assistance Program (CCAP). The total membership for each program is broken down and depicted in the Step 1 table under the column titled “Membership Served”. Member counts were used for Step 1 and will be updated annually. The non-federal membership served is 84,404 out of a total population served of 2,198,865 accounting for 3.84% of the total population served under the IEES. Table 1 represents an example of how costs will be allocated in step 1 of the allocation process. (Note: Budget Total in red will be populated with the appropriate amount; the total in red is not the accurate amount but has been used to demonstrate the methodology).

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**Table 1**

Total Estimated Project Budget					\$10,000,000.00
<b>Step 1 - Federal vs Non-Federal</b>					
Program Code	Program	Match Rate	Membership Served	Allocation Percentage	Share Amount
ACA	Affordable Care Act	0%	84,404	3.8385%	\$383,852.58
State Only Programs with no FFP (SBE-FP) Subtotal			84,404	3.8385%	\$383,852.58
MED	Medicaid	75% or 50%	1,236,964		
SNAP	Supplemental Nutritional Assistance Program	50%	761,750		
MWMA	Waiver	75%	21,983		
CHIP	Children's Health Insurance Program	100%	27,891		
KTAP	Kentucky Transitional Assistance Program	100%	40,941		
CC	Child Care	100%	24,932		
Programs with FFP Subtotal			2,114,461	96.1615%	\$9,616,147.42
<b>Total</b>			<b>2,198,865</b>	<b>100.0000%</b>	<b>\$10,000,000.00</b>

**Step 2 – Resource Usage**

The next step for the cost allocation methodology is based on system resource usage and the membership served. As indicated in the current calculation for table 1 for the total percentage of FFP benefiting programs, 96.16% of the total will be applied in step 2 which accounts for the percent of membership served in the FFP programs (100% minus 3.84% for non-Federal funded Exchange programs). This calculation will be applied to both the projected budget amounts that are submitted in the annual IAPDU as well as the appropriate actual expenditures for operational costs. The resource usage is based on the distribution of all system components of the E&E system (including screens and widgets) and is broken down by the federal programs they are used by. The resource usage for each federal program served by the E&E system is depicted in the example in Table 2 table under the column titled “System Resource Utilization”. The overall program utilization index is then calculated by multiplying the “Membership Allocation Percentage” by the “System Resource Utilization”. An Overall Cost Share of FFP and the Cost Share Amount for each program is then calculated as outlined below in table 2.

**Table 2**

Program Code	Program	Match Rate	Membership Served	Membership Allocation Percentage	System Resource Utilization	Overall Program Utilization Index (E*F)	Overall Cost Share of FFP	Cost Share
MED	Medicaid	75% or 50%	1,236,964	58.5002%	1,265	740.02758	66.2003%	\$6,365,920.94
SNAP	Supplemental Nutritional Assistance Program	50%	761,750	36.0257%	975	351.25086	31.4217%	\$3,021,556.60
MWMA	Waiver	75%	21,983	1.0397%	100	1.03965	0.0930%	\$8,943.36
CHIP	Children's Health Insurance Program	100%	27,891	1.3191%	266	3.50870	0.3139%	\$30,182.79
KTAP	Kentucky Transitional Assistance Program	100%	40,941	1.9362%	976	18.89768	1.6905%	\$162,563.08
CC	Child Care	100%	24,932	1.1791%	266	3.13646	0.2806%	\$26,980.65
Programs with FFP Subtotal			2,114,461	100.0000%	3,848	1,117.86093	100.0000%	\$9,616,147.42

**Step 3 – Medicaid Costs Allocated with the Proper FFP**

Because there is different FFP used within the Medicaid program, Medicaid costs will be further broken down based on the funding rules within the Medicaid program. Step 3 will allocate the costs appropriately broken down within different allowed FFP rates (90/10, 75/25, 50/50) based on the guidelines of the category of the item supporting the Medicaid program.



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12.7 Cost Allocation Procedures for TWIST System Operational Costs

TWIST became operational on April 1, 1999. Only approved items in the APDU will be charged as SACWIS developmental costs. All other costs are operational costs. Costs that are identifiable as 100% SACWIS are charged directly to a SACWIS sub function. Costs that are identifiable as 100% adult protection are charged directly to a state funded TWIST sub function. Costs that are both child and adult related are charged to clearing account sub function. The costs in the TWIST clearing account are allocated monthly to the SACWIS sub function and the Adult State funded sub function based on the monthly TWIST Report TWS-M122. This report counts the number of active programs/subprograms run in TWIST during the month. The count is divided between CPS (SACWIS) and APS (Adult) and calculates the monthly percentage for each one.

<b>TWS-M122 5/16/2018</b>	<b>TWIST System Resources Allocation (04/01/2018 to 04/30/2018)</b>				
<u>Region</u>	<u>Total # of Active Program/Sub</u>	<u>Total # of Active CPS Program/Sub</u>	<u>Total # of Active APS Program/Sub</u>	<u>Percentage of Program/Sub that is CPS</u>	<u>Percentage of Program/Sub that is APS</u>
Eastern Mountains	18,303	17,075	1,228	93.29	6.71
Jefferson	48,211	42,203	6,008	87.54	12.46
Northeastern	15,108	14,081	1,027	93.20	6.80
Northern Bluegrass	22,544	20,726	1,818	91.94	8.06
Salt River Trail	35,442	31,267	4,175	88.22	11.78
Southern Bluegrass	19,073	17,024	2,049	89.26	10.74
The Cumberland	18,761	16,629	2,132	88.64	11.36
The Lakes	20,483	17,790	2,693	86.85	13.15
Two Rivers	18,505	16,375	2,130	88.49	11.51
<b>Statewide</b>	<b>216,430</b>	<b>193,170</b>	<b>23,260</b>	<b>89.25</b>	<b>10.75</b>

The Department for Juvenile Justice does not have access to TWIST.

The Workers' Information System (TWIST) is the system that is used to process payments for children that are committed to the Cabinet for Health and Family Services (CHFS). Only those children who are entered into care have payments made through TWIST and only during the time frame of the Out of Home Care (OOHC) episode. In addition, levels of care, child's age, and number of days placed determine the per diem that is paid to the provider. Payments are entered on a daily basis by the regional billing specialists, and then on a weekly basis, usually Wednesday, they are batched through the check writer process in the electronic Management Administrative and Reporting System (eMARS) and depending on the preferred method, either a check or EFT is created in the appropriate eMARS application in order to process payments.

The requirements for processing check writer files in eMARS include:

- Payment validation to ensure required fields are provided.
- Accounting line validation to ensure proper accounting codes are utilized.
- Budget line validation to ensure sufficient funds are available.
- Capturing appropriate information for 1099 reporting.
- Creating a unique identifier for each check writer.

Six Checkwriter files are created in EMARS each week for TWIST.

Kentucky has submitted the “CCWIS Notification of Intent”. Kentucky selected the option to transition the current SACWIS to CCWIS.

#### 12.8 Sub-allocation for Family and Community Services (Program Code ZF)

Costs charged to the ZF Program are, in part, distributed to the Titles IV-E and XIX programs based on percentages derived quarterly from the Protection & Permanency Random Moment Sample (PPRMS) conducted monthly. The PPRMS procedures and the allocation of the PPRMS cost pool are described in detail in the RMS materials at the end of this chapter. The following procedure is employed to create and distribute the PPRMS cost pool.

A. All personnel costs and operating expenses including indirect costs charged to cost pool ZF for all divisions are accumulated into a single cost pool. The cost pool does not include maintenance or contract payments. Those costs will be reviewed for allow ability and added directly to the administrative or maintenance claim as appropriate.

B. The following costs are subtracted from that pool:

All personnel costs associated indirect charges, and operating expenses charged to any ZF program are charged to any Federal account other than Titles IV-B Subpart 1, IV-E, XIX and the Social Services Block Grant (SSBG). These subtractions will not exceed the amount of the Federal grant including the required non-federal contribution. Costs subtracted in Step A against any Federal Program category will be applied to this limit.

C. In the allocation procedure all allowable allocations to the Title IV-E administrative and training accounts are made to those accounts. Allocations to Title IV-B Subpart 1 may be made to that Title, the SSBG, or to State funds based on the availability of Federal Funds. Allocations to the SSBG may be made to that program or to State funds based on the availability of federal funds.

Allocation expense of PPRMS Targeted Case Management (TCM) activity codes will be assigned to an accumulative quarterly rate base, where an annual TCM monthly individual case rate will be calculated after the last quarterly fiscal year allocation. This rate methodology will result in TCM Medicaid fee-for service billing for eligible individuals. No quarterly FFP grant request will be made to Title XIX from the allocations made into the TCM rate base. This is the method used to accumulate allowable expense for TCM rate setting only. Allocation of PPRMS Rehabilitation activity code will be assigned to an accumulative quarterly Rehabilitation Service rate base. No quarterly Federal Funded Program (FFP) grant request will be made to Title XIX from this allocation into the Rehabilitation Service rate base. This is the method used to accumulate allowable expense for Rehabilitation rate setting only.

The Department for Community Based Services has an agreement with the State Department of Juvenile Justice (DJJ) that provides for payment of certain costs for foster care activities performed by DJJ staff. These costs are also subject to the PPRMS procedures and are accumulated to a DJJ cost pool that is included in the total cost allocation process. For DCBS purposes, the cost included in the DJJ cost pool are those costs of the workers that participate in PPRMS and central office administrative support costs

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applicable to the IV-E program. PPRMS procedures for DJJ are identical to those used by DCBS. DJJ is incorporated into the DCBS Cost Allocation Plan. An overview of the activities performed by DJJ that are being purchased by DCBS under this agreement are listed below.

1. Title IV-E Eligibility Determination – Staff performing any activity that contributes to making the determination of whether a child is eligible for participation in the Title IV-E Foster Care or Adoption Assistance program, or in any actions directed at gaining or collecting child support from an absent parent for a Title IV-E eligible child. This would not include assistance, collateral or written contacts with the Division of Child Support Enforcement.
2. Foster Care/Adoption Assistance Training eligible for 75% FFP– Staff is engaged in or preparing for training, either as a trainer or as a trainee. Included is training for foster care or adoptive home providers. The subject of the training should be directed to the development of skills utilized in programs for children and families.
3. Court Related Activity – Staff is engaged in any activity which contributes to preparing a report for the court, or preparing for or participating in a judicial proceeding involving a child.
4. Pre-Placement Services to Families and Children – Staff is engaged in in-home preventive services for children when the child is identified as a foster care candidate (see Appendix 4).
5. Preventive Services Case Management – A child is considered a preventive service case if a case plan has been completed and services are being provided to prevent out-of-home placement. Case management includes developing, monitoring, and updating plans for the health, safety and well-being of child welfare clients, and the activities are involved in providing them access to medical, social, educational, therapeutic, and other support services.
6. Foster Care Case Management – Staff is engaged in foster care case management, including emergency shelter, relative placements, group homes, residential care facilities, and reunification of the family. Case management includes developing, monitoring, and updating plans for the health, safety and well-being of child welfare clients, and the activities involved in providing them access to medical, social educational, therapeutic and other support services.
7. Plan of Care Approval and Review: Medicaid Rehabilitation Services – Staff should use this code when approving or reviewing a Medicaid Rehabilitation Services Plan of Care for children receiving services in an allowable placement.

The Kentucky DCBS Title IV-E Claim Standard Operating Procedures are attached at the end of the plan (Attachment VII). In addition, the Reconciliation of eMARS to the Title IV-E CB-496 Reports for Foster and Adoption Assistance is attached at the end of the plan (Attachment VIII).

# RANDOM MOMENT STUDY

## DEPARTMENT FOR COMMUNITY BASED SERVICES

### POLICIES AND PROCEDURES

## CABINET FOR HEALTH AND FAMILY SERVICES RMS IMPLEMENTATION PLAN

### 1. Introduction

Two random moment sampling systems are used to distribute direct costs appropriate to the various Family Support (FSRMS) and Protection and Permanency (PPRMS) programs and services administered by the Cabinet for Health and Family Services (CE-IFS), Department for Community Based Services. The random moment sampling systems represent some enhancements relative to the previously used Sampling Studies.

#### a) Identification of the Universe

A separate and distinct sampling universe has been defined for purposes of the RMS system. The universe is designed for the purpose of identifying direct service workers who are involved in day-to-day front line service provision -- within each county -- of all of the Division's Family Support and Protection and Permanency programs. The population covered by the individual RMS should consist of 1) all employees at the county, regional, or central office level (Children's Benefits Workers and Department for Juvenile Justice (DJJ) Internal Policy Analyst) who are directly involved in eligibility determinations, predeterminations, and/or case maintenance, or 2) employees who are directly involved with the provision of social services and/or case maintenance.

The following position classes have been determined to relate to these functions. Each month the roster of FSRMS and PPRMS positions is identified by the RMS Administrator. A copy of each position description is found in Appendix I. The PPRMS also includes social service staff from the Department of Juvenile Justice. The Juvenile Justice position classes are identified below and will be included in the Protection and Permanency RMS sample.

#### Family Support (FSRMS)

Case Management Specialist I

Case Management Specialist II

Case Management Specialist III

Family Support Specialist I

Family Support Specialist II

Family Support Specialist III

#### Protection and Permanency (PPRMS)

Social Services Aide I (CHFS only)

Social Services Aide II (CHFS only)

Social Services Aide III (CHFS only)

Social Services Clinician I (CHFS and DII)

Social Services Clinician II (CHFS and DII)

Social Services Worker I (CHFS and DII)

Social Services Worker II (CHFS and DE)

Children's Benefits Worker (CHFS)

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Internal Policy Analyst (DJJ only) - This is the classification used by DJJ for its equivalent of DCBS' Children's Benefits Worker  
Social Services Specialist (DJJ only)

All such positions noted above within the Department are eligible for inclusion in one of the two sampling universes.

b) Sampling Techniques

Two separate random samples of eligible Family Support and Protection and Permanency workers are drawn during the month preceding each month of the sampling quarter. The samples are generated using the facilities of an Excel workbook employing RANDBETWEEN functionality.

The RANDBETWEEN function generates 1,000 random "moments" for the month from combinations of the eligible pool of Family Support workers and available minutes during the sampling month. Likewise, the system generates 1,000 sample moments from combinations of Protection and Permanency workers and available minutes for the same period. Each sampled moment is identified on its respective control number reference list in chronological order by the name of the worker to be sampled at that particular point in time. Random moments are recorded in the RMS database in the following manner:

- Day: Standard workday during the year. Official Holidays are excluded. DCBS has a team of investigators who work Wednesdays through Sundays; 8:00 a.m. to 4:30 p.m. Moments assigned to these staff will be adjusted to directly correlate to the random moment. Example: Random moment falls on Tuesday at 2:45 p.m. The moment for the study will be adjusted to the 2<sup>nd</sup> workday (Thursday) at 2:45 p.m.
- Secondly, DCBS has a team that works 3:00 p.m. to 11:30 p.m., Monday through Friday. Moments assigned to these staff will be adjusted to directly correlate to the random moment. Example: Random moment falls on Tuesday at 2:30 p.m. The moment for the study will be adjusted to the 6.5 hours beyond the start of the workday; thus, the moment will be Tuesday at 9:30 p.m.
- Minute: Any minute between 8:00 a.m. and 4:30p.m. (See exceptions above for non-standard work hours)
- Worker: Any CHFS or DJJ direct service worker and benefits worker in the position classes listed above.

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The sampling will be taken by Strong Observers. The Strong Observer will be the immediate supervisor of the direct service employee to be sampled. Each Observer will have a backup. The following steps outline the procedure to be taken:

- 0 The observer asks the participant to describe the work in which he or she is engaged.
- 0 The worker describes exactly what activity he or she was doing at the time of the observation.
- 0 The observer asks questions if needed.
- 0 The observer determines the code and records it on the RMS form.
- 0 The participant indicates to the observer the case number, if applicable.
- 0 The worker initials and records the actual date and time that he or she was observed.

**When the worker is out of office:**

- 0 The observer leaves the RMS-4 form on worker's desk, with date and time of the moment marked.
- 0 When Family Support worker returns within 15 minutes or when the Protection and Permanency worker returns within 24 hours, the worker:
  - Records description of activity at the time;
  - Lists the case number, if applicable;
  - Initials the space provided on the RMS-4 form, along with the current date and time;
  - Returns the RMS-4 to the Observer.

If the RMS-4 is not completed within the timeframes above, then it is an invalid or missed sample.

Protection and Permanency workers (child welfare) are routinely in the field. In instances where this is the case at the random moment, the worker will refer to the 'Random Moment Sampling Recall' form. This form will be utilized by staff in the field to correctly state the activity and case when completing the RMS-4. This form must be attached to the RMS-4. See Attachment 7.

**Use of E-mail and Fax**

Since e-mail and fax messages are both auto-dated, they may be used when a worker is out of the office to write a description of his/her activity and to list a case number. Attach the e-mail or fax to the RMS-4 form.

- Return the form to observer immediately or by close of business next working day.

**Use of Phone**

- If the worker will be out of the office more than 24 hours and does not have e-mail or fax, the observer may phone the worker to record the RMS observation.
- If the worker cannot determine what was performed at the scheduled moment, the worker writes "missed" on the RMS form
- If the supervisor/observer and back-up will be out of the office at the time of the scheduled observation ("Hit"), it is the responsibility of the supervisor to arrange for a **secondary back-up** to assure timely completion of the RMS observation.

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Given the eligible Family Support workers and 1,000 sample moments, each worker cannot be sampled monthly. The same holds true for the Protection and Permanency universe of workers as there are more direct service staff than there are random moments in the month.

The RMS Administrator generates control listings of randomly selected moments as follows:

1. Prepare the Worker List: Obtain the latest worker list in Excel format. Edit this list to contain only the columns needed for the RMS database, e.g., Worker Name, Supervisor Name, Region, and Office. Number the workers sequentially in Column A. Assure that every worker has a unique number and no number appears next to a blank line. Save the edited worker list.
2. Start the New Database: Open the master RMS file (RMS EXAMPLE.XLS) Immediately re-save the file with a new name, preferably the name of the new quarterly database, e.g., (save as: JAN-MAR 2006.XLS). Now when you save this file, you will not contaminate the original master file. All remaining work is with the new file.
3. Import the Worker List: Copy the edited worker list which you prepared in Step 1 into the new spreadsheet in the tab/worksheet named WORKERS. Assure that the workers are numbered sequentially in column 1, and that the numbers stop with the last worker. NOTE the number of workers in the list. Re-save the file.
4. Set the RMS Parameters: Go to the RMS tab or worksheet. In the brown section at the top, change the parameters in the same format as shown. Show the agency and quarter to which this spreadsheet applies the start and end dates for random moments, the start and end times for the observations, and the number of workers in the worker list. Re-save the file.
5. Generate Random Moments: Press the F9 key several times to generate random moments. The entire table will change with each press, since every cell in the yellow section is randomly re-selecting a number within the parameters, and the lookup functions in the green section are assigning the appropriate information to the randomly-selected worker numbers. Re-save the file.
6. Freeze the Database: Now highlight & copy the entire spreadsheet, then paste over the same area using the command "paste-special-values." This replaces all the formulas with the actual values shown. The spreadsheet is now fixed. The F9 key will not change it, and randomization functions are defunct Delete the rightmost column labeled RANDOM OPERATORS, which is no longer functional. Re-save the file.
7. Remove Excluded Moments: (a) Sort the database by OBSERVATION DATE. Delete all lines which fall on dates to be excluded from the time study, e.g., weekends and holidays. (b) Re-sort the database by OBSERVATION TIME. Delete all lines which fall in excluded times, e.g., the lunch hour. (c) Re-sort the database by OBSERVATION #. This step is critical because it re-establishes the original random order prior to the next steps. (d) Re-number Column A (OBSERVATION #) sequentially in hard numbers (no formulas). (e) Go down to the observation number representing the target number of observations (e.g., 2401) and delete all lines below that number. (f) Re-save the file. This is your final RMS observation database for the quarter.
8. Distribute Moments and Enter Observations: Distribute all or portions of the spreadsheet to



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appropriate supervisors, managers, etc., and collect the observations. Enter all observations into the blue column of the spreadsheet and re-save repeatedly. Code counts will be tallied automatically in the blue area above the blue column. Save the completed file and a secure back-up, including all tabs/worksheets, as your official electronic record of the quarterly time study.

c) Sample Period

The sample collection period is for a one-month period and costs are accumulated on a quarterly basis. Costs are distributed to the various programs using the quarterly RMS percentages. The sample pull is executed prior to each month within the federal reporting period. Enough lead time is permitted to enable the RMS Administrator to draw the sample and distribute control lists and forms to Sample Takers so that observations can be administered to direct workers in a timely fashion.

d) Confidence Level and Precision

The RMS system has been designed to permit a level of precision at +/- two percent with a ninety-five percent confidence level. For activities with expected rates of occurrence less than five percent, precision is reduced to +/- five percent. However, the confidence level will remain at ninety-five percent regardless of the expected rate of occurrence.

e) Sample Size

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

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

**Where:**

- N = sample size
- P = maximum anticipated rate of occurrence of the activities being observed
- SE = desired sample precision (sampling error)
- z = 1.96 for 95 percent confidence level

In addition, a standard over-sampling factor of ten percent has been added in order to compensate for worker transfers and terminations. The calculation of minimum sample size is based on the highest expected rate of occurrence of any one activity. As long as the maximum occurrence rate does not exceed fifty percent, this will avoid the need to subsequently increase sample size in order to maintain the mandated precision and confidence levels. For example, if the highest incidence of occurrence of any activity is thirty percent then:

$$n = \frac{.30(1-.30)}{\left(\frac{.02}{1.96}\right)^2} = 2017$$

The above equation assumes a population from which the sample is drawn to be larger than one hundred workers. The current statewide sample size is 3,000 observations per quarter deriving from 1,000 observations per month.

f) Application of RMS Results

Both systems recognize that there exist certain service/activity or program/activity combinations that should be reported separately as unallowable activities or exclusively assignable activities to a given cost objective. This results in a valid combination matrix for FSRMS (see Appendix 5) and for PPRMS (see Appendix 6). RMS Sample Takers who complete the RMS observation documentation are provided a valid combination matrix with all non-valid combinations shaded and an "X" used to identify valid combinations or responses. The valid combination matrix removes the program identification from Appendix 3 and Appendix 4.

Invalid responses are defined as a sample drawn for a vacant (not filled) position or a non-response, cannot locate employee or employee not scheduled to work at time of the sample.

The final program summary represents the absolute percentage of time observed for each service area after commonalties have been excluded and non-specific responses have been properly redistributed. The "common hits" are redistributed in the same proportion as the RMS program hits. Common hits are general administrative activity codes, lunch, breaks, leave and not scheduled to work at time of sample.

The effective date for the two RMS systems is October 1, 2006 for use beginning with the first federal fiscal quarter of FFY 2007. Ongoing modifications are made as appropriate due to program changes and federal review.

**APPENDICES:**

1. Position Descriptions
2. RMS Instructions via Excel
3. Family Support RMS Instructions
4. P&P RMS Instructions
5. Family Support Cost Allocation Matrix and Valid Combinations
6. P&P Cost Allocation Matrix and Valid Combinations
7. RMS-1 Random Moment Sample
8. RMS-4 Observer and Worker Document
9. RMS-4a Random Moment Sampling Recall

## **POSITION DESCRIPTIONS**

### **DJJ**

#### **SOCIAL SERVICE CLINICIAN I**

Performs intensive and/or therapeutic counseling to troubled/multi-problem families of juveniles. Plans methods to aid in families remaining intact as self-reliant. Prepares *case* plans and keeps confidential documents. Prepares reports to the court and others as required. Gives relevant expert testimony when needed. Coordinates placement of committed juveniles and provides support/intensive counseling to families and juveniles while juveniles are in substitute living arrangements. Attends training, seminars, and other conferences to perfect counseling and therapy skills. Attends staff meetings.

#### **SOCIAL SERVER CLINICIAN II**

Accepts referrals of juvenile offenders. Maintains an active caseload. Determines the needs of the juvenile and family and provides intensive counseling services. Identifies community resources. Coordinates case conferences. Schedules conferences and meeting with appropriate individuals to set plans for juvenile in out-of-home placements. Provides written reports to the courts and testifies as necessary. Maintains juvenile records and keeps case records up-to-date. Completes all reports as required. Completes other assignments as directed including assisting with training and serving as interim supervisor.

#### **SOCIAL SERVICE WORKER I**

Under direct supervision. Provides case responsibility for probated/committed delinquent juveniles. Provides consistent contact with families and other agencies. Secures placements and monitors said placement for committed juveniles. Assesses juvenile's needs and makes referrals. Records substance of all contacts. Maintains case records and completes forms and other agency reports. Registers clients into the DJJ computer system and reports services activities. Completes other statistical reports as needed.

#### **SOCIAL SERVICE WORKER II**

Provides case responsibility for probated/committed delinquent juveniles. Provides consistent contact with families and other agencies. Accepts referrals and interviews clients. Secures placements and monitors said placements for committed juveniles. Assesses juvenile's needs and makes referrals. Assesses and provides training for clients and staff. Records substance of all contacts. Maintains case records. Completes forms and agency reports. Registers clients into the DJJ computer system and reports services activities. Completes other statistical reports as needed.

#### **SOCIAL SERVICES SPECIALIST**

Performs intensive and/or therapeutic counseling to troubled/multi-problem families of juveniles. Plans methods to aid in families remaining intact as self-reliant Prepares case plans and keeps confidential documents. Prepares reports to the court and others as required. Gives relevant expert testimony when needed. Coordinates placement of committed juveniles and provides support/intensive counseling to families and juveniles while juveniles are in substitute living arrangements. Attends training, seminars, and other conferences to perfect counseling and therapy skills. Attends staff meetings.

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**INTERNAL POLICY ANALYST**

Identifies major policy issues regarding mandatory benefits for juveniles in out-of-home care. Reviews legal opinions, court decisions, regulations, statutes and proposed legislation from the Social Security Administration and state agencies to determine 'impact on agency programs. Coordinates the development of policy and procedures with the Juvenile Services District Supervisor in the region relating to benefits for youth. Reviews juvenile's trust funds to insure budgetary and federally mandated requirements are met. Assists in the design of juvenile's benefits policy, procedure and forms. Serves as branch liaison between field staff and other state and federal agencies. Reviews and obtains statistics pertaining to number of juveniles in Juvenile Justice receiving mandatory benefits and impact funds will have on the department. Provides technical assistance to staff regarding mandatory benefits for juveniles in out-of-home care. Reviews information regarding Title IV-E and forwards to Community Based Services Benefits Workers on potentially eligible IV-E juveniles. Makes medical card applications, applies for charge of payee for Social Security and SSI benefits on behalf of committed youth.

**FAMILY SUPPORT**

**CASE MANAGEMENT SPECIALIST I**

Interviews clients/applicants for KTAP and related programs directed toward family self-sufficiency. Completes appropriate forms and gathers required documentation to determine eligibility. Provides family-centered services under direct supervision including needs assessment and explanation of agency services. Negotiates and develops an employment focused transitional assistance plan designed specifically for each family. Learns to screen for risk factors and /or barriers. Identifies resources and leans to make appropriate referrals while ensuring coordinated services. Maintains contact with the participant/family and monitors progress toward goals. Maintains case records. Authorizes or arranges with participants for support services during participation in the Kentucky Works Program. Makes home visits, if necessary.

**CASE MANAGEMENT SPECIALIST II**

Interviews clients/applicants for KTAP and related programs directed toward family self-sufficiency. Completes appropriate forms and gathers required documentation to determine eligibility. Maintains contact with each participant to monitor and evaluate the effectiveness of progress toward set goals. Schedules and conducts needs assessment based on the participant history and current situation and screens for risk factors and barriers. Develops participants transitional assistance plans based on their needs and capabilities. Encourages and assists clients with the exploration of work opportunities. Authorizes or arranges with participants for support services during participation in the Kentucky Works Program. Makes home visits, if necessary.

**CASE MANAGEMENT SPECIALIST III**

Interviews clients/applicants for programs directed toward family self-sufficiency. Completes appropriate forms and gathers required documentation to determine eligibility. Assists with training new staff and with review of the work of others. Maintains contact with each participant. Monitors and evaluates effectiveness of progress toward goals. Assists participant in the development of problem solving skills. Schedules and conducts needs assessment based on participants history and current situation and screens for risk factors and barriers. Solicits information and develops participants transitional assistance plans based on their needs and capabilities. Responds to participant/provider questions regarding policy and procedure. Encourages and assists clients with the exploration or work opportunities. Makes referrals to agencies/employers for job readiness, job development, and job placement. Coordinates participant activities with provider agencies to ensure services are continuous and complimentary and collaborates with community partners.

#### **FAMILY SUPPORT SPECIALIST I**

Interviews clients for basic public assistance programs. Gather, completes and reviews required documentation: to make eligibility determinations. Participates in formal training and on-the-job training and observes tenured staff. Provides supportive services in the form of financial assistance for child care, transportation, and employment related expense. Tracks processing deadlines for timely case activity. Learns to identify community resource and makes appropriate referrals. Learns to operate personal computer equipment. Prepares and maintains case records.

#### **FAMILY SUPPORT SPECIALIST II**

Interviews clients for basic public assistance programs. Completes appropriate forms. Gathers required documentation. Reviews and verifies information received. Operates computer terminals and personal computers. Inputs information gathered during the interview process. Updates files and records. Communicates via computer. Participates in formal class room training sessions. Gathers information to be used in responding to inquiries about cases. Identifies resources and makes appropriate referrals. Provides supportive services in the form of financial assistance for child care, transportation, and employment related expense. Tracks processing deadlines for timely case activity and case hearings. Maintain case records.

#### **FAMILY SUPPORT SPECIALIST III**

Reviews the work of the Family Support Specialist I. Interview clients for basic public assistance programs. Completes appropriate forms. Gathers required documentation. Reviews and verifies information received. Operates computer terminals and personal computers. Inputs information gathered during the interview process. Updates files and records. Communicates via computer as needed. Participates in formal class room training sessions. Performs some on the job training. Gathers information to be used in responding to inquiries about cases. Identifies resources and makes appropriate referrals. Provides supportive services in the form of financial assistance for child care, transportation, and employment related expense. Tracks processing deadlines for timely case activity and case hearings. Maintains case records. Other duties as assigned.

### **PROTECTION AND PERMANACY**

#### **SOCIAL SERVICE AIDE I**

Provides support services to Social Service Workers, clients and client's families Assists clients in filling out documents/application such as SNAP, KTAP, housing, medical history, etc. Provides instructions to clients in areas such as nutrition, hygiene, parenting, housekeeping, and child development. Transports clients to various appointments. Documents home visits, transportation needs, medical appointments, etc. Attends training. Other duties as assigned.

#### **SOCIAL SERVICES AIDE II**

Provides support services to Social Service Workers, clients and client's families. Assists clients in filling out documents/applications such as SNAP, KTAP, housing, medical history, etc. Provides instructions to clients in areas such as nutrition, hygiene, parenting, housekeeping, and child development. Transports clients to various appointments. Arranges Social Service Worker's court appearances and testifies in court when involved in a specific case. Notifies parties regarding court appearances. Provides in-home observations and assists the SSW in development of case plans. Supervises visitation between foster children and birth parents and documents the interaction. Enters data into the computer system. Other duties as assigned.

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**SOCIAL SERVICE AIDE III**

Coordinates, assigns and monitors work activities of staff assigned to the transport team. Reviews/evaluates request for transportation to determine employees resources required to provide service in the most practical and efficient manner. Works in cooperation and communication with other agency staff and collateral agencies in the development of transportation schedules. Serves on committees and participates in interagency forums relating to transportation issues. Other duties as required.

**SOCIAL SERVICE CLINICIAN I**

Provides family or community based services including child protection, adult protection, adoption services or guardianship services for the disabled. Provides therapeutic counseling, advocacy and/or case coordination for individuals and/or families experiencing server problems. Develops service objectives and service plans. Makes appropriate referrals. Provides and coordinates needed services. Coordinates placements of children and adults and provides post-placement services to the family and advocacy for the individual\_ Serves as a resource person for staff, foster parents service providers, courts, service agencies and volunteers. Prepares court reports. Provides expert testimony at court hearings. Monitors conditions set by the court. Provides written documentation of visits and recommends follow-up. Maintains current and confidential case records. Enters data into the computer. Other duties as assigned.

**SOCIAL SERVICE CLINICIAN II**

Serves as interim supervisor in the absence of the office supervisor. Provides expert advice on complex cases. Provides family or community based services including child protection, adult protection, adoption services or guardianship services for the disabled. Provides therapeutic counseling, advocacy and/or case coordination for individuals and/or families experiencing server problems. Develops service objectives and service plans. Makes appropriate referrals. Provides and coordinates needed services. Coordinates placement of children and adults and provides post-placement services to the family and advocacy for the individual. Provides documentation of visits and recommends follow-up. Serves as a resource person for staff, foster parents, service providers, court, service agencies and volunteers. Prepares court reports. Provides expert testimony at court hearings and monitors conditions set by the court. Maintains current and confidential case records. Enters data into the computer. Other duties as assigned.

**SOCIAL SERVICES WORKER I**

Under direct supervision. Interviews clients and explains or interprets agency services. Provides family/community based services including child protection, adoption services or residential treatment for emotionally disturbed/behavior disordered children. Investigates complaints of abuse/neglect of children, spouse and/or adults. Makes home visits. Assesses the need for services and provides on-going family based services. Develops service objectives and service plans. Make appropriate referrals. Provides and coordinates needed services. Works as a member of a team to ensure unified service provision. Prepares court reports testified at court hearings and/or monitors conditions set by the court. Enters data into computer system. Maintains records. Other duties as assigned.

**SOCIAL SERVICE WORKER II**

Provides family/community based services including child protection, adult protection, adoption services, and guardianship services for the disabled or residential treatment for emotionally disturbed/behavior disorder children. Investigates complaints of abuse/neglect of children, spouses and/or adults. Makes home visits. Assesses the need for services and provides on-going family based services. Accepts referrals. Interviews clients and explains or interprets agency services. Develops service objectives and service plans. Makes appropriate referrals. Provides and coordinates needed services. Coordinates placement of children and adults

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and provides post-placement services to the family and advocacy for the individual. Works as a member of a team with paraprofessionals and professional staff to ensure unified service provision. Prepares court reports. Provides expert testimony at court hearings and/or monitors conditions set by the court. Enters data into computer system\_ Maintains records. Other duties as assigned.

#### CHILDREN'S BENEFITS WORKER

The Children's Benefits Worker (CBW) holds responsibility for determining benefits for all children placed in the temporary custody of, or committed to, the Department for Community Based Services. This population is inclusive for all children whose parental rights have been terminated and wards of the state as well as children experiencing public agency adoption. The CBWs main role is to determine Title IV-E eligibility for these children. These staff capture and maintain all audit documentation required to perform timely and accurate redeterminations of reimburse ability through a 12-month look-back process. All children who are IV-E eligibility are entitled to Medicaid. The CBWs establish and recertify the Medicaid case for the children annually or as needed based on changes to the child's situation. The CBWs also establish and maintain Medicaid eligibility on non-Title IV-E children as the KY Medicaid State Plan provides that entitlement to children in Foster Care. The CBWs work daily with child welfare workers to gather and track the information necessary to establish and maintain current records on eligibility. They provide training on Title IV-E and send notices to social workers on upcoming due dates such as the annual permanency reviews and redetermination factors that need updating.

## HOW TO CONDUCT AN R.M.S. VIA AN EXCEL SPREADSHEET

### OVERVIEW

The enclosed spreadsheet RMS EXAMPLE.XLS is an Excel application which enables the assignment of random moments (dates and times) to a list of workers. This example randomly selects workers from the worker list "with replacement," i.e., so that any worker may be randomly selected any number of times or not at all. It assigns dates randomly within the date frame set (e.g., a calendar quarter), and assigns observation times randomly within the timeframe se (e.g., 8:30 AM to 4:30 PM).

The spreadsheet construction is simple, utilizing three EXCEL functions:

=RANDEBETWEEN ()            -- the random selection function in the yellow columns.  
=LOOKUP ()                 -- the data fill functions in the green columns  
=COUNTIF ()               -- the code result tally in the blue columns.

The worksheet operations are easy to understand:

1. The data, time, and worker number parameters are entered in the brown sections.
2. The yellow column generates random numbers within these parameters and displays the results in applicable date, time, and number formats.
3. The green columns look up the worker number and fill in the worker information from the worksheet (tab) names WORKERS.
4. The blue column is for entry of the observation codes, which are tallied with the function -COUNTIF ( ) at the top of the page.

### HOW TO DO IT

Following are the steps for using this spreadsheet to generate a quarterly RMS and record the results.

1. **PREPARE THE WORKER LIST:** Obtain the latest worker list in Excel format. Edit this list to contain only the columns needed for the RMS database, e.g., Worker Name, Supervisor Name, Region, and Office. Number the workers sequentially in Column A. Assure that every worker has a unique number and no number appears next to blank line. Save the edit worker list.
2. **START THE NEW DATABASE:** Open the master RMS file (RMS EXAMPLE.XLS). Immediately re-save the file with a new name, preferably the name of the new quarterly database, e.g., (save as: JAN-MAR 2006.XLS). Now when you save this file, you will not contaminate the original master file. All remaining work is with the new file.
3. **IMPORT THE WORKER LIST:** Copy the edited worker list which you prepared in Step 1 into the new spreadsheet in the tab/worksheet named WORKERS. Assure that the workers are numbered sequentially in column 1, and that the numbers stop with the last worker. NOTE the number of workers in the list. Re-save the file.



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4. **SET THE RMS PARAMETERS:** Go to the RMS tab or worksheet. In the brown section at the top, change the parameters in the same formats as shown. Show the agency and quarter to which this spreadsheet applies the start and end dates for random moments, the start and end times for the observations. And the number of workers in the worker list. Re-save the file.
5. **GENERATE RANDOM MOMENTS:** Press the F9 key several times to generate random moments. The entire table will change with each press; since every cell in the yellow section is randomly re-selecting a number within the parameters, and the lookup functions in the green section are assigning the appropriate information to the randomly-selected worker numbers. Re-save the file.
6. **FREEZE THE DATABASE:** Now highlight & copy the entire spreadsheet, then paste over the same area using the command "paste-special-values." This replaces all the formulas with the actual values shown. The spreadsheet is now fixed. The F9 key will not change it, and randomization functions are defunct. Delete the rightmost column labeled RANDOM OPERATORS, which is no longer functional. Re-save the file.
7. **REMOVE EXCLUDED MOMENTS:** (a) Sort the database by OBSERVATION DATE. Delete all lines which fall on dates to be excluded from the time study, e.g., weekends and holidays. (b) Re-sort the databases by OBSERVATION TIME. Delete all lines which fall in excluded times, e.g., the lunch hour. (c) Resort the database by OBSERVATION #. This step is critical because it reestablishes the original random order prior to the next steps. (d) Re-number Column A (OBSERVATION #) sequentially in hard numbers (no formulas). (e) Go down to the observation number representing the target number of observations (e.g., 2401) and delete all lines below that number. (f) Re-save the file. This is your final RMS observation database for the quarter.
8. **DISTRIBUTE MOMENTS AND ENTER OBSERVATION:** Distribute all or portions of the spreadsheet to appropriate supervisors, managers, etc., and collect the observation. Enter all observations into the blue column of the spreadsheet and re-save repeatedly. Code counts will be tallied automatically in the blue area above the blue column. Save the completed file and a secure back-up, including all tabs/worksheets, as your official electronic record of the quarterly time study.

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WORKER #	WKR. NAME	REGION	OFFICE	SUPERVISOR	COORDINATOR
534	KEVIN D ADAMS	Eastern Mountain	098	Carmela Perkins	Kathy Howard
535	TONI D COLEMAN	Eastern Mountain	098	Carmela Perkins	Kathy Howard
536	AMY LAWSON	Eastern Mountain	098	Heather Damron	Kathy Howard
537	CHARL'E M DEBOARD	Eastern Mountain	098	Heather Damron	Kathy Howard
538	DONNA J HOLBROOK	Eastern Mountain	098	Heather Damron	Kathy Howard
539	KRYSTAL M DEAN	Eastern Mountain	098	Heather Damron	Kathy Howard
540	MARK D FANNIN	Eastern Mountain	098	Heather Damron	Kathy Howard
541	PENNY R WHITETREE	Eastern Mountain	098	Heather Damron	Kathy Howard
542	TAWANNA L HUFFMAN	Eastern Mountain	098	Heather Damron	Kathy Howard
543	TIFFANY MARTIN	Eastern Mountain	098	Heather Damron	Kathy Howard
544	TONYA GEVEDON	Eastern Mountain	098	Heather Damron	Kathy Howard
545	JEREMIAH J FERRAN	Eastern Mountain	098	Heather Damron	Kathy Howard
546	KATHY LARDER	Eastern Mountain	098	LC Dobson/Pike	Kathy Howard
547	AMITY A COPLEY	Eastern Mountain	098	Dawnetta Dobson	Kathy Howard
548	ASHLEY M GILLIAM - RIFE	Eastern Mountain	098	Edwinna Stone	Kathy Howard
549	ANGELA NEELY	Eastern Mountain	098	Edwinna Stone	Kathy Howard
550	BECKY LAWSON	Eastern Mountain	119	Cathy Gay	Kathy Howard
551	ROBERT GRAY	Eastern Mountain	119	Cathy Gay	Kathy Howard
552	JENNIFER TOLSON	Eastern Mountain	119	Cathy Gay	Kathy Howard
553	APRIL HERALD	Eastern Mountain	119	Lisa Lemaster	Kathy Howard
554	KENNEDY BARRETT	Southern Bluegrass	034	LC Dobson/Wolfe	Kathy Howard
555	CHELSEA BLAKELY	Southern Bluegrass	034	Melissa Blakeman	Kathy Ray-Fayette
556	JEANA BINGHMAN	Southern Bluegrass	034	Virginia Jones	Kathy Ray-Fayette
557	JESSICA BREWER	Southern Bluegrass	034	Charlie Darrington	Kathy Ray-Fayette
558	TONISHA BROADUS	Southern Bluegrass	034	Georganna Gaunce	Kathy Ray-Fayette
559	CASEY BROWN	Southern Bluegrass	034	Shana Turner	Kathy Ray-Fayette
560	WHITNEY BROWN	Southern Bluegrass	034	Monica Bolin	Kathy Ray-Fayette
561	SARAH BRYANT	Southern Bluegrass	034	Rachelle Gardner	Kathy Ray-Fayette
562	ALICIA BURBAGE	Southern Bluegrass	034	Melissa Blakeman	Kathy Ray-Fayette
563	ALETHIA BURNS	Southern Bluegrass	034	Georganna Gaunce	Kathy Ray-Fayette
564	SCARLETT BURNETTE	Southern Bluegrass	034	Virginia Jones	Kathy Ray-Fayette
565	JOY BURTON	Southern Bluegrass	034	Shalanda Snowden	Kathy Ray-Fayette
566	CLARISSA CAMPBELL	Southern Bluegrass	034	Renae Hardin	Kathy Ray-Fayette
567	KAREN CALLAHAN	Southern Bluegrass	034	Krystle Wirth	Kathy Ray-Fayette
568	LEAMON CAMERON	Southern Bluegrass	034	Georganna Gaunce	Kathy Ray-Fayette
			034	Jennifer Walker	Kathy Ray-Fayette

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Random  
Operators

43206.00  
43235.00  
3333.33333  
6875.00000

**RMS Parameters**

Agency:	DCBS P&P
State Date	16-Apr-18
End Date:	15-May-18
Start Time:	8:00 AM
End Time:	4:30 PM
No. Workers:	1695

Observation #	Obs. Date	Obs. Time	Worker #	Worker Name	Region	Office	Supervisor	Code
96	16-Apr-18	8:23 AM	221	JENICE M DARLING	Two Rivers	005	Vickie Boles	I 3493.0000
97	16-Apr-18	8:40 AM	344	NIKKOLE SHELTON	Two Rivers	086	Misty Morgan	I 3615.0000
1	16-Apr-18	8:47 AM	109	ERIN POWELL	DJJ	W2	CHRISTINA DUNCAN	D 3664.0000
348	16-Apr-18	9:05 AM	598	ALEXANDRA HORN	Southern Bluegrass	034	Shalanda Snowden	J 3789.0000
349	16-Apr-18	9:11 AM	630	KENNETH PAYNE	Southern Bluegrass	034	Virginia Jones	EC 3830.0000
98	16-Apr-18	9:24 AM	305	DEBORAH MIDDLETON	Two Rivers	030	Debra Jacob	AC 3917.0000
837	16-Apr-18	9:28 AM	1533	ANITA B. DUPPS-HART	Cumberland	023	MELISSA DUDLEY	EC 3947.0000
484	16-Apr-18	9:31 AM	858	KENNETH BEAMS	Salt River Trail	047	Michele Bewley	AA 3948.0000
544	16-Apr-18	9:32 AM	1010	JESSICA MCQUEARY	Jefferson	07W	LISA BAKER	J 3972.0000
457	16-Apr-18	9:32 AM	787	Kelsey Biggs	Northeastern	010	John Lewis	J 3975.0000
934	16-Apr-18	9:42 AM	1609	BARBARA HARTLAGE	Salt River Trail	015	Jesse Brewer	EC 4043.0000
838	16-Apr-18	9:48 AM	1488	BELINDA L. COLLINS	Cumberland	118	JENNIFER WHITE	FC 4085.0000
99	16-Apr-18	9:50 AM	211	JERRI CLARK	Two Rivers	031	Mary Lindsey	FC 4101.0000
485	16-Apr-18	10:24 AM	818	SHANNON Kirby	Salt River Trail	078	Georgane Elmore	D 4339.0000
708	16-Apr-18	11:12 AM	1410	Heather Baxter	Northern Bluegrass	94	Lisa Rogers	EC 4673.0000
486	16-Apr-18	11:13 AM	819	REGINA JEANNIE HARDIN	Salt River Trail	078	Georgane Elmore	C 4679.0000
100	16-Apr-18	11:18 AM	192	LAUREN BREWER	Two Rivers	051	Susan Campbell	EC 4715.0000
709	16-Apr-18	11:28 AM	1355	Manissa Sisenstein ( Bradley )	Northern Bluegrass	21	Candice Kelley	I 4780.0000
409	16-Apr-18	11:45 AM	704	SUSAN JONES	Southern Bluegrass	25	JENNIFER BARNETT	AA 4902.0000
3	16-Apr-18	11:47 AM	11	ELIZABETH BERRY	DJJ	C3	TIM PETTY	AA 4916.0000
101	16-Apr-18	11:51 AM	192	LAUREN BREWER	Two Rivers	051	Susan Campbell	EC 4939.0000
545	16-Apr-18	11:53 AM	988	SHERRICE JACKSON	Jefferson	06W	BETH BACIGALUPI	J 4956.0000
646	16-Apr-18	12:02 PM	1129	Whitney Ladd	The Lakes	42	Karla High; Beth Ray	J 5020.0000
839	16-Apr-18	12:34 PM	1584	DIANNE L. STRINGER	Cumberland	027	VACANT	J 5239.0000
487	16-Apr-18	12:59 PM	846	JENNIFER MARYE	Salt River Trail	090	NICKIE HALL	J 5414.0000
547	16-Apr-18	1:22 PM	976	DENNIS HEFTON	Jefferson	02W	LATESIA MORRIS	J 5576.0000
4	16-Apr-18	1:39 PM	88	CAROLINE LOGAN	DJJ	E4	GAVIN RAMSEY	EC 5692.0000
238	16-Apr-18	2:23 PM	402	WENDY N LATHAM	CBWs	Albany	Jennifer Blair	B 5993.0000
102	16-Apr-18	2:33 PM	197	REBECCA BRYANT	Two Rivers	114	Kiesha Gray	FC 6065.0000
710	16-Apr-18	2:49 PM	1349	Shane Perkins	Northern Bluegrass	59	Felicita Quinones	J 6176.0000
458	16-Apr-18	2:52 PM	775	Nichole Williams	Northeastern	088	Callie Lewis	EA 6198.0000
350	16-Apr-18	2:54 PM	647	SARAH SIMPSON-WAGNER	Southern Bluegrass	034	Kelli Shore	J 6214.0000
459	16-Apr-18	3:31 PM	791	Kimberly Lail	Northeastern	081	Angelia Estep	FC 6472.0000
103	16-Apr-18	3:44 PM	172	BETHANY ALLBRIGHT	Two Rivers	005	Vickie Boles	I 6558.0000

# Commonwealth of Kentucky Cabinet for Health and Family Services

## Random Moment Sampling Instructions for Family Support Observers

**PURPOSE OF RANDOM MOMENT SAMPLING**

Random moment sampling is used to document staff effort in support of federal and state programs. Observations are taken at random times during the work day for individuals in the sample. Requested information will include identifying case information, if working on a case, the service area and the activity they happen to be engaged in at a randomly chosen moment. All responses of staff in the sample are used to determine the distribution of staff and overhead costs to various programs funded with state and federal dollars.

**JOB POSITIONS TO INCLUDE IN RMS**

**CASE MANAGEMENT SPECIALIST I** -Interviews clients/applicants for KTAP and related programs directed toward family self-sufficiency; completes appropriate forms and gathers required documentation to determine eligibility; provides family-centered services under direct supervision including needs assessment and explanation of agency services; negotiates and develops an employment focused transitional assistance plan designed specifically for each family; learns to screen for risk factors and/or barriers; identifies resources and leans to make appropriate referrals while ensuring coordinated services; maintains contact with the participant/family and monitors progress toward goals; maintains case records; authorizes or arranges with participants for support services during participation in the Kentucky Works Program; makes home visits, if necessary.

**CASE MANAGEMENT SPECIALIST II** -Interviews clients/applicants for KTAP and related programs directed toward family self-sufficiency; complete appropriate forms and gathers required documentation to determine eligibility; maintains contact with each participant to monitor and evaluate the effectiveness of progress toward set goals; schedules and conducts needs assessment based on the participant history and current situation and screens for risk factors and barriers; develops participants transitional assistance plans based on their needs and capabilities; encourages and assists clients with the exploration of work opportunities; authorizes or arranges with participants for support services during participation in the Kentucky Works Program; makes home visits, if necessary.

**CASE MANAGEMENT SPECIALIST III** -Interviews clients/applicants for programs directed toward family self-sufficiency; completes appropriate forms and gathers required documentation to determine eligibility; assists with training new staff and with review of the work of others; maintains contact with each participant; monitors and evaluates effectiveness of progress toward goals; assists participant in the development of problem solving skills; schedules and conducts needs assessment based on participants history and current situation and screens for risk factors and barriers; solicits information and develops participants transitional assistance plans based on their needs and capabilities; responds to participant/provider questions regarding policy and procedure; encourages and assists clients with the exploration or work opportunities; makes referrals to agencies/employers for job readiness, job development, and job placement; coordinates participant activities with provider agencies to ensure services are continuous and complimentary; and collaborates with community partners.

**FAMILY SUPPORT SPECIALIST I** -Interviews clients for basic public assistance programs; gather, completes and reviews required documentation to make eligibility determinations; participates in formal training and on-the-job training and observes tenured staff; provides supportive services in the form of financial assistance for child care, transportation, and employment related expense; tracks processing deadlines for timely case activity; learns to identify community resource and makes appropriate referrals; learns to operate personal computer equipment; prepares and maintains case records.

**FAMILY SUPPORT SPECIALIST II** -Interviews clients for basic public assistance programs; completes appropriate forms; gathers required documentation; reviews and verifies information received; operates computer terminals and personal computers; inputs information gathered during the interview process; updates files and records; communicates via computer; participates in formal class room training sessions; gathers information to be

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used in responding to inquiries about cases; identifies resources and makes appropriate referrals; provides supportive services in the form of financial assistance for child care, transportation, and employment related expense; tracks processing deadlines for timely case activity and case hearings; maintain case records.

**FAMILY SUPPORT SPECIALIST III** -Reviews the work of the Family Support Specialist I; interview clients for basic public assistance programs; completes appropriate forms; gathers required documentation; reviews and verifies information received; operates computer terminals and personal computers; inputs information gathered during the interview process; updates files and records; communicates via computer as needed; participates in formal class room training sessions; performs some on the job training; gathers information to be used in responding to inquiries about cases; identifies resources and makes appropriate referrals; provides supportive services in the form of financial assistance for child care, transportation, and employment related expense; tracks processing deadlines for timely case activity and case hearings; maintains case records; and other duties as assigned.

### **HOW TO COMPETE THE RMS HIT**

*Samples will be drawn during the workday by individual and sample moment. This process will be completed by the "State RMS Administrator" in DCBS Central Office. The State RMS Administrator will merge the random moments, worker names, supervisor and counties into a Word document. The Word document will be posted on the SharePoint web site (<http://oitqc.chfsnet.ky.gov/sites/DCBS/default.aspx>) to be accessed by the Area Coordinators. The Area Coordinators will then download the Word file onto their computer and distribute to the Observers who have workers with Random Moments for the work month*

#### ***Worker is in the office***

- The strong observer (the supervisor), or their backup in the supervisor's absence, will contact (in person or by phone/email) the worker that has been assigned the Random Moment. The observer will inform the worker of the exact time of the RMS moment and ask the worker to describe what he/she was working on at that exact moment. The observer may ask questions to determine the exact coding to be used for the moment. If the worker is working on a particular case the case number will have to be provided to the observer. Once the Observer has determined the appropriate Activity Code it will be recorded on the RMS-1 form as well as the workers initials and the actual date and time the worker was observed. If this is a contact by telephone/email the worker will not be required to initial or date and time the RMS-1; the observer will write T/C in the initial column and the hit is complete.

#### ***Worker is with a client***

- If the worker has a client in their office the observer will get the attention of the worker either by phone or in person and briefly let the worker know they are having a RMS moment so the worker can make a quick note of what they are working on. Once the worker is free he/she can follow up with the observer and complete the necessary paperwork.

#### ***Worker is not in their office***

- If the worker has gone to lunch, on any type of leave, taking a break, in training classes, gone to a meeting or conference the observer can document the appropriate code on the RMS-1 as the supervisor should know where the worker is at all times.
- If the observer is able to reach the worker by phone/email they may do so to reduce paperwork. The observer would simply record case number and activity code on the RMS-1 and write T/C in the worker's initial column.
- If the observer cannot reach the worker by phone/email, observer will leave an RMS-4 on the workers desk with the date and time of the RMS moment. The worker has 15 minutes to complete the RMS-4 form. The worker would then return the RMS-4 to the observer and the observer would attach to the RMS-1.
- If the RMS-4 is not completed within the 15 minute timeframe, then it is an invalid or missed sample.



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The selected staff person will be contacted to report information in the following four areas. Only one response is recorded for each area. The four areas are: I. Case Information, II. Program(s) Codes, III. Activity Codes and IV. Non-Program Related Activities.

**I. CASE INFORMATION:** Record in this area whether or not employee is working on a case. If working on a case, record the specific case number. If there is no assigned case number, use other identifying information such as social security number or name.

- If employee is working on a case, a selection must be made from Section II Program(s) Codes and Section III Activity Codes.
- If the employee is not working on a specific case but the activity does relate to a specific program or combination of programs, a selection must be made from Section II Program(s) Codes and Section III Activity Codes.
- If the employee is not working on any specific program or activity related to a case or program or combination of programs, go to Section IV and select the appropriate Non-Program Related Activity.

All recorded case information remains confidential and is used to provide documentation for any state or federal audits.

**II. PROGRAM(S) CODES:** Record the program or combination of programs for which employee is working at the selected moment. The reported effort is for activity performed or information being requested, discussed, verified, or recorded. Activity may benefit one program or multiple programs. If the specific information being requested, discussed, verified or recorded is needed by only one program (regardless of the programs for which the individual is eligible), record the activity with the appropriate program. If the activity or information is “common to” two or more programs, the appropriate combination of programs (e.g., K-TAP/SNAP, SNAP/MA, etc.) will be recorded. An example of a “common to” activity could be initial screening or eligibility determination. The individual or family is applying for multiple programs.

- A **KENTUCKY TEMPORARY ASSISTANCE PROGRAM (K-TAP):** Use this code for time spent on the cash assistance portion of Temporary Assistance for Needy Families (TANF) program and program administration.
- B **KENTUCKY WORKS PROGRAM:** Use this code for time spent working with TANF eligible families to help them prepare for and seek work and assist them to obtain support services necessary for work.
- C **WORK INCENTIVE REIMBURSEMENT (WIN):** Use this code for time spent on activities related to the Work Incentive, WIN payments are made for K-TAP cases discontinued with earned income. A former K-TAP client may receive a monthly payment of \$130 for up to 9 months.
- D **KINSHIP CARE:** Use this code for time spent on Kinship Care. Kinship Care is an option to assist relatives in caring for a child who must be placed out of his/her home.
- E **FAMILY ALTERNATIVE DIVERSION (FAD):** Use this code for time spent on the Family Alternative Diversion program. TANF funding is used to provide assistance to families and divert the family from the K-TAP program.
- F **SUPPLEMENTATION NUTRITION ASSISTANCE PROGRAM (SNAP):** Use this code for all activities related to SNAP program administration.
- H **MEDICAID (MA):** Use this code for all activities related to Medicaid Program administration. This code includes aged, blind and disabled SSI recipients.

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- J TRANSITIONAL MEDICAL ASSISTANCE (TMA): Use this code for Transitional Medical Assistance (TMA) activities.
- K KENTUCKY PHYSICIANS CARE (KPC): Use this code for Kentucky Physicians Care (KPC) Program activities.
- L KCHIP: Use this code for the administration of the KCHIP program and time spent providing support to families whose children could be eligible for the Children’s Health Insurance Program. Activities include time spent on KCHIP denials. If a child is approved for Medicaid, report time to Medicaid, not KCHIP. If processing application for multiple children in a household, report time to program (Medicaid or KCHIP) with majority of children.
- M STATE SUPPLEMENTATION: Use this code for administration of the State Supplementation Program including processing an application, eligibility determination or reviewing or adjusting a State Supplementation payment.
- N K-TAP/SNAP/MA: Use this code for eligibility determinations or recertification for individuals or households applying for or receiving K-TAP, SNAP and Medical Assistance, and Child Care. Use this program code when it is not possible to identify the activity to one program. For example, if during the eligibility process a specific program is discussed at the time of the random moment, the specific program (e.g., Medicaid for EPSDT) would be selected. If the employee is conducting the initial screening for multiple programs, the appropriate combination of programs will be recorded (e.g., K-TAP/SNAP/MA and Eligibility Determination).
- P SNAP/MA: Use this code for eligibility determinations or recertification for individuals or households applying for or receiving SNAP and Medical Assistance, when the activity is not specific to just one program.
- Q K-TAP/MA/CHILD CARE: Use this code for eligibility determinations or recertification for individuals or households applying for or receiving K-TAP, Medical Assistance, and Child Care. Use this program code when it is not possible to identify the activity to one program.
- R Non-Program Related Activity: This code should be used when work being performed is unrelated to a specific service program of Family Support. For example, (1) on break, at lunch or on any leave, (2) performing general supervisory functions, (3) reviewing agency office procedures, (4) physical plant management, (5) employee grievance procedures, (6) reviewing payroll sheets, (7) job performance evaluation activity, (8) general training or non-program specific training such as RMS training, sensitivity training, basic interviewing skills, etc., (9) vehicle maintenance, (11) filing out timesheets.
- S QUALIFIED HEALTH PLANS (QHP): Use this code for any activities educating or assisting individuals on utilizing the Kentucky Health Benefit Exchange (HBE) to access QHP information. Do not use this code for HBE Medicaid or KCHIP eligibility determination activities.
- T MA: Use this code for eligibility determinations or recertification for individuals or households applying for Medical Assistance when it is not possible to identify the activity to Medicaid, KCHIP or QHP.
- U Child Care: Use this code for eligibility determinations, redeterminations, or training related to the Child Care program.
- V SNAP/MA/CHILD CARE: Use this code for eligibility determinations or recertification for individuals or households applying for or receiving SNAP, Medical Assistance, and Child Care. Use this program code when it is not possible to identify the activity to one program.



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**III. ACTIVITY CODES:** Record the one activity that best describes what the worker reports for the selected random moment. If the worker is traveling to a client's home, a meeting or other work-related activity at the time of the random moment, record the activity to which you are going (e.g., program specific training, fair hearings).

05 Eligibility Determination and Recertification: Use this code for SNAP, K-TAP, Medical Assistance, Child Care or multiple program applications and recertification while performing the activities required determining if a family's income and resources meet the guidelines to receive K-TAP. Eligibility activities include collection of information on the family's financial situation at application. Specifically, defined, eligibility is the collection of earned and unearned income information such as wages; and collection of information on other resources such as savings accounts. Eligibility activities for an ongoing case include the re-verification of a family's financial situation at review. This activity code includes all case changes and case closures or transfers.

Eligibility does not include initial or ongoing evaluation of the individual's participation in employment activities, need for services, or the initial completion of or revisions to the individual's Transitional Assistance Agreement. Evaluation of the family's living situation is not eligibility. Discussions with families about other agencies or services are not included in the definition of eligibility.

10 Non-Assistance Related Eligibility Determination: Use this code for SNAP applications and recertification for non-KTAP or non-Kinship Care recipients while performing the activities required to determine if a family's income and resources meet the guidelines to receive SNAP. Eligibility activities include collection of information on the family's financial situation at application. Specifically, defined, eligibility is the collection of earned and unearned income information such as wages; and collection of information on other resources such as savings accounts. Eligibility activities for an ongoing case include the re-verification of a family's financial situation at review. This activity code includes all case changes and case closures or transfers.

15 Case Management: Use this code when planning and directing the provision of, and/or directly providing services by KY Works staff with case management responsibilities as defined in the KY Works policies and procedures. Activities include ongoing evaluation of the individual's current program participation and service needs and appropriate modifications to the Transitional Assistance Agreement. This also includes providing the appropriate assistance to enable participant to assume responsibility for identifying and accessing those services necessary to promote successful program participation, and employment. Some services identified as case management include: initial assessment and periodic reassessment of a participant's job readiness, job search, examination of constructive ways to resolve all work-related issues, mutually-developed strategies (by the participant and worker) for self-sufficiency, identification of responsibilities of both the participant and agency in facilitating the completion of the plan; arranging and/or providing transportation, and arranging child/adult care. Case management activities assist families to independently conduct routine tasks such as recognizing family health needs, utilizing maternal and child health programs, and performing daily household management tasks, which contribute to self-sufficiency.

Development and continuing assessment of the Transitional Assistance Agreement are considered Case Management functions and should be coded here. This includes, among other things, gathering information through various methods, such as home visits, interviewing, formal testing, and self-assessment instruments. It includes coordination with agency staff and other community resources when appropriate to prevent duplicative assessments. The purchase of diagnostic evaluations to assess an individual's job readiness is an allowable use of funds. Time spent arranging for consultative examinations are considered as case management.

20 Fraud Related Activities: Includes all activities directly related to fraud investigation. This would include the recovery or recoupment of payments resulting from a fraud investigation.

25 Non-Fraud Activities: Use this code for overpayments calculation/collection.

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- 30 EBT / Debit Card Activities: All activities related to client enrollment and accessing EBT / Debit Card benefits. At the current time SNAP and TANF programs including K-TAP, WIN, Transportation, and Kinship Care use the EBT / Debit Card process for distribution of benefits.
- 35 Out-stationed (off-site) eligibility: Use this code for activities related to Medicaid applications in the “I” category accepted at off-site location.
- 40 Fair Hearings: Includes preparing and conducting fair hearings or administrative reviews for issues other than fraud or Inadvertent Household Errors.
- 45 EPSDT Activities: Use this code for Medicaid program Early Periodic Screening, Diagnosis and Treatment Services (EPSDT) activities.
- 50 KENPAC Activities (Non KCHIP): Use this code when explaining the KENPAC program or assisting participants in choosing or changing KENPAC physicians.
- 53 QHP Activities (Non Medicaid or KCHIP): Use this code when explaining the QHP program or assisting participants in navigating information on QHPs via the KHBE.
- 55 Program Specific Training: Includes preparation for the purpose of conducting or participating in staff training as well as the actual participation in or leading of program specific training. This code includes travel to and from program specific training. The training may relate to more than one program and the appropriate multiple program code should be recorded.
- 60 Other Service Activity, please specify: Use this code if the activity being performed at the time of the random moment cannot be identified to any other activity contained in the instructions. Please provide specific information to the Sample Taker on the activity.
- 65 Professional Reading / Manual Review: includes professional reading as required to maintain current job knowledge or to track relevant legal issues. This code also includes reviewing program/policy manuals and program/policy updates as related to your area of responsibility.
- 70 Safety Net Services: includes activities related to assistance to former KTAP families who lose cash assistance as a result of time limits or failure to complete an assessment for Kentucky Works or comply with Kentucky Works.
- 75 Resource Development: includes activities related to expanding the base of prospective service providers and other community-based resources. This includes speaking to community groups to explain K-TAP, the Kentucky Works Program and other programs.
- IV. NON-PROGRAM RELATED ACTIVITIES:**
- 80 General Administrative Functions – Non-Program Related: includes all other non-program and non-case related activity such as organizing desk, attending to general clerical matters, general agency office procedures, filling out timesheets, conducting or participating in non-program specific training sessions or meetings such as stress management, supervisory conferences on office administrative policies, employee grievance procedures, or other activities which are not program specific. This code is also used for lunch time, scheduled break time and approved leave (e.g., annual leave, sick leave, etc.).
- 90 Employee Not Scheduled to Work at Sample Time: This code should be used when sample is for a time outside of the employee’s normal work hours.

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- 95 Could Not Locate: This code should be used when the RMS-4 is not completed within 15 minutes of the schedule moment. It is an invalid or missed sample.
- 99 Invalid Response: This code to be used by the Sample Taker if the sampled position is vacant or the incorrect staff person is contacted.

Once the observer has made initial contact with the worker face to face or by leaving a RMS-4 he/she should sign the RMS-1 and record the date and time the moment was completed. Be sure **not** to use white out; if you have a mistake just cross it out and write the correct information next to the error or at the bottom of the form.

**WHAT TO DO WITH THE COMPLETED RMS FORMS**

Once the observer has completed the RMS-1 and attached any back up including emails, RMS-4 and RMS-4a the form should be checked to verify all information has been completed. Also verify that there is no white out on the form as that would result in a missed hit. Observer should always make copies in case paperwork is lost in the mail. If this happens all the observer needs to do is resign the form in ink. This will avoid missed moments. Each observer should send their originals to their Area Coordinators. If you do not know who your Area Coordinator is please contact (502)564-3427. Area Coordinators will scan and email all completed forms to the State RMS Coordinator who is located at the address below:

CHFS/DAFM/RMS  
Attn: State RMS Coordinator  
275 E Main St, 3W-C  
Frankfort KY 40621

RANDOM MOMENT SAMPLE TAKER  
INSTRUCTIONS FOR DOCUMENTING THE PROTECTION AND  
PERMANENCY  
RANDOM MOMENT SAMPLE OBSERVATION  
(P & P RMS)

Purpose of Random Moment Sample

Random moment sampling is used to document staff effort in support of federal and state programs. Observations are taken at random times during the work day for individuals in the sample. Requested information will include identifying case information, if working on a case, the service area and the activity they happen to be engaged in at a randomly chosen moment. All responses of staff in the sample are used to determine the distribution of staff and overhead costs to various programs funded with state and federal dollars.

Random Moment Sample Observation

Samples will be drawn during the workday by individual and sample moment. The selected staff person will be contacted to report information in the following four areas. Only one response is recorded for each area. The four areas are: I. Case Information, II. Service Area, III. Activity Codes, and IV. Non-Program Related Activities.

I. CASE INFORMATION: Record in this area whether or not employee is working on a case. If working on a case, record the specific case number. If there is no assigned case number, use other identifying information such as social security number or name.

- If employee is working on a case, a selection must be made from Section II Service Area and Section III. Activity Codes.
- If the employee is not working on a specific case but the activity does relate to a specific program or combination of programs, a selection must be made from Section II. Service Area and Section III. Activity Codes.
- If the employee is not working on any specific program or activity related to a case or program or combination of programs, go to Section IV and select the appropriate Non-Program Related Activity.

All recorded case information remains confidential and is used to provide documentation for any state or federal audits.

II. ACTIVITY CODES: Report the one activity that best describes what you are doing at the selected random moment.

AA Adult Services Investigation, Court-Related Activity and Administration: This code includes Adult Services adult abuse, neglect, or exploitation investigations as well as court-related activities. Use for ongoing cases, and when engaged in non-client specific activities.

- Investigation of adult abuse, neglect, exploitation and domestic violence.

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- Adult Court-related activities, such as assisting an adult with obtaining a domestic violence protective order, filing a mental health petition for involuntary hospitalization, assisting a client in criminal or civil court, or filing annual reports with the court.
- Investigation, intervention and abuse training of Adult Service Workers.
- Travel associated with the above activities.

AC Adult Services Case Management: Adult Services case management is provided to adults pursuant to Chapter II of the Policy and Program Manual: for example, adult protective services, referral, guardianship services and alternative care. Adult Services case management is for ongoing cases and includes developing, monitoring, and updating case plans for the health, safety and well-being of adult services clients, and the activities involved in providing them access to medical, social, educational, therapeutic and other support services.

- Securing an alternative living situation for a person who needs supervised placement. This can include placement in long-term care facilities (i.e., a nursing home, personal care or family care home).
- Making referrals to services, such as senior citizen/disabled/subsidized housing, home health services, medical services, legal services, medical transportation, adult day centers, meals on wheels, spouse abuse centers, or entitlement programs for an eligible adult client.
- Securing homemaker or chore services for an adult in his or her own home; securing respite care services for a mentally disabled adult.
- Performing crisis assistance, making arrangements for emergency service referrals and coordinating other needed emergency services.
- Obtaining an Ex Parte Order/Emergency Protection Order for involuntary adult protective services such as hospitalization, placement or medical treatment.
- Performing advocacy activities on behalf of the adult client.
- Initiation of Guardianship proceedings to ensure appropriate medical care and supervision, including the initial investigation and assessment of the need for Guardianship, and participation as a team member on the court-ordered Interdisciplinary Evaluation Team.
- Staff travel associated with the above activities.

B IV-E Eligibility Determination: Use this code for ongoing cases when performing any activity that contributes to making the determination of whether or not a child is eligible for participation in the Title IV-E Foster Care or Adoption Assistance program. This would include collateral or written contacts to inquire about the child's eligibility status for other benefits.

- Collecting information from family or others which is used in the determination of IV-E eligibility, e.g. income, parental whereabouts, resources, Social Security number, birth certificate, family living arrangement, and social history information.
- Verifying the above information, and registering the case.
- Filling out and processing eligibility forms including the OOHC 1260 (Title IV-E and Child Support Referral Form).
- Query systems, records, and contacts with financial and other personal information to determine AFDC relatedness.
- Obtaining a copy of commitment order for case record to document judicial finding of reasonable efforts and best interest.
- Recertifying eligibility.
- Preparing for and participating in all fair hearings and appeals stemming from Title IV-E.

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- Preparing for and participating in all fair hearings and appeals stemming from Title IV-E.
- Obtaining a copy of commitment order for case record to document judicial finding of reasonable efforts or best interest.
- Obtaining and presenting to the Court annually, documentation for reasonable efforts in order to recertify eligibility.
- Travel associated with any of the above activities.

BT IV-E Eligibility Determination and Redetermination Training: Use this code when being trained on IV-E Eligibility determinations and redeterminations which includes all the examples under Code B.

C Foster Care/Adoption Assistance Training eligible for 75% FFP: This code should be used when engaged in or preparing for training, either as a trainer or as a trainee, and the subject of the training is directed to the development of skills necessary, for the preparation and providing of training for foster care and adoptive home providers. This would include university training and conferences. This includes CFC workers when being trained on allowable Title IV-E activities. Specialized training on the direct provision of child welfare counseling and treatment which is designed to remedy or ameliorate a problem or condition should be charged to code CC. This code is not to be used for Adult Services training. Adult Services training is coded as AA or CC. This code is not used for general training or non-program specific training. These training events will be captured under Code J.

- Fair hearings and appeals, rate setting and other activities related to administration of the adoption assistance and foster care program.
- Referral to services.
- Preparation for and participation in judicial determinations.
- Placement of the child.
- Development of the case plan.
- Case reviews.
- Case management and supervision.
- Recruitment and licensing of foster homes and institutions.
- Rate setting.
- Data collection and reporting.
- Planning, preparing for, or conducting training for foster care or private child care providers.
- Travel associated with any of the above activities.

Training activity would not fit this code when it is designed to prepare the worker to directly provide social services that provide counseling or treatment to ameliorate or remedy personal problems, behaviors and home conditions. Record this type of training as H Therapeutic Counseling and Treatment.

CC Medicaid/Targeted Case Management Training: This code should be used when training on the direct provision of counseling and treatment which is designed to remedy or ameliorate a problem or condition. Allowable charges to this code are limited to training on any activity identified in codes AC, EC, FC, and GC except travel to perform the activity.

D Court Related Activity: This code should be used for ongoing cases when engaged in any activity which contributes to preparing a report for the court, or preparing for or participating in a judicial proceeding involving a child. This code never relates to a situation in which, a child is not involved.

- Preparing a petition or making the determination to file a petition to seek custody of a child.
- Preparing a petition or making the determination to file a petition to seek

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commitment of a juvenile.

- Any court appearance where the Agency is seeking custody for a child, or the child's status is being reviewed.
- Preparing for or participating in a court review or dispositional hearing.
- Documenting for the court that the Agency has made a reasonable effort to prevent placement.
- Court-related activity to secure a child's safety by removal of an alleged abuser from the home or by securing a protective or no-contact court order.
- Working with the Commonwealth or County Attorney, Office of Counsel, the guardian-ad-item, or prosecutor to prepare a case for court.
- Documenting for the court that continuation in the home is contrary to the welfare of the child.
- Preparing follow up reports for the court.
- Travel associated with the above activities, including transporting a child to a court appearance.

EA Pre-Placement Services to Families and Children: Use for ongoing cases when the activity primarily supports the DCBS's program of activities to prevent or avoid removal of children from their homes. This would be the code of choice when the assessment has resulted in a decision that the child is a candidate for foster care.

A child is a candidate for foster care if one of three methods of documentation is present in the case: (1) A defined case plan which clearly indicates that, absent effective preventive services, foster care is the planned arrangement for the child, (2) an eligibility determination form has been completed to establish the child's eligibility under Title IV-E, or (3) evidence of court proceedings in relation to the removal of the child from the home, in the form of a petition to the court, a court order or a transcript of the court's proceedings. If it is subsequently determined that the child is no longer a candidate for foster care, this code is no longer appropriate.

A child may also be a candidate under the Family First Prevention Services Act (FFPSA). To be a candidate under FFPSA, there must be a written case plan that satisfies these requirements:

- Identifies the child as at imminent risk of removal.
- Includes a foster care prevention strategy for maintaining the child safely at home or temporarily with a kinship caregiver.
- Lists the prevention services or programs to be provided to the child or on behalf of the child.

After the continuous quality assessment process has determined the child to be a candidate for foster care, the case planning activities to evaluate the relative appropriateness of out-of-home care or in-home services for a child or youth will fall under this RMS code. This includes activities such as:

- developing recommendations to the court on removal or preventative services and on the appropriate placement of children when the case has not been registered.
- Referring parents to programs that provide home management, parenting or hygiene skills or Family Preservation Services to enable them to safely keep their children in their home.
- Referring children to education programs that address their special needs, i.e.,

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- oppositional defiant behavior, classrooms for children with multiple handicaps.
- Obtaining educational records and other materials needed to complete a child's case record.
- Working with parents to develop a voluntary placement agreement.
- Consulting with Recruitment and Certification Staff or District Placement Coordinator regarding appropriate placements. Locating and assessing relatives for alternative placements.
- Entering data into TWIST for children who have been determined to be at risk of removal, but who have not yet been removed or enrolled in an alternative program.
- Entering general data into JORI for children who have been determined to be at risk of removal, but who have not yet been removed or enrolled and placed in an alternative program.
- Participating in case conferences or community collaborative regarding at risk children for whom the worker does not have direct case responsibility.
- Maintaining lists of foster homes and information on unique characteristics of foster homes to ensure best placements for children.
- Staff Travel associated with any of the above listed activities.

EC Preventive Services Case Management: A child is considered a preventive service case if a case plan has been completed and services are being provided to prevent out-of-home placement. Case management activities include developing, monitoring, and updating plans for the health, safety and well-being of child welfare clients, and the activities involved in providing them access to medical, social, educational, therapeutic and other support services. This code should be used for risk assessments of on-going cases when the child is still in the home. This code should be selected when performing activities such as:

- Developing the case plan and referral to services.
- Case and administrative reviews, and case conferences.
- Case management and supervision.
- Developing goals, service plans, written service agreements, and routine supervisory contacts.
- Arranging the provision of protective or preventive services, including day care services, and obtaining a guardian for a child. This can also include advocacy activities on behalf of the client.
- Arranging for provision of health-related services.
- Discussing the status of the case with the parents, which could include the goals and administrative procedures of the agency.
- Routine contacts, other monitoring, and/or communication with parents or children on the status of the child, the case plan, goals for the child, and the family and administrative providers for the agency.
- Planning, assessments, and paperwork that contribute to the activities previously listed.
- Assisting parents in applying for statutory benefits, and arranging for emergency food, clothing and/or shelter to facilitate family preservation.
- Preparing case records regarding efforts to preserve families.
- Following up on community resource referrals that were suggested.
- Entering case specific data into JORI for children who have been determined to be at risk of removal, but who have not yet been removed or enrolled and placed in an alternative program.



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- Staff travel associated with any of the above listed activities.

FA Foster Care Certification and Administration: This code would be used for ongoing cases and when engaged in non-child specific activities if the activity is primarily supportive of the Department's program of out-of-home care.

- Providing public information related to Foster Care Programs.
- Providing public information related to Out-of-Home Care Programs.
- Recruiting, studying, licensing, and certifying substitute care facilities.
- Recruiting, studying and/or approving family foster parents.
- Monitoring foster homes, group homes, and residential institutions.  
Monitoring private childcare facilities, foster homes, group homes, and residential institutions.
- Staff travel associated with the above activities.

FC Foster Care Case Management Use this code when engaged in foster care case management, including emergency shelter, relative placements, group homes, and residential care facilities. This code would also be used in activities directed towards reunification of the family. Case management includes developing, monitoring, and updating plans for the health, safety and wellbeing of foster care clients, and the activities involved in providing them access to medical, social, educational, therapeutic and other support services.

- Developing the case plan and referral to services.
- Case and administrative reviews, and case conferences.
- Case management and supervision, including overseeing visits of committed children on the FSW's of JSW's or another worker's caseload with their birth parents or other relatives.
- Arranging for provision of health related services.
- Permanency planning meetings.
- Developing goals, service plans, written service agreements, and routine supervisory contacts.
- Working with parents or foster parents on the status of the case, the goals and administrative procedures of the agency. This can include advocacy activities on behalf of the child and the family.
- Observing or overseeing visits of committed children with their natural parents when the children are part of the caseload of another FSW.
- Routine contacts, other monitoring, and/or communications with parents, children, or childcare providers on the status of the child, the case plan, and goals for the child.
- Planning assessments and paperwork associated with the above activities.
- Responding to questions from Foster Care Review Board.
- Arranging for provision of food, clothing and/or shelter to facilitate family reunification.
- Preparing case records or documentation regarding efforts to reunite families or terminate parental rights (TPR).

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- Case consultation with staff or collateral person regarding a child in care.
- Entering case specific data into JORI for juveniles that are in an out of home placement.
- Monitoring and consultation on the case plan and the goals for the family with the natural parents of the child.
- Staff travel associated with the above activities.

FS Plan of Care Approval and Review: Medicaid Rehabilitation Services: This code should only be used if designated by the Cabinet to perform this activity. This code is used when approving or reviewing a Medicaid Rehabilitation Services Plan of Care for children receiving services in day treatment, IFBSS or Family Preservation programs; Protection and Permanency family treatment homes and medically fragile foster care; or PCCs that do not have staff designated by the Cabinet to perform this activity. All other FSW involvement with the Plan of Care (Service Plan) is to be assigned to Foster Care Management; for example when the FSW is doing Plan review or, in their role as case manager, is discussing the Plan with facility staff or a foster parent.

- The Protection and Permanency-designated or DJJ-designated staff person is performing the review necessary for the initial approval of the Medicaid Rehabilitation Services Plan of Care.
- The Protection and Permanency or DJJ staff person that has been designated to perform this activity is conducting a six-month review of the Plan, which results in its re-approval.
- The Protection and Permanency-designated or DJJ-designated staff person is providing telephone or face-to-face consultation with staff in a facility about the Medicaid Rehabilitation Service Plan of Care.

GA Adoption Administration: Use this code when engaged in activities which support the Adoption Program. Use when engaged in non-child specific activities.

- Providing public information related to adoption
- Recruitment, home study, and/or approval of adoptive homes for Protection and Permanency placed children.
- Travel associated with any of the above activities.

GC Adoption Case Management: Use this code when engaged in adoption case management for ongoing cases. Case management after TPR includes developing, monitoring, and updating plans for the health, safety and well-being of adoptive clients, and the activities involved in providing them access to medical, social, educational, therapeutic and other support services.

- Developing the case plan, and referring to services.
- Case and administrative reviews and case conferences.
- Case management and supervision.
- Collecting data for home study through a family consultation.
- Prior to placement, working with adoptive parents on the administrative procedures in connection with adoption assistance and adoption subsidy.
- Arranging for provision of health related services.
- Preparing the presentation summary, including the development of a life book which assesses and reviews the child's life.
- Arranging the provision of preventive services for adoptive placements.
- Routine contact with adoptive parents and/or communication on the child's status.
- Planning, assessments and paperwork related to the above activities.
- Staff travel associated with any of the above activities.

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- H Therapeutic Counseling and Treatment: Use this code when providing treatment and counseling services to a child, the child's family or to the child's foster care provider to improve or remedy personal problems, behaviors, or home conditions.
- This is a regularly scheduled treatment or counseling session.
  - Worker is meeting with a parent and the child for one hour each week to discuss a problem which has been identified in the case plan. Meeting with a therapeutic foster family and discussing the kids problems, behavior, or the home condition.
  - Travel associated with any of the above listed activities.
- I Other Service Activity: Use this code for ongoing cases and when engaged in non-child specific activities when engaged in programmatic activity which does not fit any of the other codes, such as independent adoption activity, post-adoption finalization services, non-protective day care activity, and court ordered custody investigations when the agency is not seeking custody.
- Home study for independent adoption.
  - Investigating report of child abuse\_
  - Teaching and/or modeling home management or hygiene skills for parents to facilitate family preservation.
  - Visiting juvenile in detention regarding pending charges.
  - Travel associated with any of the above listed other service activities.
- T Protection and Permanency TANF Related Activities: Use this code for "soft" (non-Monetary) services provided to families who meet the TANF criteria. Examples of the kinds of services which meet the criteria are: crisis intervention services including but not limited to risk assessment, case management, or intensive family preservation services; advocacy; family, individual and marriage counseling; communication and negotiation skills; linkage development with natural networks and community services; job readiness training or other employment related services that do not provide basic income support; home maintenance skills; and other services to meet the needs attributable to emergency or unusual crisis situation. These services can be provided without regard to the length of need. Payments that address a family's ongoing basic needs (i.e. food, clothing, shelter, utilities, household goods, personal care items, child care for families who are unemployed, and general incidental expenses) can be provided with TANF funding to address a specific crisis situation which will not extend beyond four months. Child care, homemaker services, legal services, emergency shelter care, and health services not reimbursed by Title XIX can also be paid under this criteria. Services mentioned under this part may only be provided to families which consist of a child living in the home of a parent or caretaker relative. The family must have income equal to or less than 200% of the federal poverty scale.
- J Non-Program Related Activity: This code should be used when work being performed is unrelated to a specific service program of Protection and Permanency.
- On break, at lunch, or on any leave.
  - Performing general supervisory functions.
  - Reviewing agency office procedures.

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- Physical plant management.
- Employee grievance procedures.
- Reviewing payroll sheets.
- Job performance evaluation activity.
- General training or non-program specific training, i.e. RMS training, sensitivity training, basic interviewing skills, etc.
- Vehicle maintenance.
- Interstate compact activity for non-registered cases.
- Travel associated with any of the above listed activities.

NR Non-Valid Responses: This code should be used when the observation was not completed.

- Sample is for a time outside of employee normal work hours.
- Employee does not complete the RMS-4 within 24 hours of the scheduled sample.
- Sampled position is vacant or the incorrect staff person is contacted.

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Appendix 5

Activity	Family Support Cost Allocation Matrix																QHP	MA	CC	FS MA CC	
	K-TAP	KY Works	Employment Retention (ER)	Kinship Care	Family Alternative Diversion (FAD)	FS	MA	Transitional MA	KY Physician Care	KCHIP	State Supp.	K-TAP FS MA CC	FS MA	K-TAP MA CC	Non-Program Related						
Code	Activity	A	B	C	D	E	F	H	J	K	L	M	N	P	Q	R	S	T	U	V	
05	Eligibility Determination and Recertifications	A05			D05	E05	F05	H05	J05	K05	L05	M05	N05	P05	Q05			T05	U05	V05	
10	Non-Assistance Related Eligibility Determination						F10														
15	Case Management	A15	B15	C15	D15	E15	F15														
20	Fraud Related Activities	A20		C20	D20	E20	F20	H20	J20		L20	M20									
25	Non-Fraud Activities (overpayments calculation/collection)						F25	H25			L25	M25									
30	EBT Activities	A30			D30		F30														
35	Out-Stationed (off-site) Eligibility							H35													
40	Fair Hearings	A40	B40	C40	D40	E40	F40	H40	J40		L40	M40									
45	EPSDT Activities							H45	J45		L45										
50	KenPac Activities (Non KCHIP)	A50						H50	J50												
53	QHP Activities (Non-Medicaid or CHIP)																	S53			
55	Program Specific Training	A55	B55	C55	D55	E55	F55	H55	J55		L55	M55						S55	T55	U55	
60	Other Service Activity	A60	B60	C60	D60	E60	F60	H60	J60	K60	L60	M60									
65	Professional Reading/Manual Review	A65	B65	C65	D65	E65	F65	H65	J65	K65	L65	M65									
70	Safety Net Services	A70																			
75	Resource Development	A75	B75		D75	E75	F75														
80	General Administrative Functions																			R80	
90	Employee Not Scheduled to Work																				R90
95	Could Not Locate																				R95
99	Invalid Response																				R99
ZAAR	TANF Program/Administration - FAD	E05%+E15%+E20%+E40%+E55%+E60%+E65%+E75%																			
ZAG3	TANF Safety Net Services	A70%																			
ZAGG	TANF Program/Case Management - TANF Case Mgt.	A15%+A60%+A75%+B15%+B60%+B75%																			
ZAGH	TANF Program/Case Management - ER Case Mgt.	C15%+C60%																			
ZAGQ	TANF Admin (subject to 15% cap) - General Administration	A05%+A20%+A30%+A40%+A65%+B40%+B65%+C20%+C40%+C65%																			
ZAGR	TANF Admin (subject to 15% cap) - Training	A55%+B55%+C55%+D55%																			
ZAGS	TANF Program/Administration - Kinship Care	D05%+D15%+D20%+D30%+D40%+D60%+D65%+D75%																			
ZAB1	Food Stamps - Training of Personnel	F55%																			
ZABA	Public Assistance Eligibility Determination	F05%+F15%+F60%+F65%+F75%																			
ZABB	Non-Assistance Related Eligibility Determination	F10%																			
ZABJ	Administration - Fair Hearings	F40%																			
ZABM	Fraud Related Activity - Field Staff	F20%																			
ZABP	Non-Fraud Related Activity - Field Staff	F25%																			
ZABS	Electronic Benefit Transfer	F30%																			
ZAC4	HBE Qualified Health Plans (QHP)	S53%+S55%																			
ZAC5	Medicaid Eligibility Determination (HBE/MMIS)	H05%																			
ZACA	Medical Assistance Eligibility Admin	H25%+H40%+H60%+H65%+J40%																			
ZACB	Transitional Medical Assistance	J05%+J55%+J60%+J65%																			
ZACC	Screening Outreach	H45%+J45%																			
ZACE	Outstationing Eligibility Determination	H35%																			
ZACG	Kentucky Physicians Care - 100% State funds	K05%+K60%+K65%																			
ZACH	Program Recipient Integrity	H20%+J20%																			
ZACL	KenPac General Administration	A50%+D50%+H50%+J50%																			
ZACM	Training of Personnel	H55%																			
ZACR	Title XXI State CHIP	L05%+L20%+L25%+L40%+L45%+L55%+L60%+L65%																			
ZADA	State Supplementation Administration	M05%+M20%+M25%+M40%+M55%+M60%+M65%																			
ZAZA	TANF Admin/Medical Assistance/SNAP/Child Care (25/25/25/25)	N05%																			
ZAZB	SNAP/Medical Assistance (50/50)	P05%																			
ZAZC	TANF Admin/Medical Assistance/Child Care (34/33/33)	Q05%																			
ZAZD	Medical Assistance (ME/KCHIP/QHP)	T05%+T55%																			
ZAZE	SNAP/Medical Assistance/Child Care (34/33/33)	V05%																			
ZEDL	Child Care Eligibility Determination DFS	U05%																			
ZEDT	Child Care Training Personnel DFS	U55%																			
Common	Common to All -- redistributed to programs based on relative hits to total program hits	R60%+R65%+R75%+R80%																			
IR	Dropped from calculation of valid hits	R90%+R95%+R99%																			

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Protection and Permanency RMS – Cost Allocation Matrix

Appendix 6

Code	Activity	Funding
AA	Adult Services Investigation	SSBG
AC	Adult Services Case Management	Title XIX TCM Rate Base Allocation
B	IV-E Eligibility Determination	IV-E FC Administration – Eligibility Determination
BT	IV-E Eligibility Determination & Redetermination Training	IV-E Training – Eligibility
C	Foster Care/Adoption Assistance Training Eligible for 75% FFP	IV-E Training Pool
CC	Medicaid/Targeted Case Management Training	Title XIX TCM Rate Base Allocation
D	Court Related Activity	IV-E FC Administration – Case Planning & Management
EA	Preplacement Services to Families and Children	IV-E FC Administration – Preplacement and Preventative Services Activities
EC	Preventive Services Case Management	Title XIX TCM Rate Base Allocation
FA	Foster Care Certification and Administration	IV-E FC Administration - Other
FC	Foster Care Case Management	Title XIX TCM Rate Base Allocation
FS	Plan of Care Approval/Review: MA Rehab Svcs	Title XIX Rehabilitation Rate Base Allocation
GA	Adoption Administration	IV-E AA Administration
GC	Adoption Case Management	Title XIX TCM Rate Base Allocation
H	Therapeutic Counseling & Treatment	IV-B Subpart 1
I	Other Service Activity	IV-B Subpart 1
T	P&P TANF Related Activities	TANF
J	Non Program Related Activity	Common
NR	Non-Valid Responses	

P&P RMS Allocations Formulas		
P	P&P RMS Cost Pool	P
FCE	Average Number of IV-E Eligible Foster Care Children (3 Months)	FCE
FCC	Average Number of Total Foster Care Children (3 Months)	FCC
AAE	Average Number of IV-E Eligible Adoption Assistance Children (3 Months)	AAE
AAC	Average Number of Total Adoption Assistance Children (3 Months)	AAC
F%	Percentage of Foster Care Children to Total Children	$FCC / (FCC+AAC)$
A%	Percentage of Adoption Assistance Children to Total Children	$AAC / (FCC+AAC)$
X%	Title IV-E Penetration Rate – Foster Care	$(FCE / FCC)$
XX%	Non-IV-E Penetration Rate – Foster Care	$(1 - X\%)$
Y%	Title IV-E Penetration Rate – Adoption Assistance	$(AAE / AAC)$
YY%	Non-IV-E Penetration Rate – Adoption Assistance	$(1 - Y\%)$
Z%	Combined Title IV-E Penetration Rate – Foster Care & Adoption Assistance	$(FCE+AAE) / (FCC+AAC)$
ZZ%	Combined Non-IV-E Penetration Rate – Foster Care & Adoption Assistance	$(1 - Z\%)$
	IV-E FC Admin - Case Planning & Management	$P * D\% * X\%$
	IV-E FC Admin - Pre-placement Activities	$P * EA\% * EA \text{ preplacement } \% * X\%$
	IV-E Prevention Admin	$P * EA\% * EA \text{ prevention } \%$
	IV-E FC Admin - Eligibility Determinations	$P * B\%$
	IV-E FC Admin - Agency Management	$P * FA\% * X\%$
	IV-E FC Training	$((P * C\% * Z\%) + (P * BT\%)) * F\%$
	IV-E AA Administration	$P * GA\% * Y\%$
	IV-E AA Training	$((P * C\% * Z\%) + (P * BT\%)) * A\%$
	Title XIX Targeted Case Management Rate Base	$P * (AC\%+CC\%+EC\%+FC\%+GC\%)$
	Title XIX Rehabilitation Rate Base	$P * FS\%$
	Social Services Block Grant	$P * (AA\%+I\%)$
	IV-B Subpart 1 Child Welfare Services	$P * ((C\% * ZZ\%) + (D\% + (EA\% * EA \text{ Preplacement } \% + FA\%) * XX\%) + (GA\% * YY\%) + H\%)$
	TANF Program/Case Management	$P * T\%$

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RMS WORK SHEET

6/30/2019

RMS Cost Pool DJJ	4,765,020.84
RMS Cost Pool CHFS	50,095,072.89
Total P&P RMS Cost Pool	P= <u>54,860,093.73</u>

RMS Hits	# of Hits	% of Total
Code AA Adult Services Investigation	75	4.64% AA%
Code AC Adult Services Case Management	12	0.74% AC%
Code B IV-E Eligibility Determination	40	2.48% B%
Code BT IV-E Eligibility Determination & Redetermination Training	0	0.00% BT%
Code C Foster Care/Adoption Assistance Training Eligible for 75% FFP	15	0.93% C%
Code CC Medicaid/Targeted Case Management Training	1	0.06% CC%
Code D Court Related Activity	187	11.57% D%
Code EA Preplacement Svcs to Families and Children	84	5.20% EA%
Code EC Preventive Services Case Management	394	24.38% EC%
Code FA Foster Care Certification and Administration	9	0.56% FA%
Code FC Foster Care Case Management	324	20.05% FC%
Code FS Plan of Care Approval/Review: MA Rehab Svcs	0	0.00% FS%
Code GA Adoption Administration	11	0.68% GA%
Code GC Adoption Case Management	30	1.86% GC%
Code H Therapeutic Counseling & Treatment	3	0.19% H%
Code I Other Service Activity	426	26.36% I%
Code T P&P TANF Related Activities	5	0.31% T%
	<u>1,616</u>	<u>100.00%</u>

EA Hits Connected to a Preplacement Case	58	69.05% EA Preplacement %
EA Hits Connected to a Prevention Case	26	30.95% EA Prevention %
Total EA Hits	<u>84</u>	

1) FCC / (FCC+AAC) = F%	F%=	44.75%	Percentage of Foster Care Children to Total Children
2) AAC / (FCC+AAC) =A%	A%=	55.25%	Percentage of Adoption Assistance Children to Total Children
3) FCE / FCC = X%	X%=	42.61%	Foster Care IV-E Penetration Rate
4) 1 - X% = XX%	XX%=	57.39%	Foster Care Non-IV-E Penetration Rate
5) AAE / AAC = Y%	Y%=	77.82%	Adoption Assistance IV-E Penetration Rate
6) 1 - Y% = YY%	YY%=	22.18%	Adoption Assistance Non-IV-E Penetration Rate
7) (FCE+AAE) / (FCC+AAC) = Z%	Z%=	62.07%	Combined IV-E Penetration Rate
8) 1 - Z% = ZZ%	ZZ%=	37.93%	Combined Non-IV-E Penetration Rate
9) P * D% * X%		2,705,108.29	IV-E FC Admin - Case Planning & Management
10) P * EA% * EA Preplacement % * X%		839,017.54	IV-E FC Admin - Pre-placement Activities
11) P * EA% * EA Prevention %		882,650.02	IV-E Prevention Admin
12) P * B%		1,357,923.11	IV-E FC Admin - Eligibility Determinations
13) P * FA% * X%		130,192.38	IV-E FC Admin - Agency Management
14) ((P*C%*Z%) + (P*BT%)) * F%		141,432.25	IV-E FC Training
15) P * GA% * Y%		290,613.14	IV-E AA Administration
16) ((P*C%*Z%) + (P*BT%)) * A%		174,621.05	IV-E AA Training
17) P * (AC%+CC%+EC%+FC%+GC%)		25,834,487.21	Title XIX Targeted Case Management Rate Base
18) P * FS%		0.00	Title XIX Rehabilitation Rate Base
19) P * (AA%+I%)		17,007,986.98	Social Services Block Grant
20) P * ((C%*ZZ%)+(D%+(EA%*EA Preplacement%)+FA%)*XX%)+(GA%*YY%)+H%)		5,326,321.36	IV-B Subpart 1 Child Welfare Services
21) P * T%		169,740.39	TANF Program/Case Management
22) Sum of Formulas 9 thru 20		<u>54,860,093.72</u>	

Claim Summary		Total
Social Services Block Grant	19	17,007,986.98
TANF	21	169,740.39
Title IV-B Subpart 1	20	5,326,321.36
Title IV-E Foster Care Administrative Claim	9 + 10 + 12 + 13	5,032,241.32
Title IV-E Prevention Administrative Claim	11	882,650.02
Title IV-E Foster Care Training Claim	14	141,432.25
Title IV-E Adoption Assistance Administrative Claim	15	290,613.14
Title IV-E Adoption Assistance Training Claim	16	174,621.05
Title XIX TCM Rate Base Allocation	17	25,834,487.21
Title XIX Rehabilitation Option Rate Base Allocation	18	0.00
		<u>54,860,093.72</u>

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RMS WORKSHEET  
RMT's Cost Data for Inclusion on IV-E 12

06/30/19

		Total		Federal
A 5	Foster Care IP FC Case Planning and Mgmt	2,705,108.29	50%	1,352,554.15
A 10	Candidate - Preplacement activities	839,017.54	50%	419,508.77
A 6	IP FC Eligibility Determination	1,357,923.11	50%	678,961.56
A 8	IP FC Agency Management	130,192.38	50%	65,096.19
	Total RMS Foster Care admin	<u>5,032,241.32</u>		<u>2,516,120.67</u>
A 15	Foster Care Training	141,432.25	75%	106,074.19
	Adoption Assistance			
B 23	State & Local Administration	290,613.14	50%	145,306.57
B 25	State and Local training (adoption)	174,621.05	75%	130,965.79
	page summary	5,638,907.76		2,898,467.22
	Prevention Services			
D 40	Prevention Services Administration	882,650.02	50%	441,325.01

IV-E Eligible Kids

Foster Care	CHFS	DJJ	Total	
March-19	3,598	0	3,598	
April-19	3,595	0	3,595	
May-19	3,516	0	3,516	
Total IV-E Foster Care	10,709	0	10,709	
	3	3	3	
Average IV-E Foster Care	<u>3,570</u>	<u>0</u>	<u>3,570</u>	FCE

Total Kids

Foster Care	CHFS	DJJ	Total	
March-19	8,512	2	8,514	
April-19	8,421	1	8,422	
May-19	8,196	2	8,198	
Total IV-E Foster Care	25,129	5	25,134	
	3	3	3	
Average IV-E Foster Care	<u>8,376</u>	<u>2</u>	<u>8,378</u>	FCC

Adoption Assistance	IV-E Eligible	Total Kids	
March-19	8,029	10,275	
April-19	8,041	10,334	
May-19	8,081	10,424	
Total	24,151	31,033	
	3	3	
Average Adoption Ass't	<u>8,050</u>	<u>10,344</u>	AAC
	AAE		

	CHFS	DJJ	Total
FC Penetration % (X%)	42.62%	0.00%	42.61%
AA Penetration % (Y%)	77.82%	0.00%	77.82%
Total Penetration % (Z%)	62.07%	0.00%	62.07%



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Appendix 7

**RMS-1**  
**(October 1, 2013)**

**Department for Community Based Services**  
**Random Moment Sample**

**Federally Mandated Changes to the RMS Process:**

Observers record the worker's activity codes on the same line as the worker's code.

Worker to record the case number associated with the recorded activity code.

Each worker needs to date, time, and initial by his/her name.

Worker completes the RMS-4 form if he/she is out of the office providing direct services and cannot be reached at time of the 'hit moment.'

The Observer only records an activity code for each worker, then observer signs, dates, and records time on the RMS-1 form at the bottom when completed.

**COORDINATOR:** \_\_\_\_\_

**OBSERVER:** \_\_\_\_\_

(Day, Date, @ Time)

<b>Worker Name</b>	<b>Date &amp; Time</b>	<b>Case Number</b>	<b>Program Code</b>	<b>Activity Code</b>	<b>Initials</b>
_____	_____	_____	_____	_____	_____

**Observer Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_ **Time** \_\_\_\_\_



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Appendix 8

Revised 10/01/2013

RMS-4

<b>1. To be completed by the Observer</b>							
Observer Name:							
Worker:							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">Day:</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Date:</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Time:</td> <td style="padding: 5px;"></td> </tr> </table>	Day:		Date:		Time:		<p style="text-align: center;">Observation:</p>
Day:							
Date:							
Time:							
<b>2. To be Completed by the worker. Describe your activity during the observation time in enough detail, so that the observer can determine the correct RMS code. Record the case number, if applicable.</b>							
Description:							
Case Number:							
Initials/Date/Time:							

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Appendix 9

RMS-4a

Kentucky Department for Community Based Services  
 Random Moment Sampling Recall

**Worker Name**

**County**

**Month-Day-Year**

<b>Time Started (Hour:Minute)</b>	<b>Description of Activity</b>	<b>TWIST/KAMES Case #</b>	<b>Remarks</b>

---

Worker Signature

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COMMONWEALTH OF KENTUCKY  
CABINET FOR HEALTH AND FAMILY SERVICES

CHAPTER 13

DEPARTMENT FOR MEDICAID SERVICES

COST ALLOCATION PLAN

FOR GRANTS AND CONTRACTS

WITH FEDERAL AGENCIES

13. Department for Medicaid Services (DMS)

13.1 Introduction

Under Titles XIX and XXI of the Social Security Act, as amended, and KRS 205.520, the Kentucky Medicaid Program and the Kentucky Children’s Health Insurance Program (KCHIP) provide for preventative and remedial care for the financially and medically indigent citizens of Kentucky who meet the technical and financial criteria for eligibility. This allows the Cabinet for Health & Family Services (CHFS) Department for Medicaid Services (DMS) to promote and safeguard the health and wellness of all Kentuckians. KCHIP provides coverage for comprehensive physical and behavioral health services for uninsured, low-income children. KCHIP is for children who are uninsured and whose family income is below 200% of the Federal Poverty Level.

13.2 Programs Administered by Department for Medicaid Services

A. Medical Assistance Program (Program WC)

The Medical Assistance Program provides, on a matched funding basis, for the prevention and remedial care of financially and medically indigent citizens in Kentucky who meet the income and financial criteria for eligibility. The program, on behalf of eligible citizens, makes payments to vendors of medical service in numerous health care settings. The Money Follows the Person grant is administered by this program.

Federal funds budgeted for operation of this program are:

CFDA #93.644 –Adult Medicaid Quality: Improving Maternal and Infant Health Outcomes in Medicaid and CHIP

CFDA #93.778 – Medical Assistance Program

CFDA #93.791 – Money Follows the Person Rebalancing Demonstration

B. Children’s Health Insurance Program (Program WD)

The Children’s Health Insurance Program provides, on a matched funding basis, for child health assistance to uninsured, low-income children. The program, on behalf of eligible citizens, makes payments to vendors of medical service in numerous health care settings.

Federal funds budgeted for operation of this program are:

CFDA #93.767 – Children’s Health Insurance Program

13.3 Organization Structure – Department for Medicaid Services

The Department for Medicaid Services (DMS) is composed of the following units:

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A. Commissioner's Office

Responsible for Executive Management of the Medical Assistance Program.

B. Division of Fiscal Management

The Division of Fiscal Management (DFM) is responsible for the Department's administrative functions, policy development, and financial analysis; formulates and monitors the Medicaid budget; and prepares and distributes statistical data and activities. In addition, contract development and negotiations are coordinated through this division along with administrative regulation development and development of Title XIX State Plan amendments required by the federal Center for Medicare and Medicaid Services. All federal budget and statistical reports are prepared and submitted by this division. This division ensures that the Department's automated systems are appropriately updated to provide accurate and timely finance-related information. This Division is also responsible for reimbursement functions of the Title XXI Kentucky Children's Health Insurance Program (KCHIP). The Division coordinates these functions through three branches: the Administrative and Contract Services Branch, the Rate Setting Branch, and the Financial Management Branch.

C. Division of Program Quality and Outcomes

The Division of Program Quality and Outcomes is responsible for implementing and monitoring services provided to Medicaid members to ensure quality. It will assist with the design, development, implementation, and monitoring of DMS' and Managed Care Organizations (MCO) initiatives including: lock-in, case management, utilization review, quality management, quality monitoring, disease management and External Quality Review Organization (EQRO) programs. The division also monitors and tracks member grievances and appeals. The Division coordinates these functions through three branches: the Disease and Case Management Branch, the Managed Care Oversight Contract Management Branch and the Managed Care Oversight-Quality Branch.

D. Division of Community Alternatives

The Division of Community Alternatives is responsible for program development and reimbursement functions of the community alternative programs, such as Waiver programs, for the Commonwealth of Kentucky. This Division ensures departmental compliance with all applicable federal, state, and local laws and regulations related to community alternative programs. This includes various community options that are offered to Medicaid members who are eligible for waiver programs. The division is also responsible for the program development and reimbursement functions of the following programs: Home and Community Based (HCB) Waiver, Model II Waiver, Adult Day Health Care, Home Health, Hospice, Community Mental Health Centers, Supports for Community Living (SCL) Waiver, Targeted Case Management for Adults, Targeted Case Management for Children, Impact Plus, Michelle P. and Acquired Brain Injury (ABI) Waiver. The division coordinates these functions through four branches: Mental Health/Intellectual and Developmental Disabilities Branch, the Acquired Brain Injury Branch, Home and Community Based Services Branch and the Community Transitions Branch.

E. Division of Policy and Operations

The Division of Policy and Operations is responsible for developing and maintaining policy and materials regarding service coverage and ensures the Department is in compliance with all applicable state and federal laws and regulations governing physical health program and operations. This division is primarily responsible for services in Inpatient Hospitals, Outpatient Hospitals, Acute Care Monitoring, Renal Dialysis Centers, Ambulatory Surgical Centers, Rehab Hospitals/Facilities, Comprehensive Outpatient Rehab Facilities, Intermediate Care Facilities (ICF), Critical Access Hospitals, Transplants, Physician/Osteopath, Dentist, Rural Health Centers, Primary Care Centers, Advanced Registered Nurse Practitioner (ARNP), Family Planning, Optometry/Opticians, Podiatry, Audiology, Physician Assistant, Birthing Centers, Durable Medical Equipment (DME), Specialty Physicians, Chiropractors, Speech, Psychiatric Hospitals, Psychiatric Residential Treatment Facilities (PRTF), and outpatient free-standing x-ray. This Division is also responsible for contract oversight of the Medicaid Managed Care Organizations (MCO). The Division coordinates these functions through three branches: the Eligibility Policy Branch, the Benefit Policy Branch, the Pharmacy Policy Branch, and the Enrollment Processing Branch.

F. Division of Program Integrity

The Division of Program Integrity is responsible for monitoring participating providers for compliance with state and federal regulations, in addition to the Division performs the following functions:

- Process Provider Enrollment Applications
- Process Provider Maintenance Documents
- Process Annual Disclosure of Ownership (ADO) Forms
- Provider Enrollment Call Center
- OIG Contract Oversight
- Electronic Health Record (EHR) Auditing Oversight
- Provider Sanctions/Terminations
- Credible allegation of Fraud cases
- PERM – Payment Error Rate Measurement
- Re-enrolling providers
- Works with Surveillance and Utilization Review/Recovery Audit Contractor (SUR/RAC) contractor on identifying DMS overpayments & underpayments
- Collection of overpayments applicable to only Program Integrity (PI) activity & forwarding appropriate AR info to DFM via memo
- Date of death – Vital Statistics file
- Quarterly review of SUR reports on members for potential misuse/overutilization of Medicaid services
- Member case reviews on OIG
- Alerts MCOs to identified member issues such as member needing to be considered for Lock-in placement
- Collects payments & refers member admin. Collection and court-ordered collection payments to DFM & updates OIG
- Involved with EHR auditing process & maintains spreadsheet of EHR audits
- MPV letters (Medicaid Program Violation letters)
- Oversight of various/multiple MCO reports related to PI activity
- Process Annuity Cases

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- Process Estate Cases
- Process Trust Cases
- Process Casualty and Estate cases that have to be forwarded to OLS
- Process incoming Checks related to Third Party Liability (TPL)
- Process incoming mail related to TPL
- Answer questions via phone, email, in-person, fax, and letter regarding TPL policies/procedures
- Review TPL federal/state laws
- Monitor the MCO's and Fiscal Agent in TPL functions

The Division coordinates these functions through four branches: the Recovery Branch, the Third Party Liability Branch, the Provider Licensing and the Certification Branch and the Audit and Compliance Branch.

#### 13.4 Cost Allocation Procedures

Costs charged to the Medicaid Pool Code WCXB are indirect costs incurred within the Commissioner's Office and the Division of Fiscal Management, are applicable to all programs administered by Medicaid.

The Department for Medicaid Services is funded entirely by the Medical Assistance Program, Children's Health Insurance Program, Money Follows the Person, and related state funds to meet matching requirements. The Department provides no services to any other programs. All costs incurred with the Department are recorded as direct charges except as identified above.

The basis for allocating the WCXB cost pool is the Cabinet-wide salaries charged to Department programs.

In accordance with 45 CFR 95.507(6), wherever cost are claimed for services provided by a governmental agency outside of CHFS, including the State Universities, such costs will be supported by a written agreement that includes at a minimum, (i) the specific service(s) being purchased, (ii) the basis upon which the billing will be made by the provider agency (e.g. time reports, number of homes inspected, etc.) and (iii) a stipulation that the billing will be based on the actual cost incurred. Costs relating to the outside governmental unit may include costs identified by federally negotiated indirect cost rates as well as cost allocation plans formally maintained by the outside entity, where supported in compliance with federal regulations.

#### 13.5 Random Moment Time Study

The Department for Medicaid Services (DMS), Kentucky Department of Education (KDE), and individual schools wish to share in the responsibility for promoting access to health care for students in the public school system. The School Based Administrative Claiming (SBAC) program is a federally funded program that allows schools to be reimbursed for some of their costs associated with coordinating school-based health services and providing Medicaid outreach activities. KDE conducts a quarterly time study for the school districts that participate in this program. The purpose of this time study is to (1) identify the proportion of administrative time allowable and reimbursable under the SBAC program and (2) identify the proportion of direct service time allowable and reimbursable under Medicaid to be used for Direct Service or Fee for Service (FFS) cost reporting to enable the State of Kentucky to conduct a cost settlement at the end of the state fiscal year for the FFS program.



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Four Attachments explain this Time Study. Attachment A explains the Kentucky School Based Time Study, Attachment B is a Training Guide and Helpful Hints, Attachment C is a Back-casting listing, and Attachment D is a listing of School Based Administrative Claiming Time Study Codes.

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ATTACHMENT A

### **Introduction**

The Department for Medicaid Services (DMS), Kentucky Department of Education (KDE) and individual schools wish to share in the responsibility for promoting access to health care for students in the public school system, preventing costly or long term health care problems for at risk students, and coordinating students' health care needs with other providers. Many of these activities, when performed by school staff, meet the criteria for Medicaid school-based administrative claiming and may be reimbursable.

The School-Based Administrative Claiming (SBAC) program is a federally funded program that allows schools to be reimbursed for some of their costs associated with coordinating school-based health services and providing Medicaid outreach activities.

Unlike the "fee for service" program, the SBAC program does not require individual claims for each service rendered to or on behalf of a student and documentation of service. However, it is necessary to determine the amount of time school staff spend performing Medicaid administrative activities. As a result, participant school districts provide documentation through a quarterly time study process that specifically identifies the Medicaid and Non-Medicaid related activities being performed within each district. Time spent by district school staff on Medicaid administrative activities is captured through the use of randomly generated time samples that are generated and compiled for each day that school is in session. The results of time samples are then used in a series of calculations to determine the percentage of the school district's cost that can be claimed under the SBAC program. SBAC reimbursement to the school district is made from Medicaid federal funds.

Kentucky has 120 counties, 174 public school districts and 2 State owned schools. The State owned schools are referred to as the Kentucky School for the Deaf (KSD) and the Kentucky School for the Blind (KSB). The KSD is the only state owned schools participating in the SBAC. Currently 135 public school districts participate in the SBAC program with 133 public school districts participating in the Fee for Service (FFS) program (School Based Health Services (SBHS). The KSD participates in both the SBAC and SBHS programs.

### **Background**

Local Education Agencies (LEAs) and the KSD and KSB schools participating in the SBAC program in Kentucky must meet very specific requirements. Every agency, which intends to draw down SBAC reimbursement, must have an authorized interagency agreement, and participate in the SBAC uniform time study. Random Moment Time Study (RMTS) is believed to be more accurate and less administratively burdensome.

### **Program Organization**

The Kentucky Department of Medicaid Services (DMS) has interagency agreements with the Kentucky Department of Education (KDE).

- DMS oversees KDE in the administration of SBAC and FFS,
- DMS provides technical assistance to KDE as needed in order for KDE to properly discharge its responsibilities;
- DMS monitors KDE performance and compliance with applicable state and federal laws and regulations.
- DMS reviews and approves all submitted claims before federal funds are requested.
- DMS will work with KDE to determine each school district's Medicaid Eligibility Rate.
- KDE serves as payment distribution agent for the Local Education Agencies (LEA) participating in SBAC
- KDE provides project administration and general oversight to the LEAs
- KDE provides technical assistance and claims review functions for the LEAs participating in SBAC and FFS.
- LEAs participating in SBAC enter into agreements with KDE to become SBAC participants.

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KDE contracts with a vendor to administer the SBAC. This contract period is for two (2) years with two (2) possible extensions. At the end of the extension period, the KDE will post a Request for Proposal (RFP) and conduct a bid process according to the purchasing regulations of the Commonwealth of Kentucky. The SBAC and Fee for Service (FFS) programs are completely volunteer programs for the LEAs, and they have the option of dropping out at any time if they no longer want to participate in SBAC. Discontinuance in one program will result in the discontinuance in both programs.

### **Time Study Methodology**

Kentucky conducts a time study on a quarterly basis for those school districts that are participating in this program. The purpose of the time study is to (1) identify the proportion of administrative time allowable and reimbursable under the SBAC program and (2) identify the proportion of direct service time allowable and reimbursable under Medicaid to be used for Direct Service or Fee for Service (FFS) cost reporting to enable the State of Kentucky to conduct a cost settlement at the end of the state fiscal year for the FFS program.

In most school districts, it is uncommon to find staff whose activities are limited to just one or two specific functions. Staff members normally perform a number of activities, some of which are related to the direct covered services and some of which are not. Sorting out the portion of worker activity that is related to these direct covered services and to all other functions requires an allocation methodology that is objective and empirical (i.e., based on documented data). Staff time has been accepted as the basis for allocating staff cost. The federal government has developed an established tradition of using time studies as an acceptable basis for cost allocation.

A time study reflects how workers' time is distributed across a range of activities. A time study is not designed to show how much of a certain activity a worker performs; rather, it reflects how time is allocated among different activities. As stated previously, the state will utilize a Random Moment Time Study (RMTS) methodology at which time all LEAs who participate in both the SBAC and FFS programs will be required to participate in the RMTS methodology of time study.

### **Time Study Participants**

All school districts that participate in the time study will identify allowable Medicaid direct service and administrative costs within a given district by having staff who spend their time performing those activities participate in a quarterly time study. These districts must certify that any staff providing services or participating in the time study meet the educational, experiential and regulatory requirements.

The following categories of staff have been identified as appropriate participants for the Kentucky time studies. Additions to the list may be dependent upon job duties.

The decision and approval to include additional provider types requires an amendment to the existing state plan, which would be submitted to CMS by DMS and involves CMS coverage staff, as well as, other federal review staff.

This does not include individuals such as parents or other volunteers who receive no compensation for their work; this would include in-kind "compensation". For purposes of this implementation plan, individuals receiving compensation from school districts for their services are termed "school district staff". Beginning with the October 2008 Quarter, Kentucky will begin using the two cost pool methodology. All staff will be reported into one of two cost pools: a Direct Service and Administrative Providers" cost pool and an "Administrative Services Provider Only" cost pool. The two cost pools are mutually exclusive, i.e., no staff should be included in both pools. The following provides an overview of the eligible categories in each cost pool. The Staff listed in Cost Pool 1 are listed in the submitted SPA 3.1A pages 7.1.7(a-e). As a part of their regular job functions the staffs listed in this cost pool are eligible to provide Direct School-Based Services as well as activities reimbursable under the SBAC Program. The individuals listed in this cost pool will meet the provider credential and license requirements necessary to provide direct School-Based services.

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**Cost Pool 1 (Direct Service & Administrative Providers)**

- Licensed Audiologist
- ASHA Certified Speech / Language Therapist
- Licensed Occupational Therapists
- COTAs (Certified Occupational Therapy Assistants)
- Occupational Therapist Aide
- Licensed Physical Therapists
- Licensed Physical Therapy Assistants
- Physical Therapist Aide
- Advanced Registered Nurse Practitioner
- School Nurses, RN
- School Nurses, LPN
- Health Aide
- Licensed Clinical Social Workers
- Licensed Social Worker
- Certified Social Worker
- Licensed Psychologist
- Licensed Psychological Practitioner
- Licensed Psychological Associate
- Licensed School Psychologist
- Certified Psychologist with Autonomous Functioning
- Certified Psychologist
- Licensed Professional Clinical Counselor
- Licensed Professional Clinical Counselor Associate
- Board Certified Behavior Analyst
- Board Certified Assistant Behavior Analyst
- Respiratory Therapist
- Interpreters & Interpreter Assistants
- Orientation & Mobility Specialist

**Cost Pool 2 (Administrative Service Providers Only)**

- School Social Workers
- School Counselors (Guidance Counselors)
- School Psychologist
- Psychologist Interns
- Special Education — Support Technicians
- Pupil Support— Technicians
- Special Education Administrators
- Pupil Support Services Administrators
- School Bilingual Assistants
- Health Services Special Education Teachers
- Licensed Speech Language Pathologist Assistants
- State Licensed Speech Language Pathologist
- And other groups/individuals that may be identified by the school district

Staff with job titles in both cost pools I & 2, are not automatically included in the time study. A district must determine whether they meet all requirements above and if they are less than 100% federally funded. Individuals that are 100% federally funded will be excluded from the time study. All criteria must be met in order to be included in the time study.

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Two mutually exclusive time studies, described below, will be conducted for the Direct Services and SBAC programs. Although some staff may perform both direct services and SBAC related activities, they will only be allowed to participate in one of the two time studies. For Direct Service staff that also performs SBAC activities, the direct services time study will be used to identify the claimable activities for both programs. SBAC claimable time will only be included on a SBAC cost report and will not be reimbursed through the Direct Services Program. Each time study has two (2) cost pools that are made up as follows:

- The first cost pool is comprised of direct service staff, including those who conduct both, direct services and administrative claiming activities as well as direct service only staff, and the respective costs for these staff. These costs include staff time spent on billing activities related to direct services.
- The second cost pool is comprised of administrative claiming staff only and the respective costs for these staff. Staff should be included in Cost Pool #2 only if they perform allowable Medicaid administrative activities on a regular basis.

Therefore, the two universes of time study participants and associated cost pools are mutually exclusive and the only direct costs that can be claimed under Medicaid related to this program are derived from the two cost pools described above.

Part of the KDE review process is to insure that all of the staff that will be submitted included in the sample universe. The school districts will submit a roster of participants each quarter. All of those staff members are loaded into the appropriate cost pool. The entire list of staff from all participating districts in a particular cost pool is included in the sample universe. At the end of the quarter, a financial schedule is sent to the districts to report allowable costs for staff. The list sent to the districts will only include the staff/ positions for which they reported at the beginning of the process. Districts are instructed that they can only claim staff for participants that were sent in the roster process and thus included in the sample universe. The Department of Education can compare the lists of submitted staff against the list used in the sample universe. This list should be a match since all staff submitted by the districts are included in the sample universe.

#### **Random Moment Time Study (RMTS)**

The RMTS method polls participants on an individual basis at random time intervals over a given time period and totals the results to determine work effort for the entire population of eligible staff over that same time period. The RMTS method provides a statistically valid means of determining what portion of the selected group of participant's workload is spent performing activities that are reimbursable by Medicaid.

#### **Time Study Start and End Dates**

Each calendar quarter, the dates that school districts will be in session and for which their staff members are compensated will be determined. District staff members are paid to work during those dates that districts are in session: as an example, districts may end the school year sometime in May each year. All days including and through the end of the school year would be included in the potential days to be chosen for the time study. Each quarter, district calendars will be reviewed to determine those dates that the schools pay for their staff to work, and those dates will be included in the sample. Since school calendars change on an annual basis, the school calendars will be evaluated on an annual basis and the sample dates will be determined and documented.

#### **Sampling Requirements (RMTS)**

In order to achieve statistical validity, maintain program efficiencies and reduce unnecessary district administrative burden a consistent sampling methodology for all activity codes and groups will be used. The RMTS sampling methodology is constructed to achieve a level of precision of +/- 2% (two percent) with a 95% (ninety-five percent) confidence level for activities. This is in accordance with the Medicaid School-Based Administrative Claiming Guide of May 2003.

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Statistical calculations show that a minimum sample of 2401 completed moments each quarter, per cost pool, is adequate to obtain this precision when the total pool of moments is greater than 3,839,197. Additional moments are selected each quarter to account for any invalid moments. Invalid moments are moments not returned or inaccurately coded.

The following formula is used to calculate the number of moments sampled for each time study cost pool:

$$ss = \frac{Z^2 * (p) * (1-p)}{c^2}$$

WHERE:

- Z = Z value (e.g. 1.96 for 95% confidence level)
- p = percentage picking a choice, expressed as decimal (.5 used for sample size needed)
- c = confidence interval, expressed as decimal (e.g., .02 = ±2)

**CORRECTION FOR FINITE POPULATION**

Where:

pop = population

$$new\ ss = \frac{ss}{1 + \frac{ss-1}{pop}}$$

The following table shows the sample sizes necessary to assure statistical validity at a 95% confidence level and tolerable error level of 2%. Additional moments will be selected to account for unusable moments, as previously defined. An over sample of 15% will be used to account for unusable moments.

N=	Sample Size Required	Sample Size plus 15% Oversample
100,000	2345	2697
200,000	2373	2729
300,000	2382	2739
400,000	2387	2845
500,000	2390	2849
750,000	2393	2852
1,000,000	2395	2854
3,000,000	2399	2859
>3,839,197	2401	2860

**RMETS Process & Notification**

The RMETS process is described here as four steps:

1. Identify total pool of time study participants
2. Identify total pool of time study moments
3. Randomly select moments; randomly match each moment to a participant
4. Notify selected participants about their selection

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**Identify Total Pool of Time Study Participants**

At the beginning of each quarter, participating districts submit a staff roster (Participant List) providing a comprehensive list of staff eligible to participate in the RMTS time study. This list of names is subsequently grouped into job categories (that describe their job function), and from that list all job categories are assigned into one of two "cost pools" for each LEA participating in the time study. There will be two mutually exclusive cost pools.

**Identify Total Pool of Time Study Moments**

The total pool of "moments" within the time study is represented by calculating the number of working days in the sample period, times the number of work hours of each day, times the number of minutes per hour, and times the number of participants within the time study. The total pool of moments for the quarter is reduced by the exclusion of weekends, holidays and hours during which employees are not scheduled to work.

**Randomly Select Moments and Randomly Match Each Moment to a Participant**

Once compiled, each cost pool is sampled to identify participants in the RMTS time study. The sample is selected from each cost pool, along with the total number of eligible time study moments for the quarter. Using a statistically valid random sampling technique, the desired number of random moments is selected from the total pool of moments. Next, each randomly selected moment is matched up, using a statistically valid random sampling technique, with an individual from the total pool of participants.

Each time the selection of a minute and the selection of a name occurs, both the minute and the name are returned to the overall sample pool to be available for selection again. In other words, the random selection process is done with replacement so that each minute and each person are available to be selected each time a selection occurs. This step guarantees the randomness of the selection process.

Each selected moment is defined as a specific one-minute unit of a specific day from the total pool of time study moments and is assigned to a specific time study participant. Each moment selected from the pool is included in the time study and coded according to the documentation submitted by the employee.

The sampling period is defined as the three-month period comprising each quarter of the Calendar Year calendar. The following are the quarters followed for the SBAC program:

- Quarter 1 = January 1 — March 31
- Quarter 2 = April 1 — June 30
- Quarter 3 = July 1 — September 30
- Quarter 4 = October 1 — December 31

The sampling periods are designed to be in accordance with the May 2003 Medicaid School-Based Administrative Claiming Guide, on page 42, Example 4, specifically:

*"If the school year ends in the middle of a calendar quarter (for example, sometime in June), the last time study for the school year should include all days through the end of the school year. Therefore, if the school year ends June 25th, then all days through and including June 25th must be included among the potential days to be chosen for the time study."*

Each quarter, dates that school districts will be in session and for which their staff members are compensated will be identified. District staff members are paid to work during those dates that districts are in session; as an example, districts may end the school year sometime in May each year. All days including and through the end of the school year would be included in the potential days to be chosen for the time study. It is important to understand that although districts may end the school year prior

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to the close of the quarter staff members are paid for services provided through the end of the federal fiscal quarter. Districts typically spread staff compensation over the entire calendar year even when staff members are not working. The district considers this compensation reimbursement for time when staff members actually work rather than compensation for the staff members time off during the summer months.

The majority of LEA staff work during a traditional school year. Since the time study results captured during a traditional time study are reflective of any other activities that would be performed during the summer quarter, a summer quarter time study will not be conducted. Kentucky will use an average of the three (3) previous quarter's (Quarter 4-October-December, Quarter 1-January-March, and Quarter 2-April-June) time study results to calculate a claim for the Quarter 3 (July-September) period. This is in accordance with the May 2003 Medicaid School-Based Administrative Claiming Guide, page 42. Specifically:

*"...the results of the time studies performed during the regular school year would be applied to allocate the associated salary costs paid during the summer. In general, this is acceptable if administrative activities are not actually performed during the summer break but salaries (reflecting activities performed during the regular school year) are prorated over the year and paid during the summer break"*

### **Notify Participants about their Selected Moments**

Email is the standard method by which time study participants are notified of their requirement to participate in the time study and of their sampled moment. Sampled participants will be notified of their sampled moment no more than five (5) days prior to the sampled moment. At the prescribed moment, each sampled participant is asked to record and submit his/her activity for that particular moment. Additionally, if the moment is not completed the participant receives a late notification email 24 hours after their selected moments. Throughout this entire process, the district's LEA coordinators have real-time access in the online system to view their sampled staff, the dates/times of their sampled staff's moments, and whether or not the moment has been completed. Moments close after 5 school days, which means participants will not be able to complete their moment after that time. As explained on page 13, if the return rate of valid moments is less than 85% then, all non-returned moments will be included and coded as non-allowable code.

Compliance reports are ran weekly by the RMTS administrator and sent to the districts. The school districts also have the ability to run compliance reports on a daily basis. A validity check of the time study results is completed each quarter prior to the calculation of the claim. The validity check ensures that the minimum number of responses is received each quarter to meet the required confidence level. The number of completed and returned time study moments is analyzed to confirm that the confidence level requirements have been met. Once the validity of the sample has been confirmed, the time study results are calculated and prepared for the calculation of the quarterly claim.

Kentucky has chosen to utilize a centralized coding methodology. Under that methodology the sampled staff member is not required or expected to code his or her moment. The sampled staff member is asked to document their activity by providing specific examples. At the end of the documentation, the sampled staff member is asked to certify their documentation.

The contractor will randomly select a 10% sample of coded responses which will be submitted to the State each quarter for validation. A representative from the Department of Education and one from the Department for Medicaid Services will validate the 10% subsample provided by the contractor. This validation will consist of reviewing the participant responses and the corresponding code assigned by the contractor to determine if the code was accurate. When all of the subsample responses and coding have been verified, the State will identify any disagreements with the coding staff. After that discussion on coding, a consensus must be met in order for the code to be approved by the State. The State holds final approval. If necessary, coding instructions for the Contractor would be modified to document those coding decisions so that they can be consistently applied in future quarters.

At the end of each quarter, once all random moment data has been received and time study results have been calculated, statistical compliance reports will be generated to serve as documentation that the sample results have met the necessary statistical requirements.



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## **Training Types & Overview**

### **LEA Coordinator Training (RMTS)**

DMS will review and approve all RMTS training material used by the KDE contractor. Once the training material has been approved by DMS, the KDE contractor will provide initial training for the LEA coordinators, which will include an overview of the RMTS software system and information on how to access and input information into said system. It is essential for the LEA coordinators to understand the purpose of the time studies, the appropriate completion of the RMTS, the timeframes and deadlines for participation, and that their role is crucial to the success of the program. Participants are to be provided detailed information and instructions for completing and submitting the time study documentation of the sampled moment. All training materials will be accessible to LEA coordinators. In addition, annual training will be provided to the LEA coordinators to cover topics such as SBAC program updates, process modifications and compliance issues.

### **Central Coding Staff Training (Activity Coding)**

The methodology adopted by Kentucky in the use of Centralized Coders will be a two coder system, comprised of a primary coder and a secondary coder. The purpose of the two coder system is to have two sets of eyes reviewing the moments to verify coding. The contractor will employ a primary coder, whose role will be to review the response of the sample participant and use the information provided to determine the appropriate activity code for the moment. In the event a sampled participant does not provide enough information to determine the activity code, the participant is contacted by the primary coder and asked to provide additional information about the activity they were performing at the time of the sampled moment so coding can be completed. The secondary coder is also an employee of the contractor, who is a more senior staff member with additional experience. The role of the secondary coder is to review the response of the participant and the code assigned by the primary coder. The secondary coder will inform the primary coder of any moments they feel the coding was not appropriate. The two coders will work to achieve consensus on the activity code. If the secondary coder does not feel there is enough information to determine the activity code then the participant is contacted for additional information. All moments are coded using the activity codes and examples as outlined in this plan as Attachment D. After all moments have been coded, the contractor pulls 10% of the completed moments to be sent to the State for further validation.

### **Sampled Staff Training**

The LEA coordinator for each LEA must ensure sampled staff receives training prior to the completion of the RMTS for his/her sampled moment. Each district coordinator will be sent a PowerPoint document (SBAC Training Guide 04-01-09) at the beginning of each quarter to share with the participants selected in their district for review prior to their actual moment. The district coordinator will send this PowerPoint document to their sampled staff at the beginning of the quarter. Beginning with the October 2008 Quarter, (in addition to the PowerPoint document) training will also be incorporated into the moment documentation system so sampled staff will have to review the information prior to documentation of the sampled moment. Since all RMTS responses will be reviewed by central coders, and these coders will subsequently select the appropriate activity code, the staff training will focus on program requirements and the completion of the RMTS survey. The staff training will not include an overview of activity codes since all coding will be completed by central coders. The following items must be included in staff training:

- Overview of the required process to participate in RMTS
- Review the standards for RMTS documentation submitted by staff
- Methods for requesting additional documentation from time study participants when insufficient information is provided to centralized coders to determine the appropriate activity code.
- The training must be provided quarterly, staff that has not received training cannot participate in the RMTS.
- It is required that any training materials used by LEAs be submitted for review and comment to DMS and KDE.
- LEAs are encouraged to use and distribute any materials provided by the state regarding the time study.

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**Documentation (RMTS)**

All documentation of sampled moments must be sufficient to provide answers to the time study questions needed for accurate coding:

- Who was with you?
- What were you doing?
- Why were you performing this activity?
- Was this activity covered in an IEP?
- In addition, sampled staff will certify the accuracy of their response prior to submission—sampled staff members are assigned a unique user name and password that is only sent to them. They must use this unique user name and password to login and document their moment. After answering the documentation questions they are shown their responses and asked to certify that the information they are submitting is accurate. Their moment is not completed unless they certify the accuracy of the information. Since the sample staff member only has access to their information, this conforms with electronic signature policy and allows them to verify that their information is accurate.

Time study participants certify the accuracy of his/her response prior to submission.

Additional documentation maintained by the LEA contractor includes:

- Sampling and selection methods used,
- Identification of the moment being sampled, and
- Timeliness of the submitted time study moment documentation.

Invalid moments are moments not returned by the LEA.

**Time Study Return Compliance**

DMS will require an 85% response rate. Moments not returned or not accurately completed and subsequently resubmitted by the school district will not be included in the database unless the return rate for valid moments is less than 85%. If the return rate of valid moments is less than 85% then, all non-returned moments will be included and coded as a non-allowable. To ensure that enough moments are received to have a statistically valid sample, Kentucky should over sample at a minimum of fifteen percent (15 %) more moments than needed for a valid sample size. LEAs must submit completed moments 5 school days after the sampled moment has passed. To assure that districts are properly returning sample moments, the district's return percentage for each quarter will be analyzed. If a district has non-returns greater than 15% moments for a quarter, the district will receive a warning letter. DMS and KDE will be copied on all warning letters sent to the districts. If the same district is in default the next quarter after being warned, they will not be able to participate for a one year period of time.

Note: If the overall state average is greater than 90%, then the compliance will be considered valid.

For instance, if a district has non-returns greater than 15% moments for the quarter ended December 31, 2006 and March 31, 2007, the district will not be able to submit claims for the Federal Fiscal Year ending September 30, 2007.

**Time Study Activities/Codes**

The time study codes are assigned indicators that determine its allowability, federal financial participation (FFP) rate, and Medicaid share. A code may have one or more indicators associated with it. These indicators should not be provided to time study participants.

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The time study code indicators are:

Application of FFP rate	50 percent	Refers to an activity that is allowable as administration under the Medicaid program and claimable at the 50 percent non-enhanced FFP rate.
Allowability & Application of Medicaid Share	U	Unallowable — refers to an activity that is unallowable as administration under the Medicaid program. This is regardless of whether or not the population served includes Medicaid eligible individuals.
	TM	Total Medicaid — refers to an activity that is 100 percent allowable as administration under the Medicaid program.
	PM	Proportional Medicaid — refers to an activity, which is allowable as Medicaid administration under the Medicaid program, but for which the allocable share of costs must be determined by the application of the proportional Medicaid share (the Medicaid eligibility rate). The Medicaid share is determined as the ratio of Medicaid eligible students to total students.
	R	Reallocated — refers to those general administrative activities which must be reallocated across the other activity codes on a pro rata basis. These reallocated activities are reported under Code 10, General Administration.

The following time study codes are to be used for the Random Moment Time Study:

Code	Activity	SBAC Indicator(s)
1.a	Non-Medicaid Outreach	U
1.b	Medicaid Outreach	TM/50%
2.a	Facilitating Non-Medicaid Eligibility	U
2.b	Facilitating Medicaid Eligibility Determination	TM/50%
3	School Related & Educational Activities	U
4.a	Direct Medical Services - Not Covered as IDEA/IEP Service	
4.b	Direct Medical Services - Covered as IDEA/IEP Service	
5.a	Transportation Non-Medicaid	U
5.b	Medicaid Transportation	PM/50%
6.a	Non-Medicaid Translation	U
6.b	Medicaid Translation	50%
7.a	Program Planning, Development and Interagency Coordination Non- Medical	U
7.b	Program Planning, Development and Interagency Coordination Medical	50%
8.a	Non-Medical/Non-Medicaid related Training	U
8.b	Medical/Medicaid related Training	50%
9.a	Referral, Coordination, and Monitoring Non-Medicaid Services	U
9.b	Referral, Coordination, and Monitoring of Medicaid Services	50%
10	General Administration	R
11	Not Paid/Not Worked	U

These activity codes represent administrative and direct service activity categories that are used to code all categories of claims. For all activity codes and examples, if an activity is provided as part of or an extension of a direct medical service, it may not be claimed as Medicaid Administration. The detail code definitions and examples may be found in Attachment D.

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**Submitting a Claim for Medicaid Administration**

- The SBAC Program cost calculation has five components:
- Cost pool construction
- Allowable Medicaid administrative time
- The Medicaid Enrollment Rate (MER)
- The FFP
- Indirect cost rate (ICR)

**Calculating the Claim**

In very general terms, the federal share of the claim for Medicaid administration is calculated by:

Cost Pool Total	Multiplied by
% time claimable to Medicaid administration	Multiplied by

The Medicaid Enrollment Rate (MER) (where applicable)	Multiplied by
1 + Indirect Cost Rate (this percent is added to the value of the calculation at this stage in the process) equals the amounts of the claim request	Multiplied by % FFP (50%)

a) **Cost pools**

Cost pools have previously been explained on page 3 of this document.

b) **% Time Claimable to Medicaid Administration**

The time study results are utilized to determine the amount or percent of time spent by school district personnel doing the identified outreach, care and coordination functions.

c) **The Medicaid Enrollment Rate (MER)**

The amount of the claim is affected by the MER. This factor is a critical component of the claim. MER data consist of eligibility information pertaining to the quarter to which it relates. The MER is applied to the total claimable percentage (Codes 1b, 2b, 5b, 6b, 7b, 8b & 9b). The Direct Service (FFS) Medicaid eligibility rate will be applied to Code 4b responses.

d) **Federal Financial Participation (FFP) Rate**

After the results of the time study are multiplied by the cost pool total, they are then multiplied by the 50% FFP

e) **Indirect Cost Rate (ICR)**

Indirect costs will be claimed as a part of the SBAC Program. The State will use a consistent method to calculate the unrestricted ICR as outlined in OMB Circular A-87. Claims for the school district's indirect costs are only allowable when the entity has an approved indirect cost rate.

**SBAC Claim Development**

The administrating contractor will submit quarterly claims on behalf of participating LEAs directly to KDE. After reviewing each claim, KDE will forward the claims to DMS for review and approval for payment processing. The claims will be based on the quarterly costs, the time study, the Medicaid eligibility rate, the indirect cost rate (ICR) and the FFP.

**SBAC Medicaid Eligibility Rate (MER)**

The costs associated with several Medicaid administrative activities performed by school districts must be adjusted by the district's Medicaid eligibility rate. The Medicaid Eligibility Rate (MER) reduces these counts to the amount for services

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specific to Medicaid eligible individuals. The MER for the SBAC is calculated on a quarterly basis. For example, referring an individual student to a Medicaid provider in the community is allowable only to the extent that the student is Medicaid eligible. The counts of these activities are claimable as administrative activities but only to the extent that they are directed toward the Medicaid eligible population.

The Kentucky public school system is comprised of 176 school districts including the School for the Blind and the School for the Deaf located within 120 counties. To determine the MER for each participating school district, Kentucky will use two methods of calculations. These quarterly calculations utilize the following reports:

- A countywide report of all Medicaid eligibles ages 5-18 provided by the Department of Medicaid. This report provides just the number of eligibles.
- DMS also provides a master detail listing of all Medicaid eligible's ages 5-18 which include the name, date of birth and social security number of each of the Medicaid participants residing in each of the participating school district counties.
- A school district report of all enrolled students between the ages of 5-18. This report is generated by the statewide enrollment reporting database. The report lists the student name, date of birth, and social security number.
- The end of the school year enrollment report submitted by each individual school district

To calculate the MER for participating school districts where there is only one school district located in the county. The MER is determined by dividing the DMS countywide report by the school district's yearend total enrollment.

To calculate the MER for participating school districts where there are multiple school districts located in the same county. The KDE performs a computerized match where the district generated student list is compared to the DMS master list. The MER is determined by dividing the number of Medicaid eligible matches by the end of the school year enrollment.

### **Financial Data**

The financial data to be included in the calculation of the SBAC claim are to be based on actual expenditures incurred during the quarter. These costs must be obtained from actual detailed expenditure reports generated by the provider's financial accounting system.

OMB Circular A-87 specifically defines the types of costs: direct costs, indirect costs and allocable costs that can be included in the program. Sections 1 through 42 provide principles to be applied in establishing the allowability or unallowability of certain items of cost. These principles apply whether a cost is treated as direct or indirect. The following items are considered allowable costs as defined and cited below by A-87.

### **Direct Costs**

Typical direct costs identified in A-87 include:

- Compensation of employees
- Cost of materials acquired, consumed, or expended
- Equipment
- Travel expenses incurred

### **Indirect Costs**

Indirect costs included in the claim are computed by multiplying the costs by the LEAs' approved unrestricted indirect cost rate. These indirect rates are developed by the LEAs' state cognizant agency, Kentucky Department of Education (KDE), and

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are updated annually. The methodology used by the respective state cognizant agency to develop the indirect rates has been approved by the cognizant federal agency, as required by the CMS guide. Indirect costs are included in the claim as reallocated costs.

DMS will ensure that costs included in the SBAC financial data are not included in the district's unrestricted indirect cost rate, and no costs will be accounted for more than once.

**Unallowable Costs**

Costs that may not be included in the claim are:

- Direct costs related to staff that are not identified as eligible time study participants (i.e., costs related to teachers, cafeteria, transportation, and all other non-School Based administrative areas)
- Costs that are paid with 100 percent federal funds. Any costs that have already been fully paid by other revenue sources (federal, state/federal, recoveries, etc.)
- Revenue Offset

Expenditures included in the SBAC claim are often funded with several sources of revenue. Some of these revenue sources require that expenditures be offset, or reduced, prior to determining the federal share reimbursable by Medicaid. These "recognized" revenue sources requiring an offset of expenditures are:

- Federal funds (both directly received by the district and pass through from state or local agencies)
- State expenditures that have been matched with federal funds (including FFS). Both the state and federal share must be used in the offset of expenditures.
- Third party recoveries and other insurance recoveries

**Claim Certification**

LEAs will only be reimbursed the federal share of any SBAC billings. The Chief Financial Officer (CFO), Chief Executive Officer (CEO), Executive Director (ED), Superintendent (SI) or other individual designated as the financial contact by the LEA will be required to certify the accuracy of the submitted claim and the availability of matching funds necessary. The certification statement will be included as part of the invoice and will meet the requirements of 42 CFR 433.51.

LEAs will be required to maintain documentation that appropriately identifies the certified funds used for SBAC claiming. The documentation must also clearly illustrate that the funds used for certification have not been used to match other federal funds. Failure to appropriately document the certified funds could result in non-payment of claims.

**Direct Service or Fee for Service (FFS) Medicaid Eligibility Rate**

The direct service Medicaid eligibility rate will be calculated annually for each school district. The numerator will be the number of Medicaid IEP students who received a direct medical service and the denominator will be the total IEP students who received the direct medical service. The MER for Direct Service is calculated for each school district. The MER for Direct Service is calculated annually following the end of the state fiscal year. The IEP Medicaid ratio will only be utilized for FFS calculations and not in the Administrative Claim. This MER will be applied to Code 4b responses.

The SBS eligibility rate calculation is:

$$\frac{[\text{Number of Medicaid Students with IEP}]}{[\text{Total Number of Students with IEP}]}$$

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**Documentation & Recordkeeping Requirements**

It is required that all SBAC LEAs maintain documentation supporting the administrative claim. The LEAs must maintain and have available upon request by state or federal entities the contract with the state to participate in the SBAC program. Some documentation must be maintained quarterly. This information must be available upon request by state or federal entities. The quarterly requirements are outlined below.

Each participating LEA will maintain a quarterly audit file containing, at a minimum, the following information:

- A roster of eligible individuals, by category, submitted for inclusion in the participant sample pool
- Verification of compliance with training requirements by time study participants
- Financial data used to develop the expenditures and revenues for the claim calculations including state/local match used for certification
- Documentation of the district's approved indirect rate (if applicable)
- A copy of the completed and signed certification form

The State requires LEAs to maintain complete copies of all SBAC claims and supporting documentation including time study results.

**Retention period**

Documentation must be retained for the minimum federally required time period. Federal guidelines (42 CFR 433.32) state the retention period is three years unless there is an outstanding audit. The state's requirement is for LEAs to maintain the administrative claiming documentation for five years or until such time all outstanding audit issues and/or exceptions are resolved.

**Oversight and Monitoring**

Federal guidelines require the oversight and monitoring of the administrative claiming programs. This oversight and monitoring must be done at both the LEA and state level.

**State Level Oversight and Monitoring**

The state is charged with performing appropriate oversight and monitoring of the time study and SBAC program to ensure compliance with state and federal guidelines. DMS is the responsible agency for this required monitoring and oversight effort. DMS has a Memorandum of Agreement (MOA) with KDE Medicaid administrative claiming. The MOA clearly state all parties' responsibilities. Please see MOA attached as Attachment C.

DMS will monitor and review various components of the SBAC program operating in the state. The areas of review include, but are not limited to:

- Participant List — ensure only eligible categories of staff are reported on the participant list based on the approved RMTS categories in the implementation plan.
- RMTS Time Study — sampling methodology, the sample, and time study results
- RMTS Central Coding — review at a minimum a 10% sample per quarter of the completed coding
- Training — Compliance with training requirements: program contact, central coder and district staff
- Financial Reporting — Costs are only reported for eligible cost categories and meet reporting requirements.
- Documentation compliance

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### Frequency

All LEAs will be monitored at least once every three (3) years. This monitoring will consist of either an on-site, desk, or combination review. For this monitoring process, one quarter will be selected for in-depth review. Participating LEAs will be required to fully cooperate in providing information and access to necessary staff in a timely manner to facilitate these efforts. LEAs that do not fully cooperate in the review process may be subject to sanctions.

For other quarters, trends will be examined, for example, total costs in the claim, time study results, and reimbursement levels. Any significant variations from historical trending will be communicated to the LEAs for explanation of the variance.

KDE is in constant communication with the vendor, often daily, to discuss any issues that may arise. KDE will set up regular meetings and/or conference calls, (at least monthly) with their contractor and DMS to discuss time study trends, 85% LEA compliance level, coding and any other SBAC or time study issues, etc.

The state will pursue remedial action for LEAs that fail to meet SBAC program requirements or fail to correct problems identified during review. Examples of actions that will cause implementation of sanctions include, but are not limited to:

- Repeated and/or uncorrected errors in financial reporting, including failure to use the Contractor provided financial reporting worksheets
- Failure to cooperate with state and/or federal staff during reviews or other requests for information
- Failure to maintain adequate documentation
- Failure to provide accurate and timely information to the Contractor as required

Sanctions the state may impose include suspending payment of SBAC and FFS claims, conducting more frequent reviews, and the recoupment of funds. Once an LEA has been notified of the need for remedial action, the LEA will be given 60-days to submit a corrective action plan to the state, and the state will have an additional 60-days to approve or amend the corrective action plan on an agreed upon time frame.

### Contractor Level Oversight and Monitoring

#### Quarterly Tasks

#### Training regarding RMTS

- Ensure district has participated in required RMTS training in order to participate in RMTS
- Review of RMTS compliance rate, ensure each district meets the 85% compliance level requirement
- Ensure LEA coordinator understands how critical response rate is per district and that he/she is aware of applicable sanctions for non-compliance.

#### Roster Updates

- Prepare roster update and email to district contact
- Receive updated roster from district
- Review and QC updated roster
- Upload individual district rosters into database with all other participating districts

#### Time Study Tasks

- Randomly select time study participants from database
- Notify district contact of staff from their district who were selected for the quarter



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- Notify selected participants within 5 days prior and 1 day prior to their selected moment and send reminders one after the moment if it has not been completed with a copy to the supervisor and/or district coordinator.
- Review documented responses and code time study received from selected participants. Conduct follow-up if necessary for the determination of the appropriate time study code.
- Quality Check received and coded time study data
- Follow up with participants who submitted incomplete data, correcting the data so it can be used.
- Scan all data and prepare it for the claim.

#### Financial Tasks

- Conduct financial training with district, as needed
- Prepare quarterly financial workbook and email workbook to designated financial contact.
- Receive completed workbook and QC for errors
- If necessary, resubmit to contact for revisions
- Prepare financial information for the SBAC claim
- Prepare Certification of Public Expenditure (CPE) form and send to financial contact for completion.
- Receive completed CPE forms from district and submit to KDE

#### Miscellaneous Tasks

- Participate in quarterly SBAC update meetings
- Answer general questions from district throughout the quarter
- Collect annual indirect cost rate (ICR) for each participating district from KDE
- Obtain quarterly Medicaid Eligibility Rate (MER) from KDE
- Obtain quarterly IEP Ratio from KDE
- Run quarterly SBAC claim and submit to KDE
- Send copy of claim to district for their records
- Follow up with KDE to ensure district receives payment
- Conduct quality assurance reviews, as needed
- Serve as liaison between district and DMS and KDE

#### Local LEA Level Oversight and Monitoring

Each LEA participating in the SBAC program must take appropriate oversight and monitoring actions that will ensure compliance with SBAC program requirements.

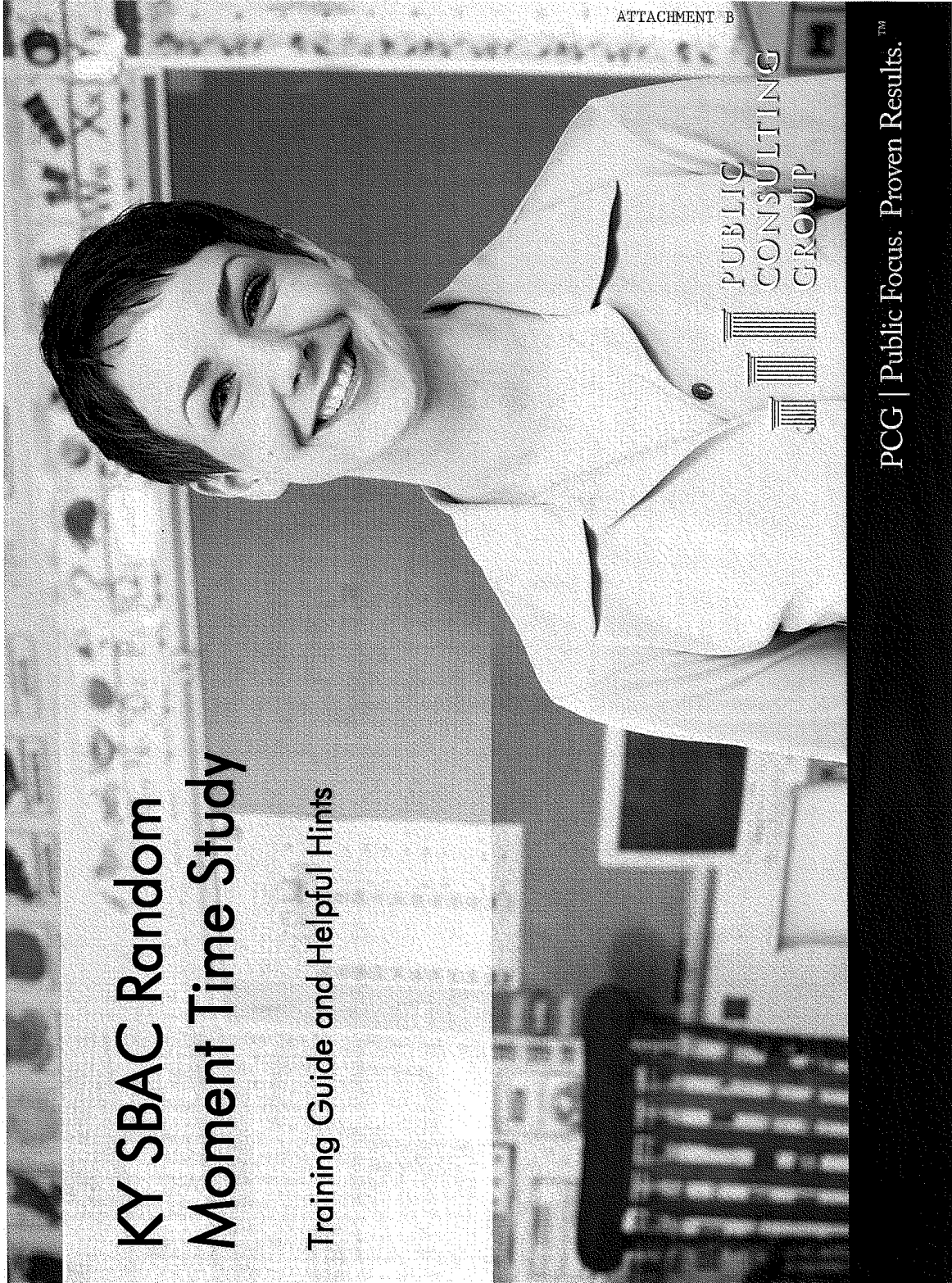
Action must be taken to ensure, at a minimum, that:

- The time study is performed correctly
- The time study results are valid
- The financial data submitted is true and correct
- RMTS training requirements are met
- Appropriate documentation is maintained to support the time study and the claim.

#### Required Personnel

Each LEA must designate an employee as the LEA coordinator or SBAC program contact. This single individual is designated within the LEA to provide oversight for the implementation of the time study and to ensure that policy decisions are implemented appropriately. The LEA must also designate an Assistance LEA coordinator to provide back-up support for time study responsibilities.

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## What is Medicaid?

- Medicaid provides health care coverage and medical services to several populations including:
  - low-income children
  - pregnant women
  - families
  - individuals with disabilities
  - elderly citizens
  
- Medicaid is collaboratively funded by the states and the federal government

## Schools and Medicaid

- Schools provide an array of services beyond traditional “educational services” to ensure that students arrive at school healthy and ready to learn
- As school staff work with students on a daily basis, they are uniquely positioned to assist in enrollment of eligible students in Medicaid, to assist them in receiving the medical services and supporting administrative services they require, and to provide medically-necessary services
- The Early and Periodic, Screening, Diagnostic, and Treatment (EPSDT) Program is Medicaid’s provision for providing preventative child health services for individuals under the age of 21
  - Periodic health screening
  - Vision services
  - Dental services
  - Hearing services

## School-Based Administrative Claiming (SBAC) in KY

- In Kentucky, the school based Medicaid program is administered by the Kentucky Department of Medicaid Services (DMS) and the Kentucky Department of Education (KDE)
  - DMS and KDE set program policy
  - Monitors documentation and claiming for covered services
  - Audits claiming practices
- SBAC offers reimbursement for the costs of administrative activities, such as outreach, that support the Medicaid program. Allowable activities are:
  - Medicaid outreach and related training
  - Facilitating Medicaid eligibility application
  - Health-related referral activities & Monitoring of health service delivery
  - Medical service program planning, policy development, and interagency coordination
  - Arranging for Medicaid-related transportation and provision of Medicaid-related translation

## School-Based Examples of Allowable Activities

- Providing information to individuals and families regarding the Kentucky Medicaid program and available services
- Scheduling and/or coordinating EPSDT screens or other medical and mental health diagnostic services
- Gathering any information that may be required in advance of these referrals
- Developing internal plans and strategies to improve health service delivery and eliminate gaps
- Attending a parent meeting for a child with issues that may need outside health or counseling services
- Observing a child as part of the process for referred students of the intervention and referral services
- Coordinating a meeting with school staff and parents to determine if mental health or educational evaluations are needed

## School-Based Examples of Non-Reimbursable Activities

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- Assisting a student apply for college or vocational school – includes completing the applications for enrollment or financial assistance
- Parent – Teacher conferences to discuss the academic progress of the student
- Writing the academic goals for an IEP or IFSP
- Class schedules for students, student supervision such as lunch duty, hall duty, bus duty, etc.
- Talking with other staff about non-health related student needs or issues.
- Academic instruction – reading, math, science, social studies, history, etc.
- Attending a conference on academic strategies or topics
- First Aid



## Who Should be on the SBAC Staff Pool List

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- Staff should be included on the staff pool list if they perform allowable outreach activities ON A REGULAR BASIS
- “On a regular basis” means that staff are expected to perform outreach activities as a normal part of their job
- Each staff person should be considered individually when making this decision—a job title does not “automatically” qualify a staff person for the program



KY SBAC Random Moment Time Study Training Guide

# RMTS Documentation System Overview



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KY SBAC Random Moment Time Study Training Guide

# Welcome Slide

Public Consulting Group  
**Random Moment Time Study**  
**KENTUCKY SBAC**

Name	Category	Location	Moment
AMANDA KASSELMANN	01	COLLINS ELEMENTARY	


**Kentucky School-Based Administrative and Direct Service Claiming Program Random Moment Time Study Program Overview**

This Random Moment Time Study is required as part of your district's participation in the Kentucky School-Based Administrative and Direct Service Claiming Program. The time study is designed to capture 100% of time and activities and you only will need to accurately document your activities at the sampled moment. Your participation is mandatory, but will only take a few minutes of your time.

[Logout](#)

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# What is SBAC?



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**Random Moment Time Study**

**KENTUCKY SBAC**

EMERITUS™

**Logout**


Name	Category	Location	Moment
KRISTA WHITAKER	01	DISTRICT WIDE	

**What is the School-Based Administrative and Direct Service Claiming Program (SBAC)**

The school setting offers unique advantages and opportunities to reach children and families to inform and encourage them to enroll in the Medicaid Program, as well as to provide assistance to students in accessing medical services. Most children attend schools, and since most parents consider schools a trusted conduit for important information, schools are a critical link to reach uninsured children who may qualify for Medicaid services. Public schools in Kentucky provide physical health, mental health, and substance abuse care services. Coordination and follow-up activities are provided when screenings and evaluations identify a specific need of the student. Federal statute and regulations allow for reimbursement by Medicaid to certain governmental entities that provide Medicaid-related outreach services.

# What is RMTS?



**PUBLIC CONSULTING GROUP**

**Random Moment Time Study**  
**KENTUCKY SBAC**

ES-011715-19

**Logout**

Name	Category	Location	Moment
KRISTA WHITAKER	01	DISTRICT WIDE	

**Random Moment Time Study**  
 What is the Random Moment Time Study(RMTS)?

The Random Moment Time Study (RMTS) process is a federally approved technique of polling a statistically valid sampling of randomly selected moments (one moment = one minute) which are assigned to randomly selected participants. The RMTS method measures the work effort of the entire group of approved participants involved in the schools, Medicaid and health-related services programs by sampling and analyzing the work efforts of a randomly selected cross-section of the group. A computer program chooses each moment randomly from the total working hours of all the school days of the entire quarter and assigns the selected moment to an eligible participant. Notification of the chosen moment will go out to the chosen participant one week prior to the selection of time, after "living" the moment participants will document their activity in a narrative format.

# What is My Role in the RMTS?

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**Random Moment Time Study**  
**KENTUCKY SBAC**

Logout

Name	Category	Location	Moment
REBECCA ALBAUGH	01	OWEN COUNTY PRIMARY SCHOOL	

**What is my role in the RMTS?:**

Your role in the time study process is to document the activity you are performing at the specific moment selected in your work day. You will document your activity by answering five questions: Who was with you? What were you doing? Why were you doing the activity? Is this activity regarding a Special Education student? Is the service you provided part of the child's IEP?

In the Random Moment Time Study process, moments of time are selected throughout the entire quarter, and are randomly assigned to district staff for completion. You receive a RMTS notification each time you are selected that identifies one moment for which you need to document. There is a possibility that you may be selected for multiple moments within a quarter. It is essential that you follow these instructions completely.

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# Instructions to Complete Your Moment

**PUBLIC CONSULTING GROUP** **Random Moment Time Study** **KENTUCKY SBAC** EST. 1985

**Logout**


Name	Category	Location	Moment
KRISTA WHITAKER	01	DISTRICT WIDE	

**Instructions:**

1. Your selected time study moment is pre-determined. Do not answer the activity questions for any other time than your selected moment.
2. Answer the activity questions with enough detail about your activity so that if you are asked about your assigned moment during a possible audit, you are able to easily recall the activity you were doing without revealing student information.
3. If you have questions about completing this process, please contact **PCG at (888) 277-6334.**

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# Instructions to Complete Your Moment - Examples



**PUBLIC CONSULTING GROUP**

Random Moment Time Study

KENTUCKY SBAC

ES/PM/STY

**Logout**

Name	Category	Location	Moment
LUCY DREIFORT	01	BURLINGTON ELEMENTARY	

**Random Moment Time Study Examples (Cont):**

*Who was with you? Outside agencies.*  
*What were you doing? Attending a health/behavioral coordinating meeting.*  
*Why were you doing this activity? Identifying the reduction of service overlaps, duplication and gaps and establishing referral policies and procedures between agencies.*  
*Is this activity regarding a Special Education student? NO*  
*Is the service you provided part of the child's IEP? NO*

*Who was with you? By myself.*  
*What were you doing? Administrative related tasks.*  
*Why were you doing this activity? Lesson planning.*  
*Is this activity regarding a Special Education student? YES*  
*Is the service you provided part of the child's IEP? YES*

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# Instructions to Complete Your Moment

**PUBLIC CONSULTING GROUP** **Random Moment Time Study** **KENTUCKY SBAC** ES&S PART 5.0

Name	Category	Location	Moment
LUCY DREFORT	01	BURLINGTON ELEMENTARY	

**Instructions:**

1. Your selected time study moment is pre-determined. Do not answer the activity questions for any other time than your selected moment.
2. Answer the activity questions with enough detail about your activity so that if you are asked about your assigned moment during a possible audit, you are able to easily recall the activity you were doing without revealing student information.
3. If you have questions about completing this process, please contact **PCG at (888) 277-6334.**

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KY SBAC Random Moment Time Study Training Guide

# Moments to Complete

**Public Consulting Group**  
Random Moment Time Study  
KENTUCKY SBAC

**Moment List**

Name	Category	Location	Moment
LUCY DREFORT	01	BURLINGTON ELEMENTARY	

**Moments**  
11/10/2008 9:20:00 AM Respond

Logout

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# Initial Random Moment Question

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Random Moment Time Study  
KENTUCKY SBAC

**Moment List**

Name	Category	Location	Moment
LUCY DREIFORT	01	BURLINGTON ELEMENTARY	11/10/2008 9:20:00 AM

**Were you working during your sampled moment?**

- No, Moment is before/after workday(This does not include Lunch)
- No, Moment is during paid day off
- No, Moment is during an unpaid day off
- Yes, I was working

**Logout**

# Additional Questions, If You Clicked Yes

Logout
Moment List

Name	Category	Location	Moment
KAREN ROSE	11	JACKSON COUNTY HIGH SCHOOL	1/5/2009 10:39:00 AM

1. Who was with you?  
*Example:* Student, Counselor, Student's Family, Principal, Speech Therapist
2. What were you doing? Please be as specific as possible.  
*Example:* Meeting a student for a direct therapy. Talking with a student's family who is interested in obtaining food stamps. Scheduling an appointment with an outside agency for a student. Supervision
3. Why were you performing this activity?  
*Example:* Required by the students IEP. To assist the family in filling out the application form. Student is in need of counseling service outside the school setting. Part of my daily activities.
4. Is this activity regarding a Special Education student? ("Unknown" is not applicable if you were delivering a direct medical service at the time of your moment!)  
 1.Yes  
 2.No  
 3.Unknown
5. Is the service you provided part of the child's IEP?  
 1.Yes  
 2.No

Next

KY SBAC Random Moment Time Study Training Guide

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## For Additional Support

- For additional assistance, please call the Public Consulting Group's KY SBAC Hotline at 888.277.6334

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ATTACHMENT C

**Back-casting**

Kentucky proposes to use the following methodology for the required back-casting. Previous quarters will be back-cast using the approved Time Study methodology as outlined in the approved Time Study Document. The back-casting will cover the period beginning with the first claim submitted Q01-2007 through the Q03-2008 period. The Q04-2008 and subsequent quarters follow the approved Time Study methodology.

The SBAC Program cost calculation has four components:

- Financial / Cost Data
- Time Study Results
- The Medicaid Enrollment Rate (MER)
- Indirect cost rate (ICR)

Below is the chart from which the data will be pulled for the four components:

Back-casting Quarters	Financial / Cost Data	Time Study Results	Medicaid Enrollment Rate (MER)	Non-Restricted Indirect Cost Rate (ICR)
Q1-2007	Q1-2007	Q1-2009	Q1-2007	Q1-2007
Q2-2007	Q2-2007	Q2-2009	Q2-2007	Q2-2007
Q3-2007	Q3-2007	Q3-2009	Q3-2007	Q3-2007
Q4-2007	Q4-2007	Q4-2008	Q4-2007	Q4-2007
Q1-2008	Q1-2008	Q1-2009	Q1-2008	Q1-2008
Q2-2008	Q2-2008	Q2-2009	Q2-2008	Q2-2008
Q3-2008	Q3-2008	Q3-2009	Q3-2008	Q3-2008

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Attachment D

**School Based Administrative Claiming Time Study Codes  
Effective October 2008**

Listed below are 19 codes to be used when performing time studies for both SBAC and Direct Services.

- CODE 1.a. Non-Medicaid Outreach
- CODE 1.b. Medicaid Outreach
- CODE 2.a. Facilitating Application to NON-Medicaid Program
- CODE 2.b. Facilitating Medicaid Eligibility Determinations
- CODE 3 School Related and Educational Activities
- CODE 4.a. Direct Medical Services – Not Covered as IDEA/IEP Service
- CODE 4.b. Direct Medical Services – Covered as IDEA/IEP Service
- CODE 5.a. Transportation for Non-Medicaid Services
- CODE 5.b. Transportation-Related Activities in Support of Medicaid Covered Services
- CODE 6.a. Non-Medicaid Translation
- CODE 6.b. Translation Related to Medicaid Services
- CODE 7.a. Program Planning, Policy Development and Interagency Coordination Related to NON-Medical Services
- CODE 7.b. Program Planning, Policy Development, and Interagency Related to Medical Services
- CODE 8.a. Non-Medical/Non-Medicaid Related Training
- CODE 8.b. Medical/Medicaid Related Training
- CODE 9.a. Referral, Coordination and Monitoring of Non-Medicaid Services
- CODE 9.b. Referral, Coordination and Monitoring of Medicaid Services
- CODE 10 General Administration
- CODE 11 Non Paid, Non Work

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These activity codes represent administrative and direct service activity categories that are used in the school setting. For all the activity codes and examples listed below, if an activity is provided as part of, or an extension of, a direct medical service, it may not be claimed as School Based administration. Any costs related to medical services should be claimed as Code 4.a, Direct Services Service – Not Covered as IDEA/IEP Service or Code 4.b., Direct Medical Service – Covered as IDEA/IEP Service.

**CODE 1.a. Non-Medicaid Outreach (All Staff) - U**

This code should be selected when school staff is performing activities that inform individuals about their eligibility for non-Medicaid social, vocational and educational programs (including special education) and how to access them; describing the range of benefits covered under these programs and how to obtain them. Both written and oral methods may be used. Include related paperwork, clerical activities or staff travel required to perform these activities.

Examples of activities reported under this code:

1. Informing families about wellness programs and how to access these programs.
2. Scheduling and promoting activities that educate individuals about the benefits of healthy life-styles and practices.
3. Conducting general health education programs or campaigns that address life-style changes in the general population (e.g., dental prevention, anti-smoking, alcohol reduction, etc.).
4. Conducting outreach campaigns that encourage persons to access social, educational, legal or other services not covered by Medicaid.
5. Assisting in early identification of children with special medical/dental/mental health needs through various child find activities.
6. Outreach activities in support of programs that are 100 percent funded by state general revenue.
7. Developing outreach materials such as brochures or handbooks for these programs.
8. Distributing outreach materials regarding the benefits and availability of these programs.

**CODE 1.b. Medicaid Outreach (All Staff) – TM/50 Percent FFP**

This code should be selected when school staff is performing activities that inform eligible or potentially eligible individuals about Medicaid and how to access the program. Such activities include bringing potential eligible into the Medicaid system for the purpose of the eligibility process. Outreach may only be conducted for the populations served by the LEA, i.e., students and their parents or guardians. The following are examples of activities that are considered Medicaid outreach:

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Examples of activities reported under this code:

1. Informing Medicaid eligible and potential Medicaid eligible children and families about the benefits and availability of services provided by Medicaid (including preventive treatment, and screening) including services provided through the EPSDT program.
2. Developing and/or compiling materials to inform individuals about the Medicaid program (including EPSDT) and how and where to obtain those benefits. Note: This activity should not be used when Medicaid-related materials are already available to the schools (such as through the Medicaid agency). As appropriate, school developed outreach materials should have prior approval of the Medicaid agency.
3. Distributing literature about the benefits, eligibility requirements, and availability of the Medicaid program, including EPSDT.
4. Assisting the Medicaid agency to fulfill the outreach objectives of the Medicaid program by informing individuals, students and their families about health resources available through the Medicaid program.
5. Providing information about Medicaid EPSDT screening (e.g., dental, vision) in schools that will help identify medical conditions that can be corrected or improved by services offered through the Medicaid program.
6. Contacting pregnant and parenting teenagers about the availability of Medicaid prenatal, and well baby care programs and services.
7. Providing information regarding Medicaid CAROLINA ACCESS / managed care programs and health plans to individuals and families and how to access that system.
8. Encouraging families to access medical/dental/mental health services provided by the Medicaid program.

**CODE 2.a. Facilitating Application for Non-Medicaid Programs (All Staff) - U**

This code should be selected when school staff is informing an individual or family about programs such as: Temporary Assistance for Needy Families (TANF), Food Stamps, Women, Infants, and Children (WIC), day care, legal aid, and other social or educational programs and referring them to the appropriate agency to make application.

Examples of activities reported under this code:

1. Explaining the eligibility process for non-Medicaid programs, including IDEA.
2. Assisting the individual or family collect/gather information and documents for the non-Medicaid program application.
3. Assisting the individual or family in completing the application, including necessary translation activities.
4. Developing and verifying initial and continuing eligibility for the Free and Reduced Lunch Program.
5. Developing and verifying initial and continuing eligibility for non-Medicaid programs.
6. Providing necessary forms and packaging all forms in preparation for the non-Medicaid eligibility determination.



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**CODE 2.b. Facilitating Medicaid Eligibility Determination (All Staff) – TM/50 Percent FFP**

This code should be selected when school staff is assisting an individual in the Medicaid eligibility process. Include related paperwork, clerical activities, or staff travel required to perform these activities. This activity does not include the actual determination of Medicaid eligibility.

Examples of activities reported under this code:

1. Verifying an individual's current Medicaid eligibility status for purposes of the Medicaid eligibility process.
2. Explaining Medicaid eligibility rules and the Medicaid eligibility process to prospective applicants.
3. Assisting individuals or families to complete a Medicaid eligibility application.
4. Gathering information related to the application and eligibility determination for an individual, including resource information and third party liability (TPL) information, as a prelude to submitting a formal Medicaid application.
5. Providing necessary forms and packaging all forms in preparation for the Medicaid eligibility determination.
6. Referring an individual or family to the local Assistance Office to make application for Medicaid benefits.
7. Assisting the individual or family in collecting/gathering required information and documents for the Medicaid application.
8. Participating as a Medicaid eligibility outreach outstation, but does not include determining eligibility.

**CODE 3. School-Related and Educational Activities - U**

This code should be selected for school-related activities, including social services, educational services, teaching services, employment and job training, and other activities, that are not Medicaid-related. These activities include the development, coordination, and monitoring of a student's education plan. Include related paperwork, clerical activities, or staff travel required to perform these activities.

Examples of activities reported under this code:

1. Providing classroom instruction (including lesson planning).
2. Testing, correcting papers.
3. Developing, coordinating, and monitoring the Individualized Education Program (IEP) for a student, which includes ensuring annual reviews of the IEP are conducted, parental sign-offs are obtained, and the actual IEP meetings with the parents. (If appropriate, this would also refer to the same activities performed in support of an Individualized Family Service Plan (IFSP).)
4. Compiling attendance reports.
5. Performing activities that are specific to instructional, curriculum, and student-focused areas.

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6. Reviewing the education record for students who are new to the school district.
7. Providing general supervision of students (e.g., playground, lunchroom).
8. Monitoring student academic achievement.
9. Providing individualized instruction (e.g., math concepts) to a special education student.
10. Conducting external relations related to school educational issues/matters.
11. Compiling report cards.
12. Carrying out discipline.
13. Performing clerical activities specific to instructional or curriculum areas.
14. Activities related to the educational aspects of meeting immunization requirements for school attendance.
15. Compiling, preparing, and reviewing reports on textbooks or attendance.
16. Enrolling new students or obtaining registration information.
17. Confering with students or parents about discipline, academic matters or other school related issues.
18. Evaluating curriculum and instructional services, policies, and procedures.
19. Participating in or presenting training related to curriculum or instruction (e.g., language arts workshop, computer instruction).
20. Translating an academic test for a student.

The following Codes 4a and 4b are determined as a result of the answers provided on the RMTS. Question #4 – Is this activity regarding a Special Education Student? Question #5 – Is the service you provided part of the child's IEP? If the answer to question #4 is No, the RMTS is coded as a 4.a. If the question #4 is answered Yes, and the Question #5 is answered Yes, the RMTS would be coded as a 4.b.

**CODE 4.a. Direct Medical Services – Not Covered as IDEA/IEP Service (FFS – Non IEP)**

This code should be selected when school district staff (employees or contract staff) is providing direct client care services that are not IDEA and/or not IEP services. This code includes the provision of all non IDEA/IEP medical services reimbursed through Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services. This code includes pre and post activities associated with the actual delivery of the direct client care services, e.g., paperwork or staff travel required to perform these services.

Examples of activities reported under this code:

All non IDEA and/or non-IEP direct client care services as follows:

1. Providing health/mental health services.
2. Conducting medical/health assessments/evaluations and diagnostic testing and preparing related reports.
3. Providing personal aide services.
4. Performing developmental assessments.
5. Developing a treatment plan (medical plan of care) for a student if provided as a medical service.

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6. Performing routine or mandated child health screens including but not limited to vision, hearing, dental, scoliosis, and EPSDT screens.
7. Administering first aid or prescribed injection or medication to a student.
8. Providing counseling services to treat health, mental health, or substance abuse conditions.
9. Making referrals for and/or coordinating medical or physical examinations and necessary medical evaluations as a result of a direct medical service.
10. Immunizations and performance of routine or education agency mandated child health screens to the student enrollment, such as vision, hearing and scoliosis screens.
11. Nursing services and evaluations including skilled nursing services and time spent administering/monitoring medication when the service is not included on the student's IEP. For example, medication for a short-term illness or recent injury would not normally be included in an IEP. Time spent administering/monitoring medication that is not included as part of the IEP and not documented in the IEP such as administration/monitoring of maintenance drugs (example 1: insulin for a diabetic if the insulin administration/monitoring is not in the IEP; example 2: anti-seizure medication for a child if the anti-seizure medication is not in the IEP) and administration/monitoring of non-routine medications for acute conditions when the administering/monitoring of the medication is not included as part of the IEP and not documented in the IEP

**CODE 4.b. Direct Medical Services – Covered as IDEA/IEP Service (FFS – IEP)**

This code should be selected when school district staff (employees or contracted staff) provides direct client services as covered services delivered by school districts under the Direct Care or FFS Program. These direct client services may be delivered to an individual and/or group in order to ameliorate a specific condition and are performed in the presence of the student(s). This code includes the provision of all IDEA/IEP medical (i.e. health-related) services. It also includes functions performed pre and post of the actual direct client services (when the student may not be present), for example, paperwork, or staff travel directly related to the direct client services. Note, some of the following activities may be subject to the free care principle:

Examples of activities reported under this code:

**All IDEA/IEP direct client services with the Student/Client present including:**

- Providing health/mental health services as covered in the student's IEP.
- Conducting medical/health assessments/evaluations and diagnostic testing and preparing related reports as covered in the student's IEP.

**This includes:**

1. Audiologist services including evaluation and therapy services (only if included in the student's IEP).
2. Physical Therapy services and evaluations (only if included in the student's IEP).

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3. Occupational Therapy services and evaluations (only if included in the student's IEP).
4. Speech Language Therapy and evaluations (only if included in the student's IEP).
5. Psychological services, including evaluations and assessment (only if included in the student's IEP), [The assessment services are not in the client's IEP because assessments are performed before the student's IEP is developed.]
6. Counseling services, including therapy services (only if included in the student's IEP).
7. Nursing services and evaluations (only if included in the student's IEP), including skilled nursing services on the IEP and time spent administering/monitoring medication only if it is included as part of an IEP and documented in the IEP. For example, administration of a medication such as Ritalin would only be included as an IEP-Related Service if the student IEP's actually contained a requirement for its provision; administration/monitoring of anti-spasmodic drugs for children with cerebral palsy, such as baclofen, that is included as part of an IEP and documented in the IEP; insulin for a diabetic if the insulin administration/monitoring is in the IEP.

This code also includes pre and post time directly related to providing direct client care services when the student/client is not present. Examples of pre and post time activities when the student/client is not present include: time to complete all paperwork related to the specific direct client care service, such as preparation of progress notes, translation of session notes, review of evaluation testing/observation, planning activities for the therapy session, travel to/from the therapy session, or completion of billing activities.

General Examples that are considered pre and post time:

1. Pre and post activities associated with physical therapy services, for example, time to build a customized standing frame for a student or time to modify a student's wheelchair desk for improved freedom of movement for the client.
2. Pre and post activities associated with speech language pathology services, for example, preparing lessons for a client to use with an augmentative communicative device or preparing worksheets for use in group therapy sessions.
3. Updating the medical/health-related service goals and objectives of the IEP.
4. Travel to the direct service/therapy.
5. Paperwork associated with the delivery of the direct care service, as long as the student/client is not present. Such paperwork could include the preparation of progress notes, translation of session notes, or completion of billing activities.
6. Interpretation of the evaluation results and/or preparation of written evaluations, when student/client is not present. (Assessment services are billed for testing time when the student is present, for interpretation time when the student is not present, and for report writing when the student is not present.)

**CODE 5.a. Transportation for Non-MEDICAID Services (All staff) - U**

This code should be selected when school staff is assisting an individual to obtain transportation to services not covered by Medicaid, or accompanying the individual to services not covered by

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Medicaid. Include related paperwork, clerical activities or staff travel required to perform these activities.

General Examples:

1. Scheduling or arranging transportation for social, vocational, and/or educational programs.
2. Scheduling, arranging and/or providing transportation assist the client in accessing non-Medical services, such as grocery shopping, WIC appointment, housing, school, etc.

**CODE 5.b. Transportation-Related Activities in support of Medicaid Covered Services – (All Staff) – PM/50 Percent FFP**

This code should be selected by school staff assisting an individual to obtain transportation to services covered by Medicaid. This does not include the provision of the actual transportation service or the direct costs of the transportation (bus fare, taxi fare, etc.), but rather the administrative activities involved in providing transportation. Include related paperwork, clerical activities or staff travel required to perform these activities.

General Examples:

1. Scheduling or arranging transportation to Medicaid covered services. (Arranging for a taxi to take a student to the doctor; scheduling Medicaid Transportation to take a student to the doctor.)

**CODE 6.a. Non-Medicaid Translation - U**

School employees who provide translation services for non-Medicaid activities should use this code. Include related paperwork, clerical activities or staff travel required to perform these activities.

Examples of activities reported under this code:

1. Arranging for or providing translation services (oral or signing services) that assist the individual to access and understand social, educational, and vocational services.
2. Arranging for or providing translation services (oral or signing services) that assist the individual to access and understand state education or state-mandated health screenings (e.g., vision, hearing, and scoliosis) and general health education outreach campaigns intended for the student population.
3. Developing translation materials and assist individuals to access and understand social, educational and vocational services.
4. Related paperwork, translation, clerical activities or staff travel required to assist the client in accessing non-Medicaid services, such as grocery shopping, WIC appointments, housing, school, etc.

**CODE 6.b. Translation Related to Medicaid Services – TM/50 Percent FFP**

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Translation may be allowable as an administrative activity, if it is not included and paid for as part of a medical assistance service. However, translation must be provided either by separate units or separate employees performing solely translation functions for the school and it must facilitate access to Medicaid covered services. Please note that a school district does not need to have a separate administrative claiming unit for translation. School employees who provide Medicaid translation services should use this code. Include related paperwork, clerical activities or staff travel required to perform these activities.

General Examples:

1. Accompanying a child/family to the physician's office to translate from Spanish to English medically related information between the MD and the individual is Code 6.b.
2. Serving as a translator on how to access Medicaid services is Code 9. This includes alternative languages, Braille, sign languages, and translation due to illiteracy.

**CODE 7.a. Program Planning, Policy Development, and Interagency Coordination Related to Non-Medical Services (All staff) - U**

This code should be selected when school staff is performing activities associated with developing strategies to improve the coordination and delivery of non-medical services to school age children. Non-medical services may include social services, educational services, vocational services, and state or state education mandated child health screenings provided to the general school population. Employees whose position descriptions include program planning, policy development and interagency coordination may use this code. However, it is a state option whether or not the position descriptions need to be explicit with respect to these specific functions. Include related paperwork, clerical activities or staff travel required to perform these activities.

Examples of activities reported under this code:

1. Identifying gaps or duplication of non-medical services (e.g., social, vocational educational and state mandated general health care programs) to school age children and developing strategies to improve the delivery and coordination of these services.
2. Developing strategies to assess or increase the capacity of non-medical school programs.
3. Monitoring the non-medical delivery systems in schools.
4. Developing procedures for tracking families' requests for assistance with non-medical services and the providers of such services.
5. Evaluating the need for non-medical services in relation to specific populations or geographic areas.
6. Analyzing non-medical data related to a specific program, population, or geographic area.
7. Working with other agencies providing non-medical services to improve the coordination and delivery of services and to improve collaboration around the early identification of non-medical problems.
8. Defining the relationship of each agency's non-medical services to one another.

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9. Developing advisory or work groups of professionals to provide consultation and advice regarding the delivery of non-medical services and state-mandated health screenings to the school populations.
10. Developing non-medical referral sources.
11. Coordinating with interagency committees to identify, promote and develop non-medical services in the school system.

**CODE 7.b. Program Planning, Policy Development, and Interagency Coordination Related to Medical Services (All Staff) – PM/50 Percent FFP**

This code should be selected when school staff is performing activities associated with the development of strategies to improve the coordination and delivery of medical/dental/mental health services to school age children, and when performing collaborative activities with other agencies and/or providers. Employees whose position descriptions include program planning, policy development and interagency coordination may use this code. This code refers to activities such as planning and developing procedures to track requests for services. Include related paperwork, clerical activities or staff travel required to perform these activities.

Examples of activities reported under this code:

1. Identifying gaps or duplication of medical/dental/mental services to school age children and developing strategies to improve the delivery and coordination of these services.
2. Developing strategies to assess or increase the capacity of school medical/dental/mental health programs.
3. Monitoring the medical/dental/mental health delivery systems in schools.
4. Developing procedures for tracking families' requests for assistance with medical/dental/mental services and providers, including Medicaid. (This does not include the actual tracking of requests for Medicaid services.)
5. Evaluating the need for medical/dental/mental services in relation to specific populations or geographic areas.
6. Analyzing Medicaid data related to a specific program, population, or geographic area.
7. Working with other agencies and/or providers that provide medical/dental/mental services to improve the coordination and delivery of services, to expand access to specific populations of Medicaid eligible, and to increase provider participation and improve provider relations.
8. Working with other agencies and/or providers to improve collaboration around the early identification of medical/dental/mental problems.
9. Developing strategies to assess or increase the cost effectiveness of school medical/dental/mental health programs.
10. Defining the relationship of each agency's Medicaid services to one another.
11. Working with Medicaid resources, such as the Medicaid agency and Medicaid managed care plans, to make good faith efforts to locate and develop EPSDT health services referral relationships.
12. Developing advisory or work groups of health professionals to provide consultation and advice regarding the delivery of health care services to the school populations.

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13. Working with the Medicaid agency to identify, recruit and promote the enrollment of potential Medicaid providers.
14. Developing medical referral sources such as directories of Medicaid providers and managed care plans, which will provide services to targeted population groups, e.g., EPSDT children.
15. Coordinating with interagency committees to identify, promote and develop EPSDT services in the school system.

**CODE 8.a. Non-Medical/Non-Medicaid Related Training - U**

This code should be selected when school staff are conducting, or participating in training events and seminars for outreach staff regarding the benefit of the programs other than the Medicaid program. For example, training may include how to assist families to access the services of education programs, and how to more effectively refer students for those services. Include related paperwork, clerical activities, or staff travel required to perform these activities.

Examples of activities reported under this code:

1. Participating in or coordinating training that improves the delivery of services for programs other than Medicaid.
2. Participating in or coordinating training that enhances IDEA child find programs.
3. In-service or staff meetings related to educational issues, such as curriculum, textbooks, standardized testing, or discipline.
4. Attend training regarding the provision of health education to students.

**CODE 8.b. Medical/Medicaid Related Training – PM/50 Percent FFP**

This code should be selected when school staff is coordinating, conducting, or participating in training events and seminars for outreach staff regarding the benefits of medical/Medicaid related services, how to assist families to access such services, and how to more effectively refer students for services. Include related paperwork, clerical activities, or staff travel required to perform these activities.

Examples of activities reported under this code:

1. Participating in or coordinating training that improves the delivery of medical/Medicaid related services.
2. Participating in or coordinating training that enhances early identification, intervention, screening and referral of students with special health needs to such services (e.g., Medicaid EPSDT services). (This is distinguished from IDEA child find programs.)
3. Participating in training on administrative requirements related to medical/Medicaid services.
4. Attending training specifically related to the provision of direct care client services such as regarding the administration of inhalation therapy for asthmatic students. Training



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and/or supervising staff in the performance of delegated nursing tasks (for example, a Registered Nurse training staff to perform tube feeding, monitoring of medication administration or other delegated nursing task).

**CODE 9.a. Referral, Coordination, and Monitoring of Non-Medicaid Services (All Staff)  
– U**

This code should be selected when school staff is making referrals for, coordinating, and/or monitoring the delivery of non-Medicaid, such as educational services. Include related detailed and specific paperwork, clerical activities or staff travel required to perform these activities.

1. Making referrals for and coordinating access to social and educational services such as child care, employment, job training, and housing.
2. Making referrals for, coordinating, and/or monitoring the delivery of state education agency mandated child health screens (e.g., vision, hearing, and scoliosis).
3. Making referrals for, coordinating, and monitoring the delivery of scholastic, vocational, and other non-health related examinations.
4. Gathering any information that may be required in advance of these non-Medicaid related referrals.
5. Participating in a meeting/discussion to coordinate or review a student's need for scholastic, vocational, and non-health related services not covered by Medicaid.
6. Monitoring and evaluating the non-medical components of the individualized plan as appropriate.

**CODE 9.b. Referral, Coordination, and Monitoring of Medicaid Services (All Staff) –  
PM/50 Percent FFP**

This code should be selected when School staff is making referrals for, coordinating, and/or monitoring the delivery of medical (Medicaid covered) services. Referral, coordination and monitoring activities related to services in an IEP are reported in this code. Activities that are part of a direct service are not claimable as an administrative activity. Furthermore, activities that are an integral part of or an extension of a medical service (e.g., patient follow-up, patient assessment, patient counseling, patient education, and patient consultation, billing activities) should be reported under Code 4.b., Direct Medical Services- Covered as IDEA/IEP Service.

**Note: This code should not be used if you are providing a direct service. Activities related to the development of an IEP should be reported under Code 3, School Related and Educational Activities. Include related detailed and specific paperwork, clerical activities, or staff travel necessary to perform these activities.**

Examples of activities reported under this code:

1. Making referrals for and/or coordinating medical or physical examinations and necessary medical/dental/mental health evaluations.
2. Making referrals for and/or scheduling EPSDT screens, interperiodic screens, and appropriate immunization, but NOT to include the state-mandated health services.

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3. Referring students for necessary medical health, mental health, or substance abuse services covered by Medicaid.
4. Arranging for any Medicaid covered medical/dental/mental health diagnostic or treatment services that may be required as the result of a specifically identified medical/dental/mental health condition.
5. Gathering any information that may be required in advance of medical/dental/mental health referrals.
6. Participating in a meeting/discussion to coordinate or review a student's needs for health-related services covered by Medicaid (if a student is already receiving services and discussion is about ongoing medical services use Code 4.b.).
7. Provide follow-up contact to ensure that a child has received the prescribed medical/dental/mental health services covered by Medicaid and to provide feedback as to whether further treatment or modification of existing treatment are required (the person doing the follow up is not directly involved in the direct service).
8. Coordinating the delivery of community based medical/dental/mental health services for a child with special/severe health care needs.
9. Coordinating the completion of the prescribed services, termination of services, and the referral of the child to other Medicaid service providers as may be required to provide continuity of care.
10. Providing information to other staff on the child's related medical/dental/mental health services and plans.
11. Monitoring and evaluating the Medicaid service components of the IEP as appropriate.
12. Coordinating medical/dental/mental health service provision with managed care plans as appropriate.

**CODE 10    General Administration - R**

This code should be selected when school staff is engaged in general administrative activities. This code will be used by all personnel when on break or any form of paid leave. Include related paperwork, clerical activities, or staff travel required to perform these activities. Note that certain functions, such as payroll, maintaining inventories, developing budgets, executive direction, etc., are considered overhead and, therefore, are only allowable through the application of an approved indirect cost rate. Below are typical examples of general administrative activities, but they are not all inclusive.

Examples of activities reported under this code:

1. Training (not related to curriculum or instruction).
2. Reviewing school or district procedures and rules.
3. Completing time study observation form.
4. Taking breaks, lunch, leave, or other paid time not at work.
5. Establishing goals and objectives of health-related programs as part of the school's annual or multi-year plan.
6. Attending or facilitating school or unit staff meetings, training, or board meetings.
7. Performing administrative or clerical activities related to general building or district functions or operations.

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8. Providing general supervision of staff, including supervision of student teachers or classroom volunteers, and evaluation of employee performance.
9. Reviewing technical literature and research articles.
10. Other general administrative activities of a similar nature as listed above that cannot be specifically identified under other activity codes.

**CODE 11 Non Paid, Non Work - U**

Non-paid time/non-work time is time during the school work day for which a participant in the time study is not working AND is not being compensated. **This code should be used rarely.**

Examples of activities reported under this code:

1. Part-time/Contracted staff whose sampled moment occurs during non-scheduled work hours.
2. Staff member takes an unpaid day off during the sampled moment
3. Non-paid sick time.
4. Non-paid leaves of absence.
5. No longer employed by the program

Every effort is made to ensure that the sample universe is only made up of moments of time in which staff are working. However, there are situations in which a staff member may have to take a day off that is unpaid due to a family medical emergency, situation, etc. In those cases there needs to be a mechanism for staff to document the moment as responsive without inaccurately recording the information. Those moments do not count in the calculation of the claim and therefore would not count towards the minimum responses necessary to reach a confidence level of 95% with an error rate of +/- 2%.

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COMMONWEALTH OF KENTUCKY  
CABINET FOR HEALTH AND FAMILY SERVICES

CHAPTER 14

OFFICE FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS

COST ALLOCATION PLAN  
FOR GRANTS AND CONTRACTS  
WITH FEDERAL AGENCIES

#### 14. Office for Children with Special Health Care Needs

##### 14.1 Introduction

The Office for Children with Special Health Care Needs (OCSHCN) provides comprehensive services for children and youth with special health care needs through our pediatric specialty clinics, care coordination, case management, early intervention services, early hearing detection and intervention, foster care support, therapies and collaborations.

OCSHCN mission is to enhance the quality of life for Kentucky’s children with special health care needs through quality service, leadership, advocacy, education and collaboration. By providing an array of preventative, diagnostic, and treatment services for special needs children and youth under the age of 21 including medical care, hospitalization, medication, durable medical goods, transportation, nutritional education and transition from pediatric to adult healthcare and independent living. OCSHCN is a visible leader in supporting the highest quality of life for Kentucky’s children with special health care needs and their families and creating more accessible community based system of support.

##### 14.2 Programs Administered by OCSHCN (Program YA)

Children with Special Health Care Needs in Kentucky

Federal funds budgeted for operation of this program are obtained from:

CFDA #93.251 – Universal Newborn Hearing Screening

CFDA #93.314 – Early Hearing Detection and Intervention Information System (EHDI-IS) Surveillance Program

CFDA #93.504 – Family to Family Health Information Centers

CFDA #93.994 – Maternal & Child Health Services Block Grant to the States

##### 14.3 Organization Structure – OCSHCN

OCSHCN is composed of the following units:

###### Executive Directors Office:

The Executive Director’s Office provides oversight statewide for OCSHCN programs and provide direction on agency policy, evaluates agency compliance with grant initiatives, budget, grant reporting requirements, early intervention services and overall strategic planning. The Executive Director office houses the Medical Director, two (2) Division Directors, Executive Administrative Assistant and Staff Manager. The office follows existing regulations and standard operating procedures. The office has several advisory committees that contributes to selections of new projects, initiatives and selecting of new providers for OCSHCN programs and services. Such committees include the Medical Advisory Committee, Hemophilia Advisory Committee, Parent Advisory Committee, and Youth Advisory Committee.

###### Division of Administrative and Financial Services

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The Division of Administrative and Financial Services functions as the central office for general administrative duties of the statewide programs. It is comprised of three branches: Health Information and Technology Branch, Provider Relations and Payments Branch, and the Intake & Eligibility Branch. Duties encompassed by these divisions includes staff development and training of regulations, developing new and repelling of existing regulations and conducting training and educating on standard operating procedures statewide. Functions by the divisions include building and updating patient information and dictation system, development of reports for programs and financial reporting, agency budgeting and financial management of revenues and expenditures, grant writing and reporting, medical billing and coding of claims, payments to providers and invoices statewide. Additional duties include, intake screening of new applications for OCSHCN programs and services, annual financial reviews of existing families initiating personnel actions, maintenance of the agency's web site, procurement, vendor contracts, provider agreements, and HIPAA Compliance and maintaining proprietary of patient information system.

Division of Clinical and Augmentative Services

The Division of Clinical and Augmentative Services houses staff in (11) eleven district offices statewide and (6) six satellite offices. The branches include: Clinical East and West Region Branches, Audiology/Early Hearing Detection and Intervention Branch, Therapy Services Branch. Foster Care Support Services by (9) nine Nurse Consultants stationed in all (9) Department of Community Based Services Regional Offices. Responsibilities of the division include onsite and offsite clinical services; care coordination services; provider monitoring; utilization review; hearing screening; therapy services, transition support services, parent and youth activities and consultations; early intervention services; and intake and eligibility for the district offices.

14.4 Cost Allocation Procedures

Costs charged to cost pool YXAA are costs that are applicable to all programs administered by the OCSHCN. The basis for allocating the YXAA cost pool is the total cabinet-wide salaries charged to Department programs.

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CHAPTER 15

DEPARTMENT FOR AGING & INDEPENDENT LIVING

FOR GRANTS AND CONTRACTS

WITH FEDERAL AGENCIES

15. Department for Aging and Independent Living

15.1 Introduction

The Department of Aging and Independent Living is comprised of two distinct Divisions that develops comprehensive and coordinated community-based systems to help elderly and adult Kentuckians maintain independence and dignity in their own homes and communities.

15.2 Programs Administered by Department for Aging and Independent Living.

A. Aging and Independent Living (Program GE)

This program is responsible for statewide services; develops the State Plan on Aging; allocates funds to the 15 Area Agencies on Aging and Independent Living (AAA) as well as 14 Community Mental Health Centers (CMHCs) for the Hart Supported Living Program; and approves AAA program plans, amendments, budgets, and contracts for local provision of aging and physical disabilities services. It provides education, training, benefits counseling, information and assistance to respond to the needs of senior citizens and those with physical disabilities.

Federal funds budgeted for operation of this program are obtained from:

- CFDA #17.235 – Senior Community Service Employment Program
- CFDA #93.041 – Special Programs for the Aging – Title VII, Chapter 3 – Programs for Prevention of Elder Abuse, Neglect, and Exploitation
- CFDA #93.042 – Special Programs for the Aging – Title VII, Chapter 2 – Long Term Care Ombudsman Services for Older Individuals
- CFDA #93.043 – Special Programs for the Aging – Title III-Part D – Disease Prevention & Health Promotion Services
- CFDA #93.044 – Special Programs for the Aging – Title III Part B Grants for Supportive Services & Senior Centers
- CFDA #93.045 – Special Programs for the Aging – Title III Part C Nutrition Services
- CFDA #93.052 – National Family Caregiver Support, Title III, Part E
- CFDA #93.053 – NSIP – Nutrition Services Incentive Program
- CFDA #93.069 – Public Health Emergency Preparedness
- CFDA #93.071 – Medicare Enrollment Assistance Program
- CFDA #93.234 - Traumatic Brain Injury State Demonstration Grant Program
- CFDA #93.324 – State Health Insurance Assistance Program
- CFDA #93.369 – ACL Independent Living State Grants
- CFDA #93.778 – Medical Assistance Program
- CFDA #93.945 – Assistance Programs for Chronic Disease Prevention and Control

B. Guardianship (Program GF)

This program provides a legal relationship between a court-appointed adult who assumes the responsibility of being the guardian for a ward. A ward is a person who has been declared “legally disabled” by the court and is no longer able to care for his or her personal and/or financial needs. Appointed guardians may be a friend or family member who is willing to serve in this capacity on behalf



of the disabled individual. If there is no one willing to assume guardianship for the disabled person, the court will appoint the Cabinet for Health and Family Services as the state guardian.

Federal funds budgeted for operation of this program are obtained from:

CFDA #93.778 – Medical Assistance Program

### 15.3 Organization Structure-Department for Aging and Independent Living

#### A. Division of Aging and Physical Disabilities (GE)

The Division of Quality Living will provide programmatic direction and daily oversight to the Aging & Physical Disability Services Branch, Brain Injury Services Branch, and Waiver & Participant Directed Services Branch, which includes the development and oversight of mandated state and federally funded programs. The Division will also be responsible, in conjunction with the Commissioner's Office, in setting new policy and ensuring that existing policy is followed. Specifically, these branches will be responsible for the following: state and area plan development and review, quality assurance, sub recipient program monitoring, policy and procedure development, contractual oversight, technical assistance to sub recipients, legislative assistance, training, Adult Day Care Certifications, Assisted Living Certifications and complaint review, and direct administrative oversight of federal and state funded programs.

#### B. Division of Finance and Administration (GE & GF)

The Division of Operations and Support will provide the programmatic direction and daily oversight to the Benefits Management Branch, Fiduciary Management Branch, Financial Management Branch, and Program Integrity Branch, which includes personnel, payroll, state and federal allocations to the Area Agencies on Aging, budget compliance, financial management, contract development and oversight, financial monitoring, fiscal functions for the wards of the state, application and maintenance of benefits for the wards of the state, budgetary management, and database operations. This division also assists the Commissioner's Office with legislation, new policy development, and existing policy review.

#### C. Division of Guardianship Services (GF)

The Division of Guardianship administers Kentucky's public guardianship program in the Department for Aging and Independent Living. Guardianship in Kentucky is a legal relationship between a court-appointed adult who assumes the responsibility of being guardian for a ward. A ward is a person who has been declared "legally disabled" by the court and is no longer able to care for his or her personal and/or financial needs. A guardian may be a friend or family member who is willing to care for the disabled individual. If there is no one willing to care for the disabled person, the court will appoint the Cabinet for Health and Family Services as the state guardian. The duties of the state guardian include the following:

\*Full Guardianship/Full Conservator-In this category the Cabinet will be responsible for both the personal and financial needs of the ward. In this case, the court will also decide which civil rights the person can retain and which are given to the guardian. These may include the right to vote, drive a car, make medical decisions, determine where to live, sell property, and sign legal documents such as checks, marriage licenses, or wills.

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\*Limited Guardian-A limited guardian may be appointed if the disabled person is declared partially disabled and can manage some personal needs but may need assistance with others.

\*Conservator-A conservator may be appointed if the disabled person only needs help with managing financial or fiduciary affairs.

\*Conservator/Guardian-This category allows for a combination of a conservator who manages financial and fiduciary affairs with a guardian who manages living and personal needs arrangements.

The Division coordinates these functions through four branches: the Eastern Region Branch, Northern Region Branch, Southern Region Branch, and Western Region Branch.

No federal funds are received and/or budgeted for this program.

D. Division of Quality Assurance and Improvement (GE & GF)

The Division of Quality Assurance and Improvement will provide contract monitoring and program compliance. The division will establish quality measures for all department programs including contracted agencies and internal operations.

15.4 Cost Allocation Procedures

Costs not identified to a direct sub function in the Department for Aging and Independent Living are charged to cost pool GXAA. The basis for allocating these costs are the cabinet-wide direct salary charges to all G programs.

Costs that can be identified to all programs with the exception of the Guardianship/Fiduciary programs administered by the Department for Aging and Independent Living but cannot be identified to a specific program within the Department for Aging and Independent Living are charged to cost pool GXEA. The basis for allocating these costs are the cabinet-wide direct salary charges to all G programs except for Guardianship/Fiduciary programs.

Costs that can be identified to programs administered by the Department for Aging and Independent Living as applicable to Guardianship/Fiduciary but cannot be identified to a specific program within Guardianship/Fiduciary are charged to cost pool GXFA. The basis for allocating these costs are the cabinet-wide direct salary charges to all Guardianship/Fiduciary programs.

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CHAPTER 16

COVID-19 FUNDING

FOR GRANTS AND CONTRACTS

WITH FEDERAL AGENCIES

## 16. COVID-19 Funding

### 16.1 Introduction

In response to the coronavirus pandemic, the Department of Health and Human Services (HHS) awarded emergency grants and cooperative agreements funded under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020, [P.L. 116-123], the Families First Coronavirus Response Act, 2020 [P.L. 116-127], the Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020 [P.L. 116-136], and the Paycheck Protection Program and Health Care Enhancement Act, 2020 [P.L. 116-139].

### 16.2 Preparedness and Response

The Department for Health and Human Services (HHS) prevents, prepares for, and responds to the adverse health effects of public health emergencies and disasters. HHS provided additional resources to state and local jurisdictions in support of our nation's response to the 2019 novel coronavirus (COVID-19) through the preparedness and response program.

CHFS programs funded are the following:

- CFDA #93.136 – Injury Prevention and Control Research and State and Community Based Programs
- CFDA #93.323 – Epidemiology and Laboratory Capacity for Infectious Disease (ELC)
- CFDA #93.354 – Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response
- CFDA #93.889 – National Bioterrorism Hospital Preparedness Program

### 16.3 Families First

The Family First bill responds to the COVID-19 outbreak by providing paid sick leave, tax credits, and free COVID-19 testing; expanding food assistance and unemployment benefits; and increasing Medicaid funding. The supplemental appropriations are designated as emergency spending, which is exempt from discretionary spending limits.

CHFS programs funded are the following:

- CFDA #93.045 – Special Programs for the Aging, Title III, Part C, Nutrition Services

### 16.4 CARES Program

On March 27, 2020, President Trump signed the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). The \$2 trillion aid package provides financial aid to families and businesses impacted by the COVID-19 pandemic.

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The CHFS programs funded by this are the following:

- CFDA #21.019 – Coronavirus Relief Fund
- CFDA #93.042 – Special Programs for the Aging, Title VII, Chapter 2, Long Term Care Ombudsman Services for Older Individuals
- CFDA #93.044 – Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers
- CFDA #93.045 – Special Programs for the Aging, Title III, Part C, Nutrition Services
- CFDA #93.048 – Special Programs for the Aging, Title IV, and Title II, Discretionary Projects
- CFDA #93.052 – National Family Caregiver Support, Title III, Part E
- CFDA #93.268 – Immunization Cooperative Agreements
- CFDA #93.323 – Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)
- CFDA #93.568 – Low-Income Home Energy Assistance
- CFDA #93.569 – Community Services Block Grant
- CFDA #93.575 – Child Care and Development Block Grant
- CFDA #93.645 – Stephanie Tubbs Jones Child Welfare Services Program
- CFDA #93.665 – Emergency Grants to Address Mental and Substance Use Disorders During COVID-19
- CFDA #93.671 – Family Violence Prevention and Services/Domestic Violence Shelter and Supportive Services
- CFDA #93.777 – State Survey and Certification of Health Care Providers and Suppliers (Title XVIII) Medicare
- CFDA #93.889 – National Bioterrorism Hospital Preparedness Program
- CFDA #93.917 – HIV Care Formula Grants
- CFDA #93.U04 – Coronavirus Aid, Relief, and Economic Security Act, Provider Relief Fund

#### 16.5 Paycheck Protection Program (PPP)

To incentivize employers to maintain payroll during the crisis, the Small Business Administration (SBA) provided 100 percent federally backed loans for certain payroll expenses, with up to eight weeks of forgiveness for small businesses, certain nonprofits and self-employed individuals. The loans are forgivable if employers retain employees at comparable salary levels prior to the crisis. The PPP also waives all SBA fees and provides deferral on loan repayments for a minimum of six months up to a maximum of one year.

CHFS programs funded are the following:

- CFDA #93.323 – Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

#### 16.6 COVID 19 Accounting Information

Listed below are the accounting elements the Cabinet for Health and Family Services uses to monitor and account for all the programs listed above.

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<b>Preparedness &amp; Response</b>		
CFDA	<b>93.136</b>	
Program Code	0148COVID	Rape Prev & Education
Major Program	0148OL	Rape Prevention and Education
Department	736	Department For Community Based Services
Function	CVID	COVID-19 Tracking Expenses
Sub Function	ZFBL	RPE COVID Supplement
CFDA	<b>93.323</b>	
Program Code	013900PR	Non-PPHF-Build ELC
Major Program	0139	Non-PPHF-Build ELC
Department	721	CHFS - Office Of The Secretary
Department	728	Department For Public Health
Function	CVID	COVID-19 Tracking Expenses
Sub Function	SDFR	ELC COVID-19 Emerging Issues
CFDA	<b>93.354</b>	
Program Code	026000	PH Crisis Response
Major Program	0260	Cooperative Agreement Emergency Response PH Crisis Response
Department	721	CHFS - Office Of The Secretary
Department	728	Department For Public Health
Function	CVID	COVID-19 Tracking Expenses
Sub Function	SPPV	COVID 19 Emergency Response
CFDA	<b>93.889</b>	
Program Code	0215SUP	Bioterrorism-Hospital Preparedness Program Supplemental
Major Program	0215	Bioterrorism-Hospital Preparedness Program
Department	721	CHFS - Office Of The Secretary
Department	728	Department For Public Health
Function	CVID	COVID-19 Tracking Expenses
Sub Function	SPPF	COVID 19 – HPP

<b>Families First</b>		
CFDA	<b>93.045</b>	
Program Code	0458CV	Title 3 Congregate Meals – Federal
Major Program	0458	93.045 IIIC1 Congregate Meals
Department	725	CHFS - Department for Aging and Independent Living
Function	CVID	COVID-19 Tracking Expenses
Sub Function	GECV	Congregate Meals-COVID 19
CFDA	<b>93.045</b>	
Program Code	0459CV	Title 3 Home Delivered Meals – Federal
Major Program	0459	C2 Home Delivered Meals
Department	725	CHFS - Department for Aging and Independent Living
Function	CVID	COVID-19 Tracking Expenses
Sub Function	GEHV	Home Delivered Meals-COVID 19

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<b>CARES</b>		
CFDA	<b>21.019</b>	
Program Code	CARES	CV Relief Fund
Program Code	CARES-B	CV Relief Fund
Program Code	CARES-C	CV Relief Fund
Program Code	CARES-D	CV Relief Fund
Program Code	CARES-G	CV Relief Fund
Program Code	CARES-H	CV Relief Fund
Program Code	CARES-I	CV Relief Fund
Program Code	CARES-J	CV Relief Fund
Program Code	CARES-K	CV Relief Fund
Program Code	CARES-LI	CV Relief Fund
Major Program	CARES	CV Relief Fund
Department	721	CHFS - Office Of The Secretary
Department	723	Office Of Inspector General
Department	725	CHFS - Department for Aging and Independent Living
Department	728	Department For Public Health
Department	736	Department For Community Based Services
Function	AA00	Administrative Support
Function	AB00	Office of Inspector General
Function	GE00	Aging and Independent Living
Function	SA00	General Health Support
Function	ZAC0	Medical Assistance
Function	ZD00	LIHEAP
Function	ZE00	Child Care
Sub Function	ACRF	OIG Coronavirus Relief Fund
Sub Function	ACRR	Coronavirus Relief Fund OOS AS
Sub Function	GCRF	Coronavirus Relief Funds
Sub Function	GCRM	Coronavirus Relief Fund - Meals
Sub Function	S19B	Cares Relief Act Funding
Sub Function	S19C	Contact Tracing
Sub Function	S19D	COVID 19 Uninsured Testing
Sub Function	S19E	DPH CRF
Sub Function	S19G	Public Education Campaign
Sub Function	S19H	NCH
Sub Function	S19I	Community-Based Testing
Sub Function	S19J	Wastewater Testing/Data Analysis
Sub Function	S19K	LTC Nurse Strike Teams
Sub Function	ZCVA	Water/Sewer Benefit
Sub Function	ZCVB	Water/Sewer Agency Admin
Sub Function	ZCVC	Water/Sewer CAK Admin
Sub Function	ZCVD	2500 Startup Stipend
Sub Function	ZFDW	Coronavirus Relief Fund
Sub Function	ZFK7	KCADV, CAC, & KASAP CARES
CFDA	<b>93.042</b>	
Program Code	0455CC	Title 7 Ombudsman CARES
Major Program	0455	93.042 Title VII Ombudsman
Department	725	CHFS - Department for Aging and Independent Living
Function	GE00	Aging and Independent Living
Sub Function	GECS	Title VII Ombudsman-CARES
CFDA	<b>93.044</b>	
Program Code	0457CC	Title 3 Supportive Services CARES
Major Program	0457	93.044 IIIB Supportive Services
Department	725	CHFS - Department for Aging and Independent Living
Function	GE00	Aging and Independent Living
Sub Function	GACS	Title III B-CARES

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CFDA	<b>93.045</b>	
Program Code	0459CC	Title 3 Home Delivered Meals - CARES
Major Program	0459	C2 Home Delivered Meals
Department	725	CHFS - Department for Aging and Independent Living
Function	GE00	Aging and Independent Living
Sub Function	GECC	Title III C-CARES
CFDA	<b>93.048</b>	
Program Code	0415ADOL	KY ADRC
Major Program	0415OL	KY Aging and Disability Resource Center Grant
Department	721	CHFS - Office Of The Secretary
Department	725	CHFS - Department for Aging and Independent Living
Function	GE00	Aging and Independent Living
Sub Function	GNWD	No Wrong Door Grant - CARES
CFDA	<b>93.052</b>	
Program Code	0462CC	Title 3 Caregiver - CARES
Major Program	0462	Title 3 Caregiver
Department	725	CHFS - Department for Aging and Independent Living
Function	GE00	Aging and Independent Living
Sub Function	GECW	Title III E-CARES
CFDA	<b>93.268</b>	
Program Code	010500OLCA	CDC-RFA-IP19-1901 Immunization and Vaccines for Children
Major Program	0105OL	Immunization
Department	721	CHFS - Office Of The Secretary
Department	728	Department For Public Health
Function	SDB0	Immunizations Branch
Sub Function	SDBC	Immunization CARES
Sub Function	SDBV	Immunization-CARES Sup
CFDA	<b>93.323</b>	
Program Code	013900CA	Non-PPHF-Build ELC
Program Code	0139POCA	ELC CARES Proj O
Program Code	0139PWCA	ELC CARES Proj W
Major Program	0139	Non-PPHF-Build ELC
Department	721	CHFS - Office Of The Secretary
Department	728	Department For Public Health
Function	SDF0	Communicable Diseases
Sub Function	SDFL	ELC CARES
Sub Function	SDFV	ELC CARES Proj O
Sub Function	SDFW	ELC CARES Proj W
CFDA	<b>93.568</b>	
Program Code	30320CARES	LIHEAP CARES
Major Program	0303	LIHEAP
Department	736	Department For Community Based Services
Function	ZD00	LIHEAP
Sub Function	ZCV6	COVID Agencies Admin
Sub Function	ZCV7	COVID CAK Admin
Sub Function	ZCV8	COVID Benefits
CFDA	<b>93.569</b>	
Program Code	46420CARES	CSBG
Major Program	0464	CSBG
Department	736	Department For Community Based Services
Function	ZFB0	Adult Services
Sub Function	ZCV5	COVID Initiatives



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<b>CFDA</b>	<b>93.575</b>	
Program Code	38120CARE	Child Care
Major Program	0381	CCDF Discretionary
Department	736	Department For Community Based Services
Function	ZE00	Child Care
Sub Function	ZCV0	COVID LDC CCAP
Sub Function	ZCV1	COVID Enrollment Incentive
Sub Function	ZCV2	COVID Hero Incentive
Sub Function	ZCV3	COVID Other Incentives
Sub Function	ZCV4	COVID LDC Payments
<b>CFDA</b>	<b>93.645</b>	
Program Code	40520CARES	4B1 CWS
Major Program	0405	4B1 CWS
Department	736	Department For Community Based Services
Function	ZFC0	Alternatives for Children
Sub Function	ZCVW	COVID CWS
<b>CFDA</b>	<b>93.665</b>	
Program Code	016400	KY Emergency COVID-19
Major Program	0164	KY Emergency COVID-19
Department	729	Behavioral Health, Developmental & Intellectual Disabilities
Function	TB00	Community Mental Health Services
Sub Function	TBEP	KY Emergency COVID-19
<b>CFDA</b>	<b>93.665</b>	
Program Code	0273CARES	COVID-19 Emergency Response for Suicide Prevention
Major Program	0273	COVID-19 Emergency Response for Suicide Prevention
Department	721	CHFS - Office Of The Secretary
Department	729	Behavioral Health, Developmental & Intellectual Disabilities
Function	TA00	Community Alcohol and Drug Services
Sub Function	TABH	Ky Emerg Resp for Suicide Prev
<b>CFDA</b>	<b>93.671</b>	
Program Code	42420CARES	Family Violence CV-19
Major Program	0424	FAMILY VIOLENCE
Department	721	CHFS - Office Of The Secretary
Department	736	Department For Community Based Services
Function	ZFB0	Adult Services
Sub Function	ZCV9	COVID Family Violence PrevSvcs
<b>CFDA</b>	<b>93.777</b>	
Program Code	0002CARE	TITLE 18
Major Program	0002OL	TITLE 18
Department	721	CHFS - Office Of The Secretary
Department	723	Office Of Inspector General
Function	AB03	OIG Title 18 LTC
Sub Function	ACWC	Title 18 S&C COVID-related
<b>CFDA</b>	<b>93.889</b>	
Program Code	0215CARES	Bioterrorism-Hospital Preparedness Program
Major Program	0215	Bioterrorism Hospital Preparedness Program
Department	721	CHFS - Office Of The Secretary
Department	728	Department For Public Health
Function	SPP0	Public Health Preparedness Branch
Sub Function	SPPH	HPP CARES Funding

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CFDA	<b>93.917</b>	
Program Code	016500	Ryan White COVID response
Major Program	0165	Ryan White COVID response
Department	721	CHFS - Office Of The Secretary
Department	728	Department For Public Health
Function	SDF0	Communicable Diseases
Sub Function	SDG9	Ryan White Part B COVID-19
CFDA	<b>93.U04</b>	(Pseudo CFDA# assigned by KY)
Program Code	PROVRELIEF	Provider Relief Fund
Major Program	CREPRF	Provider Relief Fund
Department	721	CHFS - Office Of The Secretary
Department	729	Behavioral Health, Developmental & Intellectual Disabilities
Function	TSA0	Acute Care
Function	TSF0	Alternate Care
Sub Function	TSAA	Acute Care-St/Agy Funds
Sub Function	TSAK	Eastern State Hospital - New Facility
Sub Function	TSFA	Alternate Care-St/Agy Funds

<b>Paycheck Protection</b>		
CFDA	<b>93.323</b>	
Program Code	013900PP	Non-PPHF-Build ELC
Major Program	0139	Non-PPHF-Build ELC
Department	721	CHFS - Office Of The Secretary
Department	728	Department For Public Health
Function	CVID	COVID-19 Tracking Expenses
Sub Function	SDFP	ELC COVID-19 PPP

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CHAPTER 17  
OUTLINE OF COST ALLOCATION SYSTEM  
FOR GRANTS AND CONTRACTS  
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17. Outline of Cost Allocation System

17.1 Introduction

The purpose of the cost allocation system is to equitably allocate cost incurred for the joint or common good of more than one program or funding source to the benefiting programs and funding sources. The cost allocation system uses tables as a means of accumulating and allocating cost. These tables are derived from the financial accounting data contained in the eMARS accounting system.

eMARS Cost Allocation allows flexible, user defined determination of cost pools and bases to allocate indirect expenses. Based upon the established pools and bases, eMARS computes and posts the allocation of costs to each target entity (sub function). The allocation cycle begins when a pool record is defined. The record is defined by the accounting elements that identify the expense. The system will match this definition against all records on the General Ledger and accumulate user-defined data percentages to create and apply to an allocation pool. Separate records called base records are defined to receive the allocated amounts. These records are also defined by the accounting elements that receive a portion of the pooled amount. Journal Vouchers are created to move the funds from the pool record to the corresponding base records. Cost allocation for CHFS is executed on a monthly basis.

The indirect pools codes and allocation bases for the Cabinet for Health and Family Services are listed below.

<b>Code</b>	<b>Description</b>	<b>Allocation Base</b>
ASXA	Administrative Hearings	Dpt 721 Div 2100 Salaries
AXAA	Administration Services	Cabinet Salaries All Sub Functions
AXBB	Office of Inspector General	Dpt 723 Salaries
AXDA	OIG Div of Audits & Investigations	Dpt 723 Div 6000 Salaries
AXGA	OIG Div of Regulated Child Care	Dpt 723 Div 3000 Salaries
AXHA	OIG Div of Health Care	Dpt 723 Div 5000 Salaries
GXAA	Dpt for Aging & Independent Living	DAIL Cabinet Salaries (G Sub Functions)
GXEA	DAIL Aging	DAIL Cabinet Salaries Excluding GG Codes
GXFA	DAIL Guardianship	DAIL Cabinet Salaries (GG Codes)
HXAB	DFRCVS	DFRCVS Cabinet Salaries (H Sub Functions)
HXAF	DFRCVS FRYSC	Cabinet Salaries Excluding HC Codes
HXAK	DFRCVS KCCVS	Cabinet Salaries Excluding HA Codes
JXAA	Office of Health Data & Analytics	OHDA Cabinet Salaries (J Sub Functions)
JXAB	OHDA Health Information	Dpt 739 Div 2000 Salaries
JXAC	OHDA Analytics	Dpt 739 Div 3000 Salaries
JXAH	OHDA Health Benefits Exchange	Dpt 739 Div 1000 Salaries
MXAD	Dpt for Income Support	DIS Cabinet Salaries (M Sub Functions)
MXAC	DIS Disability Determination	DIS Cabinet Salaries Excluding MS Codes
MXAS	DIS Child Support	DIS Cabinet Salaries Excluding MC Codes
SXBA	Dpt for Public Health	DPH Cabinet Salaries (S Sub Functions)
TXAA	DBHDID	DBHDID Cabinet Salaries (T Sub Functions)
TXAB	DBHDID	DBHDID Cabinet Salaries Excluding TS Codes

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WCXB	Dpt for Medicaid Services	DMS Cabinet Salaries (W Sub Functions)
YXAA	OCSHCN	OCSHCN Cabinet Salaries (Y Sub Functions)
ZXAA	Dpt for Community Based Services	DCBS Cabinet Salaries (Z Sub Functions)
ZTRN	DCBS Training	DCBS Cabinet Salaries (Z Sub Functions)
ZXAF	DCBS Family Support	DCBS Cabinet Salaries (ZA & ZD Codes)
ZXAP	DCBS Protection & Permanency	DCBS Cabinet Salaries (ZF Codes)

17.2 eMARS Setup Table Overview

eMARS Cost Allocation distributes selected costs based on user defined calculations. After setting up the required tables, the cost allocation process is run and the cost allocation structure is applied against selected expenditure transactions. The eMARS Cost Allocation structure and processes are described in the cost allocation materials at the end of this chapter.

# Commonwealth of Kentucky Cabinet for Health and Family Services

## eMARS COST ALLOCATION

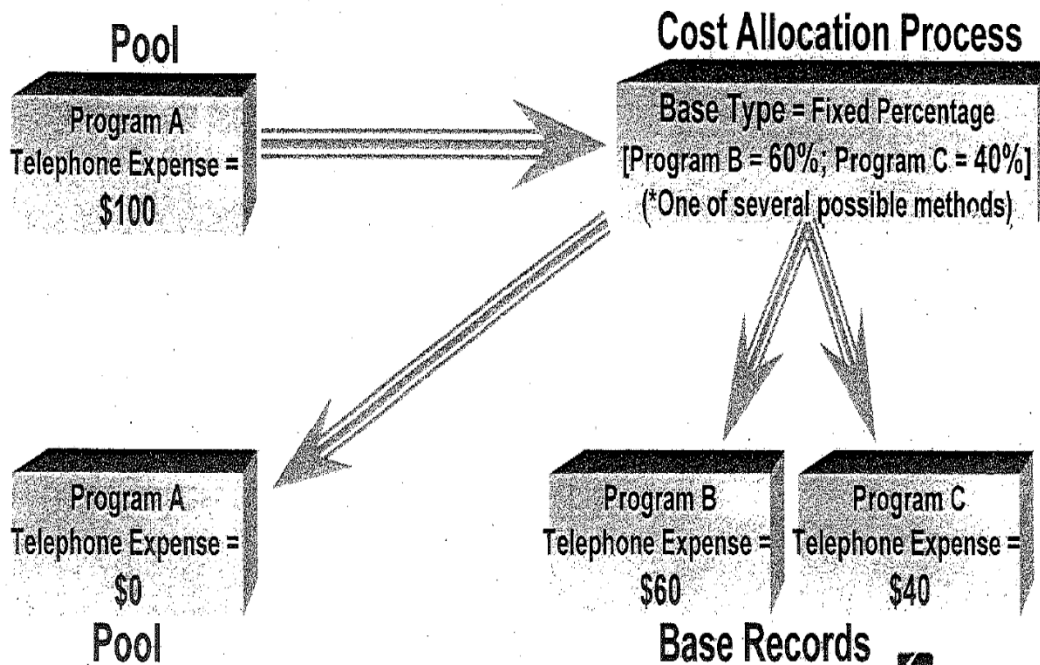
### OVERVIEW AND TABLE SET UP

# Overhead & Cost Allocation

Expectations > Orientation > Interaction > Review

## Cost Allocation Process Structure

- ▶ An allocation **Pool** specifies the accounting distributions that contain the costs / revenues to be allocated
- ▶ The **Base Type** is the method to be used by the Cost Allocation Process to calculate the percentages that it will use to allocation the costs from within the Pool records into the Base records
- ▶ Allocation **Bases / Base Records** specify the accounting distributions that will receive the results of the Cost Allocation Process

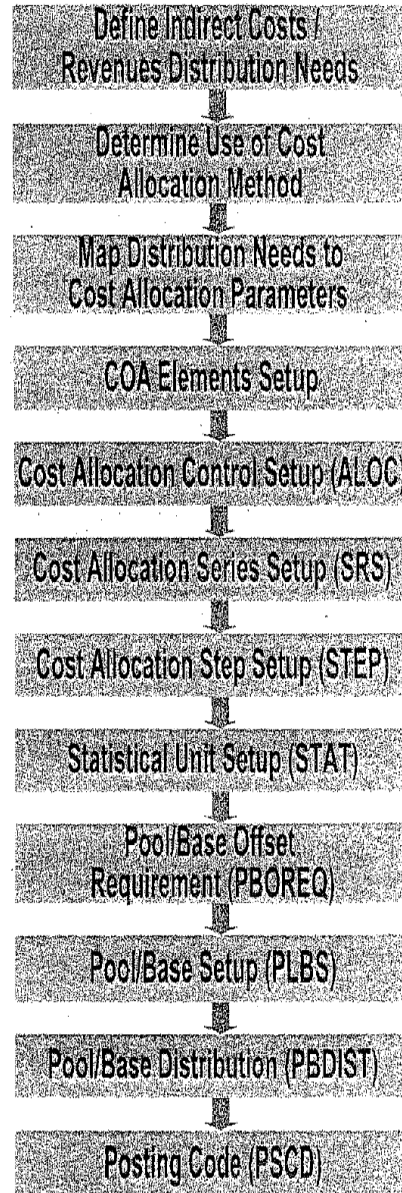


# Overhead & Cost Allocation

Expectations > Orientation > Interaction > Review

## Cost Allocation Method Setup

- ▶ Define business needs, rules and internal/external reporting requirements for the distribution of indirect costs / revenues
- ▶ Determine if the Cost Allocation method will meet the business need.
- ▶ Map the indirect costs / revenues distribution needs to the Cost Allocation Method parameters
- ▶ Setup the Chart of Account elements needed in the allocation definitions
- ▶ Setup the Cost Allocation Control Setup table to establish a new allocation.
- ▶ Setup the Cost Allocation Series Setup table to define each Series in the allocation
- ▶ Setup the Cost Allocation Step table to define each step including the calculation (Base) type to be used
- ▶ Optionally, setup the Statistical Unit Setup table.
- ▶ Optionally, setup the Pool/Base Offset Requirements when a Pool offset COA distribution is to be used for Allocations
- ▶ Setup the Pool/Base Setup and Distribution tables to define the Pools and Bases to be used and their accounting or accumulation distributions
- ▶ Setup the Posting Code table to identify those used in the Cost Allocation Process.

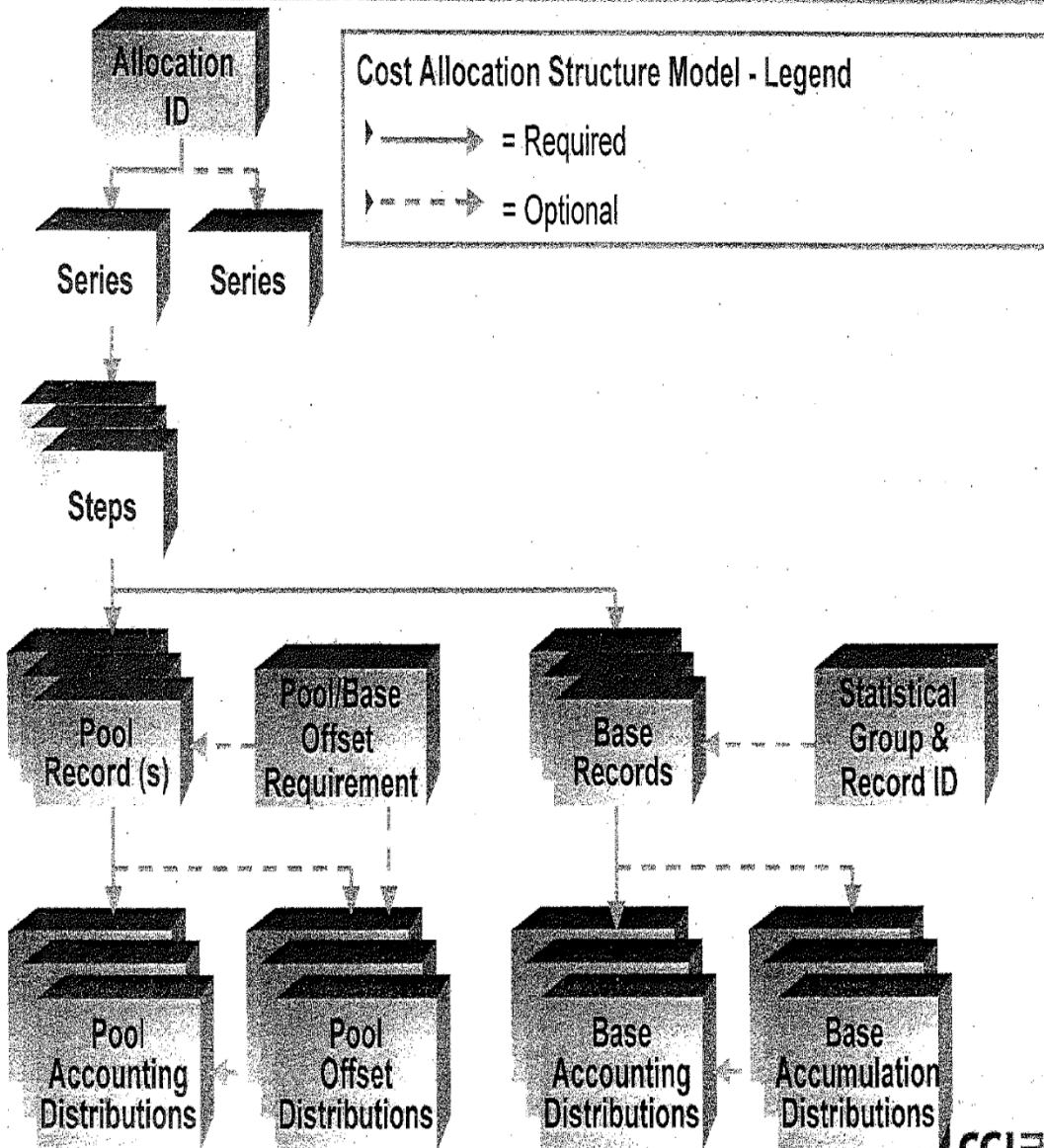




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Expectations > Orientation > Interaction > Review

**Cost Allocation Structure Model**



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CGI/BIS

# Overhead & Cost Allocation

Expectations > Orientation > Interaction > Review

## Cost Allocation Setup Structure - Base Type = Direct Financial

▶ The percentage used to allocate Pool amounts is based on dollars accumulated in Base 'accumulation' definition and distributions

▶ For example, where the **Pool definition** is the same:

Fund	Dept	Unit	Activity	Program	Allocation Percent
	700	11001	1234	P200	100%

▶ The same record was selected during the **Pool expansion** process:

Fund	Dept	Unit	Activity	Program	Amount
4000	700	11001	1234	P200	\$1,000



# Overhead & Cost Allocation

Expectations > Orientation > Interaction > Review

Cost Allocation Setup Structure - Base Type = Direct Financial

► If the Base accumulation definition for the two base records is:

Fund	Dept	Unit	Activity	Program
			RSTU	L120
			WXYZ	K270

► Then the following journal records are selected with the resultant Base record allocation percentages calculated:

Fund	Dept	Unit	Activity	Program	Amount	Base Record Percentage
4000	700	11001	RSTU	L120	\$300	
4000	700	11001	RSTU	L120	\$400	
				<b>Sub-Total</b>	<b>\$700</b>	<b>70%</b>
4000	700	11001	WXYZ	K270	\$100	
4000	700	11001	WXYZ	K270	\$150	
4000	700	11001	WXYZ	K270	\$50	
				<b>Sub-Total</b>	<b>\$300</b>	<b>30%</b>
				<b>TOTAL</b>	<b>\$1,000</b>	<b>100%</b>



# Overhead & Cost Allocation

Expectations > Orientation > Interaction > Review

## Cost Allocation Setup Structure - Base Type – Direct Financial

▶ If the **Base accounting** definition is:

Fund	Dept	Unit	Activity	Program	Direct Financial
			ABCD	L120	70% (from Base Accumulation)
			BCDE	K270	30% (from Base Accumulation)

▶ Then the record selected during the Pool expansion is split into two records during the **Base expansion**, each receiving their percentage of the record selected during the Pool expansion process as defined in the Base definition:

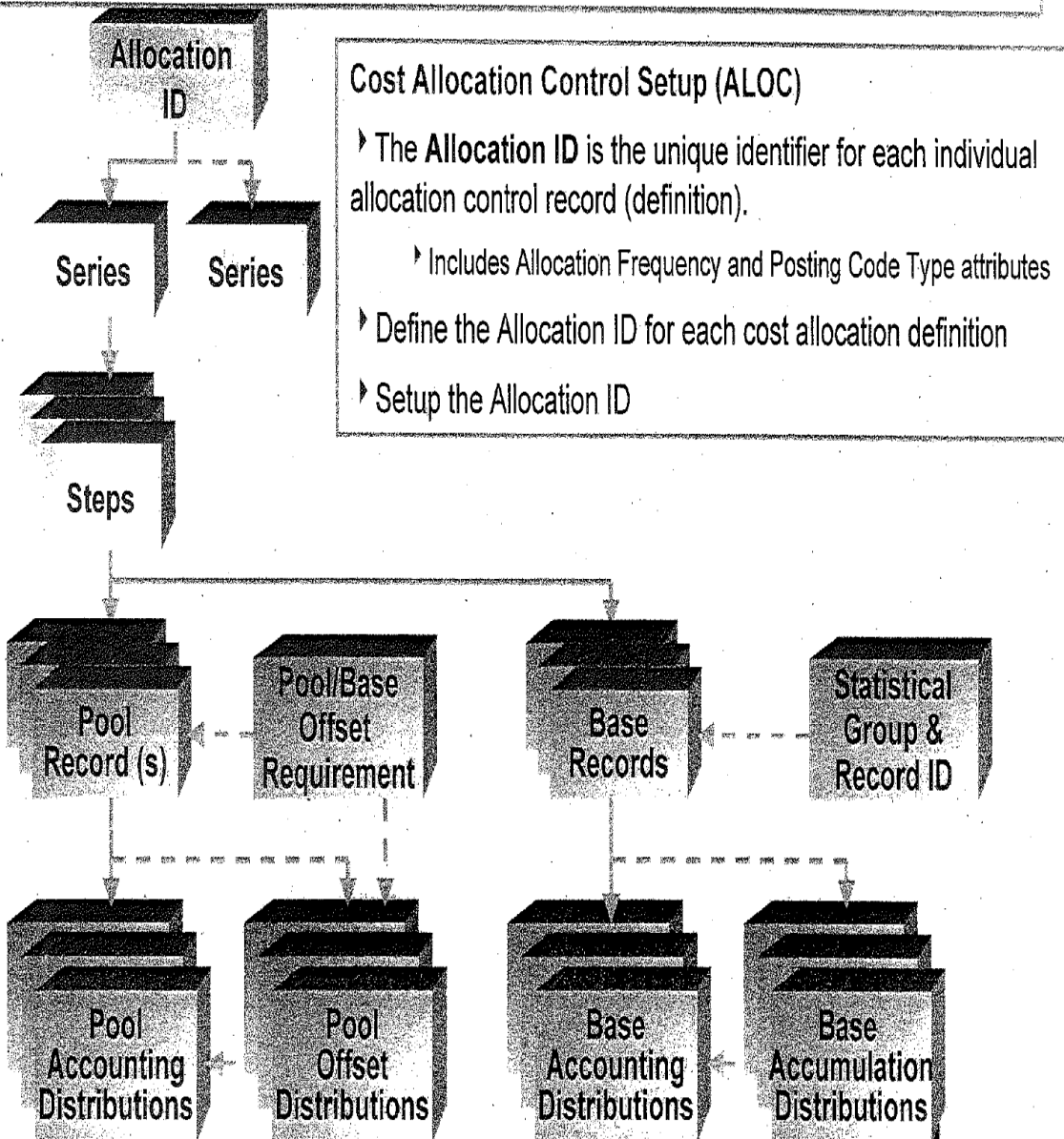
Fund	Dept	Unit	Activity	Program	Amount
4000	700	11001	ABCD	L120	\$700
4000	700	11001	BCDE	K270	\$300



# Overhead & Cost Allocation

Expectations > Orientation > Interaction > Review

## Cost Allocation Structure Model



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# Overhead & Cost Allocation

Expectations > Orientation > Interaction > Review

## Cost Allocation Control Setup

ALOC

**Allocation Id**

✓ CA01

First Prev Next Last

Menu Quick Search

---

Save Undo Delete Insert Copy Paste Search

**Allocation Information**

Allocation Id: CA01

Allocation Frequency: Monthly

Description: Monthly II Cost Allocation

Cash Expenditures:

Collected Revenue:

Charges:

Charge Back:

**Configuration Points**

- ▶ Set the Allocation Id
- ▶ Select the Allocation Flag (Posting Code Type)
- ▶ Select the Allocation Frequency
- ▶ Select the Inheritance Type

**Inheritance Information**

Fund Inheritance Type: Pool	Function Inheritance Type: Pool
Object/Revenue Inheritance Type: Pool	Reporting Inheritance Type: Pool
Balance Sheet Account Inheritance Type: Pool	Dept Object/Revenue Inheritance Type: Pool
Appropriation Unit Inheritance Type: Pool	Task Inheritance Type: Pool
Department/Unit Inheritance Type: Pool	Task Order Inheritance Type: Pool
Location Inheritance Type: Pool	Major Program/Program Inheritance Type: Base
Activity Inheritance Type: Pool	

**Link**

Cost Allocation Series Setup

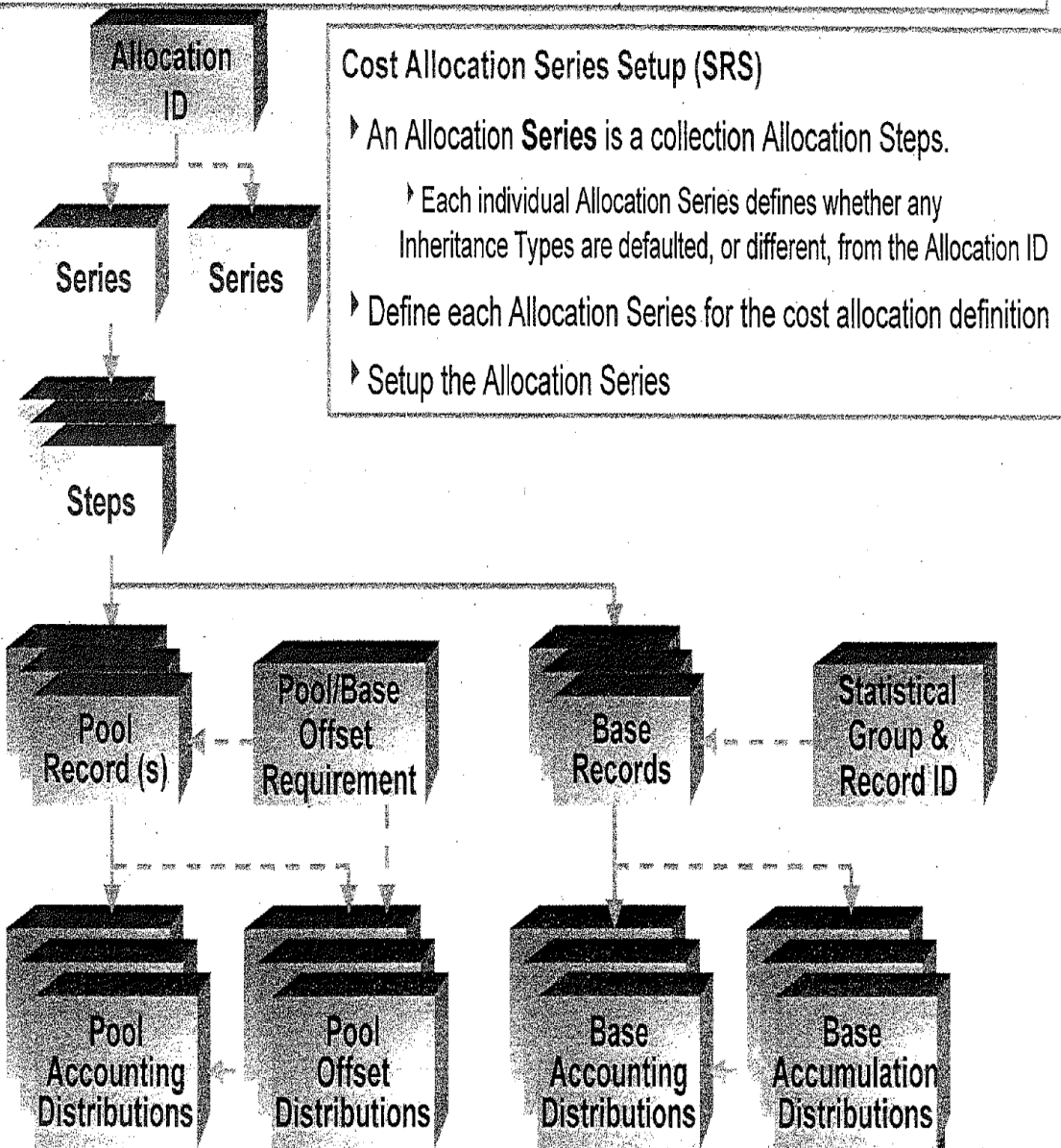
▶ Pool/Base Setup (PLBS)



# Overhead & Cost Allocation

Expectations > Orientation > Interaction > Review

## Cost Allocation Structure Model



### Cost Allocation Series Setup (SRS)

- ▶ An Allocation **Series** is a collection Allocation Steps.
  - ▶ Each individual Allocation Series defines whether any Inheritance Types are defaulted, or different, from the Allocation ID
- ▶ Define each Allocation Series for the cost allocation definition
- ▶ Setup the Allocation Series

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**Cost Allocation Series Setup**

**SRS**

Menu Quick Search

Allocation Id Series Id

✓ CA01 1

First Prev Next Last

Save Undo Delete Insert Copy Paste Search

▼ Series Information

Allocation Id: CA01

Series Id: 1

Series Description:

**Configuration Points**

- ▶ Select the Allocation Id
- ▶ Set the Series Id
- ▶ Provide the Series Description
- ▶ Select the Inheritance Types

▼ Inheritance Information

Fund Inheritance: Default

Function Inheritance: Default

Object/Revenue Inheritance: Default

Reporting Inheritance: Default

Balance Sheet Account Inheritance: Default

Dept Object/Revenue Inheritance: Default

Appropriation Unit Inheritance: Default

Task Inheritance: Default

Department/Unit Inheritance: Default

Task Order Inheritance: Default

Location Inheritance: Default

Major Program/Program Inheritance: Default

Activity Inheritance: Default

**Notes**

▶ Completing the Series Description is strongly recommended to ensure understanding. Allocations can become confusion quite easily.

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Cost Allocation Control Setup Cost Allocation Step Setup

**Link**

▶ Pool/Base Setup (PLBS)



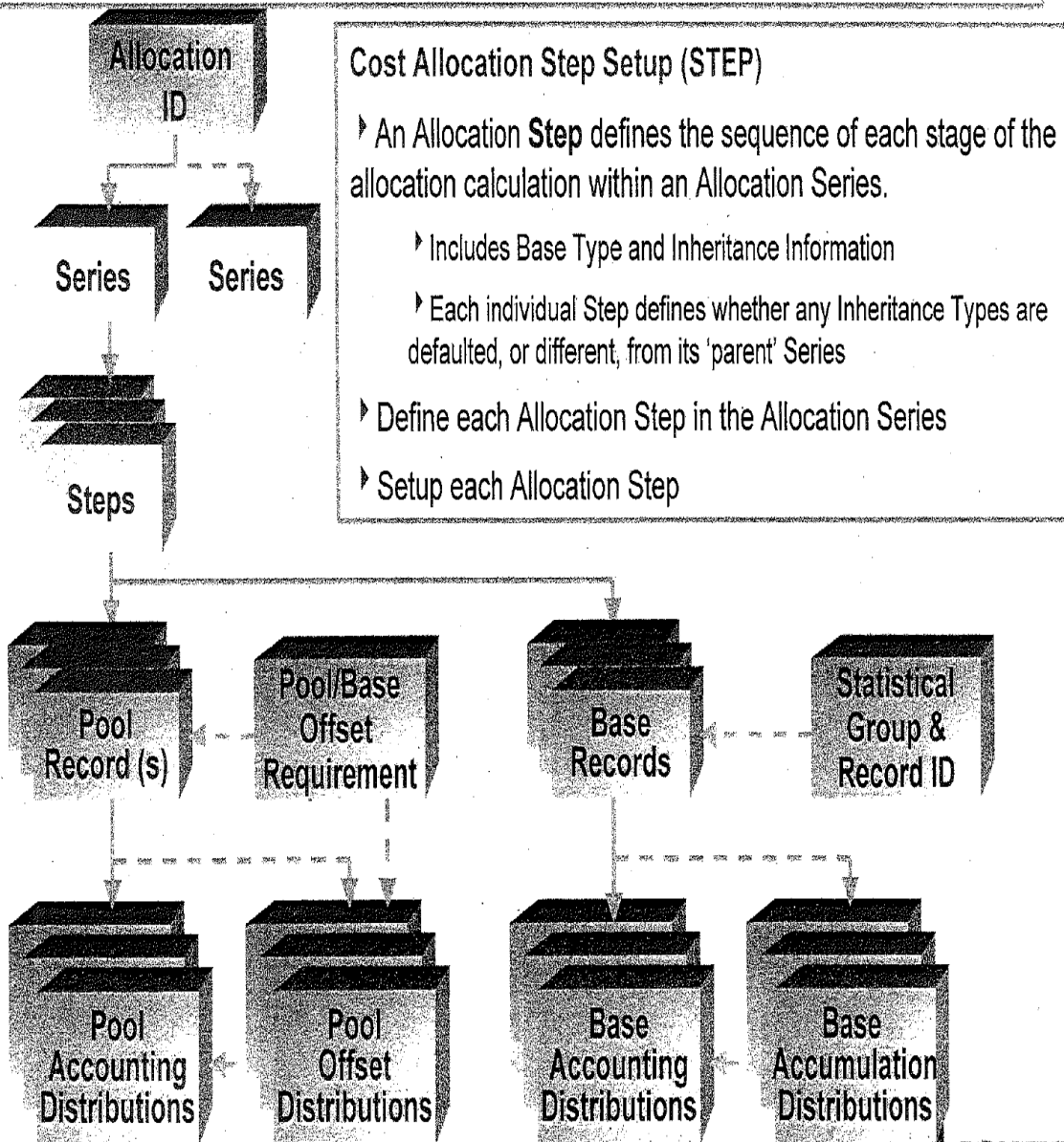
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## Cost Allocation Structure Model



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## Cost Allocation Step Setup

### STEP

Allocation Id	Series Id	Step No
CA01	1	1

[Menu](#) [Quick Search](#)

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Save Undo Delete Insert Copy Paste Search

**Step Information**

Allocation Id: CA01

Series Id: 1

Step No: 1

Description: Step 1 of IT Allocation

Base Type: Fixed Percentage

Charge Back Object:

**Inheritance Information**

Fund Inheritance Type: Default	Function Inheritance Type: Default
Object/Revenue Inheritance Type: Default	Reporting Inheritance Type: Default
Balance Sheet Account Inheritance Type: Default	Dept Object/Revenue Inheritance Type: Default
Appropriation Unit Inheritance Type: Default	Task Inheritance Type: Default
Department/Unit Inheritance Type: Default	Task Order Inheritance Type: Default
Location Inheritance Type: Default	Major Program/Program Inheritance Type: Default
Activity Inheritance Type: Default	

[Top](#)

[Cost Allocation Series Setup](#) [Pool/Base Setup](#)

### Configuration Points

- ▶ Select the Allocation Id
- ▶ Select the Series Id
- ▶ Set the Step Number
- ▶ Provide Description of the Step
- ▶ Optionally, set the Charge Back Object
- ▶ Select the Inheritance Information Types

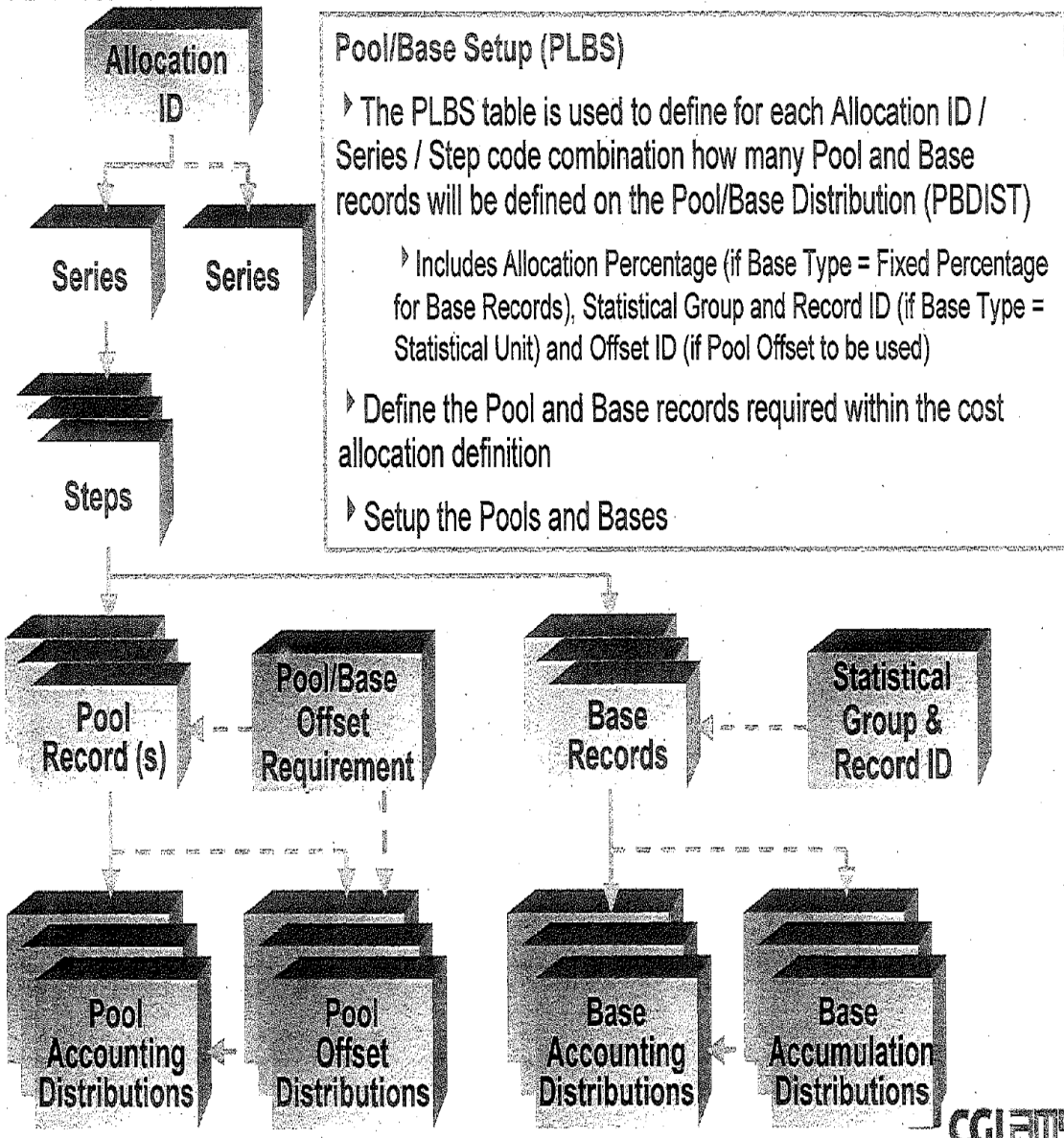
### Links

- ▶ Cost Allocation Series Setup (SRS)
- ▶ Pool/Base Setup (PLBS)

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**Cost Allocation Structure Model**



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## Pool/Base Setup

### PLBS

Quick Search

Allocation Id	Series Id	Step Number	Pool/Base Indicator	PL/BS Seq No
✓ CA01	1	1	Pool	1
CA01	1	1	Base	1
CA01	1	1	Base	2
CA01	1	2	Pool	1
CA01	1	2	Base	1
CA01	1	2	Base	2
CA01	1	2	Base	3

First Prev Next Last

Save Undo Delete Insert Copy Paste Search

Allocation Id:

Series Id:

Step Number:

Pool Base Indicator:

PL/BS Seq No:

Description:

Forward Reference Step Number:

#### Configuration Points

- ▶ Select the Allocation Id
- ▶ Select the Series Id
- ▶ Select the Step Number
- ▶ Indicate Pool or Base

Base Type: Fixed Percentage

Allocation Percent:

Statistical Group:

Statistical Record Id:

Statistical Unit:

Override Original Distribution with Offset Values:

Offset ID:

#### Notes

- ▶ The forward Reference Step Number field is used with a Base record when the amount allocated to that Base record are to be re-allocated in a future Step within the same Series
- ▶ The system automatically generates a Pool/Base Sequence Number for all records on Pool/Base Setup.

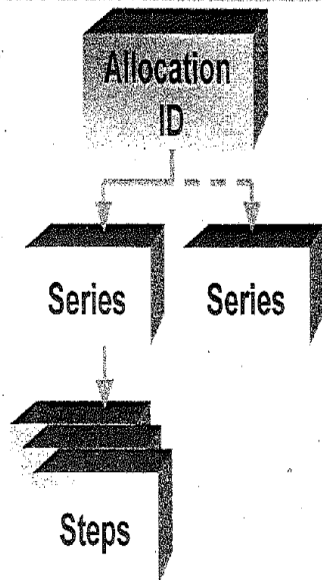
#### Links

- ▶ Cost Allocation Setup Setup (STEP)
- ▶ Pool/Base Distribution (PBDIST)

# Overhead & Cost Allocation

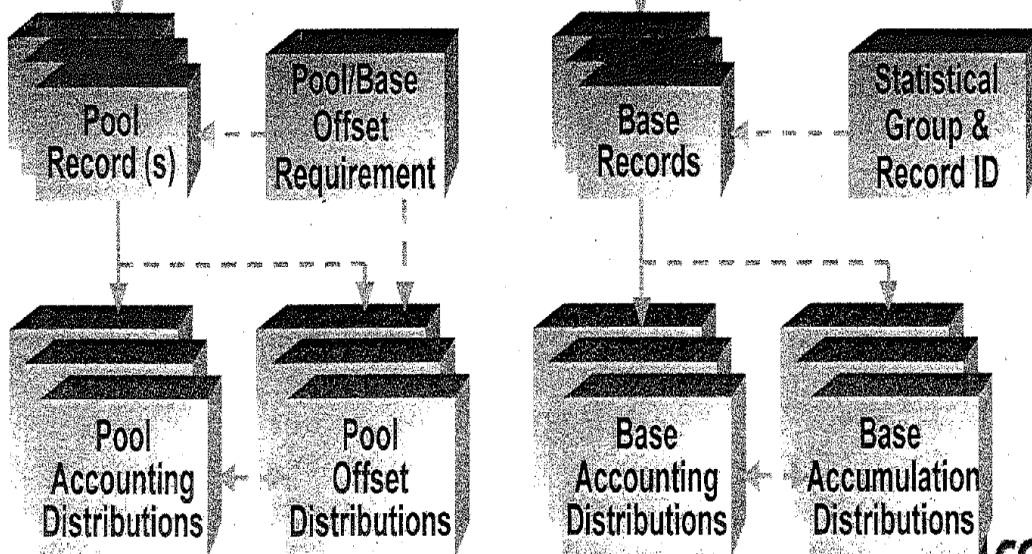
Expectations > Orientation > Interaction > Review

## Cost Allocation Structure Model



### Pool/Base Distribution (PBDIST)

- ▶ Once a Pool or Base has been defined on the PLBS table, the accounting distribution for it is defined on the PBDIST table
  - ▶ Includes Distribution Type (Accounting or Accumulation), Exclude flag (if certain transactions selected during the Pool or Base expansion sub-process within the Cost Allocation process are to be excluded from further processing) and Funding Accounting / Detail Accounting Chart of Account elements
- ▶ Define the accounting distribution for the Pools and Bases
- ▶ Setup the detailed accounting distribution



# Overhead & Cost Allocation

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## Pool/Base Distribution

**PBDIST**

Menu Quick Search

Allocation Id	Series Id	Step No	Pool Base Indicator	Pool Base Sequence No	Department	Alloc Percent	Distribution Type	Exclude Flag
✓ CA01	1	1	Pool			100.000000	Accounting	false
CA01			Base			25.000000	Accounting	false
CA01	1	1	Base			75.000000	Accounting	false

First Prev Next Last

Save Undo Delete Insert Copy Paste Search

▼ General Information

Allocation Id: CA01

Series Id: [ ]

Step No: [ ]

Pool Base Indicator: Pool

Alloc Percent: 100.000000

Pool Base Sequence No: [ ]

Distribution Type: Accounting

Accumulation Distribution No: 1

Exclude Flag:

Include/Exclude Sequence No: [ ]

► Fund Accounting

► Detail Accounting

### Configuration Points

- Select the Allocation ID, Series ID and Step ID and Pool Base
- Set the Distribution Type
- Set the Accumulation Distribution No (defaults to 1 unless Distribution Type = Accumulation)
- Set the Exclude Flag

Top  
 Pool/Base Setup

### Notes

- The Distribution Type options for Pools are Accounting or Offset
- The Distribution Type options for Bases are Accounting or Accumulation (for Direct Financial or Direct and Instream Financial Base Types)



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**PBDIST**

**Pool/Base Distribution**

Allocation ID	Series ID	Seq ID	Pool/Base Indicator	Pool Base Sequence ID	Department	Alloc Percent	Distribution Type	Exclude Flag
✓ CA01	1	1	Pool		1	100.000000	Accounting	false
CA01			Base			75.000000	Accounting	false
CA01	1	1	Base		2	75.000000	Accounting	false

Find Prev Next Last

Save Undo Refresh Insert Copy Paste Search

General Information

**Fund Accounting**

Fund Rollup Type:  Department:  Appr Unit Rollup Type:

Fund:  Unit:  Appr Unit:

Sub Fund:  Sub Unit:  DCA Rollup Type:

ObjRev Indicator:  Government Branch:  BSA:

ObjRev Revenue Rollup Type:  Cabinet:  Sub DCA:

Object/Revenue Source:  Division:  Department Object/Revenue Source Indicator:

Sub Object/Revenue Source:  Group:  Department Object/Revenue Rollup Type:

Bureau:  Department Object/Revenue:

Section:

District:

**Detail Accounting**

Location Rollup Type:  Reporting Rollup Type:  Major Program Rollup Type:

Location:  Reporting:  Major Program:

Sub Location:  Sub Reporting:  Program Rollup Type:

Activity Rollup Type:  Task:  Program:

Activity:  Sub Task:  Phase:

Sub Activity:  Task Order:  Program Period:

Function Rollup Type:

Function:

Sub Function:

**Notes**

- ▶ Wildcard, include/exclude logic, and rollups can be used for pool accounting distributions and base accumulator distributions
- ▶ Cannot enter Major Program for Base Accounting Distributions (inferred from Program)

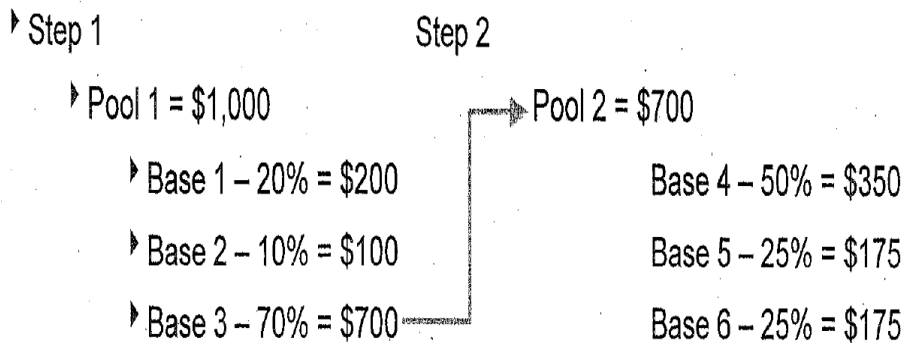


## Overhead & Cost Allocation

Expectations > Orientation > Interaction > Review

### Cost Allocation Setup Structure – Pool/Base Distribution – Forward Reference

- ▶ The Forward Reference field on the PBDIST table allows a base that has been expanded in one step to become a pool to be allocated in a future step
- ▶ Forward reference steps can only be established within a single allocation/series.
- ▶ For example, where Step 1 and Step 2 both use Base Type = Fixed Percentage, the value calculated for Base record #3 in Step 1 will be Forward Referenced to become the Pool for Step 2



- ▶ This is different from Base Type = Direct & In-Stream Financial where the 'expanded base' is added to a Base Accumulation to determine the Allocation percentage rather than, in the case of the Forward Reference feature, the 'expanded base' (Step 1, Base 3 in the above example) becoming a Pool record all on its own





## Overhead & Cost Allocation

Expectations > Orientation > Interaction > Review

### Cost Allocation Setup Structure – Posting Code Setup

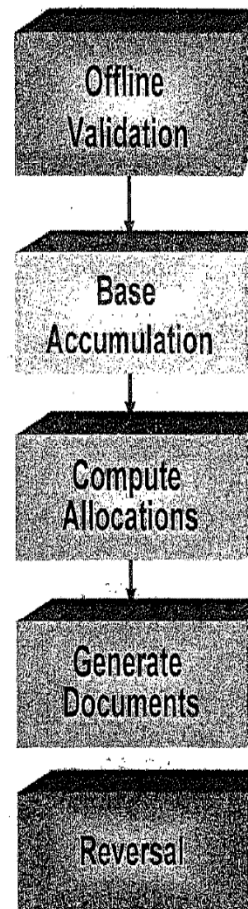
- ▶ The Cost Allocation field on the Posting Code table allows users to define the eligibility of ledger records for cost allocation.
  - ▶ Posting Codes whose cost allocation value is set to Cash Expenditures will be eligible for allocation in an expenditures allocation.
  - ▶ Posting Codes whose cost allocation value is set to Collected Revenues will be eligible for allocation in a revenues allocation.
- ▶ Define the Posting Codes to be used during the Cost Allocation ID
- ▶ Setup the Posting Codes

## Overhead & Cost Allocation

Expectations > Orientation > Interaction > Review

### Cost Allocation Process

- ▶ Allocates indirect costs within Pools to the appropriate accounting distribution Bases
- ▶ Contains 5 'run modes':
  - ▶ Offline Validation => COA elements on PBDIST valid and Base Records = 100%
  - ▶ Base Accumulation => Calculates allocation % where Base Type ≠ Fixed Percentage
  - ▶ Compute Allocations => Applies allocation % to calculate allocation results
  - ▶ Generate Documents => Generates accounting lines for allocation results
  - ▶ Reversal => Reverses previous allocation transactions generated by the Cost Allocation process
- ▶ The inputs and outputs within each run mode are defined within the Advantage Financial 3 Run Sheets

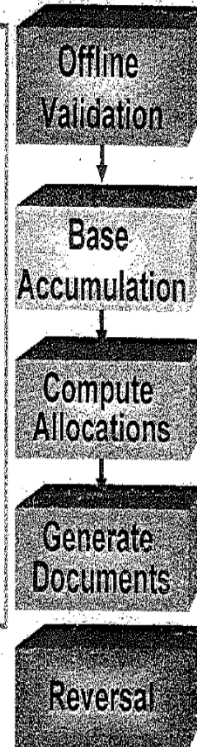


# Overhead & Cost Allocation

Expectations > Orientation > Interaction > Review

## Cost Allocation Process – Generate Documents

- ▶ Generates Cost Allocation document accounting lines in XML format
- ▶ Accounting lines are generated to:
  - ▶ Reverse the original recording of the direct cost/revenue for each Pool record (i.e. DR (revenue) or CR (expense)) , and
  - ▶ Allocate the allocated amount from the Pool to the Base record
- ▶ SysManuUtil Process is used to load the XML file into the Document Catalog
- ▶ Output includes the Cost Allocation Documents



Cost Allocation Expansion Results Table  
[computed allocations]

Cost Allocation History Table

Summarize accounting lines and create XML file

System Maintenance Utility Process

Cost Allocation Documents



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PBBT-POOL BASE DEFINITION GENERATION

This table automates the population of data by defining a range of values.


COT\_R\_PBBT


Allocation Id	Series Id	Step No	Sub Function From	Sub Function To
✓ 721	1	2000	A111	ZZZZ

First Prev Next Last

Save [Undo](#) Delete Insert [Copy](#) Paste [Search](#)  

\*Allocation Id : 721 

\*Series Id : 1 

\*Step No : 2000 

\*Sub Function From : A111

\*Sub Function To : ZZZZ

Cabinet : 53

Department :

Division :

Group :

Section :

District :

Object Class : 110

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Attachments

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## Attachment I

### Employee Timesheet and Time Distribution Instructions

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(PRINT THIS PAGE)

**Instructions**

1. In your KHRIS timesheet, go to the "Data" tab. Complete the yellow highlighted fields with Name, Employee ID, and PERNR

2. Click on the appropriate pay period tab.

3. To record regular hours worked, go to "Att/Abs Type" column. Click drop down box and select "1Reg". Go to "Accounting Template" column, enter the applicable program code.\* You will need a separate line for each program code you record regular hours worked to. Enter the number of regular hours worked that correspond with each program code you have recorded.

3a. **If you enter a program code (accounting template), you MUST include a UNIT/LOCATION/ACTIVITY code. Please check with timekeeper for appropriate code(s).**

3b. **If you do not enter a program code (accounting template), leave the UNIT/LOCATION/ACTIVITY code BLANK.**

4. To record overtime hours worked, return to "Att/Abs Type" column. Click drop down box and select "6ADL". Go to "Accounting Template" column, enter the applicable program code.\* You will need a separate line for each program code you record overtime hours worked to. Enter the number of overtime hours worked that corresponds with each program code you have recorded.

4a. **If you enter a program code (accounting template), you MUST include a UNIT/LOCATION/ACTIVITY code. Please check with timekeeper for appropriate code(s).**

4b. **If you do not enter a program code (accounting template), leave the UNIT/LOCATION/ACTIVITY code BLANK.**

5. To record leave hours, return to the "Att/Abs Type" column and locate the appropriate code. \*\* Enter the number of leave hours used per day. You will need to complete a separate row for each type of leave taken (ex. annual, sick, comp, voting, etc.) NEVER enter an accounting template when recording LEAVE time.

**\* To utilize the drop-down box for the accounting templates, and Unit/Location/Activity fields in the pay period tabs, you must first enter them in the corresponding column in the "Data" tab. Otherwise, it is necessary to manually key this information into each field.**

**\*\* Additional information available in the "Attendance & Absence" tab; however, not all codes listed on this tab are applicable to CHFS. Please check with your timekeeper for appropriate codes.**

The "Edit" tab is a useful resource for timekeepers/time administrators.

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Description	KHRIS Code	Attendance/ Absence	Why is Code used	Additional Info	Additional Info	Additional Info
Regular Hours	1REG	Attendance	Used to record the number of regular hours worked each day.	Can use 1REG only for the amount of hours up to the number of scheduled		
Second Shift Hours	2NDH	Premium	This is a premium only and must be recorded with the same number of hours as the attendance type.	Can not have more premium hours than sum of 1REG + 6ADL hours.	Use this code if the employee is a variable shift employee. Must have a "44" or "84" listed in IT0007 in the additional	
Third Shift Hours	3RDH	Premium	This is a premium only and must be recorded with the same number of hours as the attendance type.	Can not have more premium hours than sum of 1REG + 6ADL hours.	Use this code if the employee is a variable shift employee. Must have a "44" or "84" listed in IT0007 in the additional	
Week end Hours	4WKH	Premium	This is a premium only and must be recorded with the same number of hours as the attendance type.	Can not have more premium hours than sum of 1REG + 6ADL hours.	Use this code if the employee is a variable shift employee. Must have a "84" listed in IT0007 in the additional time ID field.	Can be used on Sat./Sun./ Holiday
Additional Hours	6ADL	Attendance	Used to record any hours worked <b>in addition</b> to the regularly scheduled hours.	These hours will be evaluated at the end of the week in conjunction with regular hours recorded to determine Pay/Comp.		
Call-In Hours	7CLL	Attendance	Used to record hours outside of your regularly scheduled hours when called into work.	These hours will be processed as 6ADL hours and will allow for better reporting on Call In Hours.		
On-Call Comp	8ONC	Attendance	Used to record comp. hours gained when serving in an on-call capacity.	These hours will be processed as comp. hours and will update your comp bucket.	These hours do not apply to the worked hours used to determine when a non-exempt employee reaches 40 and is due OT.	
Multi-Lingual Premium	9LNG	Premium	This is a premium only and must be recorded with the same number of hours as the attendance type it is being used with.	Can not have more premium hours than sum of 1REG + 6ADL hours.		
Servers "Other"	9SRV	Attendance	Used by serving attendants when not performing normal duties (meetings, training etc.) Will ensure employee is	These regular hours are keyed instead of 1REG hours and cannot exceed the regularly scheduled hours.		
Administrative Leave	ADLV	Absence	Used to reduce the number of regular hours scheduled due to the absence	Administrative Leave: HB 149 allows agencies to place an employee who has received an intent to dismiss letter on paid administrative leave until the agency makes a final determination on the		
Annual Leave	ANLL	Absence	Used to reduce the number of regular hours scheduled due to the absence, not to exceed the number of regularly scheduled hours or the amount of available quota.	If the balance of annual is not enough to cover hours taken/requested on time sheet, then an adjustment will need to be made on the timesheet prior to KHRIS entry.		
Bereavement / Funeral Leave	BERV	Tracking Code	Used in conjunction with another absence code to indicate employee is on Funeral or Bereavement Leave			



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Description	KHRIS Code	Attendance/ Absence	Why is Code used	Additional Info	Additional Info	Additional Info
Blood Donation Leave	BLOD	Paid Absence w/ no quota reduction	Used to reduce the number of regular hours scheduled due to the absence, not to exceed the number of regularly scheduled hours.	Must take place during regularly scheduled working hours, but may not exceed 4 hours per event.	Employees deferred from donating shall not be charged for the time used in attempting to donate, but will not receive the four (4) hours leave time as those	
Agency Directed Closure	CLOS	Paid Absence w/ no quota reduction	Used to reduce the number of regular hours scheduled due to the absence	Used only when the Agency closes the offices due to a emergency (ie. Power failure, flood).	Employees required to work regardless of the emergency should use CLOS to record hours to be compensated due to the closure and 6ADL for any hours worked during the closure.	Approval by Personnel's General Counsel or Commissioner of the Department of Human Resources Administration must be given prior to use by an
Comp Leave	COMP	Absence	Used to reduce the number of regular hours scheduled due to the absence, not to exceed the number of regularly scheduled hours or the amount of available quota.	If the balance of comp. is not enough to cover hours taken/requested on time sheet, then an adjustment will need to be made on the timesheet prior to KHRIS entry.		
Court Leave	CORT	Paid Absence w/ no quota	Used to reduce the number of regular hours scheduled due to the	CORT hours cannot exceed the number of scheduled hours.	May require documentation.	
Education Paid Leave	EDLP	Attendance	Used instead of 1REG to indicate the employee was performing work like duties	Used only for employees that may be approved to take "occasional" time off of work for approved		
Working Polls During Election	ELEC	Paid Absence w/ no quota	Used to reduce the number of regular hours scheduled due to the	ELEC hours cannot exceed the number of scheduled hours.	The code can also be used for training as associated with working	Maximum of 7.5 or 8.0 Hrs
Employee Organizational Stewart Pay	EOSP	Attendance	Used to record hours when performing duties as a Steward for your			
Governors' sponsored event	EVNT	Attendance	Used instead of 1REG to indicate the employee was performing work like duties	EVNT hours cannot exceed the number of scheduled hours.	Examples: KECC, Governor's Open House, Benefit Fairs, etc.	
Family Medical Leave	FMLA	Tracking Code	Used in conjunction with another absence code to indicate employee is using FMLA.	Tracking Code only. Will reduce FMLA eligible hours in the FMLA Workbench		
Furlough Leave	FURL	Unpaid- Absence	Used when taken unpaid furlough leave			
Hazard Duty Injury	HAZD	Tracking Code	Used in conjunction with another absence code to indicate employee is on Workers Compensation Leave and is coded for Hazardous Retirement	Used only by Kentucky State Police		
Holiday Comp	HOLC	Paid Absence w/ no quota reduction	Used to update compensatory hours instead of creating pay for the holiday.	For employees on a 24/7 work schedule or Alternate Holiday Calendar only. Used only when the holiday falls on the employees weekend	Employees on a 24/7 work schedule and Alternate Holiday Calendar and are not attached to a Holiday Calendar, so comp time must be given to the employee. Any hours worked on the holiday should be recorded as 6ADL.	Maximum of 7.5 or 8.0 Hrs

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Description	KHRIS Code	Attendance/ Absence	Why is Code used	Additional Info	Additional Info	Additional Info
24/7 Holiday Pay	HOLP	Paid Absence w/ no quota reduction	Used to pay Holiday Pay when the standard Commonwealth Holiday Calendar is not used.	For employees on a 24/7 work schedule or Alternate Holiday Calendar only. Used only when the holiday falls on the employees regular work day.	Employees on a 24/7 work schedule and Alternate Holiday Calendar are not attached to a Holiday Calendar, so there must be hours entered to pay the employee for the holiday. Any hours worked on the holiday should be recorded as 8ADL.	Maximum of 7.5 or 8.0 Hrs
Agency Directed Sick	HOME	Tracking Code	Used in conjunction with another absence code to track the leave used when an agency directs an employee to not remain at work	Should be used if the employee would jeopardize the health of himself or others at his work station because of a contagious disease or demonstration of behavior that might endanger	Leave should be deducted first from sick, then annual, then comp, then rsk and then authorized leave with no pay	It can also be used in conjunction with FMLA
Investigative Leave	INVL	Absence	Used to reduce the number of regular hours scheduled due to the	Used when an employee is sent home for Investigative leave purposes.		
Jury Duty	JURY	Paid Absence w/ no quota	Used to reduce the number of regular hours scheduled due to the	JURY hours cannot exceed the number of scheduled hours.	May require documentation.	
Leave without pay authorized	LNPA	Absence	Used to reduce the number of regular hours scheduled due to the absence	Can only be utilized with annual and compensatory leave have been exhausted; except if an employee is on Workers'		
Leave without pay unauthorized	LNPU	Absence	Used to reduce the number of regular hours scheduled due to the	Unpaid time w/o approval		
Light Duty	LTDY	Attendance	Used instead of 1REG to indicate the employee was performing work like duties	Used for employees who are returning to work, but are unable to perform their job duties at 100%		
Military Leave Training	MILL	Absence	Used to reduce the number of regular hours scheduled due to the	Used by employees who are in an active military status.		
Military Leave using Annual	MLAP	Absence	Used to reduce the number of regular hours scheduled due to the	Used by employees who have exhausted their allotted MILL absence	Reduces annual leave	
Military Leave using Comp	MLCP	Absence	number of regular hours scheduled due to the absence	have exhausted their allotted MILL absence quota.	Reduces comp. leave	
Military Leave No Pay	MLNP	Absence	Used to reduce the number of regular hours scheduled due to the absence	Used by employees who have exhausted their allotted MILL absence quota.	Employee is placed on a LWOP status. There is no requirement to use annual or comp. first	
Spousal Military Leave	MLSP	Paid Absence w/ no quota reduction	Used to reduce the number of regular hours scheduled due to the absence	Used by employees whose spouse is being deployed or returning from deployment. One day per	MLSP hours cannot exceed 7.5 or 8.0 hrs per event. Leave can not be taken in 2 consecutive	Employee is allowed two (2) days per Federal fiscal year.
Personnel Board Hearing	PBRD	Tracking Code	Used in conjunction with another absence or attendance code to indicate employee is away from work due to a matter before the Personnel			
Annual Leave Received	RANL	Absence	Used to reduce the number of regular hours scheduled due to the absence	Cannot be used during a non-scheduled working period	Used by employees who have received donated Annual Leave. Employee cannot use this code if they have any annual or compensatory quota.	
Sick Leave Received from another	RSCK	Absence	Used to reduce the number of regular hours scheduled due to the	Cannot be used during a non-scheduled working period	Used by employees who have received donated Sick Leave	

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Description	KHRIS Code	Attendance/ Absence	Why is Code used	Additional Info	Additional Info	Additional Info
State Active Duty Day	SADD	Attendance	Used to record a working day for state active duty on a specific mission.	Only to be used by Military Affairs through specific data entry for SADD		
Sick Leave	SICK	Absence	Used to reduce the number of regular hours scheduled due to the absence, not to exceed the number of regularly scheduled hours or the amount of available quota.	If the balance of sick is not enough to cover hours taken/requested on time sheet, then an adjustment will need to be made on the timesheet prior to KHRIS entry.	SICK can only be used for sick leave purposes	
Special Governor's Leave	SPEC	Paid Absence w/ no quota reduction	Used to reduce the number of regular hours scheduled due to the absence	Used only when the Governor declares a closing or as directed by the Personnel Cabinet.	Employees required to work regardless of the closing should use SPEC to record hours to be compensated due to the closure and 6ADL for any hours worked during the	
Suspended w/o pay	SUSP	Unpaid-Absence	Used to reduce the number of regular hours scheduled due to the	Employee cannot use any of their own leave time.		
Project Talk	TALK	Attendance	Used instead of 1REG to indicate the employee was performing work like duties	Max of 15 hours paid leave per calendar year		
Trips Taken	TRIP	Entries	Number of one-way trips taken in a state vehicle to/from home	Number of trips are recorded for taxing purpose		
Voting Leave	VOTE	Paid Absence w/ no quota reduction	Used to reduce the number of regular hours scheduled due to the absence	Employee must be scheduled to work on the day of the event. Maximum of 4 hours for		
Workers Compensation	WCMP	Tracking Code	Used in conjunction with another absence code to indicate employee is on Workers Compensation Leave	Only used by Payroll Officers to update time cards after employee has been approved for Workers Comp. Will be notified by FMLA		
On the job injury / illness	WINJ	Attendance	Used instead of 1REG to indicate the employee was performing work like duties	Used ONLY to record the hours missed on the day of injury.		
Adverse Weather Leave	WLAD	Paid Absence w/ no quota reduction	Used to reduce the number of regular hours scheduled due to the absence	Each occurrence expires 123 days from date utilized.	If after 123 days the makeup has not occurred, then repayment must be made first from comp (if available), then annual (if available). If neither option is available then the WLAD pay the employee received will be deducted from the employees pay and the time will be recorded as LNPA (leave	Employee can only have 10 active occurrences at one time
Adverse Weather Makeup	WMAD	Attendance	Used to record the additional hours worked to makeup Adverse Weather Leave.	Any OT worked in the week should not be applied to adverse weather leave makeup.		



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**Kentucky Personnel Cabinet**  
Serving the People Who Serve the People

**Welcome 0**  
**Personnel ID 0**

**PERNR 0**



At./ Abs. Type	Wage Type	Accounting Template	Unit	Activity	Location	January 1-15 2018 Pay Period														
						Mon 01/01	Tue 01/02	Wed 01/03	Thu 01/04	Fri 01/05	Sat 01/06	Sun 01/07	Mon 01/08	Tue 01/09	Wed 01/10	Thu 01/11	Fri 01/12	Sat 01/13	Sun 01/14	Mon 01/15
TOTAL Entries																				
0.00 Total Gross Entries																				
0.00 Paid Attendance/Absence Hours																				

I certify that all information reported above is correct and that attendance, absences, overtime, leave and use of state vehicles is in accordance with existing laws and regulations and Cabinet policies

Revised 09/2011

\_\_\_\_\_  
Employee Signature      \_\_\_\_\_  
Date      Date      Supervisor Signature      Date

## Attachment II

### Chart of Sub Functions and Descriptions

Commonwealth of Kentucky  
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<b>721</b>	<b>CHFS - Office Of The Secretary</b>
<b>Sub Function</b>	<b>Sub Function Name</b>
A005	Statewide Public Health System
A4CL	OIG CMP Program Administration
AAAB	LTC Invol Discharge Medicaid
AAAC	LTC Invol Discharge Non-Medicaid
AAAD	Nursing Home Complaints
AAAE	Day Care Investigations
AAAG	Complaint Invest Title 19
AABD	Kentucky Opioid Response Effort
AACA	Nursing Home Reform Law
AADA	Lic Activ for Hlth Fac Serv
AAEA	Provisional Licensures for Health Facilities
AAGA	Nurse Aid Registration
AAHA	General OIG Support
AAJA	Medicare Cert (Title XVIII)
AKA	Licensed Child Care Support
AANA	Int Care Fac Inspect Title XIX
AAQA	Day Care Improvement Program
AARL	Rural Literacy - 721
AASI	Special Investigations -GF
AATA	Med Lab Licensure Program
AATH	TeleHealth Board
AAUA	Cert Skilled Nursing Facility
AAUB	Outpatient Assessment Information XIX
AAUC	Outpatient Assessment Informat
AAUD	MDS Title XVIII
AAUE	MDS Title XIX
AAUF	Title 19 Nursing Home Initiat
AAUG	Title 18 Nursing Home Initiat
AAUH	Title 18 Hospice Initiative
AAWB	Title 19 Nursing Home Survey
AAWC	Title 18 Nursing Home Survey
AAWE	Nursing Home Closure
AAZA	CLIA
AAZB	CLIA Waivered Labs
AAZA	Drug-Alcohol Treatment & Educ Ctr
ABBB	OIG Training Staff & Public
ABHD	BHDID DESK AUDIT
ACCC	Child Care Certification
ACCF	Child Care Licensure Fees
ACCR	MEDICAID COST REPORTS
ACMP	CMP Fund Expenses



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ACOR	Medicaid Core
ACOT	KYBOS Phase III - KOG
ACPI	PROVIDERS INVESTIGATIONS
ACRI	RECIPIENT INVESTIGATIONS
ACSE	DIS-CSE DESK AUDITS
ADAL	Aging Special Projects
ADCB	DCBS Desk Audits
ADCN	Certificate of Need
ADDS	DDS CP COT Billing C7YH
ADMS	DMS Medicaid Administration
ADOP	UKRF Prescription Drug Overdose Prevention Program
ADPH	DPH - Special Projects
AEAA	Elder Abuse Administration
AECC	ESIS - Shared System Common Code
AEHR	EHR INCENTIVE PAYMENT AUDITS
AFAA	Olmstead Project
AFES	Federal Equity Sharings Acct
AFPS	FINGER PRINT SCAN
AHAA	CFC- Vitl Statistics-CHS(DACA)
AHAG	CFC Eligibility/Admin for CHS
AHBE	HEALTH BENEFITS EXCHANGE
AHDE	Drug Enforcement
AHRP	DEA-Hal Rogers RX Fund
AIEP	Integrated Eligibility Prod Supp - Payroll Only
AKAS	Kasper Program Support
AKSR	KASPER
AKST	UKRF Data Driven approach to reducing RX abuse
ALAA	Aid Fam w/Dep Children-Admin
ALAF	F/Stamp Fraud Hearing Pros Invest
ALAG	Food Stamp Fraud - Trafficking Cases
ALAJ	HeapAdministration (LIHEAP)
ALAY	SNAP - Recipient Trafficking Preven
ALAZ	SNAP Recipient Trafficking
AMRP	SB 4 KY Medical Review Panel
AMSI	MED. SPEC. INVESTIGATIONS
AOHP	OFFICE OF HEALTH POLICY STAFF
APSA	PATIENT SAFETY INITIATIVE ADMINISTRATION
APSC	Personnal Services Center Program
APSI	PATIENT SAFETY INITIATIVE
ASAA	Administrative Hearings Branch
ASAB	Medicaid Administrative Hearing
ASJR	WIC - FEDERAL
ASXA	Administrative Hearings Pool
AUDT	Divsion of Audits-GF
AVAC	Day Care Compliant Investigations
AVAD	Private Child CareStaff Time



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AVAK	CCDBG Day Care Training
AVRH	Child Care Registered Homes
AXAA	Admin Support Pool Code
AXBB	OIG Pool Code
AXDA	Special Invest Pool Code
AXGA	Div Regulated Child Care
AXHA	Div Health Care Fac & Ser
AXLA	L & N Building Debt Service
AZZ1	COT-DATA LINE CLEARING ACCOUNT
AZZ3	COT-LEASE AND ASSOCIATED COSTS CLEARING ACCOUNT
AZZA	Undistributed Clearing Account
AZZB	Clearing Account for CFC Costs
AZZC	OIG Clearing Acct
AZZE	Workforce Dev Clearing Acct
AZZF	CFC-Flood Disaster
AZZH	CFC-PR Clearing Acct/CHS Costs
AZZJ	CFC-CL Acct Pstg/Frght Etc CHS
AZZL	CFC-Clrng Acct/Justice Costs
AZZN	Prop Rent Clear Acct for AG
AZZP	Gaming Property Rentals
AZZQ	Off Courts Property Rentals
AZZS	PR Clearing Account Public Adv
AZZV	Jackson Clearing Account
AZZW	COGNOS-Clearing Acct
AZZX	L&N Clearing Account
AZZY	Richmond Clearing Account
AZZZ	Owensboro Clearing Account
GARM	ARTHRITIS-ADMIN
GCBA	HCBC-MEDICAID ADMIN
GCDO	CDO ALTERNATE FUNDING
GCIL	Centers for Accessible Living
GE75	ACA MIPPA AA
GE76	ACA MIPPA ADRC
GE77	ACA MIPPA SHIP
GEA5	Title III Aging Admin
GEA7	Ombudsman Facilities Care, Health, Safety and Welfare
GEAF	Senior Comm Services Employ
GEAH	Ombudsman Supportive Services
GEAS	Title VII Ombudsman
GEAW	Family Caregiver Support
GEAY	State Grandparents Program
GECA	Homecare
GEEA	Special Projects
GEEC	Adult Day Care
GEED	Personal Care Attendant
GEEE	KY Kincare Project

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GEEH	Assisted Living Certification
GEEN	Dementia
GEEP	Single Point of Entry-MHMR
GEEV	Hlth Info Counsel & Assistance
GEEW	Elder Readiness
GEHA	Hart Supported Living Admin
GEMA	Money Follows the Person
GEME	Money Follows the Person
GETA	Traumatic Brain Injury Aging HB 157
GFAA	FUNCTIONAL ASSEMENT TEAM-ADMIN
GGB5	Field Operations
GGB6	Fiduciary Operations
GGB7	GUARDIANSHIP-MEDICAID ADMIN
GHBA	Health Benefits Exch Assist-Admin
GMSA	MIPPA SHIP AD Priority 1 OL
GSAC	T IIIC1 STATE ADMIN-CONGREGATE
GSAF	T IIIE STATE ADMIN-FAMILY CAREGIVER
GSAH	T IIIC2 STATE ADMIN-HOME DELIVERED
GSAS	T IIIB STATE ADMIN-SUPPORT SERVICES
GTEF	Testing Experience and Functional Tools (TEFT)
GXAA	DAS Pool Code
GXEA	Aging Division Pool Code
GXFA	Guardianship Pool Code
GZZA	OAS Clearing Acct
HAAA	Family Res&Youth Serv Ctr
HAAD	Com Based Family Resources
HAAE	BORNLEARNING ACADEMIES-RACE TO THE TOP
HADS	FRYSC Data System
HCA2	KCCVS-ADM GRANT-FEDERAL ONLY
HCAA	KCCVS-Administrative Grant
HCAV	KCCVS - TTA Commission Invest Funds
HCAW	KCCVS - CIF - TTA - Augmentation
HCNF	Non-Federal KCCVS Charges
HCNP	NON-FEDERAL KCCVS PAYROLL
HCVF	KCCVS - Volunteer Gen - Federal
HCVG	KCCVS - Volunteer Gen - State
HTRN	FRYSC Computer Training
HXAB	Pool Code DH & Support Serv
HXAF	FRYSC Pool Code
HZZA	OAS Clearing Acct
JAAD	KHBE Agency Fund
JAAE	KY ACCESS ADMIN COSTS
JAAP	KHBE Payments
JBIK	Health Information Administration
JBIO	KHIE KORE Grant
JBIT	Health Info Tech 90/10

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JBIG	90/10 1115 Waiver Consulting
JCAB	Division of Analytics
JCAJ	TESTING EXP & FUNC TOOLS
JCEV	HOME HEALTH PLANNING GRANT
JKOR	KY Opioid Response Effort KORE
JWAA	1115 Waiver (50/50)
JWAV	1115 Waiver (90/10)
JWJG	1115 Waiver (50/50)
JWKH	1115 Waiver (90/10)
JXAA	POOL CODE - Health Data & Analytics
JXAB	POOL CODE - Health Information
JXAC	Pool Code - Analytics
JXAH	POOL CODE - HBE
JZZA	Health Data & Analytics Clearing Acct
JZZD	HI 85/15 Clearing
JZZG	HI 95/5 Clearing
MABA	Disability Determinations - TANF
MACA	DDS Medical Asst Eligibility - Medicaid
MCA0	DDS - Administration
MCA1	DDS - Nurse Consultants
MCA2	DDS - Ft Hearing Officers
MCA3	DDS - Supervisors
MCA4	DDS - Examiners
MCA5	DDS - Trainee Examiners
MCA6	DDS - Clerical
MCA7	DDS - Case Consultants
MCA8	DDS - Quality Assurance
MCA9	DDS - Voc Specialist
MCAA	Disability Det Administration
MCAD	Disability Det Prof
MCAL	DDS - Training of Personnel
MCAQ	Sytem Specialist
MCAR	DDS - Part Time Clerical
MCAS	DDS - Part Time All Other
MCAT	DDS - Part Time Hearing Officers
MCAZ	DDS CDI UNIT
MSAA	AC not ID w/Spec IV-D
MSAB	NON IV-D CASE PROCESSING
MSAF	Coll/Dist - Public Asst Related
MSAJ	Coll/Dist - Non Pub Asst Related
MSAN	Child Support KASES Dev
MSAQ	Child Supp - KASES Operationl Cst
MSAS	Child Supp- Access & Visitatn Pg
MSAT	Child Support - Train Personnel
MSAU	TANF - Child Support Dra Review
MSAV	KASES Capital Planning & Dev

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MSZB	Child Supp Pymt Contract Office
MXAC	DDS Pool Code
MXAD	DIS Pool Code
MXAS	Child Support Poll Code
MZZA	DIS Clearing Account
S15A	KY Statewide Winter Weather Outbreak
S15B	Ebola Passenger Screening
S15C	March 2015 Winter Storm
S16A	Jonas Winter Storm 2016 # 20160322
S18A	Hurricane Irma In. #20174706 Reg. #IV
S2TC	HANDS
S4TA	Healthy Start
S7TA	Folic Acid
SAAA	General Health Support
SAAC	Home Health
SABE	HEALTH BENEFITS EXCHANGE
SAEH	OFFICE OF HEALTH EQUITY
SAER	Electronic Health Records
SAFF	Foundational Funding
SAPA	MANAGED CARE - ANTHEM
SAPS	Preventive Services
SATC	KY Trauma Care System Fund
SAWD	EDUC & WORKFORCE DEV BR
SBAA	Off of Womens Phys&Ment Hlth
SBAT	Breast Cancer Trust Fund
SBB1	PREP GRANT
SBB2	CANCER PREVENTION & CONTROL PROGRAM
SBB7	Abstinence Education
SBBH	Title X Family Planning
SBBP	State Cancer Program
SBBZ	National Breast/Cervical Cancer
SCAA	Prevention & Quality Improvement
SCB3	COLON CANCER PROJECT
SCB4	STATE PUBLIC HEALTH APPROACHES
SCB6	LAB COLON CANCER PROJECT
SCB8	DIABETES - BASIC
SCBA	Chronic Disease
SCBB	Preventive Services Block Grt
SCBJ	Osteoporosis Prevention
SCBY	Addressing Asthma from a Public Health
SCC1	Diabetes - Basic (PPHP)
SCC3	Diabetes - Enhanced (PPHF)
SCC4	Cardio - Enhanced (PPHF)
SCCD	Colon Cancer Screening in Kentucky Grant
SCDA	Health Access
SCDB	Primary Care Coop Agreement

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SCDD	KY Prescription Assistance Program
SCF1	CARDIO - BASIC
SCFG	ARRA BEHAVIORAL RISK FACTOR SURVEILLAR
SCFH	SUPPLEMENTAL BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM
SDF1	IMMUNIZATIONS - 317 OPERATIONS FUNDS
SDF2	IMMUNIZATIONS - VFC OPERATIONS FUNDS
SDF3	IMMUNIZATIONS - VFC/AFIX OPERATIONS FUNDS
SDF4	IMMUNIZATIONS - VFC ORDERINGS FUNDS
SDF5	IMMUNIZATIONS - PLAN FLU FUNDS
SDF6	IMMUNIZATIONS - FA VACCINE
SDF8	HAI - PPHF
SDF9	HAI - NON-PPHF
SDFA	Immunizations
SDFC	Respiratory Disease
SDFD	Respiratory Disease Grant
SDFE	Sexually Transmitted Diseases
SDFF	Building, Strengthening, Maintain - HAI Ebola
SDFG	Sex Trans Disease Federal Grnt
SDFQ	Immunization & Vaccine for Children
SDFX	ELC - NON-PPHF
SDFY	ELC - PPHF
SDFZ	Adult Viral Hepatitis Prev
SDGA	HIV/Aids
SDGB	KORE
SDGH	HIV/Aids Prevention
SDGL	Ryan White Grant
SDGP	HIV/Aids Surveillance
SDGR	Epidemiology/Prevention
SDKA	Surveillance & Invest St Funds
SDKB	CSTE Informatics
SDL1	PPHF - LAB
SDL2	NON-PPHF - LAB
SDL3	TB - LAB
SDL4	STD - LAB
SDL5	Immunization - Lab
SDL6	HIV Prevention - Lab
SDL7	Lab - Surveillance of HCV and HBV Infections
SDP1	PHEP/HPP - PUBLIC HEALTH PREPAREDNESS
SDP2	PHEP/HPP - EPIDEMIOLOGY
SDP3	PHEP/HPP - EDUCATION WORKFORCE DEVELOPMENT
SDP4	PHEP/HPP - PUBLIC INFORMATION COMMUNICATIONS
SDP5	PHEP/HPP - ENVIRONMENTAL
SDP6	PHEP/HPP - INFORMATION TECHNOLOGY
SDP7	PHEP/HPP - STATE LABORATORY
SDP8	PHEP/HPP - CITIES READINESS INITIATIVE
SDP9	PHEP/HPP - HOSPITAL PREPAREDNESS PROGRAM

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SDPP	PHEP & HPP COOPERATIVE AGREEMENT - EBOLA
SDPY	HPP - PREPAREDNESS CO
SDRA	KY Plan for Ebola Preparedness & Response Activities
SDRC	PHEP Expansion
SDSB	ELC - PPHF Immunizations
SDSC	ELC - NON-PPHF Immunizations
SDSD	ELC Non PPHF-MCH
SDSE	ELC Non PPHF-PHPS
SDSF	Serveillance of HCV and HBV Infections
SDSG	ELC - ZIKA
SDVA	Vital Statistics
SDVB	Mg Oper Act Vtal Stat Coop Pgm
SDVC	Vital Stats Soc Secur Contract
SDVL	Data Surveilance Section
SJB2	COORDINATED SCHOOL HEALTH - BASIC
SJB4	Oral Health
SJBA	Maternal & Child Health
SJBB	MCH Block Grant
SJBE	EPSDT Notification
SJBH	COORDINATED SCHOOL HEALTH - ENHANCED
SJBJ	SMILING SCHOOLS ORAL HEALTH PROJECT
SJBR	Preventive Dental Hygienist Teams
SJBT	Pregnancy Risk Assessment Monitoring
SJBW	Childhood Lead Poisoning
SJCA	HEALTH PROMOTIONS
SJCB	TOBACCO
SJCM	OBESITY - BASIC
SJCN	OBESITY - ENHANCED
SJCP	NEMOURS FOUNDATION
SJPA	KEIS Administration
SJPB	KEIS-KY Early Intervention Sys
SJPE	Newborn Screening Case Mgmt
SJPJ	State Systems Dev Initiative
SJPK	PKU Formula
SJPL	Newborn Screening Case Mg
SJPP	Neonatal Abstinence Syndrome
SJPS	KY Sudden Unexpected Infant Death Case Registry
SJPT	Microcephaly or other Adverse Outcomes
SJPU	KY Population Based Birth Defects Surveillance & Utilization
SJR0	WIC Breastfeeding Peer Counsel
SJRA	Nutrition Services
SJRC	WIC-Federal
SJRD	WIC-Fed Nutrition Education
SJRE	Breast Feeding Promotion
SJRG	WIC Client Services
SJRR	WIC Farmer's Market Nutrition

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SJTC	AFFORDABLE CARE ACT, MATERNAL,INFANT
SJTE	HANDS GF
SLAA	Laboratory Support
SLFT	ACCREDITATION FOR STATE TESTING LABORATORIES
SLLC	OSHA Testing
SLNA	SCID
SLNS	Newborn Screening
SLPT	State Lab Pesticide Testing
SPAA	Community Health and Safety
SPAB	CRCPD
SPAC	KY Opioid Response Effort
SPBA	Radiation Machines
SPBB	Radiation Lab
SPBC	Radiation Materials
SPBF	Paducah Gaseous Diffusion
SPBH	Mammography Equipment Cert
SPBJ	Paducah Gaseous Diffusion-FFA
SPBK	Rad-Incident/Emergency Respons
SPBN	Envir Remediation/Incid Invest
SPBR	Radioactive Waste Shipments
SPBU	Radiation URS Contract Cost
SPDA	Milk
SPGA	Food
SPGB	Registered Sanitarians
SPGE	FOOD - STATE
SPGF	FOOD - STATE LAB
SPGG	FOOD SAFETY CONFORMANCE
SPGK	Conformance Manufactured Food
SPGR	Rapid Response Teams
SPGS	Summer Feeding Program
SPHA	Sanitation
SPHB	On Site Sewage
SPHD	State Indoor Radon Grant
SPHE	Radon Services
SPHF	Radon Contractor Certification Program
SPLA	Public Safety
SPLC	HUD STATE MATCH
SPLF	Lead Certification (Fed)
SPLG	Lead Certification (Agy)
SPLN	Env. Public HlthTacking Network in KY
SPLP	Pool Engineer-Sanitarians
SPP1	PHEP/HPP Public Health Preparedness
SPP2	PHEP/HPP - Epidemiology
SPP4	PHEP/HPP Public Information Communications
SPP6	PHEP/HPP Information Technology
SPP7	PHEP/HPP State Laboratory



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SPP8	PHEP/HPP Cities Readiness Initiative
SPP9	PHEP/HPP Hospital Preparedness Program
SPRC	PHEP Expansion
SWAA	Office of Wellness
SXBA	DPH Pool Code
SZZA	DPH Clearing Account
TAA6	SAPT-Other
TAAA	Comm Alcohol & Drug Services
TABC	Kentucky Youth Treatment Implementation
TABD	Kentucky Opioid Response Effort
TABE	Kentucky Care Integration
TAWA	Medication Assisted Treatment-SMARTS Initiative
TBAA	Local Mental Health Services
TBAK	Path Homeless Block Grant
TBAN	Title XIX Nursing Home Reform
TBAV	Comm Mental Hlth Serv Block Gr
TBEC	CABHI - MH
TBEE	KY Health Support Services
TCAA	Local Mental Retardation Serv
TCAG	Supported Living
TCAJ	Stateowned Group Homes
TCAS	Supports for Community Living
TCAT	Supports for Community Living
TCFT	Health Policy TEFT Grant
THAA	Gen MH/MR Support
TSAA	Acute Care-St/Agy Funds
TSAJ	Eastern State Hospital - ABI/LTC Unit
TSFA	Alternate Care-St/Agy Funds
T SMA	MR State/Agency Funds
TSMD	Outwood
TSMI	Oakwood - Unit 4
TSZA	Forensic State Funds
TXAA	Dept for MH/MR Pool Code
TXAB	DMHMR Pool Code (Excluding HS)
TZZA	MHMR Clearing Account
WCAA	Med Assist Eligibility Admin
WCAB	KHIE Payroll
WCC1	Skill Professional Med Staff
WCCA	General Admin Outside DMS
WCCJ	Med Serv Gen Admin Within DMS
WCCN	Nurse Aide Training
WCCQ	Skilled Medical Managed Care
WCCU	Kenpac Skill Prof Med Personn
WCCX	SURVEILLANCE & UTILIZATION REVIEW 50/50
WCCZ	Managed Care Development
WCEH	School Based Admin Claiming



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WCEP	TBI-Medicaid
WCEV	HEALTH HOME STATE OPTION
WCFB	MFP Admin
WCFG	Money Follows the Person
WCFM	MONEY FOLLOWS THE PERSON - 100% FEDERAL
WCFQ	CITIZENSHIP CONFIRMATION 75/25
WCFS	MFP
WCFT	MFP 100F SECTION Q
WCGH	HEALTH BENEFIT EXCHANGE - PLANNING
WCGK	E&E Operations & Maintenance
WCGL	E&E Waiver Operation & Maintenance
WCGM	Technology Staff E & E 28E & F
WCGN	PBM Operations 75/25
WCGO	E&E Waiver & LTC Oper & Maint
WCGR	Opioid Use Treatment Study 50/50
WCGS	Opioid Use Treatment Study 75/25
WCJC	HBI Prof Skilled 75/25
WCJE	SB 20 Nurse Reviewers
WCJF	SB 20 Administration
WCJG	90/10 1115 Waiver Consulting
WCJH	75/25 1115 Waiver Consulting
WCJK	1115 Waiver Implementation
WCLA	LEGAL - MEDICAID - CONTRACTS
WCLB	LEGAL-MEDICAID-FEDERAL ELIGIBILITY RULES
WCLC	LEGAL-MEDICAID-GENERAL LEGAL ADVICE
WCLD	LEGAL-MEDICAID-MEMBER APPEALS
WCLE	LEAGL-MEDICAID-PROJECT RESEARCH
WCLF	LEGAL-MEDICAID-PROVIDER APPEALS
WCLG	LEGAL-MEDICAID-PROVIDER ENROLLMENT
WCLH	LEGAL-MEDICAID-PHARMACY & THERAPEUTICS ADVISORY COMMITTEE/DM
WCLJ	LEGAL-MEDICAID-OPEN RECORDS
WCLK	KRS/KAR/SPA SUPPORT
WCLL	LEGAL-MEDICAID TPL-ESTATE CASES
WCLM	LEGAL-MEDICAID TPL-CASUALITY/SUBROGATION
WCLN	LEGAL-MEDICAID TPL-TRUST CASES
WCLP	LEGAL-MEDICAID SUR-PROVIDER SANCTIONS/TERMINATIONS
WCLQ	LEGAL-MEDICAID SUR-DUR(ONLY PROVIDER HAS ATTY PRESENT DMR)
WCLR	LEGAL-MEDICAID SUR-ADM HEARINGS FOR PROVIDER APPEALS(RECOVER
WCMA	MEMS DDI 90/10
WCMB	MEMS Procurement & RFP 90/10
WCMC	MEMS Operations75/25
WCMD	MEMS Oper Certification 50/50
WCME	MEMS MEDICAID WAIVER MGMT 90/10
WCMG	Partner Portal Development IT

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WCMH	MEMS - All Payers Claim Database 90/10
WCMI	MEMS-All Payers Claim Database 50/50
WCMJ	MMIS IAPDU #14 90/10
WCMO	MEMS DDI 75/25
WCMR	MWMA Training & Operational Support
WCMT	MEMS MWMA Enhancement SOW C6BY
WCMU	MMIS Update #17 90/10
WCMW	MMIS Update #17 75/25
WCMX	DCBS MEDICAL DIRECTOR 75/25
WCMY	MMIS Update #17 50/50
WCMZ	DCBS Medical Director 50/50
WCNA	KHY MMIS 90/10
WCNB	KYH MMIS 75/25
WCTB	MITA Admin 90%
WCTG	HEALTH INFORMATION TECHNOLOGY IMPLEMENTATION 90/10
WCTH	HIT MEANINGFUL USE AUDIT 90/10
WCTI	Operational CAM 75/25 (28E/F)
WCTJ	HBE OPERATIONAL 5/15 75/25
WCTK	HBE OPERATIONAL 5/15 50/50
WCXB	DMS Pool Code
WDAA	K-Chip Administration
WDAB	KCHIP APCD
WDHB	KCHIP HEATH BENEFIT EXCHANGE
WDHD	KCHIP ELIGIBILITY SUPPORT COST
WDHF	E & E KCHIP Operations & Maintenance
WZZA	Medicaid Clearing Account
YAAA	Children with Special Needs-Adm
YAAD	Case Management- Operating Expense Only
YAAE	MCH Block Grant Administration - Operating Expenses Only
YAAF	Foster Care Services (NCI Payroll)
YAAH	KY Infants Sound Start (KISS Grant)
YAAI	EHDI Diagnosis and Tracking Initiative
YAAK	Medicaid Receipts Fund/MCO Receipts/Revenue Fund
YAAS	Social Support Services and Nutritionist
YAAW	AUDIOLOGY PAYROLL
YACP	YAC AND PAC
YADD	MCH Block Grant Case Mgt -Payroll/travel
YAEN	Endocrinology
YAFF	Family 2 Family
YAFP	Kentucky's Early Intervention Program
YAFS	FIRST STEPS/Audiology/Interpreters
YAHF	AUDIOLOGY SERVICES (Non-Clinic & Interpreters)
YATT	Therapeutic Services Branch (Payroll)
YAUT	Autism Council Only
YBAA	Hemophilia Administration
YBBA	Hemophilia Services-Adult

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YBCA	Hemophilia Services-Children
YBDA	Hemophilia Case Management
YHBE	KY HEALTH BENEFIT EXCHANGE
YTEL	Telehealth
YXAA	Pool Code CCSHCN
YZZA	CCSHCN Clearing Account
ZAAL	TANF-KAMES PI Income Maint&FS
ZAAM	KAMES Pool-Inc Maint
ZAAR	TANF-Fam Alt Prg FAD-Ad(100%GF)
ZAB1	FOOD STAMPS-TRAINING PERSONNEL
ZAB5	NUTRIATION EDUCATION ADMINISTRATION
ZABA	FSPA Eligibility Determination
ZABB	FS NON-ASST RELATED ELIG DET
ZABC	SNAP E&T Pilot
ZABE	FOOD STAMP ADMINISTRATION
ZABG	FOOD STAMP QUALITY CTRL
ZABH	FOOD STAMPS MGT EVALUATION
ZABJ	FOOD STAMP ADMIN-FAIR HEARINGS
ZABK	FS FRAUD HEARINGS, PROS & INV
ZABL	FOOD STAMP ADMIN-FRAUD HEARNGS
ZABM	FOOD STP FRAUD REL ACT-FLD STF
ZABN	KAMES INTEGRATED-FOOD STP ADM
ZABP	NON FRAUD CLAIM ACT FLD STAFF
ZABQ	SNAP - Healthy Hungry Free Kids Act
ZABR	FOOD STAMP OUTREACH
ZABS	EBT STARTUP
ZABT	OPERATION AWARENENSS & ST EXCH
ZABV	FOOD STP EMPL&TRNG PROG BG ADM
ZABY	SNAP - Recipient Trafficking Preven
ZABZ	EMERGENCY FOOD STAMP PROG
ZAC3	HBE QUALIFIED HEATH PLANS CO
ZAC4	HBE QUALIFIED HEATH PLANS RMS
ZAC5	Medicaid Elig Admin HBE/MMIS
ZACA	MED ASSIST ELIGIBILITY ADMIN
ZACB	TRANSITIONAL MEDICAL ASST
ZACC	SCREENING OUTREACH
ZACD	Kentucky Health Waiver 1115
ZACE	OUTSTANDING ELIGIBILITY DETER
ZACG	KY PHYSICIANS CARE
ZACH	PROGRAM RECIPIENT INTIGRITY
ZACK	KAMES-MEDICAL ASST
ZACL	KENPAC GENERAL ADMIN
ZACM	TRAINING OF PERSONNEL
ZACR	K CHIP
ZACS	PARTICIPANT ELIGIBILITY AUDIT
ZADA	STATE SUPP ADMIN

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ZADC	KAMES-INTEGRATED STATE SUPP
ZADD	STATE SUPPLEMENTATION BENEFITS
ZADJ	SS-BONUS TO FORMER KTAP & TRNG
ZAG3	SAFETY NET SERVICES
ZAG4	WORK INCENTIVE PROGRAM (WIN)
ZAG7	Summer Youth Employment
ZAG9	TANF-FELONS/SUBSTANCE ABUSERS
ZAGG	TANF-CASE MGMT WORK ACTIVITIES
ZAGH	TANF-EMP RETENT CASE MGMT
ZAGQ	ELIGIBILITY DETERMINATIONS-ADM
ZAGR	TANF-TRAINING
ZAGS	TANF-KINSHIP CARE ELIGIBILITY
ZAGV	FAMILY CARE INITIATIVES (DV/OOHC/INHOMESVS)
ZAGY	TANF-SYSTEMS
ZAHA	TANF - DRE REVIEW
ZAZA	FAMILY SUPPORT COMMOM CODE
ZAZB	FAMILY SUPPORT COMMON CODE
ZAZC	FAMILY SUPPORT COMMON CODE
ZAZD	MEDICAL ASSISTANCE COMMON CODE
ZAZE	Family Support Common Code
ZDA1	TRACK TRAINING EXPEND-ENERGY
ZDAA	LIHEAP-ADMINISTRATION (HHS)
ZDWA	LIHEAP/WX ADMINISTRATION
ZDWB	LIHEAP/WX BENEFITS
ZEAA	CCDF DAY CARE-ADMIN
ZEBB	CCDF DAY CARE RESOURC& REFERRL
ZEBC	CCDF DAY CARE-LIC & MINI GRNTS
ZEBE	CCDF DAY CARE-BEFOR& AFTR SCHL
ZEBG	CFC- DAY CARE-INFNT&TDDLRL INIT
ZEBJ	DAY CARE-CERT & ENROLL PROG
ZEBL	PROFESSIONAL DEV COUNSELORS
ZEBS	REGISTRY SYSTEMS
ZECK	Kellogg Foundation Grant
ZEDA	SYSTEMS
ZEDB	CERTIFICATE PROGRAM COST
ZEDK	MAIN. INTEGRATED CHILD CARE
ZEDL	Child Care Eligibility Determination DFS
ZEDN	CCDF - All Other Non-Direct
ZEDT	Child Care - Training Personnel DFS
ZFA1	CHILD ABUSE AND SERVICE CAN
ZFA2	TWIST-CLEARING ACCOUNT
ZFA8	TWIST OPERATING
ZFA9	TWIST DEVELOPMENT
ZFAA	PROTECTION-CHILDREN
ZFAB	INTENSIVE FAMILY SERVICE
ZFAC	HOMEMAKERS-FAMILY BASED

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ZFAF	PREVENTIVE SERVS FOR FAMILIES
ZFAG	Juvenile Services in the Community
ZFAJ	Staff Training-Family Based
ZFAP	CASEY-PERMANENCY ROUND TABLE
ZFAS	Family Services-Program Support
ZFAT	COMMUNITY BASE FAMILY RESOURCE
ZFAZ	IV-B Family Preservation Service
ZFB9	TWIST-ADULT SERVICES
ZFBA	PROTECTION-SPOUSE ABUSE
ZFBB	PROTECTION-ADULTS
ZFBC	INTERDISCIPLINARY EVALUATIONS
ZFBD	HOMEMAKERS ADULTS
ZFBG	ALTERNATE CARE
ZFBH	Patient Moving and Placement
ZFBJ	Emerg/Closur Patient Moving & Placement
ZFBR	COMMUNITY SERVICES GRANT
ZFBS	STAFF TRAINING-FAMILY BASED
ZFBT	PREVENTIVE SERVICES FOR ADULTS
ZFBY	FAMILY VOILENCE PREV SERVICES
ZFC6	Sex Trafficking Admin Costs
ZFCA	ADOPTIONS (NO SUBSIDIES)
ZFCB	BLACK ADOPTION PROGRAM
ZFCC	SUBSIDIZED ADOPTIONS
ZFCD	ADOPTION-TITLE IV-E ADMIN SPT
ZFCF	PRIVATE CHILD CARE-STAFF TIME
ZFCG	TARGETED CASE MANAGEMENT
ZFCK	Foster Care Service Staff Time
ZFCN	TITLE IV-E ADM SUPP FOSTR CARE
ZFCP	TITLE IV-E TRAINING
ZFCQ	FOSTER PARENT TRAINING
ZFCS	IV-B Family & Community Service Foster Care
ZFCT	IV-E INDEPENDENT LIVING
ZFCY	Dave Thomas Foundation Adoptions
ZFDA	PSYCHIATRIC HOSPITAL-CLINICAL
ZFDD	Court Ordered Home Evaluations
ZFDE	CHILDREN'S JUSTICE ACT
ZFDG	CFC-IMPACT PLUS
ZFDT	Fostering Success Youth Internship
ZFES	4E Waiver - ESFP
ZFST	4E Waiver - START
ZTRN	CBS TRAINING COST
ZXAA	CFC-CBS OVERHEAD COST POOL
ZXAF	FAMILY SUPPORT OVERHEAD COST POOL
ZXAP	P&P OVERHEAD COST POOL
ZZKR	(ESIS) ELIGIBILITY SYSTEM INTEGRATION SERVICE-KAMES REPLACEM
ZZZ9	TWIST CAPITAL CLEARING ACCT

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ZZZA	CFC-CBS CLEARNG ACCT UNDISTR
ZZZB	KAMES-Dis Building Rental
ZZZC	CFC-INTERCEPT CLEARING ACCT
ZZZD	Flood Disaster Clearing
ZZZE	CLEARING ACCOUNT CHILD SUPPORT
<b>723</b>	<b>Office Of Inspector General</b>
<b>Sub Function</b>	<b>Sub Function Name</b>
A4CL	OIG CMP Program Administration
AAAD	Nursing Home Complaints
AAAE	Day Care Investigations
AAAG	Complaint Invest Title 19
AABD	Kentucky Opioid Response Effort
AACA	Nursing Home Reform Law
AADA	Lic Activ for Hlth Fac Serv
AAEA	Provisional Licensures for Health Facilities
AAGA	Nurse Aid Registration
AAHA	General OIG Support
AAJA	Medicare Cert (Title XVIII)
AAKA	Licensed Child Care Support
AANA	Int Care Fac Inspect Title XIX
AAQA	Day Care Improvement Program
AASC	Ambulance Surgical Centers Cert
AASI	Special Investigations -GF
AATA	Med Lab Licensure Program
AAUA	Cert Skilled Nursing Facility
AAUB	Outpatient Assessment Information XIX
AAUC	Outpatient Assessment Informat
AAUD	MDS Title XVIII
AAUE	MDS Title XIX
AAUF	Title 19 Nursing Home Initiat
AAUG	Title 18 Nursing Home Initiat
AAUH	Title 18 Hospice Initiative
AAWB	Title 19 Nursing Home Survey
AAWC	Title 18 Nursing Home Survey
AAWE	Nursing Home Closure
AAYA	CLIA
AAVB	CLIA Waivered Labs
AAZA	Drug-Alcohol Treatment & Educ Ctr
AAZB	CLEARING eKASPER
ABBB	OIG Training Staff & Public
ABBC	Miscellaneous Early Childhood

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ABHD	BHDID DESK AUDIT
ACCC	Child Care Certification
ACCF	Child Care Licensure Fees
ACCR	MEDICAID COST REPORTS
ACMP	CMP Fund Expenses
ACOR	Medicaid Core
ACPI	PROVIDERS INVESTIGATIONS
ACRI	RECIPIENT INVESTIGATIONS
ACSE	DIS-CSE DESK AUDITS
ADAL	Aging Special Projects
ADCB	DCBS Desk Audits
ADCN	Certificate of Need
ADMS	DMS Medicaid Administration
ADOP	UKRF Prescription Drug Overdose Prevention Program
ADPH	DPH - Special Projects
AEAA	Elder Abuse Administration
AEHR	EHR INCENTIVE PAYMENT AUDITS
AFES	Federal Equity Sharings Acct
AFPS	FINGER PRINT SCAN
AHBE	HEALTH BENEFITS EXCHANGE
AHDE	Drug Enforcement
AHRP	DEA-Hal Rogers RX Fund
AKAS	Kasper Program Support
AKSR	KASPER
AKST	UKRF Data Driven approach to reducing RX abuse
ALAA	Aid Fam w/Dep Children-Admin
ALAF	F/Stamp Fraud Hearing Pros Invest
ALAG	Food Stamp Fraud - Trafficking Cases
ALAJ	HeapAdministration (LIHEAP)
ALAY	SNAP - Recipient Trafficking Preven
ALAZ	SNAP Recipient Trafficking
ALZT	SNAP-STATE EXCHANGE TRAVEL
AMSI	MED. SPEC. INVESTIGATIONS
AOHP	OFFICE OF HEALTH POLICY STAFF
APSA	PATIENT SAFETY INITIATIVE ADMINISTRATION
APSC	Personnal Services Center Program
APSI	PATIENT SAFETY INITIATIVE
ASJR	WIC - FEDERAL
AUDT	Divsion of Audits-GF
AVAC	Day Care Compliant Investigations
AVAD	Private Child CareStaff Time
AVAG	Community Services Grant
AVAK	CCDBG Day CareTraining
AVRH	Child Care Registered Homes
AXBB	OIG Pool Code
AXDA	Special Invest Pool Code



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AXGA	Div Regulated Child Care
AXHA	Div Health Care Fac & Ser
AZZC	OIG Clearing Acct
<b>725</b>	<b>CHFS - Department for Aging and Independent Living</b>
<b>Sub Function</b>	<b>Sub Function Name</b>
GAAC	T IIIC1 AREA ADMIN-CONGREGATE
GAAF	T IIIE AREA ADMIN-FAMILY CAREGIVER
GAAH	T IIIC2 ADMIN-HOME DELIVERED
GAAS	T IIIB AREA-SUPPORT SERVICES
GADC	ADRC-MEDICAID CONTRACT
GARM	ARTHRITIS-ADMIN
GART	ARTHRITIS-CONTRACTS
GCBA	HCBC-MEDICAID ADMIN
GCDO	CDO ALTERNATE FUNDING
GCIL	Centers for Accessible Living
GE75	ACA MIPPA AA
GE76	ACA MIPPA ADRC
GE77	ACA MIPPA SHIP
GEA3	TITLE III CONGREGATE MEALS
GEA4	TITLE III HOME DELIVERED MEALS
GEA5	Title III Aging Admin
GEA7	Ombudsman Facilities Care,Health,Safety and Welfare
GEAB	Supportive Services
GEAC	Congregate Meals
GEAD	Home Delivered Meals
GEAE	Nutrition Services
GEAF	Senior Comm Services Employ
GEAH	Ombudsman Supportive Services
GEAJ	Title III Preventive Health
GEAL	State Funded LTC Ombudsman



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GEAR	Elder Abuse Pgm
GEAS	Title VII Ombudsman
GEAW	Family Caregiver Support
GEAY	State Grandparents Program
GECA	Homecare
GEE2	CDO Advances from Medicaid
GEE5	CDO Support Broker Costs
GEE6	CDO Member Benefits
GEE7	CDO Home & Community Based Wavier
GEE8	CDO SCL Waiver
GEE9	CDO Brain Injury Waiver
GEEA	Special Projects
GEEC	Adult Day Care
GEED	Personal Care Attendant
GEEE	KY Kincare Project
GEEH	Assisted Living Certification
GEEN	Dementia
GEEP	Single Point of Entry-MHMR
GEEV	Hlth Info Counsel & Assistance
GEEW	Elder Readiness
GEEY	Aging & Disability Resource Market
GEHA	HART SUPPORTED LIVING ADMIN
GEMA	Money Follows the Person
GEME	Money Follows the Person
GETA	Traumatic Brain Injury Aging HB 157
GETB	Traumatic Brain Injury Board
GFAA	FUNCTIONAL ASSEMENT TEAM-ADMIN
GFAT	FUNCTIONAL ASSEMENT TEAM-CONTRACT
GGB5	Field Operations
GGB6	Fiduciary Operations
GGB7	GUARDIANSHIP-MEDICAID ADMIN
GHBA	Health Benefits Exch Assist-Admin

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GHBE	Health Benefits Exch Assist - Contracts
GHCT	HOSPITAL CARE TRANSTION-CONTRACT
GMSA	MIPPA SHIP AD Priority 1 OL
GMSK	MIPPA SHIP K Priority 1 OL
GPDI	PROGRAM DEVELOPMENT AND IMPLEMENTATION
GSAC	T IIIC1 STATE ADMIN-CONGREGATE
GSAF	T IIIE STATE ADMIN-FAMILY CAREGIVER
GSAH	T IIIC2 STATE ADMIN-HOME DELIVERED
GSAS	T IIIB STATE ADMIN-SUPPORT SERVICES
GTEF	Testing Experience and Functional Tools (TEFT)
GXAA	DAS Pool Code
GXEA	Aging Division Pool Code
GXFA	Guardianship Pool Code
GZZA	OAS Clearing Acct
<b>727</b>	<b>Department for Income Support</b>
<b>Sub Function</b>	<b>Sub Function Name</b>
MABA	Disability Determinations - TANF
MACA	DDS Medical Asst Eligibility - Medicaid
MADA	Age - 18 Adoptees (DDS - Adoption Assistance)
MCA0	DDS - Administration
MCA1	DDS - Nurse Consultants
MCA2	DDS - Ft Hearing Officers
MCA3	DDS - Supervisors
MCA4	DDS - Examiners
MCA5	DDS - Trainee Examiners
MCA6	DDS - Clerical
MCA7	DDS - Case Consultants
MCA8	DDS - Quality Assurance
MCA9	DDS - Voc Specialist
MCAA	Disability Det Administration

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MCAC	Disability Det Applications
MCAD	Disability Det Prof
MCAG	Disability Det Trans
MCAL	DDS - Training of Personnel
MCAM	Medical Evidence of Record (MER)
MCAQ	Sytem Specialist
MCAR	DDS - Part Time Clerical
MCAS	DDS - Part Time All Other
MCAT	DDS - Part Time Hearing Officers
MCAU	Disability Consultative Examinations (CEs)
MCAZ	DDS CDI UNIT
MCGR	DDS Grauman Renovation Project
MSAA	AC not ID w/Spec IV-D
MSAB	NON IV-D CASE PROCESSING
MSAD	Est of Paternity Public Asst R
MSAF	Coll/Dist - Public Asst Related
MSAH	Est of Pat-non Pub Asst Reltd
MSAJ	Coll/Dist - Non Pub Asst Related
MSAN	Child Support KASES Dev
MSAQ	Child Supp - KASES Operationl Cst
MSAS	Child Supp- Access & Visitatn Pg
MSAT	Child Support - Train Personnel
MSAU	TANF - Child Support Dra Review
MSAV	KASES Capital Planning & Dev
MSCN	Child Support Training Conference
MSGL	Guardians Ad Litem
MSZA	Contracting officials Reimburs
MSZB	Child Supp Pymt Contract Office
MXAC	DDS Pool Code
MXAD	DIS Pool Code
MXAS	Child Support Poll Code
MZZA	DIS Clearing Account

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<b>728</b>	<b>Department For Public Health</b>
<b>Sub Function</b>	<b>Sub Function Name</b>
S12A	MARCH TORNADOES
S15A	KY Statewide Winter Weather Outbreak
S15B	Ebola Passenger Screening
S15C	March 2015 Winter Storm
S16A	Jonas Winter Storm 2016 # 20160322
S18A	Hurricane Irma In. #20174706 Reg. #IV
S2TC	HANDS
S3TA	Reach Out & Read
S4TA	Healthy Start
S5TA	Smoking Cessation
S6TA	Immunization
S7TA	Folic Acid
S8TA	Early Childhood Mental Health
S9TA	Early Childhood Oral Health
SAAA	General Health Support
SAAC	Home Health
SABE	HEALTH BENEFITS EXCHANGE
SAEH	OFFICE OF HEALTH EQUITY
SAER	Electronic Health Records
SAFF	Foundational Funding
SAPA	MANAGED CARE - ANTHEM
SAPC	MANAGED CARE - COVENTRY
SAPH	MANAGED CARE - HUMANA
SAPK	MANAGED CARE - KY SPIRIT
SAPP	MANAGED CARE - PASSPORT
SAPS	Preventive Services
SAPT	PREVENTIVE MEDICAID MATCH REQUIR
SAPW	MANAGED CARE - WELL CARE

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SATC	KY Trauma Care System Fund
SAWD	EDUC & WORKFORCE DEV BR
SBAA	Off of Womens Phys&Ment Hlth
SBAT	Breast Cancer Trust Fund
SBB1	PREP GRANT
SBB2	CANCER PREVENTION & CONTROL PROGRAM
SBB7	Abstinence Education
SBBH	Title X Family Planning
SBBP	State Cancer Program
SBBZ	National Breast/Cervical Cancer
SCAA	Prevention & Quality Improvement
SCB3	COLON CANCER PROJECT
SCB4	STATE PUBLIC HEALTH APPROACHES
SCB6	LAB COLON CANCER PROJECT
SCB7	KY DIABETES PREVENTION PROGRAM
SCB8	DIABETES - BASIC
SCB9	DIABETES - ENHANCED
SCBA	Chronic Disease
SCBB	Preventive Services Block Grt
SCBJ	Osteoporosis Prevention
SCBM	Diabetes Cts of Excellence
SCBN	Asthma
SCBQ	Pediatric Cancer Trust Fund
SCC1	Diabetes - Basic (PPHP)
SCC3	Diabetes - Enhanced (PPHF)
SCC4	Cardio - Enhanced (PPHF)
SCCD	Colon Cancer Screening in Kentucky Grant
SCDA	Health Access
SCDB	Primary Care Coop Agreement
SCDD	KY Prescription Assistance Program
SCF1	CARDIO - BASIC
SCF2	CARDIO - ENHANCED

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SCFH	SUPPLEMENTAL BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM
SDF1	IMMUNIZATIONS - 317 OPERATIONS FUNDS
SDF2	IMMUNIZATIONS - VFC OPERATIONS FUNDS
SDF3	IMMUNIZATIONS - VFC/AFIX OPERATIONS FUNDS
SDF4	IMMUNIZATIONS - VFC ORDERINGS FUNDS
SDF5	IMMUNIZATIONS - PLAN FLU FUNDS
SDF6	IMMUNIZATIONS - FA VACCINE
SDF8	HAI - PPHF
SDF9	HAI - NON-PPHF
SDFA	Immunizations
SDFC	Respiratory Disease
SDFD	Respiratory Disease Grant
SDFE	Sexually Transmitted Diseases
SDFF	Building, Strengthening, Maintain - HAI Ebola
SDFG	Sex Trans Disease Federal Grnt
SDFJ	BIOSENSE REDESIGN CHALLENGE
SDFK	K-Chip Vaccine
SDFQ	Immunization & Vaccine for Children
SDFX	ELC - NON-PPHF
SDFY	ELC - PPHF
SDFZ	Adult Viral Hepatitis Prev
SDGA	HIV/Aids
SDGB	KORE
SDGH	HIV/Aids Prevention
SDGL	Ryan White Grant
SDGP	HIV/Aids Surveillance
SDGR	Epidemiology/Prevention
SDKA	Surveillance & Invest St Funds
SDKB	CSTE Informatics
SDL1	PPHF - LAB
SDL2	NON-PPHF - LAB
SDL3	TB - LAB

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SDL4	STD - LAB
SDL5	Immunization - Lab
SDL6	HIV Prevention - Lab
SDL7	Lab - Surveillance of HCV and HBV Infections
SDP1	PHEP/HPP - PUBLIC HEALTH PREPAREDNESS
SDP2	PHEP/HPP - EPIDEMIOLOGY
SDP3	PHEP/HPP - EDUCATION WORKFORCE DEVELOPMENT
SDP4	PHEP/HPP - PUBLIC INFORMATION COMMUNICATIONS
SDP5	PHEP/HPP - ENVIRONMENTAL
SDP6	PHEP/HPP - INFORMATION TECHNOLOGY
SDP7	PHEP/HPP - STATE LABORATORY
SDP8	PHEP/HPP - CITIES READINESS INITIATIVE
SDP9	PHEP/HPP - HOSPITAL PREPAREDNESS PROGRAM
SDPP	PHEP & HPP COOPERATIVE AGREEMENT - EBOLA
SDPX	PHEP - PREPAREDNESS CO
SDPY	HPP - PREPAREDNESS CO
SDRA	KY Plan for Ebola Preparedness & Response Activities
SDRB	KY Pblc Hlth Prepdness & Resp for All-Hzd Pblc Hlth Emr Zika
SDRC	PHEP Expansion
SDSB	ELC - PPHF Immunizations
SDSC	ELC - NON-PPHF Immunizations
SDSD	ELC Non PPHF-MCH
SDSE	ELC Non PPHF-PHPS
SDSF	Serveillance of HCV and HBV Infections
SDSG	ELC - ZIKA
SDVA	Vital Statistics
SDVB	Mg Oper Act Vtal Stat Coop Pgm
SDVC	Vital Stats Soc Secur Contract
SDVD	CDC NATIONAL DEATH INDEX
SDVE	SSA DEATH SSN VERIFICATION
SDVF	CONSUMER PROD SAFETY COMM DTH
SDVL	Data Surveillance Section

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SJB2	COORDINATED SCHOOL HEALTH - BASIC
SJB4	Oral Health
SJB8	Curriculum Dev/Trng for General Dentist in Pediatric Techniq
SJB9	Oral Health Improvement through Local Coalitions
SJBA	Maternal & Child Health
SJBB	MCH Block Grant
SJBE	EPSDT Notification
SJBH	COORDINATED SCHOOL HEALTH - ENHANCED
SBJJ	SMILING SCHOOLS ORAL HEALTH PROJECT
SJBK	Smiling Schools Fluoride Varnish Project
SJBL	Anthem Foundation Inc
SJBM	Coordinated School Health
SJBR	Preventive Dental Hygienist Teams
SJBT	Pregnancy Risk Assessment Monitoring
SJBW	Childhood Lead Poisoning
SJCA	HEALTH PROMOTIONS
SJCB	TOBACCO
SJCL	INCREASING QUITLINE CAPACITY TECH & MEDIA REACH TARGET POP
SJCM	OBESITY - BASIC
SJCN	OBESITY - ENHANCED
SJCP	NEMOURS FOUNDATION
SJPA	KEIS Administration
SJPB	KEIS-KY Early Intervention Sys
SJPE	Newborn Screening Case Mgmt
SJPF	Genetics
SJPJ	State Systems Dev Initiative
SJPK	PKU Formula
SJPL	Newborn Screening Case Mg
SJPP	Neonatal Abstinence Syndrome
SJPS	KY Sudden Unexpected Infant Death Case Registry
SJPT	Microcephaly or other Adverse Outcomes
SJPU	KY Population Based Birth Defects Surveillance & Utilization



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SJR0	WIC Breastfeeding Peer Counsel
SJRA	Nutrition Services
SJRB	WIC Infrastructure Grant Fund
SJRC	WIC-Federal
SJRD	WIC-Fed Nutrition Education
SJRE	Breast Feeding Promotion
SJRF	WIC Interest
SJRG	WIC Client Services
SJRH	WIC-Federal Food
SJRO	WIC Breastfeeding Peer Counsel
SJRR	WIC Farmer's Market Nutrition
SJTC	AFFORDABLE CARE ACT, MATERNAL,INFANT
SJTE	HANDS GF
SLAA	Laboratory Support
SLFT	ACCREDITATION FOR STATE TESTING LABORATORIES
SLLC	OSHA Testing
SLNA	SCID
SLNS	Newborn Screening
SLPT	State Lab Pesticide Testing
SPAA	Community Health and Safety
SPAB	CRCPD
SPAC	KY Opioid Response Effort
SPBA	Radiation Machines
SPBB	Radiation Lab
SPBC	Radiation Materials
SPBF	Paducah Gaseous Diffusion
SPBH	Mammography Equipment Cert
SPBJ	Paducah Gaseous Diffusion-FFA
SPBK	Rad-Incident/Emergency Respons
SPBN	Envir Remediation/Incid Invest
SPBP	Estill County TENORM Settlement
SPBR	Radioactive Waste Shipments

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SPBU	Radiation URS Contract Cost
SPBW	Greenup Co. TENORM Settlement
SPDA	Milk
SPGA	Food
SPGB	Registered Sanitarians
SPGE	FOOD - STATE
SPGF	FOOD - STATE LAB
SPGG	FOOD SAFETY CONFORMANCE
SPGK	Conformance Manufactured Food
SPGR	Rapid Response Teams
SPGS	Summer Feeding Program
SPHA	Sanitation
SPHB	On Site Sewage
SPHD	State Indoor Radon Grant
SPHE	Radon Services
SPHF	Radon Contractor Certification Program
SPLA	Public Safety
SPLC	HUD STATE MATCH
SPLF	Lead Certification (Fed)
SPLG	Lead Certification (Agy)
SPLN	Env. Public HlthTacking Network in KY
SPLP	Pool Engineer-Sanitarians
SPP1	PHEP/HPP Public Health Preparedness
SPP2	PHEP/HPP - Epidemiology
SPP3	PHEP/HPP Education Workforce Development
SPP4	PHEP/HPP Public Information Communications
SPP5	PHEP/HPP Environmental
SPP6	PHEP/HPP Information Technology
SPP7	PHEP/HPP State Laboratory
SPP8	PHEP/HPP Cities Readiness Initiative
SPP9	PHEP/HPP Hospital Preparedness Program
SPPP	PHEP/HPP Cooperative Agreement-Ebola

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SPPX	PHEP - Preparedness Co.
SPPY	HPP Preparedness Co
SPRA	Ky Plan for Ebola Preparedness & Response Activities
SPRB	KY PublicHealth Preparedness & Response for All Hazard Public
SPRC	PHEP Expansion
SXBA	DPH Pool Code
SZZA	DPH Clearing Account
<b>729</b>	<b>Department for Behavioral Health, Developmental &amp; Intellectual Disabilities</b>
<b>Sub Function</b>	<b>Sub Function Name</b>
T020	Misc Roof Replacement Repair
T1MD	Outwood - COT Clearing for C789
T2TA	Tobacco Funds Substance Abuse
T321	New Power Plant-WSH
T322	Boiler Replacement CSH
TAA1	VOLTA HOUSE
TAA6	SAPT-Other
TAA7	SAPT-Women
TAA8	SAPT-Prevention
TAAA	Comm Alcohol & Drug Services
TAAB	DUI Services
TAAH	Alcohol Intox 1986 HB 447
TAAK	Drug Forfeiture
TAAT	Corrections Day Treatment
TAAU	PHII Imple of Uniform Alcohol
TABB	ODCP/KY-ASAP
TABC	Kentucky Youth Treatment Implementation
TABD	Kentucky Opioid Response Effort
TABE	Kentucky Care Integration
TASA	DRUG COMPANY SETTLEMENT
TATA	KIZS-Ky Initiative for Zero Suicides
TAUA	SPF - PFS 2015
TAVA	Cooperative Agreement to Benefit Homeless Ind.
TAWA	Medication Assisted Treatment-SMARTS Initiative
TAYA	Neonatal Abstinence Syndrome
TBA1	Decrim of Mental Illness
TBAA	Local Mental Health Services
TBAD	Personal Care Homes
TBAF	Olmstead Calition Grant

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TBAK	Path Homeless Block Grant
TBAN	Title XIX Nursing Home Reform
TBAQ	Early Childhood MH Initiative
TBAT	Adult Wraparound Services
TBAV	Comm Mental Hlth Serv Block Gr
TBB2	TTI - CO-OCCURRING
TBB4	TTI TRAUMA - INFORMED CARE
TBB5	TTI - EARLY CHILDHOOD
TBB8	MENTAL HEALTH BHSIS
TBB9	PROJECT SAFESPACE
TBBA	Intens Family Based Supp Serv
TBBC	Transformation Transfer Initiative
TBBD	Impact Plus
TBBG	Jail Triage & Treatment
TBBM	TAYLRD - Transition Age Youth
TBEA	BRSS TACS
TBEB	TTI - Tech Assistance Coalition
TBEC	CABHI - MH
TBEE	KY Health Support Services
TCA8	Crisis Stabilization
TCAA	Local Mental Retardation Serv
TCAC	Community Health Ed & exercise Res
TCAG	Supported Living
TCAI	Transformation Transfer Initiative
TCAJ	Stateowned Group Homes
TCAS	Supports for Community Living
TCAT	Supports for Community Living
TCBZ	WSH Elec Upgrade COT Capital C6BZ
TCFT	Health Policy TEFT Grant
TCIC	ICAP, Inv for Client and Agency Planning
TCOT	COT Excess Charge
THAA	Gen MH/MR Support
THBA	Community Care Grants
TSAA	Acute Care-St/Agy Funds
TSAD	Eastern KY Psych Facility
TSAE	CMHC Community Medications
TSAJ	Eastern State Hospital - ABI/LTC Unit
TSAK	EASTERN STATE HOSPITAL - NEW FACILITY
TSAL	EMR
TSAM	COT Billing Code for Electrical Upgrade at WSH
TSFA	Alternate Care-St/Agy Funds
T SMA	MR State/Agency Funds
TSMD	Outwood
TSMF	Oakwood - Unit 1
TSMG	Oakwood - Unit 2
TSMH	Oakwood - Unit 3

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TSMI	Oakwood - Unit 4
TSMJ	MEDICAL AND DENTAL CLINIC
TSMK	BINGHAM GARDENS FACILITY
TSML	Hazelwood
TSMM	Del Maria
TSMN	Windsong
TSMP	Meadows
TSMQ	Hazelwood Community ICF Admin
TSMR	Revenue-Facilities Sales
TSZA	Forensic State Funds
TXAA	Dept for MH/MR Pool Code
TXAB	DMHMR Pool Code (Excluding HS)
TZZA	MHMR Clearing Account
<b>730</b>	<b>Department for Family Resource Centers &amp; Volunteer Services</b>
<b>Sub Function</b>	<b>Sub Function Name</b>
HAAA	Family Res&Youth Serv Ctr
HAAD	Com Based Family Resources
HAAE	BORNLEARNING ACADEMIES-RACE TO THE TOP
HADS	FRYSC Data System
HCA2	KCCVS-ADM GRANT-FEDERAL ONLY
HCAA	KCCVS-Administrative Grant
HCAR	KCCVS-FORMULA FIXED
HCAS	KCCVS-FORMULA OPERATIONAL
HCAT	KCCVS-COMPETITIVE FIXED NON-EDUC
HCAU	KCCVS - COMPETITIVE GRANT
HCAV	KCCVS - TTA Commission Invest Funds
HCAW	KCCVS - CIF - TTA - Augmentation
HCAZ	KCCVS - AmeriCorps Competitive School Turnaround
HCNF	Non-Federal KCCVS Charges
HCNP	NON-FEDERAL KCCVS PAYROLL
HCVF	KCCVS - Volunteer Gen - Federal
HCVG	KCCVS - Volunteer Gen - State
HTRN	FRYSC Computer Training
HXAB	Pool Code DH & Support Serv
HXAF	FRYSC Pool Code
HXAK	KCCVS Pool Code
HZZA	OAS Clearing Acct
HZZC	KCCVS Clearing Account
<b>736</b>	<b>Department For Community Based Services</b>

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<b>Sub Function</b>	<b>Sub Function Name</b>
Z911	TOBACCO SETTLEMENT-CHILD CARE
Z913	QUALITY RECOGNITION AWARD
Z914	STAR ACHIEVEMENT AWARD
Z915	TRAINING CREDENTIALS
Z917	STARS PROGRAM
Z920	TOBACCO FUND SPECIAL INITIATIVES
Z921	KY All Stars Initial Award
Z922	KY All Stars Annual Award
Z923	KY All Stars Quality Award
ZAAB	DCBS STAFF OFFICE DEDUCTIONS
ZAAH	TANF PENALTY ACCOUNT
ZAAL	TANF-KAMES PI Income Maint&FS
ZAAM	KAMES Pool-Inc Maint
ZAAN	TANF KAMES CLEARING ACCT
ZAAR	TANF-Fam Alt Prg FAD-Ad(100%GF)
ZAAS	DAVIS CO START
ZAB1	FOOD STAMPS-TRAINING PERSONNEL
ZAB2	EDECH Hunger Benefits
ZAB5	NUTRIATION EDUCATION ADMINISTRATION
ZAB6	NUTRITION ED - 100% FEDERAL
ZABA	FSPA Eligibility Determination
ZABB	FS NON-ASST RELATED ELIG DET
ZABC	SNAP E&T Pilot
ZABD	ET Service Reimbursement
ZABE	FOOD STAMP ADMINISTRATION
ZABG	FOOD STAMP QUALITY CTRL
ZABH	FOOD STAMPS MGT EVALUATION
ZABI	SNAP Kames replacement
ZABJ	FOOD STAMP ADMIN-FAIR HEARINGS
ZABK	FS FRAUD HEARINGS, PROS & INV
ZABL	FOOD STAMP ADMIN-FRAUD HEARNGS
ZABM	FOOD STP FRAUD REL ACT-FLD STF
ZABN	KAMES INTEGRATED-FOOD STP ADM
ZABP	NON FRAUD CLAIM ACT FLD STAFF
ZABQ	SNAP - Healthy Hungry Free Kids Act
ZABR	FOOD STAMP OUTREACH
ZABS	EBT STARTUP
ZABT	OPERATION AWARENENSS & ST EXCH
ZABU	FOOD STAMP AUDIT ADJ
ZABV	FOOD STP EMPL&TRNG PROG BG ADM
ZABW	FS EMPL&TRNG PROGRAM BG-BENF
ZABY	SNAP - Recipient Trafficking Preven
ZABZ	EMERGENCY FOOD STAMP PROG

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ZAC3	HBE QUALIFIED HEATH PLANS CO
ZAC4	HBE QUALIFIED HEATH PLANS RMS
ZAC5	Medicaid Elig Admin HBE/MMIS
ZACA	MED ASSIST ELIGIBILITY ADMIN
ZACB	TRANSITIONAL MEDICAL ASST
ZACC	SCREENING OUTREACH
ZACD	Kentucky Health Waiver 1115
ZACE	OUTSTANDING ELIGIBILITY DETER
ZACG	KY PHYSICIANS CARE
ZACH	PROGRAM RECIPIENT INTIGRITY
ZACI	ESIS Capital Project
ZACK	KAMES-MEDICAL ASST
ZACL	KENPAC GENERAL ADMIN
ZACM	TRAINING OF PERSONNEL
ZACP	KCHIP ESIS Capital Project
ZACR	K CHIP
ZACS	PARTICIPANT ELIGIBILITY AUDIT
ZADA	STATE SUPP ADMIN
ZADC	KAMES-INTEGRATED STATE SUPP
ZADD	STATE SUPPLEMENTATION BENEFITS
ZADE	ST SUPP-MI/MR SUPP-PERSNL CARE
ZADF	ADMIN HEARING COLLECTION CTS
ZADH	TANF-REMEDIAL HEALTH GOODS
ZADJ	SS-BONUS TO FORMER KTAP & TRNG
ZAG1	FAMILY ALTERNATIVES DIVERSION
ZAG2	EMPLOYMENT RETENTION ASSISTANC
ZAG3	SAFETY NET SERVICES
ZAG4	WORK INCENTIVE PROGRAM (WIN)
ZAG5	TANF - EBT CHARGES
ZAG6	AFDC- CLAIM RECOVERY
ZAG7	Summer Youth Employment
ZAG9	TANF-FELONS/SUBSTANCE ABUSERS
ZAGA	TANF-BASIC & UP ASSISTANCE PMT
ZAGB	TANF-CHILDCARE-NOT WORKING
ZAGC	TANF-CHILDCARE- WORKING
ZAGD	TANF-OTHER SUP SVC-NOT WORKING
ZAGE	TANF-WAGE SUBSIDIES
ZAGF	TANF-EDUC SUPPORT & BONUSES
ZAGG	TANF-CASE MGMT WORK ACTIVITIES
ZAGH	TANF-EMP RETENT CASE MGMT
ZAGI	TANF Eligibility Sys Integration
ZAGJ	TANF-EMP RETENT \$500 BONUS PMT
ZAGK	TANF-TRANSPORTATION-NOT WORK
ZAGL	TANF-TRANS-ACTIVE K-TAP WORK
ZAGM	TANF-TRANS-EMP RETENT
ZAGN	TANF-PREVENT OUT OF WED PREG

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ZAGP	TANF-2-PARENT FAM FORM & MAINT
ZAGQ	ELIGIBILITY DETERMINATIONS-ADM
ZAGR	TANF-TRAINING
ZAGS	TANF-KINSHIP CARE ELIGIBILITY
ZAGT	TANF-KINSHIP CARE ASST PMTS
ZAGU	TANF-KINSHIP CARE ONE-TIME PMT
ZAGV	FAMILY CARE INITIATIVES (DV/OOHC/INHOMESVS)
ZAGW	TANF-HOUSING
ZAGX	TANF-IND DEVEL ACCT (IDA'S)
ZAGY	TANF-SYSTEMS
ZAGZ	TANF-STATE REPLACEMENT FUNDS
ZAHA	TANF - DRE REVIEW
ZAHB	TANF - CHILD CARE RESTITUTION
ZAZA	FAMILY SUPPORT COMMOM CODE
ZAZB	FAMILY SUPPORT COMMON CODE
ZAZC	FAMILY SUPPORT COMMON CODE
ZAZD	MEDICAL ASSISTANCE COMMON CODE
ZAZE	Family Support Common Code
ZDA1	TRACK TRAINING EXPEND-ENERGY
ZDAA	LIHEAP-ADMINSTRATION (HHS)
ZDAB	LIHEAP-BENEFITS (HHS)
ZDWA	LIHEAP/WX ADMINISTRATION
ZDWB	LIHEAP/WX BENEFITS
ZDWT	WEATHERIZATION TRAINING
ZEAA	CCDF DAY CARE-ADMIN
ZEBA	CCDF DAY CARE - TRAINING
ZEBB	CCDF DAY CARE RESOURC& REFERRL
ZEBC	CCDF DAY CARE-LIC & MINI GRNTS
ZEBE	CCDF DAY CARE-BEFOR& AFTR SCHL
ZEBG	CFC- DAY CARE-INFNT&TDDLRL INIT
ZEBJ	DAY CARE-CERT & ENROLL PROG
ZEBK	KIDS NOW CDA MINI GRANT
ZEBL	PROFESSIONAL DEV COUNSELORS
ZEBM	MILESTONE ACHIEVEMENT AWARDS
ZEBN	QUALITY COORDINATORS
ZEBQ	QUALITY ADD ONS
ZEBR	EDUCATION & TRAINING INCENTIVE
ZEBS	REGISTRY SYSTEMS
ZECA	CCDF DAY CARE-PROTECTION
ZECB	CCDF DAY CARE-WORKING PARENT
ZECC	CCDF DAY CARE-PARENTS IN TRANG
ZECE	CCDF-TRANSTNG FR KTAP-MTCHNG
ZECF	KTAP
ZECJ	CFC-CHLD CR TRACCT(VEHICLE REG
ZECK	Kellogg Foundation Grant
ZECR	DAY CARE RECOVERY BENEFITS



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ZEDA	SYSTEMS
ZEDB	CERTIFICATE PROGRAM COST
ZEDC	CCDF DIS - COT CPTL CLEARING
ZEDD	CHILD CARE APPLICATION FEE
ZEDI	CCDF - Discretionary - ESIS Capital Project
ZEDK	MAIN. INTEGRATED CHILD CARE
ZEDL	Child Care Eligibility Determination DFS
ZEDN	CCDF - All Other Non-Direct
ZEDT	Child Care - Training Personnel DFS
ZER1	RACE TO THE TOP TQRIS RATERS
ZER2	RACE TO THE TOP EKU TRIS ECE
ZER3	RACE TO THE TOP TQRIS COORD
ZER4	RACE TO THE TOP PILOT
ZER5	Race To The Top Award Incentives
ZER6	Race To The Top Vendor Services
ZER7	Race to the Top Provider Reimbursement
ZFA1	CHILD ABUSE AND SERVICE CAN
ZFA2	TWIST-CLEARING ACCOUNT
ZFA3	UNALLOWABLE FEDERAL COST
ZFA8	TWIST OPERATING
ZFA9	TWIST DEVELOPMENT
ZFAA	PROTECTION-CHILDREN
ZFAB	INTENSIVE FAMILY SERVICE
ZFAC	HOMEMAKERS-FAMILY BASED
ZFAE	SELF-HELP PROJECT
ZFAF	PREVENTIVE SERVS FOR FAMILIES
ZFAG	Juvenile Services in the Community
ZFAH	IV-B 2 FAMILY PRESERVATION
ZFAJ	Staff Training-Family Based
ZFAL	IV-B 2 FAMILY SUPPORT (CCC)
ZFAM	CHILD ADVOCACY CENTERS
ZFAN	CHILD ADVOCACY CTRS - TOBACCO
ZFAP	CASEY-PERMANENCY ROUND TABLE
ZFAS	Family Services-Program Support
ZFAT	COMMUNITY BASE FAMILY RESOURCE
ZFAU	IV-B 2 TIME LIMITED REUNIFICAT
ZFAZ	IV-B Family Preservation Service
ZFB1	RAPE PREVENTION & EDUC GRANT
ZFB2	PHHS BLOCK GRANT
ZFB4	RAPE CRISIS CENTERS - GF
ZFB9	TWIST-ADULT SERVICES
ZFBA	PROTECTION-SPOUSE ABUSE
ZFBB	PROTECTION-ADULTS
ZFBC	INTERDISCIPLINARY EVALUATIONS
ZFBD	HOMEMAKERS ADULTS
ZFBE	SPOUSE ABUSE T&A

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ZFBF	SPOUSE ABUSE-GENERAL FUND
ZFBG	ALTERNATE CARE
ZFBH	Patient Moving and Placement
ZFBJ	Emerg/Closur Patient Moving & Placement
ZFBM	Rape Crisis Center Contribution Fund
ZFBR	COMMUNITY SERVICES GRANT
ZFBS	STAFF TRAINING-FAMILY BASED
ZFBT	PREVENTIVE SERVICES FOR ADULTS
ZFBY	FAMILY VOILENCE PREV SERVICES
ZFC1	IV-B2 ADOPTION
ZFC2	TANF EMERGENCY ASSISTANCE PROG
ZFC3	Caseworker Visitation
ZFC6	Sex Trafficking Admin Costs
ZFCA	ADOPTIONS (NO SUBSIDIES)
ZFCB	BLACK ADOPTION PROGRAM
ZFCC	SUBSIDIZED ADOPTIONS
ZFCD	ADOPTION-TITLE IV-E ADMIN SPT
ZFCE	PRIVATE CHILD CARE-PER DIEM
ZFCF	PRIVATE CHILD CARE-STAFF TIME
ZFCG	TARGETED CASE MANAGEMENT
ZFCK	Foster Care Service Staff Time
ZFCL	FOSTER CARE PER DIEM NO STF TI
ZFCM	FAMILY TREATMENT FOSTER HOMES
ZFCN	TITLE IV-E ADM SUPP FOSTR CARE
ZFCP	TITLE IV-E TRAINING
ZFCQ	FOSTER PARENT TRAINING
ZFCR	TUITION ASSIST-FOSTER CHILDREN
ZFCS	IV-B Family & Community Service Foster Care
ZFCT	IV-E INDEPENDENT LIVING
ZFCU	ADOPTION INCENTIVE PAYMENTS
ZFCW	TITLE V REHABILITATION
ZFCY	Dave Thomas Foundation Adoptions
ZFCZ	CHAFEE EDU & TRN VOUCHER PROG
ZFDA	PSYCHIATRIC HOSPITAL-CLINICAL
ZFDC	Foster Youth Driver Services
ZFDD	Court Ordered Home Evaluations
ZFDE	CHILDREN'S JUSTICE ACT
ZFDG	CFC-IMPACT PLUS
ZFDK	Art Grants Received
ZFDL	Relative Fictive Kin Payments
ZFDN	Unallowable Federal Expenses
ZFDS	PROJECT SAFESPACE
ZFDT	Fostering Success Youth Internship
ZFDU	DCBS / COT Tablets
ZFES	4E Waiver - ESFP
ZFST	4E Waiver - START

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ZTRN	CBS TRAINING COST
ZXAA	CFC-CBS OVERHEAD COST POOL
ZXAF	FAMILY SUPPORT OVERHEAD COST POOL
ZXAP	P&P OVERHEAD COST POOL
ZZKR	(ESIS) ELIGIBILITY SYSTEM INTEGRATION SERVICE-KAMES REPLACEM
ZZZA	CFC-CBS CLEARNG ACCT UNISTR
ZZZB	KAMES-Dis Building Rental
ZZZC	CFC-INTERCEPT CLEARING ACCT
ZZZD	Flood Disaster Clearing
ZZZE	CLEARING ACCOUNT CHILD SUPPORT
<b>739</b>	<b>Office of Health Data and Analytics</b>
<b>Sub Function</b>	<b>Sub Function Name</b>
JAAD	KHBE Agency Fund
JAAE	KY ACCESS ADMIN COSTS
JAAI	KY ACCESS ASSESSMENTS
JAAP	KHBE Payments
JBIK	Health Information Administration
JBIO	KHIE KORE Grant
JBIT	Health Info Tech 90/10
JBIG	90/10 1115 Waiver Consulting
JCAB	Division of Analytics
JCAJ	TESTING EXP & FUNC TOOLS
JCEV	HOME HEALTH PLANNING GRANT
JKOR	KY Opioid Response Effort KORE
JWAA	1115 Waiver (50/50)
JWAV	1115 Waiver (90/10)
JWJG	1115 Waiver (50/50)
JWKH	1115 Waiver (90/10)
JXAA	POOL CODE - Health Data & Analytics
JXAB	POOL CODE - Health Information
JXAC	Pool Code - Analytics
JXAH	POOL CODE - HBE
JZZA	Health Data & Analytics Clearing Acct
JZZD	HI 85/15 Clearing
JZZG	HI 95/5 Clearing
JZZK	HBE OPER CLEARING ACCT
<b>746</b>	<b>Department For Medicaid Services</b>

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<b>Sub Function</b>	<b>Sub Function Name</b>
W6BY	E&E C6BY Medicaid COT Billing
WCAA	Med Assist Eligibility Admin
WCAB	KHIE Payroll
WCAS	Admin State Share Only
WCAT	PROVIDER APPLICATION FEES
WCC1	Skill Professional Med Staff
WCC4	Attorney Fees
WCCA	General Admin Outside DMS
WCCJ	Med Serv Gen Admin Within DMS
WCCN	Nurse Aide Training
WCCP	Skill Med Supp for Comm Living
WCCQ	Skilled Medical Managed Care
WCCR	KY Peer Review Organiz Cntract
WCCU	Kenpac Skill Prof Med Personn
WCCX	SURVEILLANCE & UTILIZATION REVIEW 50/50
WCCZ	Managed Care Development
WCEH	School Based Admin Claiming
WCEN	INDEPENDENT VERIFICATION & VAIDATION
WCEP	TBI-Medicaid
WCEQ	TBI-Trust Fund
WCER	ABI-Department
WCEV	HEALTH HOME STATE OPTION
WCFB	MFP Admin
WCFG	Money Follows the Person
WCFM	MONEY FOLLOWS THE PERSON - 100% FEDERAL
WCFQ	CITIZENSHIP CONFIRMATION 75/25
WCFS	MFP
WCFT	MFP 100F SECTION Q
WCGH	HEALTH BENEFIT EXCHANGE - PLANNING
WCGK	E&E Operations & Maintenance
WCGL	E&E Waiver Operation & Maintenance
WCGM	Technology Staff E & E 28E & F
WCGN	PBM Operations 75/25
WCGO	E&E Waiver & LTC Oper & Maint
WCGR	Opioid Use Treatment Study 50/50
WCGS	Opioid Use Treatment Study 75/25
WCJA	MCO Review Contract
WCJB	Maternal and Infant Initiatives

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WCJC	HBI Prof Skilled 75/25
WCJD	1115 Waiver Consulting/Medicaid Transformation
WCJE	SB 20 Nurse Reviewers
WCJF	SB 20 Administration
WCJG	90/10 1115 Waiver Consulting
WCJH	75/25 1115 Waiver Consulting
WCJK	1115 Waiver Implementation
WCJL	KY Health
WCLA	LEGAL - MEDICAID - CONTRACTS
WCLB	LEGAL-MEDICAID-FEDERAL ELIGIBILITY RULES
WCLC	LEGAL-MEDICAID-GENERAL LEGAL ADVICE
WCLD	LEGAL-MEDICAID-MEMBER APPEALS
WCLE	LEAGL-MEDICAID-PROJECT RESEARCH
WCLF	LEGAL-MEDICAID-PROVIDER APPEALS
WCLG	LEGAL-MEDICAID-PROVIDER ENROLLMENT
WCLH	LEGAL-MEDICAID-PHARMACY & THERAPEUTICS ADVISORY COMMITTEE/DM
WCLJ	LEGAL-MEDICAID-OPEN RECORDS
WCLK	KRS/KAR/SPA SUPPORT
WCLL	LEGAL-MEDICAID TPL-ESTATE CASES
WCLM	LEGAL-MEDICAID TPL-CASUALITY/SUBROGATION
WCLN	LEGAL-MEDICAID TPL-TRUST CASES
WCLP	LEGAL-MEDICAID SUR-PROVIDER SANCTIONS/TERMINATIONS
WCLQ	LEGAL-MEDICAID SUR-DUR(ONLY PROVIDER HAS ATTY PRESENT DMR)
WCLR	LEGAL-MEDICAID SUR-ADM HEARINGS FOR PROVIDER APPEALS(RECOVER
WCMA	MEMS DDI 90/10
WCMB	MEMS Procurement & RFP 90/10
WCMC	MEMS Operations75/25
WCMD	MEMS Oper Certification 50/50
WCME	MEMS MEDICAID WAIVER MGMT 90/10
WCMG	Partner Portal Development IT
WCMH	MEMS - All Payers Claim Database 90/10
WCMI	MEMS-All Payers Claim Database 50/50
WCMJ	MMIS IAPDU #14 90/10
WCMK	MMIS IAPDU #14 75/25
WCMM	'Utilization Management - NON IT 75/25
WCMO	MEMS DDI 75/25
WCMP	Michelle P Waiver - Admin 50/50
WCMR	MWMA Training & Operational Support
WCMT	MEMS MWMA Enhancement SOW C6BY

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WCMU	MMIS Update #17 90/10
WCMW	MMIS Update #17 75/25
WCMX	DCBS MEDICAL DIRECTOR 75/25
WCMY	MMIS Update #17 50/50
WCMZ	DCBS Medical Director 50/50
WCNA	KHY MMIS 90/10
WCNB	KYH MMIS 75/25
WCNC	MMIS EVV
WCTB	MITA Admin 90%
WCTG	HEALTH INFORMATION TECHNOLOGY IMPLEMENTATION 90/10
WCTH	HIT MEANINGFUL USE AUDIT 90/10
WCTI	Operational CAM 75/25 (28E/F)
WCTJ	HBE OPERATIONAL 5/15 75/25
WCTK	HBE OPERATIONAL 5/15 50/50
WCUA	Psychotropic Meds in Children 50/50
WCUB	Psychotropic Meds in Children 75/25
WCUC	Workforce Capacity 50/50
WCUD	Workforce Capacity 75/25
WCUE	UNIV Partnership 75/25
WCUF	UNIV Partnership 50/50
WCXB	DMS Pool Code
WD00	K-Chip Administration
WDAA	K-Chip Administration
WDAB	KCHIP APCD
WDHB	KCHIP HEATH BENEFIT EXCHANGE
WDHD	KCHIP ELIGIBILITY SUPPORT COST
WDHE	HBE OPERATIONAL 5/15 KCHIP
WDHF	E & E KCHIP Operations & Maintenance
WZZA	Medicaid Clearing Account
WZZB	MEMS-COT CLEARING ACCOUNT
<b>748</b>	<b>Medicaid Services Benefits</b>
<b>Sub Function</b>	<b>Sub Function Name</b>
WCBA	Medicaid Benefits
WCBE	School Based Services
WCBH	Hosp Indgnt Cre Assur Plan BNF
WCBM	Managed Care Partnerships
WCBP	CERTIFIED PUBLIC EXPENDITURES

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WCBS	State Only
WCBW	MCO PAYMENTS
WCD3	Med Assessment Revolving Trust
WCFC	MFP Benefits
WCFE	MFP Benefits Enhanced FMAP
WCFE	MFP Benefits Enhanced FMAP
WCFE	MFP Benefits FMAP
WCTF	HEATH INFORMATION TECHNOLOGY 100%
WDBA	Title XIX K-Chip Benefits
WDBB	Title XXI K-Chip Benefits
WDBC	Public Employee K-Chip
WDBS	State Only
<b>767</b>	<b>Office For Children With Special Health Care Needs</b>
<b>Sub Function</b>	<b>Sub Function Name</b>
YAAA	Children with Special Needs-Adm
YAAD	Case Management- Operating Expense Only
YAAE	MCH Block Grant Administration - Operating Expenses Only
YAAF	Foster Care Services (NCI Payroll)
YAAH	KY Infants Sound Start (KISS Grant)
YAAI	EHDI Diagnosis and Tracking Initiative
YAAK	Medicaid Receipts Fund/MCO Receipts/Revenue Fund
YAAS	Social Support Services and Nutritionist
YAAW	AUDIOLOGY PAYROLL
YABA	Orthopedic Program
YACA	General Plastic Surgery
YACP	YAC AND PAC
YADA	Neurology Program
YADB	Neurosurgical (MYELO)
YADD	MCH Block Grant Case Mgt -Payroll/travel
YAEN	Endocrinology
Yafa	Scoliosis Program-Case Management/Financial Only
YAFF	Family 2 Family
YAFP	Kentucky's Early Intervention Program
YAFS	FIRST STEPS/Audiology/Interpreters
YAGA	Heart Program
YAHA	Cranial Facial Anomaly
YAHC	Humana Care Source Paid Claims
YAHD	AUDIOLOGY SERVICES (Non-Clinic & Interpreters)
YAHO	HEARING AIDS ONLY (NOT ENROLLED IN PROGRAM)

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YAJA	Otology Program
YAKA	Cleft Lip and Palate
YALA	Ophthalmology
YAMA	Cerebral Palsy Program
YAMC	Anthem MCO Paid Claims
YANV	Cystic Fibrosis & Asthma
YAPP	Passport Paid Claims
YAQA	Urology Program
YASA	Hand Program (Case Management/Financial Only)
YATA	Juvenile Rheumatoid Arthritis
YATG	THERAPEUTIC SERVICES (Non-Clinic & Interpreters)
YATN	Aetna MCO Paid Claims
YATT	Therapeutic Services Branch (Payroll)
YAUC	Autism Clinics
YAUT	Autism Council Only
YAWC	Wellcare Paid Claims
YBAA	Hemophilia Administration
YBBA	Hemophilia Services-Adult
YBCA	Hemophilia Services-Children
YBDA	Hemophilia Case Management
YCAK	Medicaid Cost Settlement
YCHC	Humana Care Source Cost Settlement
YCMC	Anthem MCO Cost Settlement
YCOI	Coins
YCPP	Passport Cost Settlement
YCTN	Aetna MCO Cost Settlement
YCWC	Wellcare Cost Settlement
YEHD	EHDI Care & Support Only
YHBE	KY HEALTH BENEFIT EXCHANGE
YPAR	Community Partnership
YSNA	SNAP Project
YTAA	Travel Administration
YTAC	Travel Autism Clinics
YTAD	Travel Case Management
YTAF	Travel First Steps Audio/Interpreters
YTAG	Travel Therapy/Interpreters
YTAH	Travel Audiology/Interpreters
YTAS	Travel Social Services/Nutritionist
YTAT	Travel Therapy Dept
YTAW	Travel Audiology Dept



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YTCP	Travel YAC/PAC
YTDD	Travel Case Management Care & Support
YTEL	Telehealth
YTFF	Travel NCI/Foster Care
YTFS	Travel First Steps Audio/Interpreters Care & Support
YTHD	Travel Audiology/Interpreters Care & Support
YTSS	Travel Social Services/Nutritionist Care & Support
YTTF	Travel NCI/Foster Care Care & Support
YTTG	Travel Therapy/Interpreters Care & Support
YTTT	Travel Therapy Dept Care & Support
YTUC	Travel Autism Clinics Care & Support
YTWW	Travel Audiology Dept Care & Support
YXAA	Pool Code CCSHCN
YZIK	ZIKA Monitoring Only
YZZA	CCSHCN Clearing Account

## Attachment III

### Chart of Activity Codes

<b>721</b>	<b>CHFS - Office Of The Secretary</b>
<b>Activity</b>	<b>Activity Name</b>
0549	CHFS Energy Management Analysis Equipment
BENE	Benefind
CH01	CHFS Construct OATS & OIG Offices
CH03	Construct Secure File Rooms and Offices for DHR
CH20	CHR Secure Parking Enclosure
HARD	KAAAP Hardware
LN01	L&N Building Security Improvements
LN02	L&N On-Site Clinic
LN15	L & N Renovation
MWMA	MWMA
PRTL	Partner Portal
SOFT	KAAAP Software
<b>723</b>	<b>Office Of Inspector General</b>
<b>Activity</b>	<b>Activity Name</b>
BGCK	Background Checks
CSE1	Child Support Special Investigation 1
CSE2	Child Support Special Investigation 2
DAL1	Aging and Ind. Living Special Investigation 1
DAL2	Aging and Ind. Living Special Investigation 2
DCB1	DCBS Special Investigation 1
DCB2	DCBS Special Investigation 2
DCB3	DCBS Special Investigation 3
DCB4	DCBS Special Investigation 4
DCB5	DCBS Special Investigation 5
DCB6	DCBS Special Investigation 6
DCB7	DCBS Special Investigation 7
DCB8	DCBS Special Investigation 8
DCB9	DCBS Special Investigation 9

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DCBA	DCBS Special Investigation
DCBB	DCBS Special Investigation
DCBC	DCBS Special Investigation
DCBD	DCBS Special Investigation
DCBE	DCBS Special Investigation
DPH1	First Steps Analysis for Dept for Public Health
DPH2	DPH Special Investigation 2
HCN1	OCSHCN Special Investigations
HSL2	Hart Supported Living Invest for Dept Aging & Indep, Living
<b>725</b>	<b>Department for Aging and Independent Living</b>
<b>Activity</b>	<b>Activity Name</b>
0050	GENERAL ADMIN AND MANAGEMENT
0051	GUARDIANSHIP
0470	Rockcastle Resurface
0500	ROCKCASTLE CO SENIOR CITIZEN CENTER INSTALL SEPTIC SYSTEM
0525	ROCKCASTLE CO SENIOR CITIZEN CENTER REPLACE HVAC
0532	REPLACE ROCKCASTLE SENIOR CENTER ROOF
0601	PURCHASE
0602	PENNYRILE
0603	GREEN RIVER
0604	BARREN RIVER
0605	LINCOLN TRAIL
0606	KIPDA
0607	NORTHERN KY
0608	BUFFALO TRACE
0609	GATEWAY
0610	FIVCO
0611	BIG SANDY
0612	KY RIVER
0613	CUMBERLAND VALLEY
0614	LAKE CUMBERLAND
0615	BLUEGRASS
0616	STATE ADMINISTRATION
0617	FOUR RIVERS
0618	PENNY ROYAL
0619	RIVER VALLEY
0620	LIFESKILLS

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0621	COMMUNICARE
0622	SEVEN COUNTIES
0623	NORTHKEY
0624	COMPREHEND
0625	PATHWAYS
0626	MOUNTAIN
0627	KENTUCKY RIVER (CMHC)
0628	CUMBERLAND RIVER
0629	LAKE CUMBERLAND (CMHC)
0630	BLUEGRASS (CMHC)
0631	AUDUBON
0632	LICKING VALLEY
0633	EXPERIENCE WORKS
0634	Nursing Home Ombudsman Agency of the Bluegrass
0635	Bluegrass Community Action
0636	Central KY Community Action Council
0637	Center for Accessible Living, Inc
0638	Wellspring, Inc
0639	New Vista Behavioral Health
0640	UNITED WAY
0641	BG SUBS
0642	Centers for Accessible Living
AS05	Oak and Acorn Replacement HVAC
AS06	Oak and Acorn Roof Replacement
AS07	Oak & Acorn General Repairs
BENE	Benefind
<b>727</b>	<b>Department for Income Support</b>
<b>Activity</b>	<b>Activity Name</b>
4001	Adair
4002	Allen
4003	Anderson
4004	Ballard
4005	Barren
4006	Bath
4007	Bell
4008	Boone
4009	Bourbon

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4010	Boyd
4011	Boyle
4012	Bracken
4013	Breathitt
4014	Breckinridge
4015	Bullitt
4016	Butler
4017	Caldwell
4018	Calloway
4019	Campbell
4020	Carlisle
4021	Carroll
4022	Carter
4023	Casey
4024	Christian
4025	Clark
4026	Clay
4027	Clinton
4028	Crittenden
4029	Cumberland
4030	Daviess
4031	Edmonson
4032	Elliott
4033	Estill
4034	Fayette
4035	Fleming
4036	Floyd
4037	Franklin
4038	Fulton
4039	Gallatin
4040	Garrard
4041	Grant
4042	Graves
4043	Grayson
4044	Green
4045	Greenup
4046	Hancock
4047	Hardin
4048	Harlan
4049	Harrison

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4050	Hart
4051	Henderson
4052	Henry
4053	Hickman
4054	Hopkins
4055	Jackson
4056	Jefferson
4057	Jessamine
4058	Johnson
4059	Kenton
4060	Knott
4061	Knox
4062	Larue
4063	Laurel
4064	Lawrence
4065	Lee
4066	Leslie
4067	Letcher
4068	Lewis
4069	Lincoln
4070	Livingston
4071	Logan
4072	Lyon
4073	Madison
4074	Magoffin
4075	Marion
4076	Marshall
4077	Martin
4078	Mason
4079	McCracken
4080	McCreary
4081	McLean
4082	Meade
4083	Menifee
4084	Mercer
4085	Metcalf
4086	Monroe
4087	Montgomery
4088	Morgan
4089	Muhlenberg

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4090	Nelson
4091	Nicholas
4092	Ohio
4093	Oldham
4094	Owen
4095	Owsley
4096	Pendleton
4097	Perry
4098	Pike
4099	Powell
4100	Pulaski
4101	Robertson
4102	Rockcastle
4103	Rowan
4104	Russell
4105	Scott
4106	Shelby
4107	Simpson
4108	Spencer
4109	Taylor
4110	Todd
4111	Trigg
4112	Trimble
4113	Union
4114	Warren
4115	Washington
4116	Wayne
4117	Webster
4118	Whitley
4119	Wolfe
4120	Woodford
FC01	DIS/DDS Generator
IS02	Central State Hospital - DDS-Grauman Relocation
<b>728</b>	<b>Department For Public Health</b>
<b>Activity</b>	<b>Activity Name</b>
0471	BALLARD COUNTY HEALTH DEPT
0472	BATH COUNTY HEALTH DEPT

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0473	BREATHITT COUNTY HEALTH DEPT
0474	CALLOWAY COUNTY HEALTH DEPT
0475	CLAY COUNTY HEALTH DEPT
0476	CRITTENDEN COUNTY HEALTH DEPT
0477	ESTILL COUNTY HEALTH DEPT
0478	FLOYD COUNTY HEALTH DEPT
0479	GALLATIN COUNTY HEALTH DEPT
0480	HART COUNTY HEALTH DEPT
0481	HOPKINS COUNTY HEALTH DEPT
0482	JACKSON COUNTY HEALTH DEPT
0483	KNOX COUNTY HEALTH DEPT
0484	LAWRENCE COUNTY HEALTH DEPT
0485	LETCHER COUNTY HEALTH DEPT
0486	MAGOFFIN COUNTY HEALTH DEPT
0487	MASON COUNTY HEALTH DEPT
0488	MENIFEE COUNTY HEALTH DEPT
0489	MONROE COUNTY HEALTH DEPT
0490	MUHLENBERG COUNTY HEALTH DEPT
0491	ROWAN COUNTY HEALTH DEPT
0492	SIMPSON COUNTY HEALTH DEPT
0493	TAYLOR COUNTY HEALTH DEPT
0494	WHITLEY COUNTY HEALTH DEPT
0544	DPH - Laboratory Newborn Screening Equipment
0545	DPH – Radiation Monitoring Equipment
422	State Restricted
423	State Restricted Carry Over
424	State Environmental
425	Foundation Funding
426	RETIREMENT
427	DEI(DEPARTMENT FOR EMPLOYEE INSURANCE)
428	PUBLIC HEALTH BLOCK GRANT
431	Title V MCH Block Grant
432	Title X Family Planning
435	Preventive Services Block Grant
438	Federal Grant - Department for Health Services
439	Federal Grant - Direct
440	Federal Restricted Carry Over
451	Tax Appropriations
452	County Appropriations
453	City Appropriations



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456	Donations
459	School Board Contracts
460	Program Administration Contracts/Subcont. Services
461	Federal
462	Title XVIII
463	Title XIX
464	Program Income Carry Over
465	Self-Pay Coinsurance & Deductibles
466	Self-Pay-Other
467	Insurance
468	Other Health Departments
469	Other
480	Interest Received
490	Department Carry Over
CERT	Electronic Death Certificates
CH04	Central Lab-New SAR-NBS Room 1107 w/drawings
CH20	CHR SECURE PARKING ENCLOSURE
CL01	CLAB Floor Loads
HS05	DPH DOC Upgrades Health Services Bldg
PAPF	UPS Fees/ Processing Fee
PROC	EDRS Processing Fees
SHIP	EDRS UPS Shipping
<b>729</b>	<b>Behavioral Health, Developmental &amp; Intellectual Disabilities</b>
<b>Activity</b>	<b>Activity Name</b>
0059	Replace Grease Trap
0100	ADMINISTRATION GENERAL
0101	STAFF DEVEOPMENT TRAINING
0102	PERSONNEL
0103	LIBRARY
0104	VOLUNTEERS
0105	FISCAL SERVICES
0106	ADMINISTRATIVE SERVICES
0107	PBX SERVICES(SWITCHBOARD)
0108	PATIENT BILLING
0109	MATERIALS MANAGEMENT
0110	DIRECTOR
0112	INFORMATION COMPUTER SERVICES

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0113	PATIENTS ACCOUNTING
0114	SECURITY SERVICES
0115	QUALITY MANAGEMENT(SUPP SERV)
0116	PROPERTY OFFICER
0117	EMPLOYEE HEALTH
0118	FACILITY DEFINED
0119	FACILITY DEFINED
0120	FACILITY DEFINED
0121	FACILITY DEFINED
0200	DIETARY/FOOD SERVICE
0201	FAC DEFINED
0202	FAC DEFINED
0203	FAC DEFINED
0204	FAC DEFINED
0300	ENVIRONMENTAL SERVICES
0376	MISC ROOF REPL POOL 2002-2004
0379	SPRINKLER SYSTEM/WARD RENOVAT
0400	LAUNDRY SERVICES
0401	LAUNDRY OPERATIONS
0402	CLERICAL OPERATIONS
0436	OUTWOOD REPLACE WALKWAYS
0438	WSH VOLTA HVAC PHASE II
0459	CSH INSTALL BACKFLOW PREVENTER
0460	Outwood Upgrade Pneumatic System
0463	CSH COOLING TOWER REPAIR #200
0467	Maintenance Pool 06-08
0468	Roof Pool 06-08
0469	Chiller Pool 06-08
0495	ESH Repair/Replace Sections of Underground Steam Lines
0496	CANEY CREEK COOLING TOWER
0497	CSH BINGHAM INSTALL AUTOMATIC DOOR OPENERS
0498	GLASGOW COOLING TOWER REPAIRS
0499	KCPC CLEAN & SANITIZE AIR CONVEYANCE SYSTEMS
0500	OPERATION OF PLANT
0501	GENERAL OPERATION OF PLANT
0502	SAFETY
0503	SPECIAL PROJECTS
0504	FACILITY DEFINED
0505	CSH REPLACE CHILLER BLDG 209
0506	GLASGOW REPAIR ROOF BLDG 601

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0507	OAKWOOD FIRE ALARM REPLACEMENT in MAINTENANCE BLDG
0508	ESH REPLACE HEAT EXCHANGER
0509	CANEY CREEK REPLACE HEAT EXCHANGER
0510	ESH REPAIR STREAM LEAKS ON GROUND
0511	OUTWOOD TRANSFORMER / POWERLINE REPAIR
0512	WESTERN TREE / DEBRIS REMOVAL
0513	OUTWOOD TREE / DEBRIS REMOVAL
0514	EASTERN TREE / DEBRIS REMOVAL
0515	CSH REPLACE WATER COILS IN 2 AIR UNITS
0516	ESH REPAIR BACK UP CHILLER
0517	ESH PURCHASE & INSTALL COMMERCIAL WASHING MICHINE
0518	ESH REPLACE/REPAIR ROOF BLDG # 56
0519	WSH WASHING MACHINE REPLACEMENT
0520	CSH PARKING LOT MAINTENANCE
0521	OAKWOOD PARKING LOT MAINTENANCE
0522	OUTWOOD PARKING LOT MAINTENANCE
0523	WSH PARKING LOT MAINTENANCE
0524	HAZELWOOD PARKING LOT MAINTENANCE
0526	OUTWOOD STORM DAMAGE REPAIRS
0527	ESH GASHOUSE REPAIRS
0528	WSH POWER PLANT DAY TANK UPGRADES
0529	HAZELWOOD ELEVATOR 5 REPAIRS
0530	HZL PARKING LOT STAIRWAY
0531	CANEY CREEK EDUCATION BUILDING ROOF REPLACEMENT
0532	HAZELWOOD BUILDING SYSTEMS MAINTENANCE ASSESSMENT
0533	HZL HVAC REPAIR AND REPLACEMENT
0534	CANEY CREEK GUTTER REPLACEMENT
0535	WSH STEAM LINE REPAIR
0536	CSH LOADING DOC REPAIRS
0537	RENOVATE KITCHEN - DEL MARIA
0538	HZL - RENOVATE KITCHEN - MEADOWS
0539	BINGHAM GARDENS FENCING & LANDSCAPING
0540	HZL-RENOVATE KITCHEN-WINDSONG
0541	KCPC - RESTROOM FLOOR REFINISHING
0543	INEZ Upgrade Drainage Ditch
0546	Caney Creek Repair & Replace Sprinklers
0547	CSH Replace Power Cable
0548	Repair Asphalt HZLD Del Maria
0550	Site Water Line Repair - Bingham Gardens GH
0551	Abatement of Asbestos of Tile

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0552	Shelbyville Group Home - General Repairs
0553	Hazelwood Asphalt HZLD - Meadows
0554	Windsong Asphalt
0555	Heat Exchanger
0556	Replace Air Handler in Grauman
0558	Gas Line Repairs
0559	Replace Grease Trap
0560	Group Home Interior Painting and Repairs
0561	Interior Upgrades
0562	Meadows ICF Exterior Upgrades
0563	Del Maria ICF Exterior Upgrades
0564	Hazelwood-Marshall & Colonial Exterior Upgrades
0565	OKWD - REPAIR/REPLACE COTTAGES ASPHALT
0566	GSNF - Lighting Rewire
0600	TRANSPORTATION
0601	LEASED VEHICLES
0602	FACILITY VEHICLES
0603	PATIENT TRANSPORTATION
0700	NURSING DIRECT CARE SERVICES
0701	FACILITY DEFINED
0702	FACILITY DEFINED
0703	FACILITY DEFINED
0704	FACILITY DEFINED
0705	FACILITY DEFINED
0706	FACILITY DEFINED
0707	FACILITY DEFINED
0708	FACILITY DEFINED
0709	FACILITY DEFINED
0710	FACILITY DEFINED
0711	FACILITY DEFINED
0712	FACILITY DEFINED
0713	FACILITY DEFINED
0714	FACILITY DEFINED
0715	FACILITY DEFINED
0716	FACILITY DEFINED
0717	FACILITY DEFINED
0718	FACILITY DEFINED
0719	FACILITY DEFINED
0720	FACILITY DEFINED
0721	FACILITY DEFINED

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0722	FACILITY DEFINED
0723	FACILITY DEFINED
0724	FACILITY DEFINED
0725	FACILITY DEFINED
0726	FACILITY DEFINED
0727	FACILITY DEFINED
0728	FACILITY DEFINED
0729	FACILITY DEFINED
0730	FACILITY DEFINED
0731	FACILITY DEFINED
0732	FACILITY DEFINED
0733	FACILITY DEFINED
0734	FACILITY DEFINED
0735	FACILITY DEFINED
0736	FACILITY DEFINED
0737	FACILITY DEFINED
0738	FACILITY DEFINED
0739	FACILITY DEFINED
0740	FACILITY DEFINED
0741	FACILITY DEFINED
0742	FACILITY DEFINED
0743	FACILITY DEFINED
0744	FACILITY DEFINED
0745	FACILITY DEFINED
0746	FACILITY DEFINED
0747	FACILITY DEFINED
0748	FACILITY DEFINED
0749	FACILITY DEFINED
0750	FACILITY DEFINED
0751	FACILITY DEFINED
0752	FACILITY DEFINED
0753	FACILITY DEFINED
0754	FACILITY DEFINED
0755	FACILITY DEFINED
0756	FACILITY DEFINED
0757	FACILITY DEFINED
0758	FACILITY DEFINED
0759	FACILITY DEFINED
0760	FACILITY DEFINED
0761	FACILITY DEFINED

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0762	FACILITY DEFINED
0763	FACILITY DEFINED
0764	FACILITY DEFINED
0765	FACILITY DEFINED
0766	FACILITY DEFINED
0767	FACILITY DEFINED
0768	FACILITY DEFINED
0769	FACILITY DEFINED
0770	FACILITY DEFINED
0771	FACILITY DEFINED
0772	FACILITY DEFINED
0773	FACILITY DEFINED
0774	FACILITY DEFINED
0775	FACILITY DEFINED
0776	FACILITY DEFINED
0777	FACILITY DEFINED
0778	FACILITY DEFINED
0779	FACILITY DEFINED
0800	MED&SURG SERV OUTSIDE NON REIM
0801	REIMBURSABLE OUTSIDE MEDICAL
0802	NON REIMBURSABLE OUTSIDE MED
0900	PHARMACY-PHARMACEUTICALS
0901	PHARMACY
0902	PHARMACEUTICALS
0903	CLERICAL STAFF
1000	MEDICAL RECORDS
1001	MEDICAL RECORDS
1002	ADMISSIONS
1003	UTILIZATION REVIEW
1100	PHYSICAL THERAPY
1101	FACILITY DEFINED
1102	FACILITY DEFINED
1103	FACILITY DEFINED
1200	MEDICAL SUPPLIES
1300	RADIOLOGY
1400	SPEECH/HEARING THERAPY
1500	OCCUPATIONAL THERAPY
1600	THERAPEUTIC RECREATION
1601	RECREATION
1700	BARBER/BEAUTY SHOP

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1800	CLIENT CLOTHING
1900	PROGRAM & THERAPEUTIC SERVICES
1901	FACILITY DEFINED
1902	FACILITY DEFINED
1903	FACILITY DEFINED
1904	FACILITY DEFINED
1905	FACILITY DEFINED
1906	FACILITY DEFINED
1907	FACILITY DEFINED
1908	FACILITY DEFINED
1909	FACILITY DEFINED
1910	FACILITY DEFINED
1911	FACILITY DEFINED
1912	FACILITY DEFINED
1913	FACILITY DEFINED
1914	FACILITY DEFINED
1915	FACILITY DEFINED
1916	FACILITY DEFINED
2000	PSYCHOLOGY
2001	PSYCHOLOGIST
2002	CLERICAL STAFF
2100	PHYSICIAN FULLY LIC(NON PSYCH)
2101	PHYSICIAN FULLY LIC(NON PSYCH)
2102	PHYSICIAN ASSISTANT
2103	FACILITY DEFINED
2200	DENTAL
2201	DENTAL
2300	LABORATORY
2301	FACILITY DEFINED
2302	FACILITY DEFINED
2400	SOCIAL SERVICES
2401	SOCIAL SERVICES
2402	PUBLIC RELATIONS
2403	CHAPLAIN
2404	CLERICAL STAFF
2500	INDUST THERAPY (WORK CLIENTS)
2600	INTERN, RESIDENT, LIM LIC PHYS
2700	ELECTROCONVULSIVE THERAPY
2800	PSYCHIATRIST FULLY LICENSED
2801	PSYCHIATRIST FULLY LICENSED

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2802	CLERICAL STAFF
2900	RESPIRATORY THERAPY
3000	FOSTER GRANDPARENT
3001	FOSTER GRANDPARENT
3002	FACILITY DEFINED
3100	EEG
3200	EKG
3300	OTHER NON REIMBURSEABLES
3400	COMMUNITY HOME COST(HAZELWOOD)
3500	BEHAVIORAL THERAPY
3700	ACTIVITY WORK PLAN
3801	ART
3802	MUSIC
3803	DANCE THERAPY
4400	INPATIENT/PRE-TRIAL (KCPC)
4500	INPATIENT/NON-PRE-TRIAL (KCPC)
4600	DENTAL CLINIC-HAZELWOOD
4601	NEW CLINIC
4602	NEW CLINIC / GROUP HOME
4603	Bingham Garden
4900	ANESTHESIA/ANESTHESIOLOGIST
5000	CENTRAL OFFICE/NON FACILITY
5001	CO-OCCURRING DISORDERS CONFERE
5002	DBDID Office of Autism
5003	DBH/DID MICHELLE P
5100	SCL COMMISSION
5150	SCL MATCH
5200	ROBERT WOODS JOHNSON
5300	FOUNDATION FOR A HEALTHY KY
5400	AUTISM COMMISSION
8001	WEBSITE
8003	CONTRACTS
8009	SELF DETERMINATION
8028	SNAP
8029	FIRST STEPS INTERAGY CORRDCNC
8031	INCLUSIVE VIDEO-ED TEAM
8032	ADVOCATE FACILITATOR-SD TEAM
8033	OLMSTEAD FOCUS GROUPS-SD TEAM
8034	OLMSTEAD LEADERSHIP TRAINING
8036	FREEDOM CONFERENCES



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8037	TRANSPORT NEEDS OF KY WITH DD
8038	AT LOAN FUND
8039	KY DEPT OF EDUCATION
8042	THE ARC
8043	THE ARC PERSONAL ADVOCACY PRO
8044	CRC ACCESS
8046	PEER TUTORING
8047	COMMUNICATION SERVICES PLAN
8048	POSTSECONDARY EDUCATION INCLUS
8049	SUPPORTED SELF EMPLOYMENT
8050	ARC INCLUSIVE ED
8051	DEPT VOC REHAB-SELF EMPLOYMENT
8052	LANGUAGE LINE
8053	INCLUSIVE SERVICES(ED TEAM)
8058	SELF DETERMIN. IMMERSION TRG.
8067	Crisis Stabilization
8200	HISTORICAL INTAKE
CC01	Caney Creek Replace Nurse Call System
CC02	Caney Creek Generator Study & System Upgrade
CC03	Caney Creek Mechanical Equipment Purchases
COMP	COMPREHEND
CS11	CSH Bingham Sprinkler
CS20	Hazelwood HVAC Unit Replacement
CS21	CSH Roof Replacement #203
CS22	CSH ELECTRICAL UPGRADE
CS24	CSH Electric Upgrade Phase II
CS25	CSH Fire Alarm Upgrade
CS26	CSH Anti-ligature Upgrades
CS27	CSH Multiple Roof Replacements
CS28	CSH Security Improvements Unit B
CS29	CSH Fiber Optic and CCTV Upgrades
CS30	CSH Walk-In Cooler Freezer
CS31	CSH Nurse Call System
CS32	CHS Replace Bingham Roof
CS33	CSH Renovations
CS34	CSH Repair Chiller Bldg 201
CS35	CSH Demolish Cottages
CS36	CSH Replace Sprinklers
CS37	CSH Upgrade Anti-Ligature Hardware
CS38	CSH Replace Chiller

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CS39	CSH Gauman Asbestos Abatement
CS40	HVAC/Door Security Server Replacement
CS41	CSH Grauman Roof Replacement
CS42	CSH Grauman Exterior Repairs
CS43	CSH Grauman Exterior Parking
CS44	CSH - Bingham Building - County Coroner Office Renovation
CS46	CSH- Bingham Building Abatement
CS47	CSH-Activities and Fleur di Lis Roof Replacements
DM01	Del Maria Group Home Restroom Renovation
ES09	Water Piping Replacement-ESH
ES21	ESH Demo Ceiling/Floor Building 51
ES22	ESH Replace Walk in Freezer Bldg. 15
ES23	ESH Rep Generator Bldg 50
ES24	ESH Replace Roof Bldg 22
ES25	ESH Replace DA Tank
ES26	Construct Replacement of ESH
ES27	Repair Backup Chiller- Eastern State Hospital
ES28	ESH Asbestos Abatement- Bldgs 22 & 54
ES29	ESH Emergency Chiller Replacement and Maintenance
ES30	ESH Sewer Repair Wendell Building #61
ES32	Eastern State Hospital Megowan Heat Exchanger
ES33	ESH - Emergency Repairs and Replacement
ES34	ESH Equipment Relocation to other Facilities
ES35	ESH Nurse Station
ES36	ESH-N Wendell Sprinkler Emergency Repairs
ES37	ESH Upgrades
ES38	ESH-Emergency Sprinkler Repair
ES39	ESH-Emergency Sprinkler Repair Incident 12-10-16
ES40	ESH-Sprinkler Head Replacement
GN09	GLS Regulate Water Temperature
GN10	Glasgow Masonry Repairs 2004
GN11	Glasgow Upgrade HVAC
GN12	Glasgow-Emergency Structural Repairs
GN13	GLS Masonry Repair II
GN14	Glasgow Nursing Facility Roof Safety Cables
GN15	Plan and Design Glasgow State Nursing Facility Replacemt
GN16	Glasgow Activities Building Evaluation
GN17	GSNF-Temporary Parking
GN18	GSNF-Campus Renovations
GN19	GSNF-Relocate Generator to WSH

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GN20	GSNF Abatement of Hazardous Mat & Demolition
GN21	GSNF Bathing Room Repair
GN22	#MULTIVALUE
GN23	GSNF Upgrade HVAC Sys
GN24	GSNF Sanitary System Upgrade
GN25	GSNF - Lighting Rewire
GN26	GSNF - Energy Remediation
GS16	GSNF-Campus Renovations
GS18	GSNF-Campus Renovations
HW08	Hazelwood Steam Tunnels
HW09	UPGRADE LAUNDRY BUILDING
HW10	HVAC UNIT REPLACEMENT
HW11	Hazelwood Roof Assessment & Replacement for Bldg 101 Phase I
HW12	Hazelwood Emergency Water Main Replacement
HW13	Hazelwood Replace Water Lines
HW14	HZL Replace 2 Generators 300 & 600 kw
HW15	Hazelwood Replace Roof Bldg 101 Phase II
HW16	Construct Hazelwood Intermediate Care Facility
HW17	Hazelwood Center Masonry Tuck Pointing
HW18	Hazelwood Building Systems Maintenance Assessment
HW19	Hazelwood Doorway Access Controls
HW20	HZL Structure & Drainage Assessment & Repair
HW21	HZL Electrical Assessment & Repair
HW22	HZL Replace Steam Traps & Steam Line Insulation
HW23	HZLD Purchase Mechanical Equipment
HW24	HZLD Repair & Upgrade Plumbing
HW25	HZLD Replace Meyers Roof
HW26	HZLD Replace Fire Escapes
HW27	HZLD Bathing Suite Upgrades
HW28	HZLD Upgrade Fiber Optics
HW29	Hazelwood-Replace Grease Trap
HW30	Hazelwood-Electrical Upgrades and Generator Study
HW31	Hazelwood-Bingham Gardens Group Home flooring replacement
HW32	Hazelwood-Elks Building Demolition
HW34	Hazelwood Center Interior Upgrades
HW35	Bingham Gardens and Lee Specialty Clinic Asphalt
HW36	Hazelwood-HVAC System Replacement
HW37	Hazelwood and Group Homes Bathing Renovations
IZ01	Inez Group Home Restroom Renovation
IZ02	Inez Group Home - Programmatic Change Plan Revi

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MF01	CSH & HZL Energy Management Upgrades
MF02	Review of Generators at Multiple Locations
MF03	DBHDID-Various Locations-Feasibility and Analysis of Various
MW01	Meadows Group Home Restroom Renovation
OH08	Sewage Pipe Line
OH12	OUTWOOD GREENHOUSE
OH14	OUT. REPL. WINDOWS & DOORS
OH15	Outwood HVAC Study/Repair
OH16	Outwood Rep Sidewalks II
OH17	Outwood Rep/Protect Soffits
OH18	Outwood Structural
OH19	Emergency Fire Protection Waterline Repair Outwood
OH20	Emergency Generator Replacement
OH23	Auxillary Building Outwood Hospital
OH24	Outwood Parking Lot Maintenance
OH25	Outwood Exterior Siding Upgrades and Replacement
OH26	Outwood & Caney Creek ESPC Major Equipment Purchase
OH27	Outwood & Caney Creek ESPC Green Bank
OH28	Outwood Replace Fire Alarm Panel
OH29	Outwood Upgrade Exterior Doors Cottages 101-105
OUTW	OUTWOOD
OW11	Oakwood Cottage Renovations
OW12	OAK. REPL. BACKUP STEAM BOILER
OW13	Replace Roof Oakwood
OW14	Replace Chillers Heating and Cooling Lines
OW15	Oakwood Repair Cottage Roofs
OW16	Oakwood Purchase Boiler Cottage 501
OW17	Oakwood Chiller & HVAC Piping Replacement
OW18	Oakwood Replace Gymnasium Floor
OW19	Oakwood Replace Heating and Cooling Lines
OW20	Oakwood Specialty Clinic
OW21	Oakwood Fire Alarm Panels
OW22	OAKWOOD COTTAGES ROOF REPLACEMENT
OW23	Oakwood Cottages HVAC Upgrades
OW24	Oakwood Cottage 104 Renovations
OW25	Oakwood Repair Sprinkler
OW26	Oakwood Replace Roof
OW27	Oakwood Replace Roof
OW28	Oakwood Replace Roofs Phase 2
OW29	Oakwood Emergency Electrical Repairs

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OW30	Oakwood Boiler Evaluation Building 600
OW31	Oakwood-Replace Roofs Phase 3
OW32	OKWD Repair and Replace Various HVAC Units
OW33	OW-Steam, Hydronic, & Bldg Auto Systems Repairs/Upgrades
OW34	Oakwood - Replace Roofs Phase 4
OW35	Oakwood-Replace Cottage III Generator
OW36	Renovate/Replace Cottages-Oakwood, Phase I
PC01	KCPC Storage Building
PC02	KCPC Upg Power
PC03	KCPC Security & Surveillance Equipment/Installation
PC04	KCPC Painting and Control Room Upgrades
PC05	KCPC Intercom Replacement
PC06	KCPC Install & Replace Fence Shaker Alarm
PC07	KCPC Upgrade Renovate Nurse Station
PC08	KCPC Renovation of Patient Units
PC09	KCPC Repair and/or Replace Security Doors
PC10	KCPC Intercom Replacement Phase II
PC11	KCPC Upgrade Fire Alarm System
SECO	SEVEN COUNTIES
SG01	SGH Restroom Renovation
WD01	Windsong Group Home Restroom Renovation
WN01	WSNF Upgrades to Fiber Optic Network
WN02	WSNF Bathing Suite Upgrad
WN03	WSNF - Hydronic Piping Replacement
WS04	New Power Plant-WSH
WS15	Chiller replacement Pool 2002-04
WS16	Install Sprinkler System - WSH
WS17	Volta Sorm Drainage
WS18	WSH WALL REPAIR/REPLACEMENT
WS25	WSH ROOF EVALUATION
WS26	Replace Windows Bldg # 20
WS27	WSH Replace Ceiling/Flooring
WS28	WSH Replace Kitchen Piping
WS29	WSH Replace Steam Line
WS30	WSH Replace Refrigeration Cooler
WS31	WSH Repair/Replace Roofs
WS32	WSH State Nursing Facility Upgrade HVAC
WS33	WSH Roof Repair/Replacement Phase II
WS35	WSH Window Upg
WS36	Western State Hosp Repair/Replace OIG Parking Lot Bridge

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WS37	WSH REMOVE/REPLACE SPRINKLER HEADS
WS38	WSH/HZLD Replace Dishwashers
WS39	WSNF Asbestos Abatement Bldg 313 Rm 223
WS40	Security Cameras & Electronic Door Locks
WS41	WSNF Bathing Equipment
WS42	WSH Asbestos Survey & Abatement in Bldg 55-2 & Water Tanks U
WS43	WSH Multiple Roof Repair/Replacement
WS44	WSH Masonry Study Repairs
WS45	WSH Fire Alarm System Upgrades
WS46	Western State Nursing Facility Ambulance Access and Drainage
WS47	WSH Cooling Tower Replacement
WS48	WSH - Nursing Facility Sprinklers
WS49	WSH Multiple Roof Repair/Replacement Phase II
WS50	WSH Bldg #63 Elevator Replacement
WS51	WSH Heat Exchangers Replacement
WS52	WSH Electrical System Upgrade
WS53	WSH Masonry Repairs and Tuck Pointing
WS54	WSH Installation of Tile
WS55	WSH Security Upgrades
WS56	WSH Replace Roof Bldg 30 & 32
WS57	WSH Replae Pump Racks
WS58	WSH Replace Heat Exchanger Bldgs 57 &62
WS59	WSH Upgrade to the Fiber Optic Network
WS60	WSH Bathing Suite Upgrade
WS61	WSH-Chiller Replacement
WS62	WSH- Building 59 Sprinkler Replacement
WS63	WSH Electrical Upgrade
WS64	Main Hospital Building Exterior Upgrades
WS65	WSH-Electrical & Telecom Upgrade, Phase II
WS66	WSH - HVAC Repairs and Patient Safety Enhancements
WS67	WSH - Main Hospital Window Replacements
XXX1	ADJUST FOR PREV NON-ACT
<b>730</b>	<b>Department for Family Resource Centers &amp; Volunteer Services</b>
<b>Activity</b>	<b>Activity Name</b>
0004	RTTT - Project 4 - United Way Born Learning Academies
0050	GENERAL ADMIN AND MANAGEMENT
0101	Ballard County

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0102	Caldwell County
0103	Calloway County
0104	Carlisle County
0105	Christian County
0106	Crittenden County
0107	Dawson Springs Independent
0108	Fulton County
0109	Fulton Independent
0110	Graves County
0111	Hickman County
0112	Hopkins County
0113	Livingston County
0114	Lyon County
0115	Marshall County
0116	Mayfield Independent
0117	McCracken County
0118	Muhlenberg County
0119	Murray Independent
0120	Paducah Independent
0121	Todd County
0122	Trigg County
0201	Bowling Green Independent
0202	Butler County
0203	Daviess County
0204	Hancock County
0205	Henderson County
0206	Logan County
0207	McLean County
0208	Ohio County
0209	Owensboro Independent
0210	Russellville Independent
0211	Simpson County
0212	Union County
0213	Warren County
0214	Webster County
0301	Jefferson County
0401	Bellevue Independent
0402	Boone County
0403	Campbell County
0404	Carroll County

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0405	Covington Independent
0406	Dayton Independent
0407	Eminence Independent
0408	Erlanger-Elsmere
0409	Gallatin County
0410	Grant County
0411	Henry County
0412	Kenton County
0413	Ludlow Independent
0414	Newport Independent
0415	Oldham County
0416	Owen County
0417	Pendleton County
0418	Silver Grove Independent
0419	Trimble County
0420	Williamstown Independent
0501	Anderson County
0502	Bardstown Independent
0503	Bourbon County
0504	Burgin Ind.
0505	Frankfort Independent
0506	Franklin County
0507	Harrison County
0508	Jessamine County
0509	Marion County
0510	Mercer County
0511	Nelson County
0512	Nicholas County
0513	Paris Independent
0514	Scott County
0515	Shelby County
0516	Spencer County
0517	Washington County
0518	Woodford County
0616	STATE ADMINISTRATION
0701	Ashland Independent
0702	Augusta Independent
0703	Bath County
0704	Boyd County
0705	Bracken County



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0706	Carter County
0707	Elliott County
0708	Fairview Independent
0709	Fleming County
0710	Greenup County
0711	Johnson County
0712	Lawrence County
0713	Lewis County
0714	Martin County
0715	Mason County
0716	Menifee County
0717	Montgomery County
0718	Morgan County
0719	Paintsville Independent
0720	Raceland-Worthington Independent
0721	Robertson County
0722	Rowan County
0723	Russell Independent
0801	Breathitt County
0802	Estill County
0803	Hazard Independent
0804	Jackson Independent
0805	Jenkins Independent
0806	Knott County
0807	Lee County
0808	Leslie County
0809	Letcher County
0810	Magoffin County
0811	Owsley County
0812	Perry County
0813	Powell County
0814	Wolfe County
0901	Barbourville Independent
0902	Bell County
0903	Clay County
0904	Corbin Independent
0905	East Bernstadt
0906	Harlan County
0907	Harlan Independent
0908	Jackson County

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0909	Knox County
0910	Laurel County
0911	Middlesboro Independent
0912	Pineville Independent
0913	Rockcastle County
0914	Whitley County
0915	Williamsburg Independent
1001	Fayette County
1002	Floyd County
1003	Pike County
1004	Pikeville IND
1101	Adair County
1102	Allen County
1103	Barren County
1104	Breckinridge County
1105	Bullitt County
1106	Caverna Independent
1107	Cloverport Independent
1108	Edmonson County
1109	Elizabethtown Independent
1110	Glasgow Independent
1111	Grayson County
1112	Green County
1113	Hardin County
1114	Hart County
1115	LaRue County
1116	Meade County
1117	Metcalfe County
1118	Monroe County
1119	West Point Independent
1601	Berea Independent
1602	Boyle County
1603	Campbellsville Independent
1604	Casey County
1605	Clark County
1606	Clinton County
1607	Cumberland County
1608	Danville Independent
1609	Garrard County
1610	Lincoln County

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1611	Madison County
1612	McCreary County
1613	Pulaski County
1614	Russell County
1615	Science Hill Independent
1616	Somerset Independent
1617	Taylor County
1618	Wayne County
<b>736</b>	<b>Department For Community Based Services</b>
<b>Activity</b>	<b>Activity Name</b>
0560	Structural Analysis for Relocation
BENE	Benefind
ESIS	(ESIS) ELIGIBILITY SYSTEM INTEGRATION SERVICE-KAMES REPLACEM
LN01	L & N Structural Analysis
LN14	Structural Analysis for Relocation
<b>746</b>	<b>Department For Medicaid Services</b>
<b>Activity</b>	<b>Activity Name</b>
BENE	Benefind
MESD	Medicaid Eligibility System
MWMA	MWMA
PRTL	Partner Portal
<b>748</b>	<b>Medicaid Services Benefits</b>
<b>Activity</b>	<b>Activity Name</b>
IGT1	NURSING HOMES
IGT2	COUNTY HOSPITALS
IGT3	UNIVERSITY TEACHING PHYSICIANS
IGT4	UNIVERSITY DENTISTS
IGT5	PASSPORT
IGT6	CENTER FOR MENTAL HEALTH SERV
IGT7	HOME & COMM. BASED CENTERS
IGT9	INTERAGENCY IGTS

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INT1	INETEREST PAYMENTS
PRM1	TMA PREMUIIM PAYMENTS
PUB1	PUBLIC EMPLOYEES
<b>767</b>	<b>Office For Children With Special Health Care Needs</b>
<b>Activity</b>	<b>Activity Name</b>
0002	INPATIENT HOSPITALIZATION
0003	OUTPATIENT HOSPITALIZATION
0005	ANESTHESIA
0006	OFF-SITE CLINICS
0007	ON-SITE CLINICS
0008	MISC. PHYSICIANS SERVICES
0009	LABS
0010	X-RAYS
0011	FACTOR
0012	PRESCRIPTION DRUGS
0013	DME PURCHASED/RENTED
0014	NUTRITIONAL SERVICES
0015	EYEGASSES
0016	HEARING AIDS AND EAR MOLDS
0017	SPEECH THERAPY
0018	PHYSICAL THERAPY
0019	OCCUPATIONAL THERAPY
0020	HAE AND AUDIO
0022	SURGEON INPATIENT
0023	SURGEON OUTPATIENT
0025	PSYCHOLOGICAL EVALUATION
0026	ORTHODONTIA
0027	ORAL SURGERY
0028	DENTAL SERVICES
0033	TRANSPORTATION
0037	CASE MANAGEMENT
0039	INTERPRETER SERVICES
0040	MEDICAL SUPPLIES/DIAPERS
0041	SKILLED NURSING CARE
0043	FAMILY SUPPORT SERVICES
0044	PATIENT LODGING
0049	OTHER

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0050	GENERAL ADMIN AND MANAGEMENT
0060	KEIS PROVIDER PAYMENT
0061	MEDICALLY FRAGILE FOSTER CARE
0062	FOSTER CARE
0063	TELE-HEALTH CLINICS
5000	ADMIN
XXX1	ADJUST FOR PREV NON-ACT

Attachment IV  
Governmental Services Center — Career Training

**164.357 Governmental Services Center at Kentucky State University -- Authority to direct -- Duties and responsibilities of center -- Executive director of authority.**

- (1) There is established as a separate administrative body of state government the Governmental Services Center at Kentucky State University which shall be attached to the Personnel Cabinet for administrative purposes. The center shall be governed by the Governmental Services Center Authority.
- (2) The authority shall consist of the president of Kentucky State University, who shall be chairman, the secretary of the Finance and Administration Cabinet, the secretary of the Personnel Cabinet, two (2) members appointed by the Governor, each of whom shall serve as ex officio voting members of the authority, and two (2) other voting members to be appointed by the chairman of the authority. Appointed members shall be citizens and residents of the Commonwealth of Kentucky. The initial term of one (1) of the members appointed by the chairman shall be for two (2) years, and the initial term of the other appointed member shall be for a term of four (4) years; thereafter, all appointments shall be for terms of four (4) years, but appointed members shall be removable at will by the chairman of the authority.
- (3) The Governmental Services Center at Kentucky State University, under direction of the authority, shall be responsible for the development, coordination, content, approval, and implementation of all training, employee development, and related programs conducted for and on behalf of all program cabinets, departments, administrative bodies, and program managers of the state government. The center shall conduct, or cause to be conducted, ongoing management training programs for all program managers and supervisors within the executive branch of state government. The organizational units whose supervisors and managers received training at the center shall share the cost of the training on a pro rata basis. The center shall encourage the enrollment of state employees in academic courses and programs at Kentucky State University. If desired academic courses are not available at the university, and cannot feasibly be developed by the university, other universities and community colleges within the Commonwealth shall be utilized. The authority shall determine the appropriateness of all such programs.
- (4) The authority may employ an executive director and other employees necessary to perform the functions of the center in accordance with the provisions of KRS Chapter 18A. The executive director or any staff member of the center may hold concurrently with their employment by the center, and subject to the provisions of KRS 164.360 and 164.365, faculty appointments of appropriate rank at Kentucky State University.
- (5) Members of the authority who are not either state or university employees shall be reimbursed for their actual expenses in attending meetings for the authority.

**Effective:** June 20, 2005

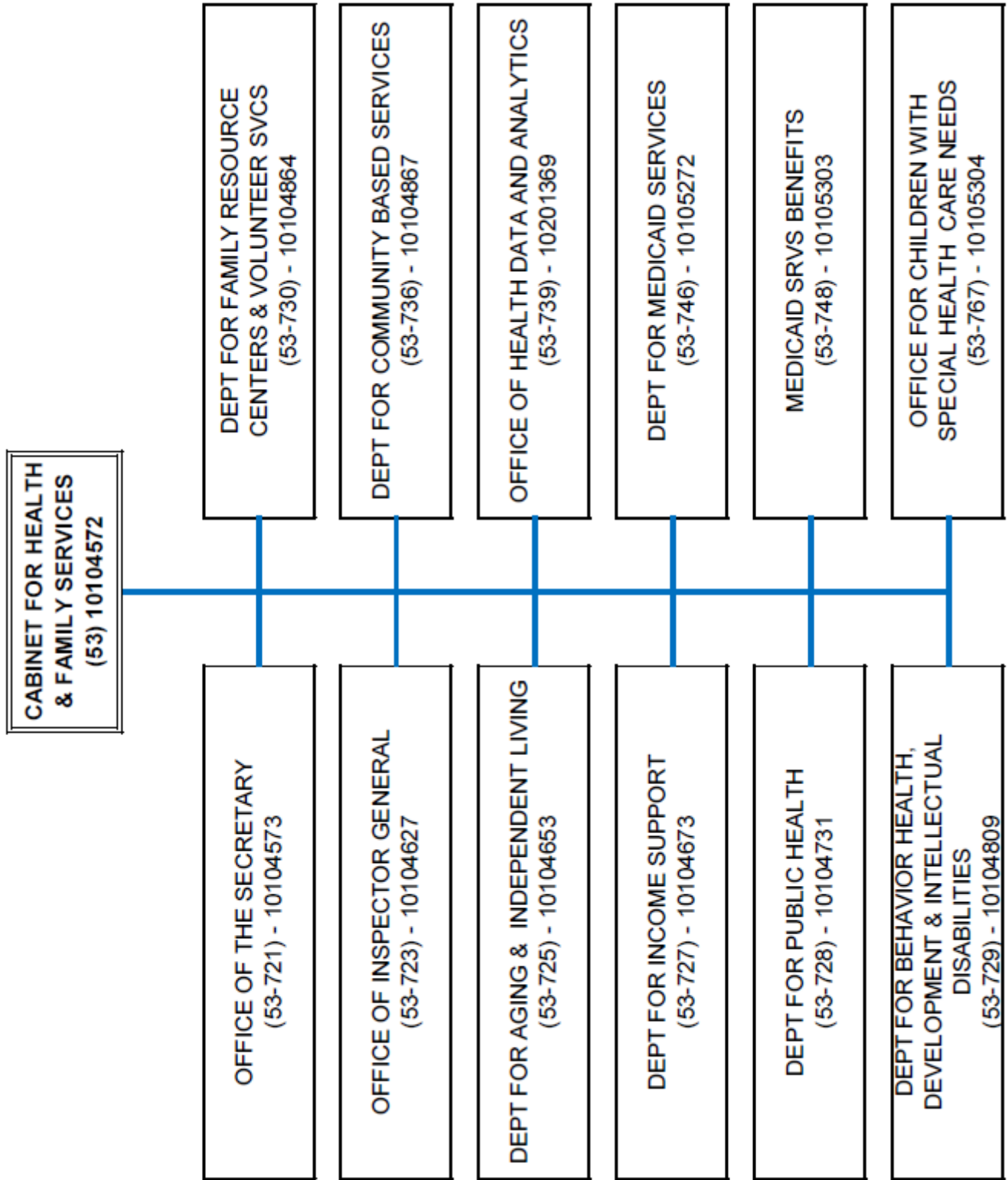
**History:** Amended 2005 Ky. Acts ch. 85, sec. 599, effective June 20, 2005. -- Amended 1998 Ky. Acts ch. 154, sec. 81, effective July 15, 1998. -- Created 1984 Ky. Acts ch. 346, sec. 2, effective July 13, 1984.

# Attachment V

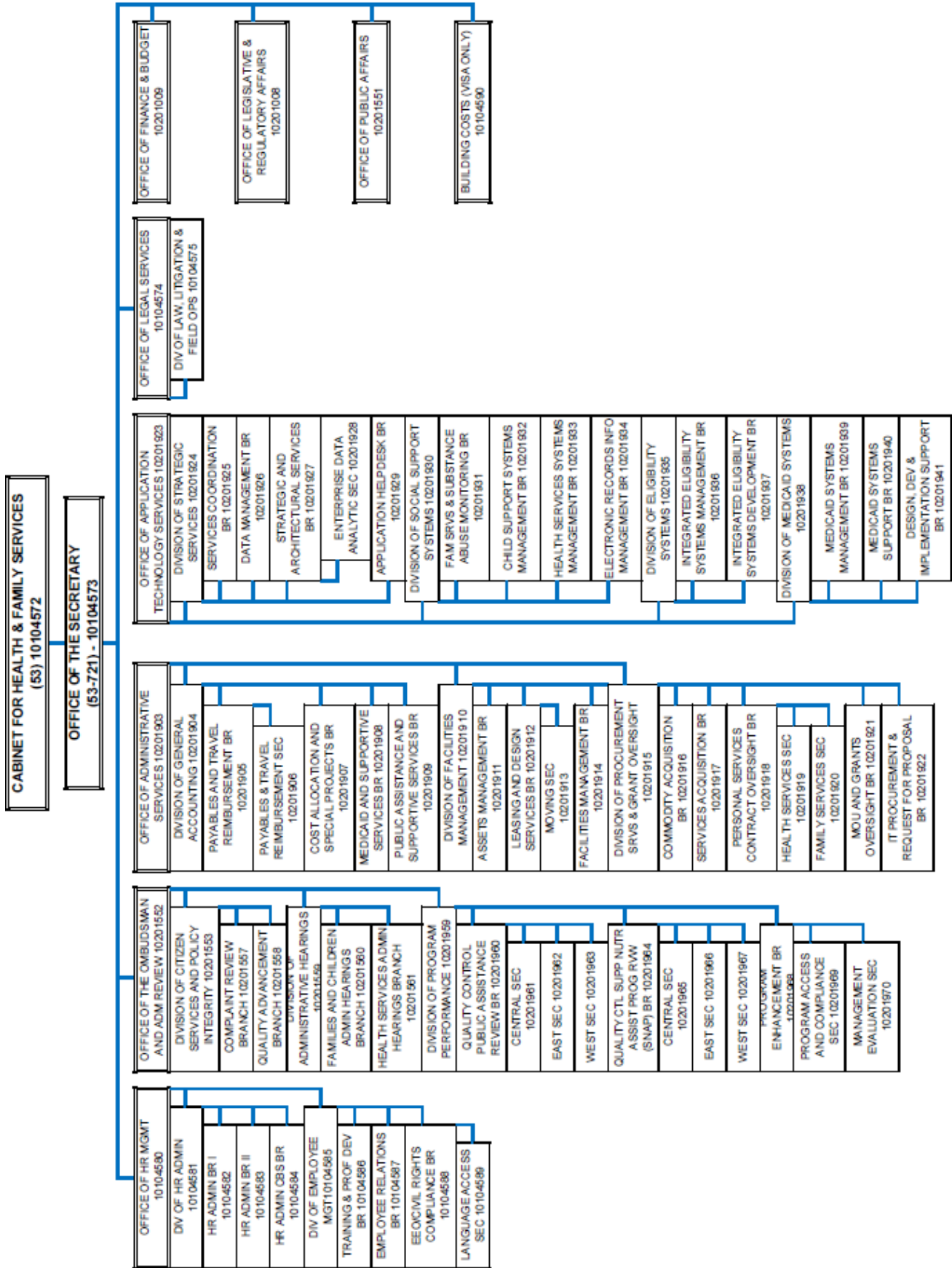
## Organizational Charts



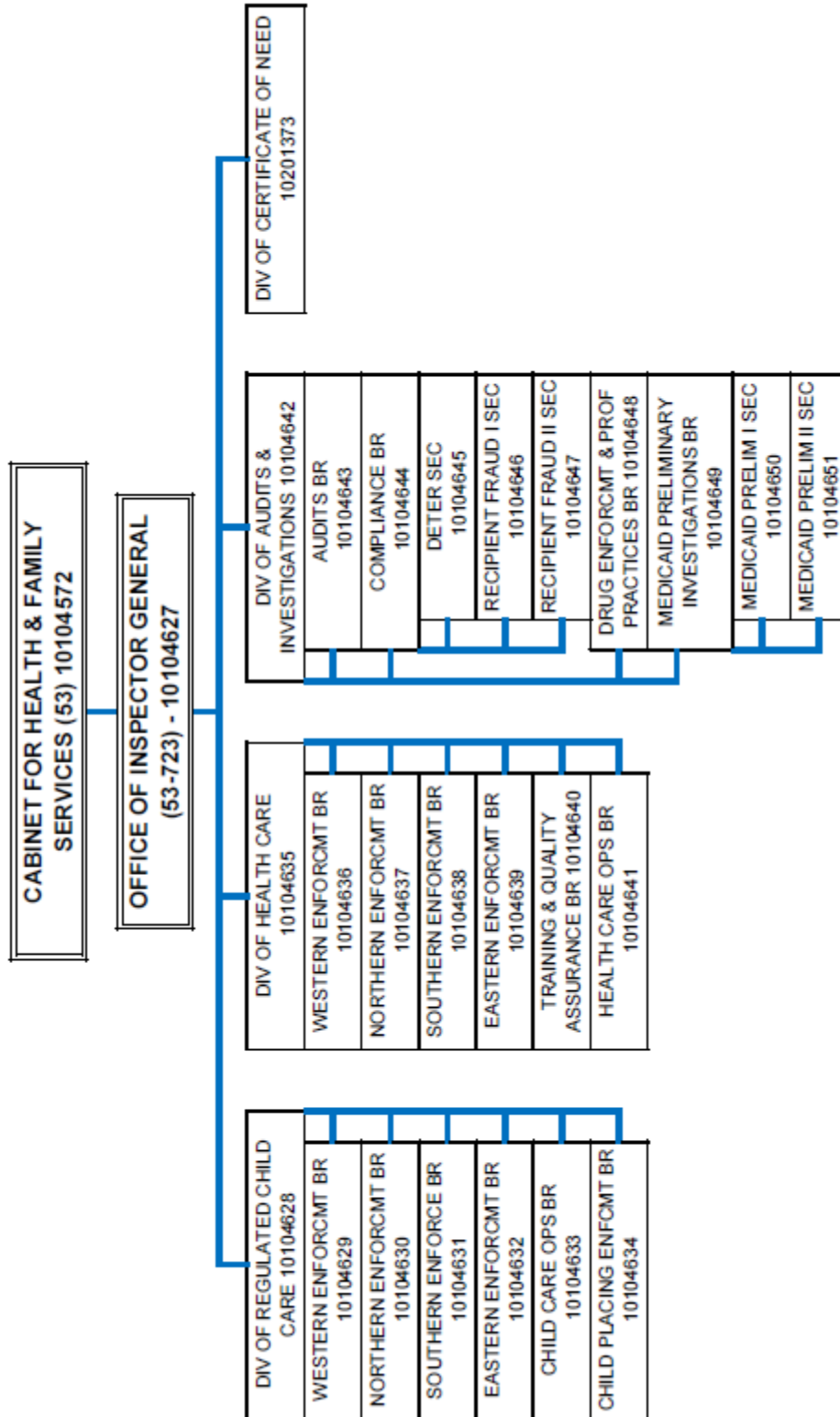
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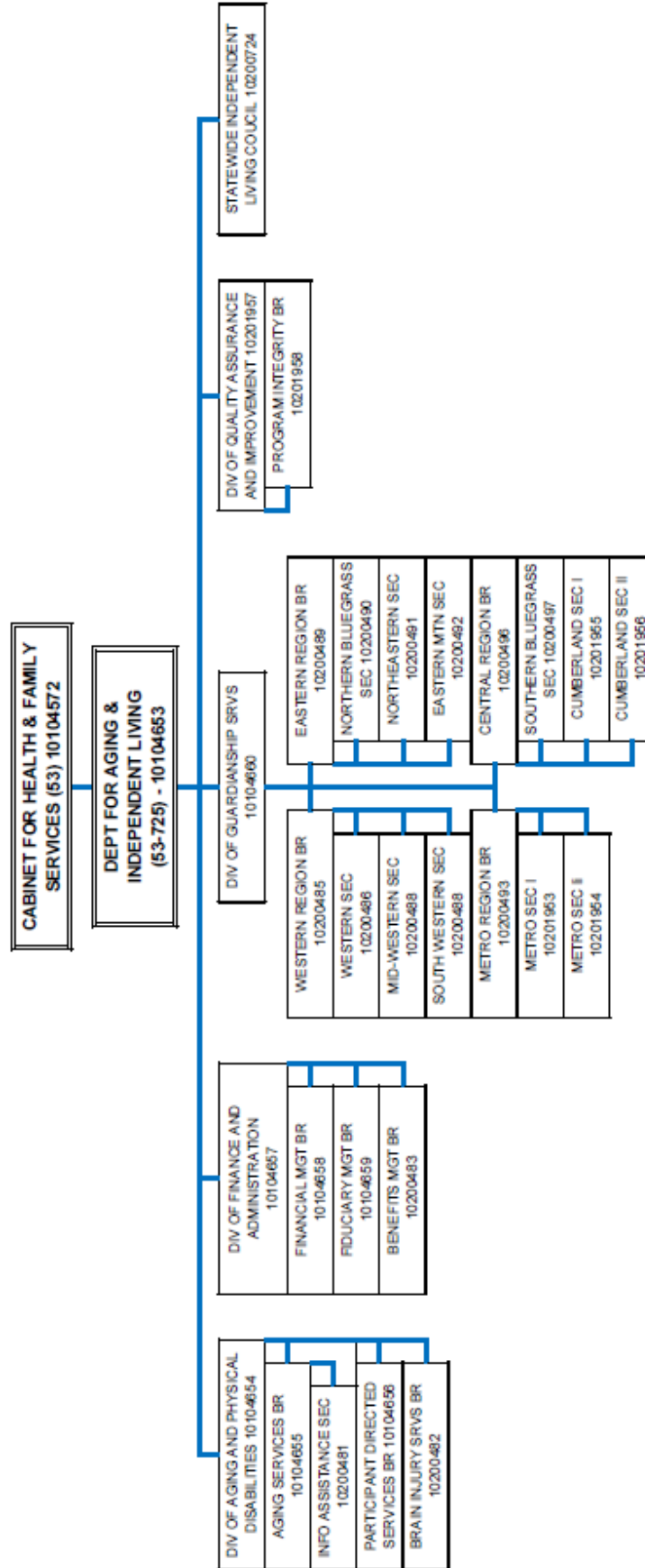
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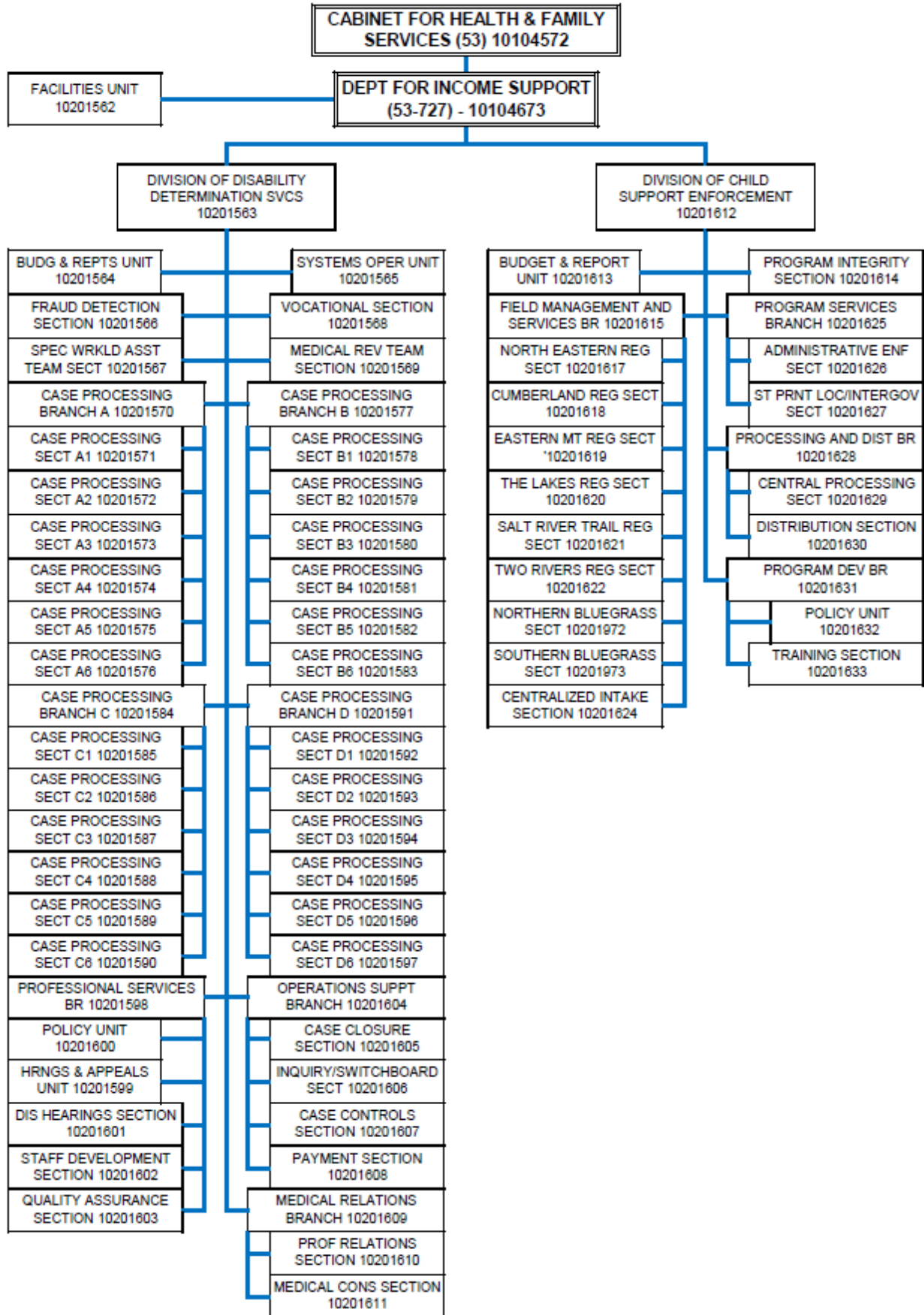
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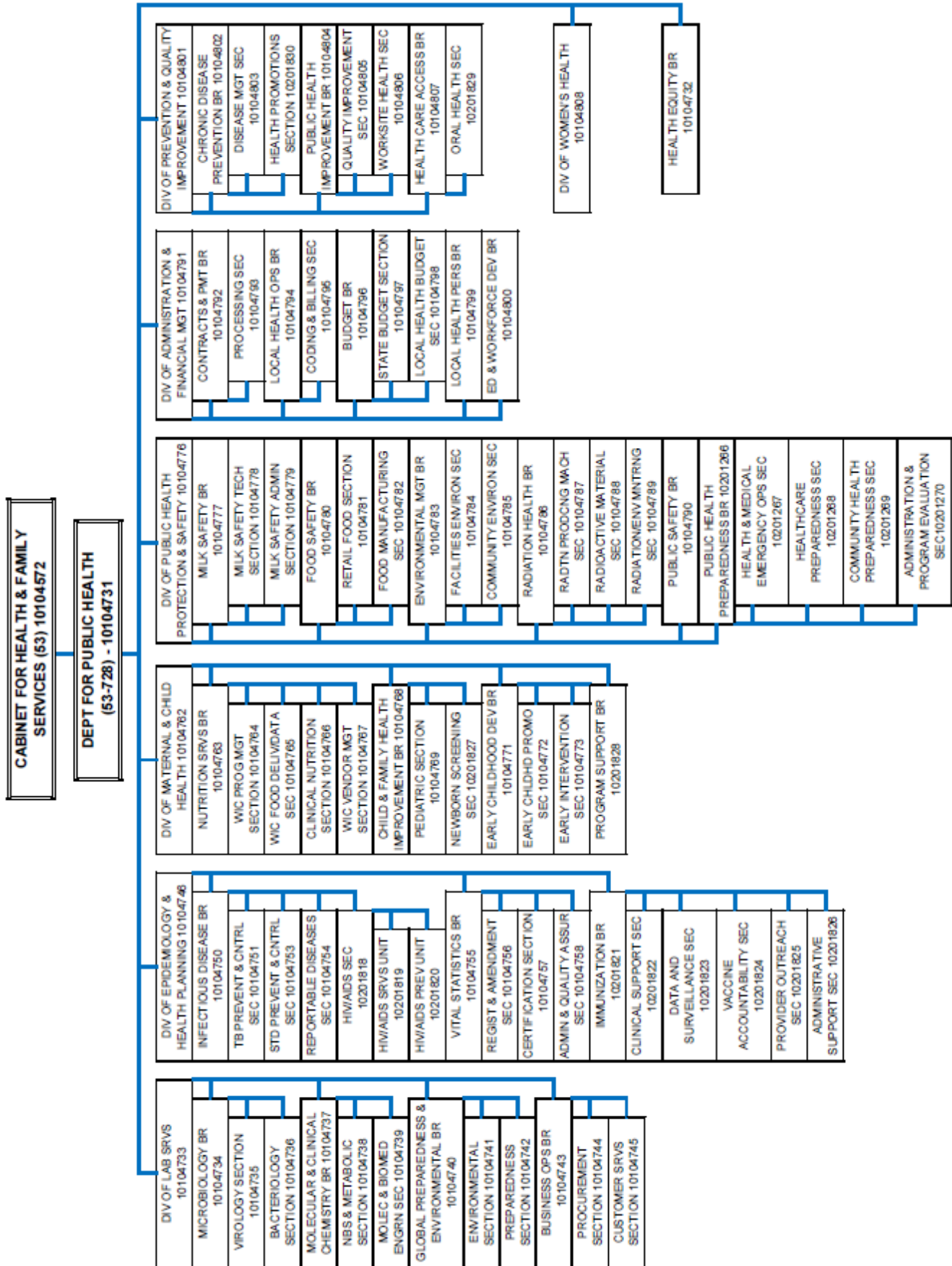


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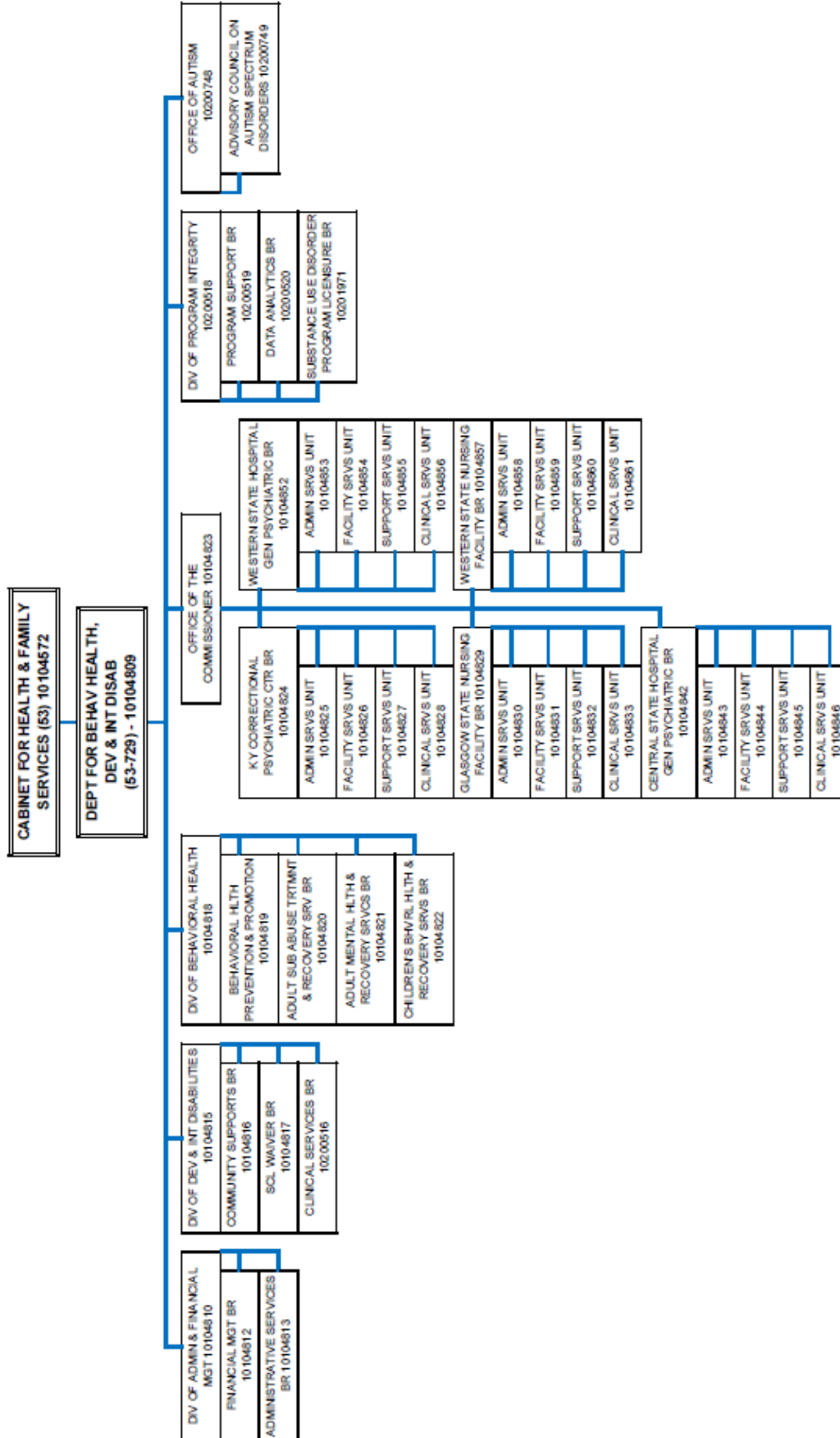




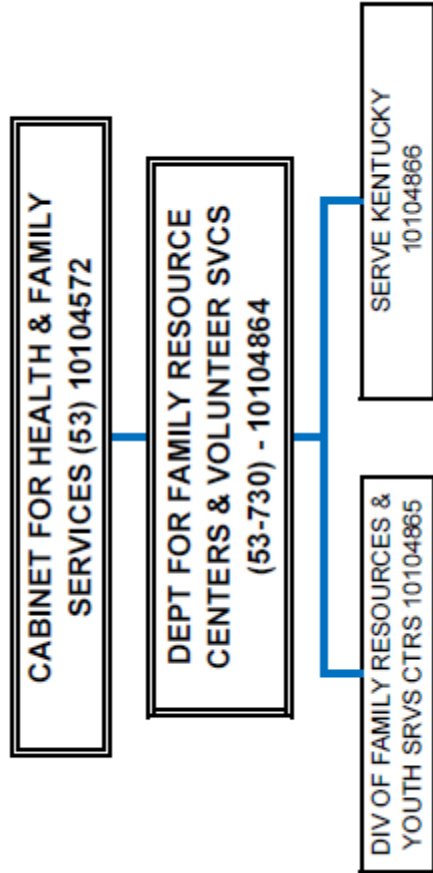
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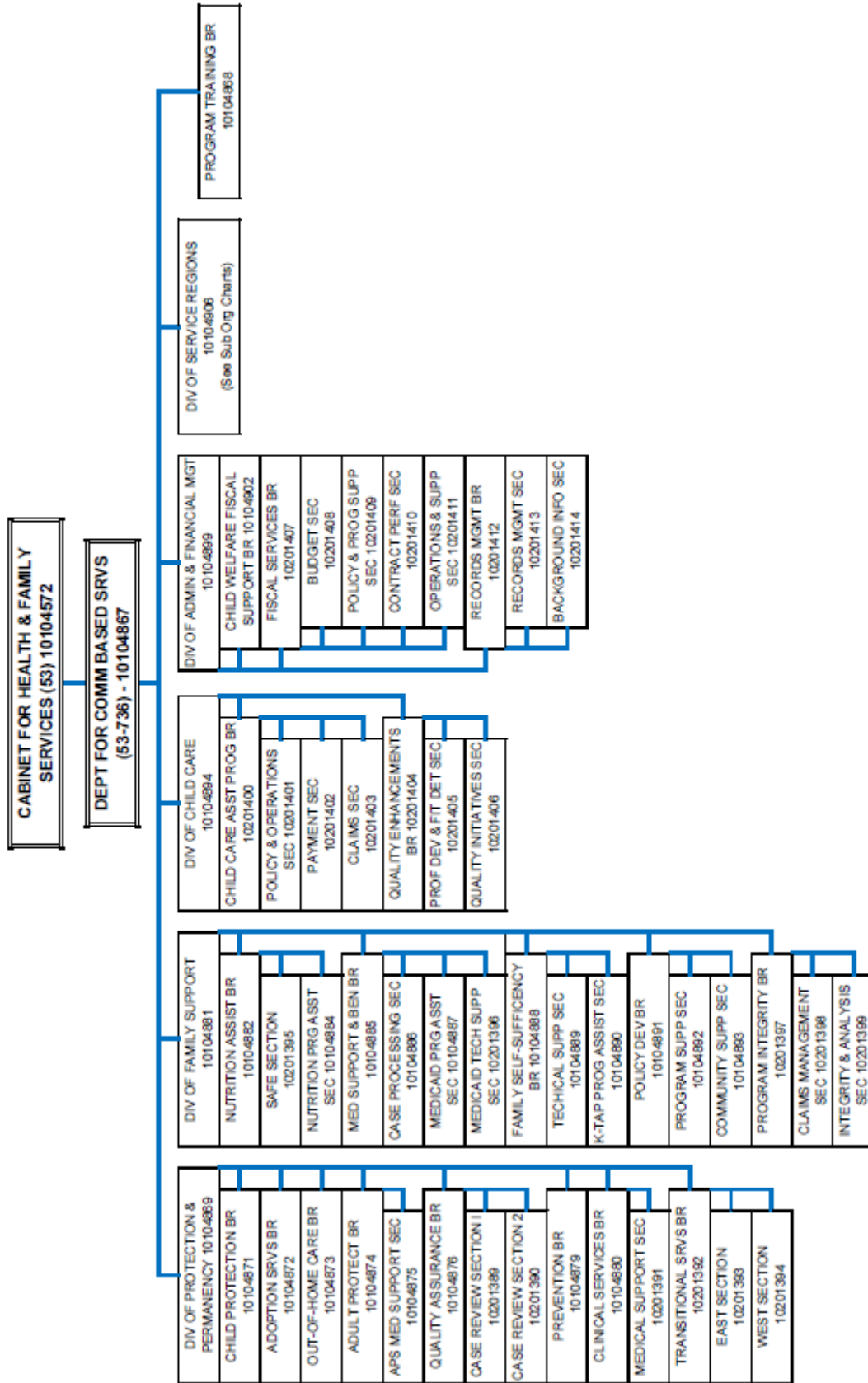


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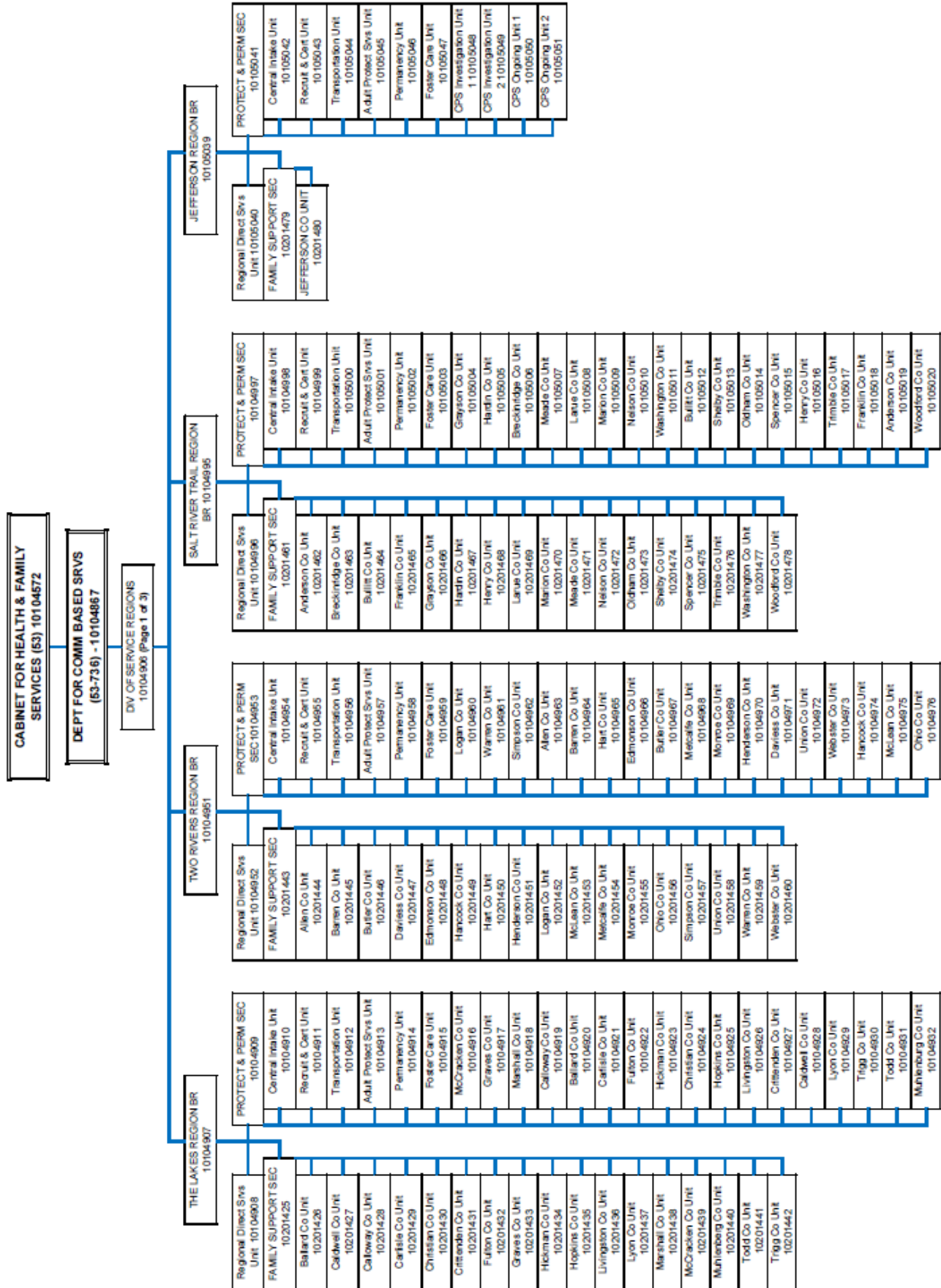




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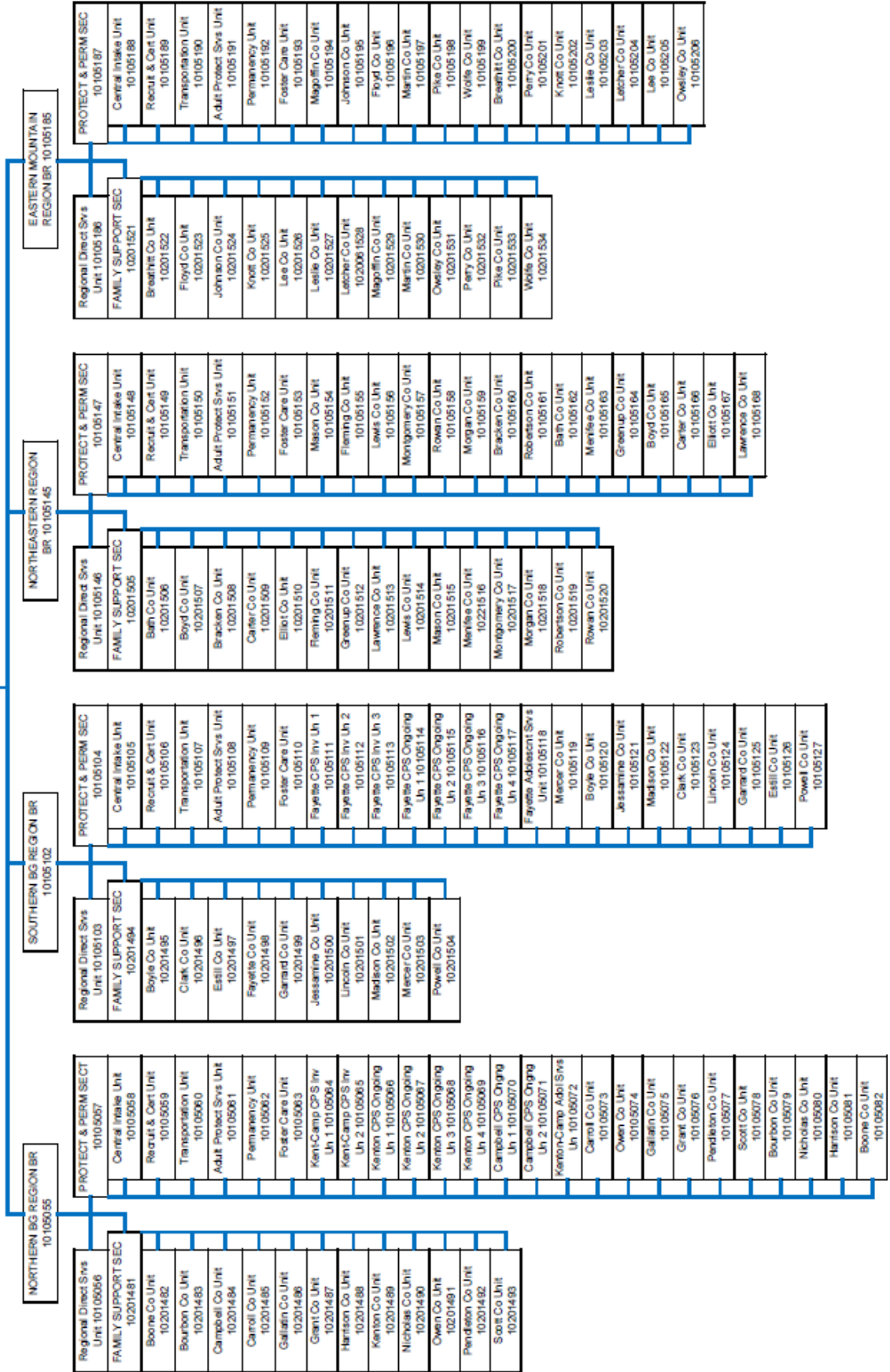


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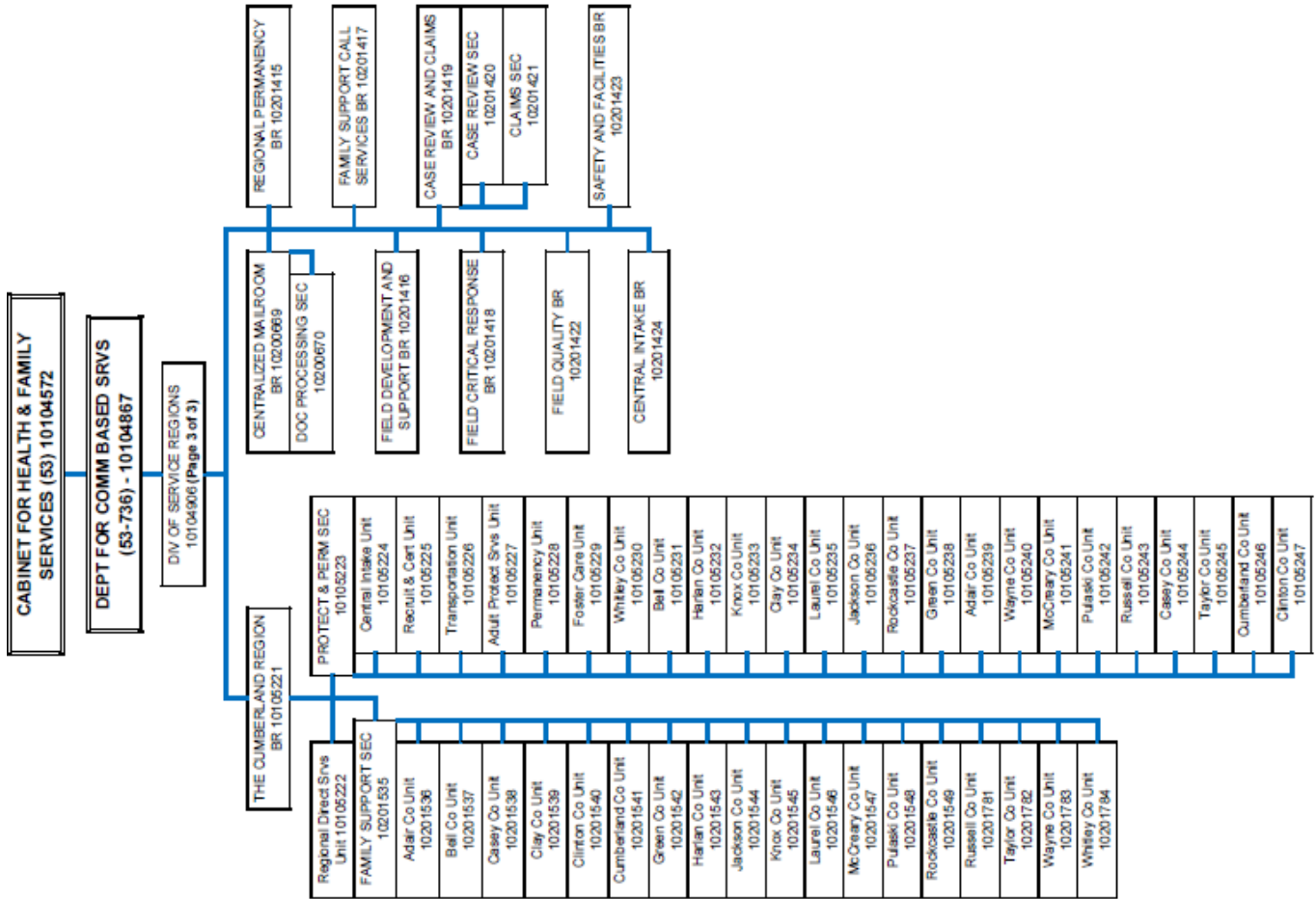
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DEPT FOR COMM BASED SRVS (53-736) - 10104867

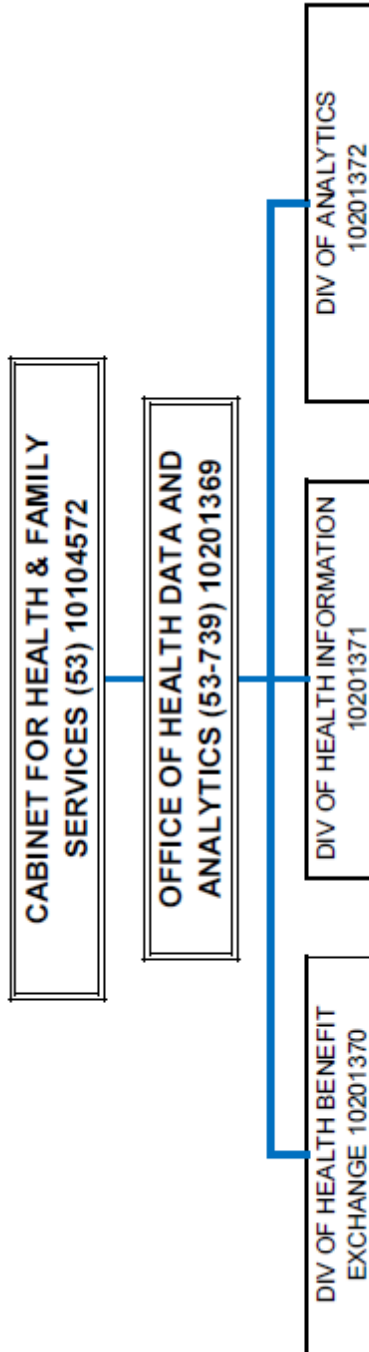
DIV OF SERVICE REGIONS 10104906 (Page 2 of 3)



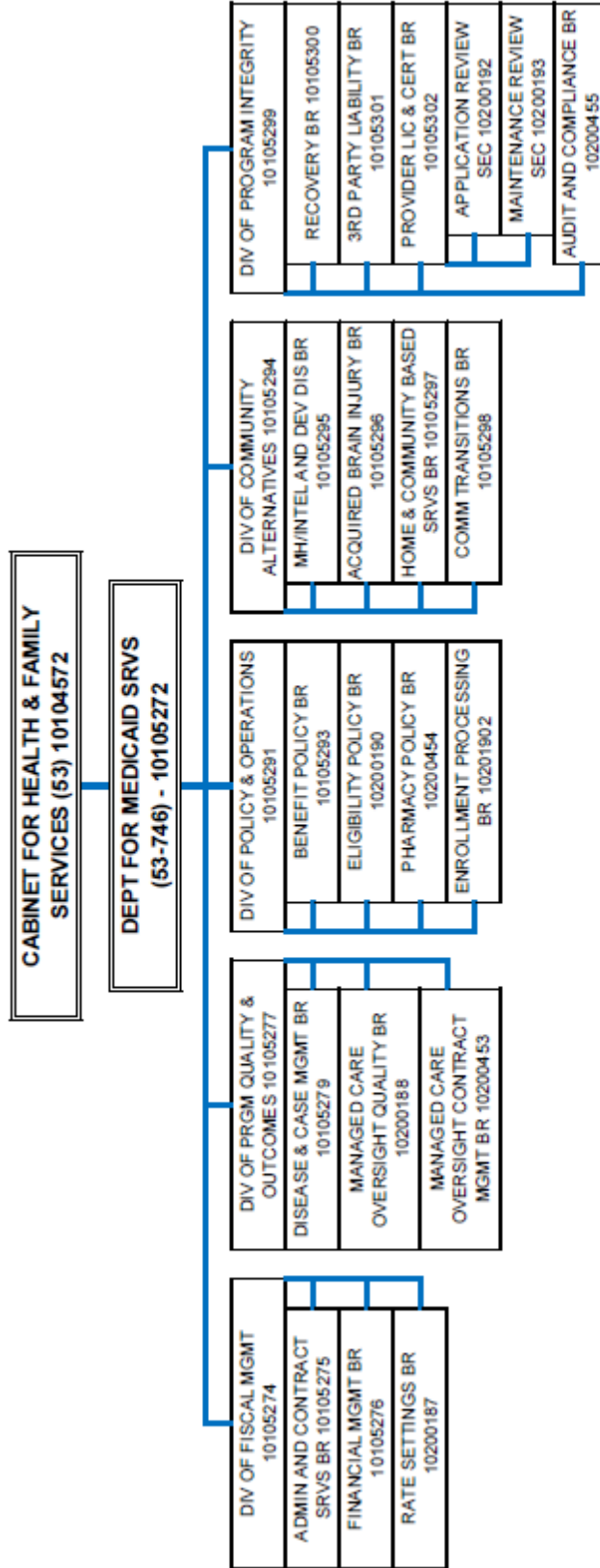
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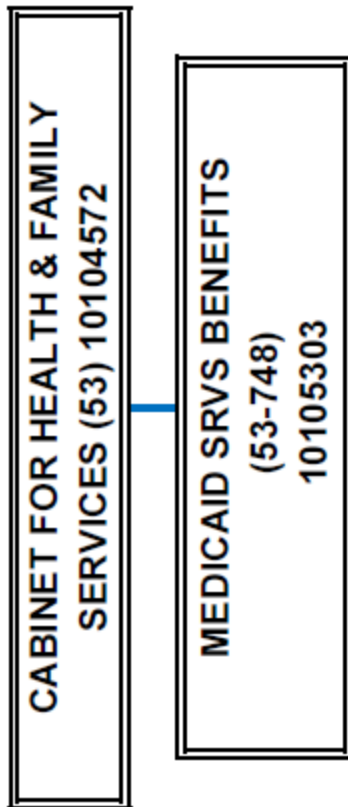
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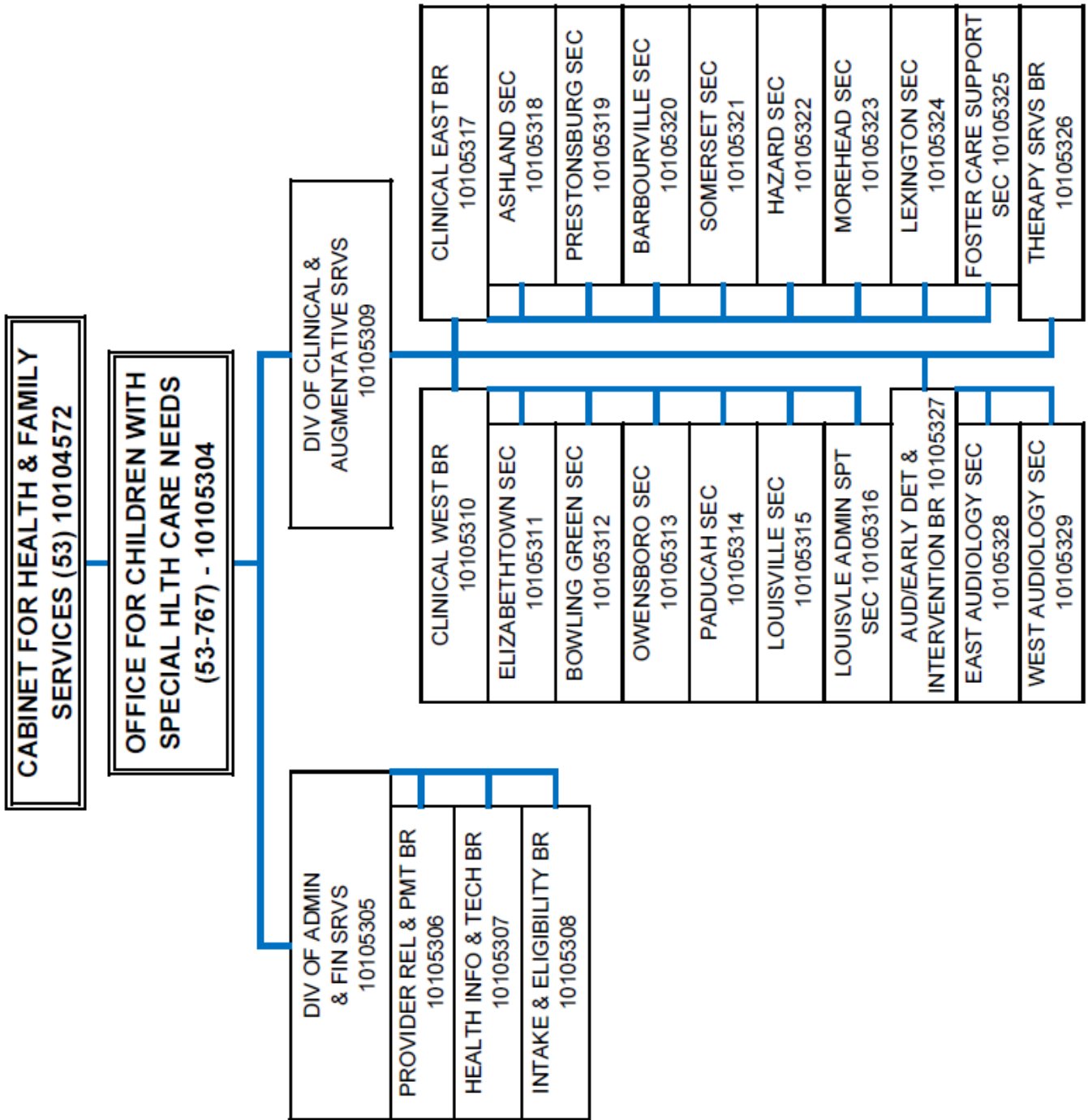


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## Attachment V1

### CHFS KHRIS Organizational Codes

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<b>Cabinet/ Department</b>	<b>Organization ID</b>	<b>Name</b>
53	10104572	Cabinet for Health & Family Services
53721	10104573	Office of the Secretary
53721	10104574	Office of Legal Services
53721	10104575	Div of Law, Litigation, & Field Ops
53721	10104580	Office of Human Resource Management
53721	10104581	Div of Human Resource Administration
53721	10104582	Human Resource Adm Branch I
53721	10104583	Human Resource Adm Branch II
53721	10104584	Human Resource Adm CBS Branch
53721	10104585	Division of Employee Management
53721	10104586	Training and Prof Development Br
53721	10104587	Employee Relations Branch
53721	10104588	EEO/Civil Rights Compliance Branch
53721	10104589	Language Access Section
53721	10104590	Building Costs (Visa Only)
53721	10201008	Off of Legislative & Regulatory Affairs
53721	10201009	Office of Finance and Budget
53721	10201551	Office of Public Affairs
53721	10201552	Office of the Ombudsman and Admin
53721	10201553	Div of Citizen Srvs & Policy Integrity
53721	10201557	Complaint Review Branch
53721	10201558	Quality Advancement Branch
53721	10201559	Division of Administrative Hearings
53721	10201560	Families and Children Administrative Hea
53721	10201561	Health Services Administrative Hearings
53721	10201959	Division of Program Performance
53721	10201960	Quality Control Public Assistance Rvw Br
53721	10201961	Central Section
53721	10201962	East Section
53721	10201963	West Section
53721	10201964	Quality Control SNAP Branch
53721	10201965	Central Section
53721	10201966	East Section
53721	10201967	West Section
53721	10201968	Program Enhancement Branch
53721	10201969	Program Access and Compliance Section
53721	10201970	Management Evaluation Section
53721	10201903	Office of Administrative Services
53721	10201904	Division of General Accounting
53721	10201905	Payables and Travel Reimbursement Branch
53721	10201906	Payables & Travel Reimbursement Section
53721	10201907	Cost Allocation & Special Projects Br
53721	10201908	Medicaid and Supportive Services Branch

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53721	10201909	Public Assistance & Supportive Svcs Br
53721	10201910	Division of Facilities Management
53721	10201911	Assets Management Branch
53721	10201912	Leasing and Design Services Branch
53721	10201913	Moving Section
53721	10201914	Facilities Management Branch
53721	10201915	Div of Procurement Svcs & Grt Oversight
53721	10201916	Commodity Acquisition Branch
53721	10201917	Services Acquisition Branch
53721	10201918	Personal Services Contract Oversight Br
53721	10201919	Health Services Section
53721	10201920	Family Services Section
53721	10201921	MOU and Grants Oversight Branch
53721	10201922	IT Procurement & Request for Proposal Br
53721	10201923	Off of Application Technology Services
53721	10201924	Division of Strategic Services
53721	10201925	Services Coordination Branch
53721	10201926	Data Management Branch
53721	10201927	Strategic and Architectural Services Br
53721	10201928	Enterprise Data Analytic Section
53721	10201929	Application Helpdesk Branch
53721	10201930	Division of Social Support Systems
53721	10201931	Fam Svcs & Substance Abuse Monitoring Br
53721	10201932	Child Support Systems Management Branch
53721	10201933	Health Services Systems Management Br
53721	10201934	Electronic Records Info Management Br
53721	10201935	Division of Eligibility Systems
53721	10201936	Integrated Eligibility Systems Mgmt Br
53721	10201937	Integrated Eligibility Systems Dev Br
53721	10201938	Division of Medicaid Systems
53721	10201939	Medicaid Systems Management Branch
53721	10201940	Medicaid Systems Support Branch
53721	10201941	Design, Dev & Implementation Support Br
53723	10104627	Office of Inspector General
53723	10104628	Division of Regulated Child Care
53723	10104629	Western Enforcement Branch
53723	10104630	Northern Enforcement Branch
53723	10104631	Southern Enforcement Branch
53723	10104632	Eastern Enforcement Branch
53723	10104633	Child Care Operations Branch
53723	10104634	Child Placing Enforcement Branch
53723	10104635	Division of Health Care
53723	10104636	Western Enforcement Branch
53723	10104637	Northern Enforcement Branch
53723	10104638	Southern Enforcement Branch
53723	10104639	Eastern Enforcement Branch

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53723	10104640	Training and Quality Assurance Branch
53723	10104641	Health Care Operations Branch
53723	10104642	Division of Audits and Investigations
53723	10104643	Audits Branch
53723	10104644	Compliance Branch
53723	10104645	Deter Section
53723	10104646	Recipient Fraud I Section
53723	10104647	Recipient Fraud II Section
53723	10104648	Drug Enf and Prof Practices Branch
53723	10104649	Medicaid Preliminary Investigations Br
53723	10104650	Medicaid Preliminary I Section
53723	10104651	Medicaid Preliminary II Section
53723	10201373	Division of Certificate of Need
53725	10104653	Dept for Aging and Independent Living
53725	10104654	Div of Aging & Physical Disabilities
53725	10104655	Aging Services Branch
53725	10200481	Information and Assistance Section
53725	10104656	Participant Directed Services Branch
53725	10200482	Brain Injury Services Branch
53725	10104657	Division of Finance & Administration
53725	10104658	Financial Management Branch
53725	10104659	Fiduciary Management Branch
53725	10200483	Benefits Management Branch
53725	10104660	Division of Guardianship Services
53725	10200485	Western Region Branch
53725	10200486	Western Section
53725	10200487	Mid-Western Section
53725	10200488	South Western Section
53725	10200489	Eastern Region Branch
53725	10200490	Northern Bluegrass Section
53725	10200491	Northeastern Section
53725	10200492	Eastern Mountain Section
53725	10200493	Metro Region Branch
53725	10201953	Metro Section I
53725	10201954	Metro Section II
53725	10200496	Central Region Branch
53725	10200497	Southern Bluegrass Section
53725	10201955	Cumberland Section I
53725	10201956	Cumberland Section II
53725	10200724	Statewide Independent Living Council
53725	10201957	Div of Quality Assurance and Improvement
53725	10201958	Program Integrity Branch
53727	10104673	Department for Income Support
53727	10201562	Facilities Unit
53727	10201563	Division of Disability Determination Ser
53727	10201564	Budget and Reports Unit

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53727	10201565	Systems Operations Unit
53727	10201566	Fraud Detection Section
53727	10201567	Specialized Workload Assistance Team Sec
53727	10201568	Vocational Section
53727	10201569	Medical Review Team Section
53727	10201570	Case Processing Branch A
53727	10201571	Case Processing Section A1
53727	10201572	Case Processing Section A2
53727	10201573	Case Processing Section A3
53727	10201574	Case Processing Section A4
53727	10201575	Case Processing Section A5
53727	10201576	Case Processing Section A6
53727	10201577	Case Processing Branch B
53727	10201578	Case Processing Section B1
53727	10201579	Case Processing Section B2
53727	10201580	Case Processing Section B3
53727	10201581	Case Processing Section B4
53727	10201582	Case Processing Section B5
53727	10201583	Case Processing Section B6
53727	10201584	Case Processing Branch C
53727	10201585	Case Processing Section C1
53727	10201586	Case Processing Section C2
53727	10201587	Case Processing Section C3
53727	10201588	Case Processing Section C4
53727	10201589	Case Processing Section C5
53727	10201590	Case Processing Section C6
53727	10201591	Case Processing Branch D
53727	10201592	Case Processing Section D1
53727	10201593	Case Processing Section D2
53727	10201594	Case Processing Section D3
53727	10201595	Case Processing Section D4
53727	10201596	Case Processing Section D5
53727	10201597	Case Processing Section D6
53727	10201598	Professional Services Branch
53727	10201599	Hearings and Appeals Unit
53727	10201600	Policy Unit
53727	10201601	Disabilities Hearings Section
53727	10201602	Staff Development Section
53727	10201603	Quality Assurance Section
53727	10201604	Operations Support Branch
53727	10201605	Case Closure Section
53727	10201606	Inquiry/Switchboard Section
53727	10201607	Case Controls Section
53727	10201608	Payment Section
53727	10201609	Medical Relations Branch
53727	10201610	Professional Relations Section

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53727	10201611	Medical Consultants Section
53727	10201612	Division of Child Support Enforcement
53727	10201613	Budget and Reports Unit
53727	10201614	Program Integrity Section
53727	10201615	Field Management and Services Branch
53727	10201617	North Eastern Region Section
53727	10201618	Cumberland Region Section
53727	10201619	Eastern Mountain Region Section
53727	10201620	The Lakes Region Section
53727	10201621	Salt River Trail Region Section
53727	10201622	Two Rivers Region Section
53727	10201624	Centralized Intake Section
53727	10201972	Northern Bluegrass Section
53727	10201973	Southern Bluegrass Section
53727	10201625	Program Services Branch
53727	10201626	Administrative Enforcement Section
53727	10201627	State Parent Locator/Intergovernmental S
53727	10201628	Processing and Distribution Branch
53727	10201629	Central Processing Section
53727	10201630	Distribution Section
53727	10201631	Program Development Branch
53727	10201632	Policy Unit
53727	10201633	Training Section
53728	10104731	Department for Public Health
53728	10104732	Health Equity Branch
53728	10104733	Division of Laboratory Services
53728	10104734	Microbiology Branch
53728	10104735	Virology Section
53728	10104736	Bacteriology Section
53728	10104737	Molecular and Clinical Chemistry Br
53728	10104738	NBS and Metabolic Section
53728	10104739	Molecular & Biomedical Engrng Section
53728	10104740	Global Preparedness & Environmental Br
53728	10104741	Environmental Section
53728	10104742	Preparedness Section
53728	10104743	Business Operations Branch
53728	10104744	Procurement Section
53728	10104745	Customer Service Section
53728	10104746	Div of Epidemiology & Health Planning
53728	10104750	Infectious Disease Branch
53728	10104751	Tb Prevention and Control Section
53728	10104753	STD Prevention and Control Section
53728	10104754	Reportable Diseases Section
53728	10201818	HIV/AIDS Section
53728	10201819	HIV/AIDS Services Unit
53728	10201820	HIV/AIDS Prevention Unit

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53728	10104755	Vital Statistics Branch
53728	10104756	Registration and Amendment Section
53728	10104757	Certification Section
53728	10104758	Admstve and Quality Assurance Section
53728	10201821	Immunization Branch
53728	10201822	Clinical Support Section
53728	10201823	Data and Surveillance Section
53728	10201824	Vaccine Accountability Section
53728	10201825	Provider Outreach Section
53728	10201826	Administrative Support Section
53728	10104762	Division of Maternal and Child Health
53728	10104763	Nutrition Services Branch
53728	10104764	WIC Program Management Section
53728	10104765	WIC Food Delivery/Data Section
53728	10104766	Clinical Nutrition Section
53728	10104767	WIC Vendor Management Section
53728	10104768	Child and Family Health Improvement Br
53728	10104769	Pediatric Section
53728	10201827	Newborn Screening Section
53728	10104771	Early Childhood Development Branch
53728	10104772	Early Childhood Promotion Section
53728	10104773	Early Intervention Section
53728	10201828	Program Support Branch
53728	10104776	Div of Public Hlth Protection & Safety
53728	10104777	Milk Safety Branch
53728	10104778	Milk Safety Technical Section
53728	10104779	Milk Safety Administrative Section
53728	10104780	Food Safety Branch
53728	10104781	Retail Food Section
53728	10104782	Food Manufacturing Section
53728	10104783	Environmental Management Branch
53728	10104784	Facilities Environmental Section
53728	10104785	Community Environmental Section
53728	10104786	Radiation Health Branch
53728	10104787	Radiation Producing Machines Section
53728	10104788	Radioactive Material Section
53728	10104789	Radiation/Env Monitoring Sect
53728	10104790	Public Safety Branch
53728	10201266	Public Health Preparedness Branch
53728	10201267	Health & Medical Emrgcy Operations Sec
53728	10201268	Healthcare Preparedness Section
53728	10201269	Community Health Preparedness Section
53728	10201270	Administration & Program Evaluation Sec
53728	10104791	Div of Administration & Financial Mgmt
53728	10104792	Contracts and Payment Branch
53728	10104793	Processing Section

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53728	10104794	Local Health Operations Branch
53728	10104795	Coding and Billing Section
53728	10104796	Budget Branch
53728	10104797	State Budget Section
53728	10104798	Local Health Budget Section
53728	10104799	Local Health Personnel Branch
53728	10104800	Education and Workforce Development Br
53728	10104801	Div of Prevention & Qlty Improvement
53728	10104802	Chronic Disease Prevention Branch
53728	10104803	Disease Management Section
53728	10201830	Health Promotions Section
53728	10104804	Public Health Improvement Branch
53728	10104805	Quality Improvement Section
53728	10104806	Worksite Health Section
53728	10104807	Health Care Access Branch
53728	10201829	Oral Health Section
53728	10104808	Division of Women's Health
53729	10104809	Dept for Behav Health, Dev & Int Disab
53729	10104810	Div of Administration & Financial Mgmt
53729	10104812	Financial Management Branch
53729	10104813	Administrative Services Branch
53729	10104815	Division of Dev and Int Disabilities
53729	10104816	Community Supports Branch
53729	10104817	SCL Waiver Branch
53729	10200516	Clinical Services Branch
53729	10104818	Division of Behavioral Health
53729	10104819	Behavioral Hth Prevention & Promotion Br
53729	10104820	Adult Sub Abuse Trtmt & Recovery Srv Br
53729	10104821	Adult Mental Hlth & Recovery Services Br
53729	10104822	Children's Bhvrl Hlth & Recovery Srvs Br
53729	10104823	Office of the Commissioner
53729	10104824	KY Correctional Psychiatric Center Br
53729	10104825	Administrative Services Unit
53729	10104826	Facility Services Unit
53729	10104827	Support Services Unit
53729	10104828	Clinical Services Unit
53729	10104829	Glasgow State Nursing Facility Branch
53729	10104830	Administrative Services Unit
53729	10104831	Facility Services Unit
53729	10104832	Support Services Unit
53729	10104833	Clinical Services Unit
53729	10104842	Central State Hosp Gen Psychiatric Br
53729	10104843	Administrative Services Unit
53729	10104844	Facility Services Unit
53729	10104845	Support Services Unit
53729	10104846	Clinical Services Unit



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53729	10104852	Western State Hospgen Psychiatric Br
53729	10104853	Administrative Services Unit
53729	10104854	Facility Services Unit
53729	10104855	Support Services Unit
53729	10104856	Clinical Services Unit
53729	10104857	Western State Nursing Facility Branch
53729	10104858	Administrative Services Unit
53729	10104859	Facility Services Unit
53729	10104860	Support Services Unit
53729	10104861	Clinical Services Unit
53729	10200518	Division of Program Integrity
53729	10200519	Program Support Branch
53729	10200520	Data Analytics Branch
53729	10201971	Substance Use Disorder Prog Licensure Br
53729	10200748	Office of Autism
53729	10200749	Advis Cncl on Autism Spectrum Disorders
53730	10104864	Dept for Fam Res Ctrs & Vol Svcs
53730	10104865	Div of Fam Resource & Yth Svcs Centers
53730	10104866	Serve Kentucky
53736	10104867	Dept for Community Based Services
53736	10104868	Program Training Branch
53736	10104869	Division of Protection and Permanency
53736	10104871	Child Protection Branch
53736	10104872	Adoption Services Branch
53736	10104873	Out-of-Home Care Branch
53736	10104874	Adult Protection Branch
53736	10104875	APS Medical Support Section
53736	10104876	Quality Assurance Branch
53736	10201389	Case Review Section 1
53736	10201390	Case Review Section 2
53736	10104879	Prevention Branch
53736	10104880	Clinical Services Branch
53736	10201391	Medical Support Section
53736	10201392	Transitional Services Branch
53736	10201393	East Section
53736	10201394	West Section
53736	10104881	Division of Family Support
53736	10104882	Nutrition Assistance Branch
53736	10104884	Nutrition Program Assistance Section
53736	10201395	Simplified Assistance for the Elderly (SAFE)
53736	10104885	Medical Support and Benefits Branch
53736	10104886	Case Processing Section
53736	10104887	Medicaid Program Assistance Section
53736	10201396	Medicaid Technical Support Section
53736	10104888	Family Self-Sufficiency Branch
53736	10104889	Technical Support Section

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53736	10104890	K-TAP Program Assistance Section
53736	10104891	Policy Development Branch
53736	10104892	Program Support Section
53736	10104893	Community Support Section
53736	10201397	Program Integrity Branch
53736	10201398	Claims Management Section
53736	10201399	Integrity and Analysis Section
53736	10104894	Division of Child Care
53736	10201400	Child Care Assistance Program Branch
53736	10201401	Policy and Operations Section
53736	10201402	Payment Section
53736	10201403	Claims Section
53736	10201404	Quality Enhancements Branch
53736	10201405	Professional Development and Fitness Det
53736	10201406	Quality Initiatives Section
53736	10104899	Div of Administration & Financial Mgmt
53736	10104902	Child Welfare Fiscal Support Branch
53736	10201407	Fiscal Services Branch
53736	10201408	Budget Section
53736	10201409	Policy and Program Support Section
53736	10201410	Contract Performance Section
53736	10201411	Operations and Support Section
53736	10201412	Records Management Branch
53736	10201413	Records Management Section
53736	10201414	Background Information Section
53736	10104906	Division of Service Regions
53736	10104907	The Lakes Region Branch
53736	10104908	Regional Direct Services Unit
53736	10104909	Protection and Permanency Section
53736	10104910	Central Intake Unit
53736	10104911	Recruitment and Certification Unit
53736	10104912	Transportation Unit
53736	10104913	Adult Protective Services Unit
53736	10104914	Permanency Unit
53736	10104915	Foster Care Unit
53736	10104916	McCracken County Unit
53736	10104917	Graves County Unit
53736	10104918	Marshall County Unit
53736	10104919	Calloway County Unit
53736	10104920	Ballard County Unit
53736	10104921	Carlisle County Unit
53736	10104922	Fulton County Unit
53736	10104923	Hickman County Unit
53736	10104924	Christian County Unit
53736	10104925	Hopkins County Unit
53736	10104926	Livingston County Unit

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53736	10104927	Crittenden County Unit
53736	10104928	Caldwell County Unit
53736	10104929	Lyon County Unit
53736	10104930	Trigg County Unit
53736	10104931	Todd County Unit
53736	10104932	Muhlenburg County Unit
53736	10201425	Family Support Section
53736	10201426	Ballard County Unit
53736	10201427	Caldwell County Unit
53736	10201428	Calloway County Unit
53736	10201429	Carlisle County Unit
53736	10201430	Christian County Unit
53736	10201431	Crittenden County Unit
53736	10201432	Fulton County Unit
53736	10201433	Graves County Unit
53736	10201434	Hickman County Unit
53736	10201435	Hopkins County Unit
53736	10201436	Livingston County Unit
53736	10201437	Lyon County Unit
53736	10201438	Marshall County Unit
53736	10201439	McCracken County Unit
53736	10201440	Muhlenberg County Unit
53736	10201441	Todd County Unit
53736	10201442	Trigg County Unit
53736	10104951	Two Rivers Region Branch
53736	10104952	Regional Direct Services Unit
53736	10104953	Protection and Permanency Section
53736	10104954	Central Intake Unit
53736	10104955	Recruitment and Certification Unit
53736	10104956	Transportation Unit
53736	10104957	Adult Protective Services Unit
53736	10104958	Permanency Unit
53736	10104959	Foster Care Unit
53736	10104960	Logan County Unit
53736	10104961	Warren County Unit
53736	10104962	Simpson County Unit
53736	10104963	Allen County Unit
53736	10104964	Barren County Unit
53736	10104965	Hart County Unit
53736	10104966	Edmonson County Unit
53736	10104967	Butler County Unit
53736	10104968	Metcalf County Unit
53736	10104969	Monroe County Unit
53736	10104970	Henderson County Unit
53736	10104971	Daviess County Unit
53736	10104972	Union County Unit

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53736	10104973	Webster County Unit
53736	10104974	Hancock County Unit
53736	10104975	McLean County Unit
53736	10104976	Ohio County Unit
53736	10201443	Family Support Section
53736	10201444	Allen County Unit
53736	10201445	Barren County Unit
53736	10201446	Butler County Unit
53736	10201447	Daviess County Unit
53736	10201448	Edmonson County Unit
53736	10201449	Hancock County Unit
53736	10201450	Hart County Unit
53736	10201451	Henderson County Unit
53736	10201452	Logan County Unit
53736	10201453	McLean County Unit
53736	10201454	Metcalf County Unit
53736	10201455	Monroe County Unit
53736	10201456	Ohio County Unit
53736	10201457	Simpson County Unit
53736	10201458	Union County Unit
53736	10201459	Warren County Unit
53736	10201460	Webster County Unit
53736	10104995	Salt River Trail Region Branch
53736	10104996	Regional Direct Services Unit
53736	10104997	Protection and Permanency Section
53736	10104998	Central Intake Unit
53736	10104999	Recruitment and Certification Unit
53736	10105000	Transportation Unit
53736	10105001	Adult Protective Services Unit
53736	10105002	Permanency Unit
53736	10105003	Foster Care Unit
53736	10105004	Grayson County Unit
53736	10105005	Hardin County Unit
53736	10105006	Breckinridge County Unit
53736	10105007	Meade County Unit
53736	10105008	Larue County Unit
53736	10105009	Marion County Unit
53736	10105010	Nelson County Unit
53736	10105011	Washington County Unit
53736	10105012	Bullitt County Unit
53736	10105013	Shelby County Unit
53736	10105014	Oldham County Unit
53736	10105015	Spencer County Unit
53736	10105016	Henry County Unit
53736	10105017	Trimble County Unit
53736	10105018	Franklin County Unit

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53736	10105019	Anderson County Unit
53736	10105020	Woodford County Unit
53736	10201461	Family Support Section
53736	10201462	Anderson County Unit
53736	10201463	Breckinridge County Unit
53736	10201464	Bullitt County Unit
53736	10201465	Franklin County Unit
53736	10201466	Grayson County Unit
53736	10201467	Hardin County Unit
53736	10201468	Henry County Unit
53736	10201469	Larue County Unit
53736	10201470	Marion County Unit
53736	10201471	Meade County Unit
53736	10201472	Nelson County Unit
53736	10201473	Oldham County Unit
53736	10201474	Shelby County Unit
53736	10201475	Spencer County Unit
53736	10201476	Trimble County Unit
53736	10201477	Washington County Unit
53736	10201478	Woodford County Unit
53736	10105039	Jefferson Region Branch
53736	10105040	Regional Direct Services Unit
53736	10105041	Protection and Permanency Section
53736	10105042	Central Intake Unit
53736	10105043	Recruitment and Certification Unit
53736	10105044	Transportation Unit
53736	10105045	Adult Protective Services Unit
53736	10105046	Permanency Unit
53736	10105047	Foster Care Unit
53736	10105048	CPS Investigation Unit 1
53736	10105049	CPS Investigation Unit 2
53736	10105050	CPS Ongoing Unit 1
53736	10105051	CPS Ongoing Unit 2
53736	10201479	Family Support Section
53736	10201480	Jefferson County Unit
53736	10105055	Northern Bluegrass Region Branch
53736	10105056	Regional Direct Services Unit
53736	10105057	Protection and Permanency Section
53736	10105058	Central Intake Unit
53736	10105059	Recruitment and Certification Unit
53736	10105060	Transportation Unit
53736	10105061	Adult Protective Services Unit
53736	10105062	Permanency Unit
53736	10105063	Foster Care Unit
53736	10105064	Kenton-Campbell CPS Investigation Un 1
53736	10105065	Kenton-Campbell CPS Investigation Un 2

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53736	10105066	Kenton CPS Ongoing Unit 1
53736	10105067	Kenton CPS Ongoing Unit 2
53736	10105068	Kenton CPS Ongoing Unit 3
53736	10105069	Kenton CPS Ongoing Unit 4
53736	10105070	Campbell CPS Ongoing Unit 1
53736	10105071	Campbell CPS Ongoing Unit 2
53736	10105072	Kenton-Campbell Adolescent Services Un
53736	10105073	Carroll County Unit
53736	10105074	Owen County Unit
53736	10105075	Gallatin County Unit
53736	10105076	Grant County Unit
53736	10105077	Pendleton County Unit
53736	10105078	Scott County Unit
53736	10105079	Bourbon County Unit
53736	10105080	Nicholas County Unit
53736	10105081	Harrison County Unit
53736	10105082	Boone County Unit
53736	10201481	Family Support Section
53736	10201482	Boone County Unit
53736	10201483	Bourbon County Unit
53736	10201484	Campbell County Unit
53736	10201485	Carroll County Unit
53736	10201486	Gallatin County Unit
53736	10201487	Grant County Unit
53736	10201488	Harrison County Unit
53736	10201489	Kenton County Unit
53736	10201490	Nicholas County Unit
53736	10201491	Owen County Unit
53736	10201492	Pendleton County Unit
53736	10201493	Scott County Unit
53736	10105102	Southern Bluegrass Region Branch
53736	10105103	Regional Direct Services Unit
53736	10105104	Protection and Permanency Section
53736	10105105	Central Intake Unit
53736	10105106	Recruitment and Certification Unit
53736	10105107	Transportation Unit
53736	10105108	Adult Protective Services Unit
53736	10105109	Permanency Unit
53736	10105110	Foster Care Unit
53736	10105111	Fayette CPS Investigation Unit 1
53736	10105112	Fayette CPS Investigation Unit 2
53736	10105113	Fayette CPS Investigation Unit 3
53736	10105114	Fayette CPS Ongoing Unit 1
53736	10105115	Fayette CPS Ongoing Unit 2
53736	10105116	Fayette CPS Ongoing Unit 3
53736	10105117	Fayette CPS Ongoing Unit 4

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53736	10105118	Fayette Adolescent Services Unit
53736	10105119	Mercer County Unit
53736	10105120	Boyle County Unit
53736	10105121	Jessamine County Unit
53736	10105122	Madison County Unit
53736	10105123	Clark County Unit
53736	10105124	Lincoln County Unit
53736	10105125	Garrard County Unit
53736	10105126	Estill County Unit
53736	10105127	Powell County Unit
53736	10201494	Family Support Section
53736	10201495	Boyle County Unit
53736	10201496	Clark County Unit
53736	10201497	Estill County Unit
53736	10201498	Fayette County Unit
53736	10201499	Garrard County Unit
53736	10201500	Jessamine County Unit
53736	10201501	Lincoln County Unit
53736	10201502	Madison County Unit
53736	10201503	Mercer County Unit
53736	10201504	Powell County Unit
53736	10105145	Northeastern Region Branch
53736	10105146	Regional Direct Services Unit
53736	10105147	Protection and Permanency Section
53736	10105148	Central Intake Unit
53736	10105149	Recruitment and Certification Unit
53736	10105150	Transportation Unit
53736	10105151	Adult Protective Services Unit
53736	10105152	Permanency Unit
53736	10105153	Foster Care Unit
53736	10105154	Mason County Unit
53736	10105155	Fleming County Unit
53736	10105156	Lewis County Unit
53736	10105157	Montgomery County Unit
53736	10105158	Rowan County Unit
53736	10105159	Morgan County Unit
53736	10105160	Bracken County Unit
53736	10105161	Robertson County Unit
53736	10105162	Bath County Unit
53736	10105163	Menifee County Unit
53736	10105164	Greenup County Unit
53736	10105165	Boyd County Unit
53736	10105166	Carter County Unit
53736	10105167	Elliott County Unit
53736	10105168	Lawrence County Unit
53736	10201505	Family Support Section

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53736	10201506	Bath County Unit
53736	10201507	Boyd County Unit
53736	10201508	Bracken County Unit
53736	10201509	Carter County Unit
53736	10201510	Elliott County Unit
53736	10201511	Fleming County Unit
53736	10201512	Greenup County Unit
53736	10201513	Lawrence County Unit
53736	10201514	Lewis County Unit
53736	10201515	Mason County Unit
53736	10201516	Menifee County Unit
53736	10201517	Montgomery County Unit
53736	10201518	Morgan County Unit
53736	10201519	Robertson County Unit
53736	10201520	Rowan County Unit
53736	10105185	Eastern Mountain Region Branch
53736	10105186	Regional Direct Services Unit
53736	10105187	Protection and Permanency Section
53736	10105188	Central Intake Unit
53736	10105189	Recruitment and Certification Unit
53736	10105190	Transportation Unit
53736	10105191	Adult Protective Services Unit
53736	10105192	Permanency Unit
53736	10105193	Foster Care Unit
53736	10105194	Magoffin County Unit
53736	10105195	Johnson County Unit
53736	10105196	Floyd County Unit
53736	10105197	Martin County Unit
53736	10105198	Pike County Unit
53736	10105199	Wolfe County Unit
53736	10105200	Breathitt County Unit
53736	10105201	Perry County Unit
53736	10105202	Knott County Unit
53736	10105203	Leslie County Unit
53736	10105204	Letcher County Unit
53736	10105205	Lee County Unit
53736	10105206	Owsley County Unit
53736	10201521	Family Support Section
53736	10201522	Breathitt County Unit
53736	10201523	Floyd County Unit
53736	10201524	Johnson County Unit
53736	10201525	Knott County Unit
53736	10201526	Lee County Unit
53736	10201527	Leslie County Unit
53736	10201528	Letcher County Unit
53736	10201529	Magoffin County Unit



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53736	10201530	Martin County Unit
53736	10201531	Owsley County Unit
53736	10201532	Perry County Unit
53736	10201533	Pike County Unit
53736	10201534	Wolfe County Unit
53736	10105221	The Cumberland Region Branch
53736	10105222	Regional Direct Services Unit
53736	10105223	Protection and Permanency Section
53736	10105224	Central Intake Unit
53736	10105225	Recruitment and Certification Unit
53736	10105226	Transportation Unit
53736	10105227	Adult Protective Services Unit
53736	10105228	Permanency Unit
53736	10105229	Foster Care Unit
53736	10105230	Whitley County Unit
53736	10105231	Bell County Unit
53736	10105232	Harlan County Unit
53736	10105233	Knox County Unit
53736	10105234	Clay County Unit
53736	10105235	Laurel County Unit
53736	10105236	Jackson County Unit
53736	10105237	Rockcastle County Unit
53736	10105238	Green County Unit
53736	10105239	Adair County Unit
53736	10105240	Wayne County Unit
53736	10105241	McCreary County Unit
53736	10105242	Pulaski County Unit
53736	10105243	Russell County Unit
53736	10105244	Casey County Unit
53736	10105245	Taylor County Unit
53736	10105246	Cumberland County Unit
53736	10105247	Clinton County Unit
53736	10201535	Family Support Section
53736	10201536	Adair County Unit
53736	10201537	Bell County Unit
53736	10201538	Casey County Unit
53736	10201539	Clay County Unit
53736	10201540	Clinton County Unit
53736	10201541	Cumberland County Unit
53736	10201542	Green County Unit
53736	10201543	Harlan County Unit
53736	10201544	Jackson County Unit
53736	10201545	Knox County Unit
53736	10201546	Laurel County Unit
53736	10201547	McCreary County Unit
53736	10201548	Pulaski County Unit

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53736	10201549	Rockcastle County Unit
53736	10201781	Russell County Unit
53736	10201782	Taylor County Unit
53736	10201783	Wayne County Unit
53736	10201784	Whitley County Unit
53736	10200669	Centralized Mailroom Branch
53736	10200670	Document Processing Section
53736	10201415	Regional Permanency Branch
53736	10201416	Field Development and Support Branch
53736	10201417	Family Support Call Services Branch
53736	10201418	Field Critical Response Branch
53736	10201419	Case Review and Claims Branch
53736	10201420	Case Review Section
53736	10201421	Claims Section
53736	10201422	Field Quality Branch
53736	10201423	Safety and Facilities Branch
53736	10201424	Central Intake Branch
53739	10201369	Office of Health Data and Analytics
53739	10201370	Division of Health Benefit Exchange
53739	10201371	Division of Health Information
53739	10201372	Division of Analytics
53746	10105272	Department for Medicaid Services
53746	10105274	Division of Fiscal Management
53746	10105275	Administrative & Contract Services Br
53746	10105276	Financial Management Branch
53746	10200187	Rate Settings Branch
53746	10105277	Division of Program Quality and Outcomes
53746	10105279	Disease and Case Management Branch
53746	10200188	Managed Care Oversight Quality Branch
53746	10200453	Managed Care Oversight Contract Mgmt Br
53746	10105291	Division of Policy and Operations
53746	10105293	Benefit Policy Branch
53746	10200190	Eligibility Policy Branch
53746	10200454	Pharmacy Policy Branch
53746	10201902	Enrollment Processing Branch
53746	10105294	Division of Community Alternatives
53746	10105295	MH/Intellectual & Devlpmtl Disabilits Br
53746	10105296	Acquired Brain Injury Branch
53746	10105297	Home and Community Based Services Br
53746	10105298	Community Transitions Branch
53746	10105299	Division of Program Integrity
53746	10105300	Recovery Branch
53746	10105301	Third Party Liability Branch
53746	10105302	Provider Licensing and Certification Br
53746	10200192	Application Review Section
53746	10200193	Maintenance Review Section

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53746	10200455	Audit and Compliance Branch
53748	10105303	Medicaid Services Benefits
53767	10105304	Off for Children wth Spcl Hlth Care Nds
53767	10105305	Div of Adm and Financial Services
53767	10105306	Provider Relations and Payments Br
53767	10105307	Health Info and Technology Branch
53767	10105308	Intake and Eligibility Branch
53767	10105309	Div of Clinical and Augmentative Svcs
53767	10105310	Clinical West Branch
53767	10105311	Elizabethtown Section
53767	10105312	Bowling Green Section
53767	10105313	Owensboro Section
53767	10105314	Paducah Section
53767	10105315	Louisville Section
53767	10105316	Louisville Administrative Suppt Sect
53767	10105317	Clinical East Branch
53767	10105318	Ashland Section
53767	10105319	Prestonsburg Section
53767	10105320	Barbourville Section
53767	10105321	Somerset Section
53767	10105322	Hazard Section
53767	10105323	Morehead Section
53767	10105324	Lexington Section
53767	10105325	Foster Care Support Section
53767	10105326	Therapy Services Branch
53767	10105327	Aud/Early Det and Intervention Br
53767	10105328	East Audiology Section
53767	10105329	West Audiology Section

## Attachment VII

### Reconciliation of eMARS to the Title IV-E CB-496 Reports Foster Care and Adoption Assistance

- 1) The CB-496 reports have been completed per the KY DCBS Title IV-E Claim Standard Operating Procedures and submitted in OLDC. Print out the submitted reports from OLDC.
- 2) Enter all the claim amounts including prior quarter adjustments from the reports into the reconciliation spreadsheet. The spreadsheet automatically summarizes the quarterly report amounts into Federal Fiscal Year amounts.
- 3) Run a grant report in eMARS Reporting that reports the cumulative expenditures thru the last accounting period of the last quarter reported. A separate report is needed for Foster Care and for Adoption Assistance. Run a separate eMARS report that splits the foster care capital fund amount into the federal share and the state share.
- 4) Enter the cumulative expenditures amounts from the eMARS reports into the reconciliation spreadsheet.
- 5) From the Part 1 Admin and Training spreadsheet for the EKU claim, enter the match provided by EKU into the reconciliation spreadsheet. The spreadsheet automatically summarizes the quarterly report amounts into Federal Fiscal Year amounts.
- 6) The reconciliation spreadsheet automatically calculates the variances between the CB-496 reports and eMARS.
- 7) Create a Journal Voucher (JV2E) in eMARS to reconcile the grant expenditures in eMARS to the CB-496 Foster Care reports using the variance amounts on the reconciliation spreadsheet.
- 8) Create a Journal Voucher (JV2E) in eMARS to reconcile the grant expenditures in eMARS to the CB-496 Adoption Assistance reports using the variance amounts on the reconciliation spreadsheet.