Part A

Public Assistance Cost Allocation Plan Certification

Part A – Public Assistance Cost Allocation Plan Certification

In accordance with 45 CFR 95.507(a)(8), I certify that:

1. The information in this cost allocation plan is prepared in conformance with the Office of Management and Budget (OMB) Circular 2 CFR 225;

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.

_____

William Barber
Director of Federal Funding
Indiana Family and Social Services Administration

_____

Date

STATE OF INDIANA
FAMILY AND SOCIAL SERVICES ADMINISTRATION
INDIANA GOVERNMENT CENTER-SOUTH
Room E-442
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Part B

Introduction

This Public Assistance Cost Allocation Plan (PACAP or Plan) describes the procedures used to identify, measure, and allocate costs incurred in support of programs administered by the FSSA organization. FSSA will submit quarterly plan updates to reflect necessary changes.

This plan is submitted in accordance with 45 CFR Part 95 Subpart E and Office of Management and Budget (OMB) Circular A-87, with a requested effective date of July 1, 2007, unless otherwise noted.

Program responsibility for the implementation of the Medicaid State Plan lies within each of the divisions or service areas including the Division of Mental Health and Addiction (DMHA), Division of Aging (DA), Division of Disability and Rehabilitative Services (DDRS) and the Division of Family Resources (DFR). These responsibilities, which include staffing and contracts supporting the Medicaid program, are detailed in a Memorandum of Understanding (MOU) between each operating division and the Office of Medicaid Policy and Planning (OMPP). The OMPP, as documented in the Medicaid State Plan, has overall responsibility for the Title XIX Medicaid, Title XXI Children Health Insurance Program and state funded Medical services programs. The Office has a close relationship with the state Department of Health that provides maternal and child health services. A functional organization chart for FSSA is included in Part E.

FSSA continues to take advantage of the new functionality within PeopleSoft Financials. Department ID is an important element necessary for data collection and is used for a divisional breakdown of costs. Project ID is used to identify the business unit and state and federal funding source for expenditures.

FSSA Interdepartmental Services:

For any agency where FSSA provides administrative support, a Memorandum of Understanding (MOU) between FSSA and that agency will identify the central services support provided. The agreement will specify that the services provided through the MOU will be billed pursuant to each agency's cost allocation plan as submitted to and approved by the Federal Department of Health and Human Services (DHHS), Division of Cost Allocation (DCA) and reconciled based on applicable provisions of the approved plans. MOUs are available for review upon request.

The FSSA/Department of Child Services (DCS) MOU has not been revised, but the FSSA support for DCS during SFY 2008 was limited. FSSA staff and associated budget have moved to DCS. Effective January 1, 2008 minimal administrative services will be provided by FSSA to DCS.

Part C

Selected Items of Cost

Part C – Selected Items of Cost

A discussion of selected items of cost is provided below to provide a general understanding of how these costs are managed within the Plan. This list is not intended to include all items of cost, only those costs that frequently require additional explanation.

Cost Related To Indiana's Statewide Cost Allocation Plan (SWCAP)

The State of Indiana annually prepares a Statewide Cost Allocation Plan (SWCAP) to distribute the costs of central services to State departments and agencies. Central service costs approved on a fixed basis for the year will be allocated to benefiting programs and functions during that year. One quarter of the amount approved for that year will be included for allocation in each quarter. For example, central service costs approved on a fixed basis for State Fiscal Year 2008 are ratably allocated during each of the quarters of fiscal year 2008.

Except for the Indiana Department of Administration's Operations cost component of the SWCAP (IDOA Operations), these costs have been assigned directly to each benefiting agency. IDOA Operations costs consist of Indiana Government Center (IGC) facility and parking costs. IDOA Operations costs have been allocated based upon the number of FSSA positions located at the IGC per division.

Cost Of Services Provided By Other Governmental Agencies

In accordance with 45 CFR 95.507(b)(6), whenever costs are claimed for services provided by a governmental agency other than FSSA, they will be supported by a written agreement that identifies the specific services purchased, the basis upon which billing will be made (e.g. time reports or number of homes inspected) and a stipulation that the billing will be based on the actual cost incurred.

Intra-Agency Medicaid Agreements are signed between agencies within FSSA and the Office of Medicaid Policy and Planning (OMPP). These agreements assure that the identified Medicaid costs are allowable. State accounting procedures utilize the Journal Entry process to transfer the state and federal share of Medicaid costs to OMPP for inclusion in the appropriate line of the CMS 64. This assures that costs are not reported more than once.

Depreciation

FSSA Administrative Services Division maintains a Fixed Asset Inventory by division and Department ID for all FSSA equipment. This information is constantly updated for new acquisitions and old equipment that is sold or retired. None of this equipment has been purchased with federal funds or matching state funds. This inventory does not include any equipment that is program related in the Division of Disability and Rehabilitative Services or Division of Aging.

Federal cost principles allow for the recognition of depreciation of equipment. In accordance with these principles, we have identified four classes of equipment for purposes of use:

- General office equipment with an acquisition cost greater than $500 is depreciated on a straight-line basis over a 15-year useful life.
- Computer equipment with an acquisition cost greater than of $500 is depreciated on a straight-line basis over a five-year useful life.
- PeopleSoft is depreciated on a straight-line basis over a 7-year useful life.
- Equipment with a cost of $500 or less is expensed in the year of acquisition.

Leases

The costs associated with lease/rental agreements are being identified by building by agency through the SWCAP. The DFR local office lease cost, for space shared with DCS, is allocated between FSSA and DCS based on space utilization. See Part G – Section 4, page 7.

Payroll Costs

A Labor Distribution Report is produced by Auditor of State (AOS) for each FSSA Fund Center with payroll. The report is at the individual level and identifies each person's pay by account (51xxxx). The report has a total by account. This report is used to produce a report for upload into PeopleSoft Financials that identifies total cost by account for each Business Unit (BU) Department ID and benefiting Program Project. These costs are supported by electronically completed Employee Attendance Reports (formerly known as A-4 or Modified A-4) for each pay period. Samples of the paper version of the forms are found in Appendix C, along with the instructions "FSSA PeopleSoft Time Entry".

A Labor Distribution Report for a Fund Center may have all payroll costs direct charged to a program account (e.g., DDRS, BDDS, Outreach Project) and benefiting Program Project. Staff who spend 100% of their time and effort on a single program are certified on a biweekly basis and complete an electronic time record (formerly A-4). A copy of the certification form and cover letter are found in Appendix D. Staff whose time and effort is distributed among multiple programs based on time and effort reporting are to record their time electronically using the same categories as those used on the former Modified A-4 timesheet each pay period. Staff effort and costs are accumulated by Fund Center and then mapped to PeopleSoft Department ID and allocated to benefitting Program Projects based on the accumulated results of their time and effort reporting. Effort related to activities requiring further allocation are distributed to benefitting programs based on the allocation base data described in the Plan for those activities.

Some staff whose payroll costs cannot easily be identified as benefiting a specific program (e.g., FSSA Admin, Accounting Operations) have an allocation base assigned that is appropriate for the activities performed. Staff whose time and effort is distributed among multiple programs based on an allocation statistic, electronically record their time.

Fringe benefit costs include the employer's share of social security, health insurance, life insurance and retirement fund contributions. Fringe benefits do not include excess life insurance premiums paid by the employee or costs attributed to employees relating to use of a state vehicle.

Fringe benefits are treated the same as the corresponding payroll costs for each employee.

Skilled Professional Medical Personnel (SPMP)

Section 1903 (a)(2) of the Social Security Act provides for federal matching at the enhanced rate of seventy five (75%) percent for compensation and training of skilled professional medical personnel and their direct support staff. To qualify as skilled professional medical personnel, staff must have completed (at a minimum) a two year degree leading to an academic degree or certificate in a medically related program and perform an activity which requires the use of their professional training and expertise.

The personnel qualifying for the enhanced rate of federal reimbursement are located in various offices and divisions within FSSA. They maintain time records to document time and effort qualifying for the enhanced rate. Contractual arrangements with physicians, nurses and pharmacists may also qualify under this provision of the Social Security Act. To be claimed at an enhanced rate, contractors will meet the criteria specified at 42 CFR 432.50(d)(1)(iv) regarding an employer-employee relationship. Each staff person and/or contractor is individually evaluated based on the academic qualifications and the functions performed for FSSA before identification as an SPMP.

Terminal Leave

State employees who leave state service in good standing are eligible for benefits based upon accumulated balances of unpaid leave. All such employees are eligible to receive payment for their accumulated vacation leave balance of up to thirty (30) days. Retirees may be eligible to participate in the State's Retiree Flexible Spending Program in which additional accrued but uncompensated sick, vacation, or personal leave may be converted into a flexible spending account that may be used for various benefit options. These and other employee benefits are summarized in the appendices to the SWCAP.

Payments for unused accumulated leave are made from a General Fund operating appropriation. These costs are then reported and recaptured through the SWCAP rather than the fund/center from which the employee is being paid at the time the employee leaves service. These costs will then be a part of the agency's SWCAP cost, which is a general administrative expense that is allocated to all activities of the governmental unit.

This procedure became effective for State Fiscal Year 2005, as requested by the Division of Cost Allocation, and recognizes that the accumulated leave may have been earned when working in other positions and funded from sources other than the program in which the employee is paid at the time of termination.

An exception to this policy has been approved by the State Budget Agency related to the treatment of the cost of benefits for approximately 1,450 State employees have left state service effective March 19, 2007. These benefits include the payment of accrued vacation balance up to 30 days and for those employees that qualify for retirement, payments of additional leave balances up to $ 5,000. In addition, SB 340 of the 2006 Legislative Session will provide additional State contributions of up to $150,000 to the Public Employees' Retirement Fund (PERF) on the behalf of these employees. These costs remain in fund center 2100/170000, DFR County Administration, which contains general administrative costs, and will be exempted from treatment through the SWCAP. This treatment is done in accordance with OMB A-87, Attachment B, items 8.d (3) and 8.g (3).

School Based Medicaid Administrative Claiming

FSSA can claim on behalf of certain Indiana public school corporation(s) allowable Medicaid Administrative costs. An MOU between FSSA OMPP and the public school corporation(s) specifies the components of the agreement. Public school corporation claims are based on time study results completed by participating staff and applied to the direct costs and allowable indirect costs of the public school corporation(s). The Medicaid Eligibility Ratio (MER) is applied to all time study codes requiring a further distribution.

The Indiana Medicaid Administrative Claiming Methodology as revised January 24, 2011 is the basis for participating public school corporation(s) to provide claims to FSSA OMPP. This claiming methodology is based on the Centers for Medicare and Medicaid Services (CMS) guidance on school based administrative claiming. CMS initially provided conditional approval on October 23, 2007 for a January 2006 effective date. Claiming for the period January 1, 2006 through January 24, 2011 is allowable when CMS approves FSSA's backcasting methodology.

Data Processing Costs

Costs for data processing services, seat management or other IT related services provided by the Indiana Office of Technology (IOT) are accumulated under individual project numbers assigned by IOT. Costs are billed to the FSSA or operating divisions on a monthly basis on an Interdepartmental (ID) Bill that separately identifies costs for each project. IOT utilizes a billing methodology which was reviewed and approved by USDHHS. ID Bills are posted to the General Ledger by Account Number and Department ID, if appropriate. Data processing costs accumulate into these accounts and the costs are direct charged and/or allocated.

Costs approved for the higher FFP (i.e. Indiana Client Eligibility System (ICES), Food Stamp and Medicaid (MMIS development)) require a manual calculation and are not included in the overall cost allocation base. Any costs approved for enhanced program funding are identified at the time a voucher is presented for payment by a contractor or an ID Bill is presented by Central Data Processing (CDP). Total costs (Federal and State) are recorded in the appropriate account. At the end of each month, enhanced funding costs are tabulated separately and calculated at the enhanced rate in effect at the time. The balance of the account is normally calculated at 50%, except for those costs eligible for 75% or 90% under 42 CFR 433.15 (a)(4). The weekly

expenditure report for automated system accounts has operational regular, developmental enhanced, developmental regular columns identified to federal and state share or state only.

Indiana Client Eligibility System Project (ICES)

ICES is an on-line, integrated computer system which is used to help local office DFR employees determine eligibility of potential clients in three federally funded programs: Medicaid, Food Stamp (SNAP) and TANF, with any attendant sub-programs. This project was fully certified effective December 27, 1993. The ICES eligibility application can be viewed at http://www.in.gov/icpr/webfile/formsdiv/30465.pdf.

ICES data processing costs are charged to the ICES account and allocated based on quarterly IMRMS results. Other ICES costs are identified to the local office administration account and allocated monthly by means of IMRMS.

The Hybrid Eligibility model requires changes to ICES. An APD to cover the cost of planning the changes is allocated following the PAPD.

Indiana Electronic Benefit Transfer (EBT)

Electronic Benefit Transfer (EBT) provides electronic distribution of Supplemental Nutrition Assistance Program (SNAP), also referenced as Food Stamp, and TANF benefits to clients. Clients access benefits with a plastic card. The allocation of administrative expenses for EBT operation is based on monthly transaction counts. Incurred costs will be allocated based on transaction counts for the corresponding month.

Costs allocated include state administrative expenditures primarily comprised of contractual services but also may include personal and other services, materials, supplies and travel. Costs allocated to the TANF program are covered by TANF Block Grant and subject to the 15% administrative limitation. Costs allocated to the Food Stamp program are 50% federal/50% state.

Eligibility Modernization Project

The Eligibility Modernization Project resulted in a new business process to determine eligibility of potential clients in three federally funded programs: Medicaid, SNAP and TANF, with any attendant sub-programs. This process maintained the current system of record (ICES) while adding enhanced functionality through a web-enabled front end to utilize phone, fax, and internet channels as well as preserving the walk-up option for prospective clients in need of services. The original Implementation Advance Planning Document (IAPD) was federally approved on December 18, 2006. The contractor's development costs are amortized over ten years and are allocated based on annualized RMS results by fiscal year as provided in the IAPD. The contractor's charges for operations are allocated quarterly based on the IMRMS results for that quarter.

Welfare Reform Automation (WRA)

The Welfare Reform Automation Program is used to fund contracted services and other IT costs related to the operations of the data warehouse project. Federal programs benefiting from WRA include Title IV-A, Temporary Assistance for Needy Families -TANF, Title IV-D Child Support, Bureau of Developmental Disability Services and Early Intervention - First Steps.

MRT Administrative Costs

The MMIS claims management system is responsible for payment of Medical Review Team (MRT) administrative claims. This Medicaid administrative cost is claimed at 50% and 75%.

Integrated Case Management System (ICMS)

The ICMS operates under a CMS approved Implementation APD for the development of a system to manage Preadmission Screening and Annual Resident Review (PASARR) and processing claims for Medicaid recipients under the approved waiver programs. The system development follows the Medicaid Information Technology Architecture (MITA) initiative. Federal programs benefiting from ICMS include Medicaid. Eligible portion based on case counts is system interface at 90%, Preadmission screening and COTS software at 75% and Medicaid admin at 50%.

Medicaid Management Information System (MMIS)

The MMIS redesign projects' objective is to integrate various IT systems and processes to provide enhanced support of agency business, increase flexibility of solutions, and reduce ongoing operational and systems maintenance and enhancement costs. MMIS Development costs at 90%, Implementation costs at 75% and Administration Costs at 50%.

MMIS HIPPA Standards 5010 and NCPDP D.0/3.0

The MMIS system upgrade using Edifecs commercial off-the shelf software (COTS) solution assures compliance with HHS and CMS final rule for Version 5010 and NCPDP target compliance date of January 1, 2012. MMIS Development costs at 90%, Implementation costs at 75% and Administration Costs at 50%.

MMIS National Correct Coding Initiative

The MMIS National Correct Coding Initiative (NCCI) requires modifications to the MMIS to improve accuracy of claim payments. The costs are for MMIS Development at 90%, Implementation at 75% and Administration (travel, training and associated indirect) at 50%.

Indiana Health Information Technology (IHIT) Planning Advanced Planning Document (PAPD) and IHIT Incentive Pay APD

The PAPD describes a series of planning tasks for initiation of incentive payments to providers for implementing electronic health records (EHR). The approved budget amount is matched at 90% FFP rate for reasonable administrative expenditures directly associated with the Medicaid program. The IAPD provides 100% FFP rate for reasonable administrative expenses to provide incentive payments directly associated with the Medicaid program.

Fraud and Abuse Detection System (FADS)

FSSA is initiating new and enhanced information technology systems for the detection, identification and review of suspected fraud, waste, and abuse in the Medicaid program. The project goals are to enhance OMPP fraud and abuse detection capabilities. FADS development costs at 90%, Implementation costs at 75% and Administration Costs at 50%.

Component Based Medicaid Management Information System

The MMIS Components Based Implementation APD provides modifications to the current system. The Design Development and Implementation (DDI) phase includes customer relationship management integration, web portal integration, document/content management integration, system services and core integration and pharmacy benefit management integration. The Maintenance and Operations phase includes claims processing and reporting support and CCI. MMIS Development costs at 90%, Implementation costs at 75% and Administration Costs at 50%.

HIPPA Compliance

The Planning Advance Planning Document (PAPD) provides funding for HIPPA compliance with ICD-10 standards. HIPPA Compliance PAPD activities are MMIS Development costs at 90%.

Quality Improvement Organization (QIO)

Effective July 1, 2010 Indiana, is approved for 75% FFP for activities related to the contractor's Quality Improvement Organization (QIO)-like entity status claims. Liberty Healthcare Corporation Contractor is a physician-access organization under Section 1152 of the Social Security Act and is able to perform limited medical and quality review functions required under Section 1154 of the Act.

American Recovery and Reinvestment Act (ARRA)

State of Indiana, Family and Social Services Administration has received ARRA funding for the following programs:

- Vocational Rehabilitation
- Blind and Elderly Independent Living
- Child Care Development Block Grant
- Indiana Living a Healthy Life Partnership
- Title IV-A, Temporary Assistance for Needy Families (TANF)
- HIT (Health Information Technology Admin Grant)

The State Budget Agency has issued guidance to state agencies on accounting for ARRA funds to meet the initial federal OMB and federal agency accountability guidelines. The state Office of Management and Budget (OMB) has a task force with objective to exceed the levels of transparency and accountability established by the ARRA.

ARRA funds are deposited in a new Fund (58XXX) used for all receipts and disbursements related to ARRA funds. Funds are not allotted without an approved spending plan. All expenditures are made from the funds (58XXX). The ARRA funds are not commingled with already existing federal programs. ARRA funds are drawn separately from other federal funds to allow for proper tracking.

ARRA funding is primarily used in Indiana for services. Any administrative costs are identified through use of project coding for the expenditure. There is limited indirect cost reimbursement available from the ARRA funding. ARRA expenditures in existing federal grants have the same characteristics of the grant, but are identified in a 58XXX funds and associated project coding.

Part D

Financial System Description

Part D – Financial System Description

The Auditor of State (AOS) operates and maintains the statewide financial management system. This system is used for accounts payable, purchasing, general ledger, and payroll. AOS is the Chief Financial Officer for the State and Peoplesoft Financials is the official ledger for the State effective on the 9/16/09 conversion date.

The general ledger system incorporates processes detailed in the "Accounting Manual" prepared by ENCOMPASS (Enterprise Common Processing and Analytics Systems), which is used by FSSA, to account for all personnel, payroll, and financial transactions. ENCOMPASS established a new, common Chart of Accounts for state agencies and entities. Pertinent chapters from the Accounting Manual may be viewed at the following link: https://myshare.in.gov/SBA/encompass/Shared%20Documents/Forms/AllItems.aspx. Select the Accounting Manual from the list. Chapter 6 – Accounting for Expenditures, Expenses – provides direction to staff on identification of costs to the type of expenditure.

PeopleSoft Financials is a comprehensive financial accounting and reporting system that is designed to accumulate financial information through a data structure known as Chart Fields that describe the financial impact of each transaction. Expenditure transactions are coded with a Business Unit, Fund, Account, Product, Department, Program, Project and Activity. The Chart Fields are described in the table below.

Field	Assigned By	Description
Business Unit	AOS	Identifies an Indiana Agency (e.g. FSSA/FSSA Divisions/Hospitals).
Fund	AOS	Identifies the primary structural fiscal and accounting entity for Indiana Government.
Account	AOS	Used to classify the nature of a transaction.
Product	FSSA	Used to identify the type of service and component for Financial Reporting.
Department	SPD	Used to track information according to a divisional breakdown.
Program	FSSA	Identifies the FSSA Program (e.g. TANF-IMPACT, Domestic Violence) defined by the transaction.
Project	FSSA	Identifies the year and funding source (federal/state). Generally this is for Federal or State Grants (e.g. School Age Children Project, ATTAIN project).
Activity	FSSA	Used to identify subcategories of costs, primarily to fulfill Federal grant reporting requirements.

Use of these data elements enables the summarization of data at various levels and serves as the primary means of producing financial information.

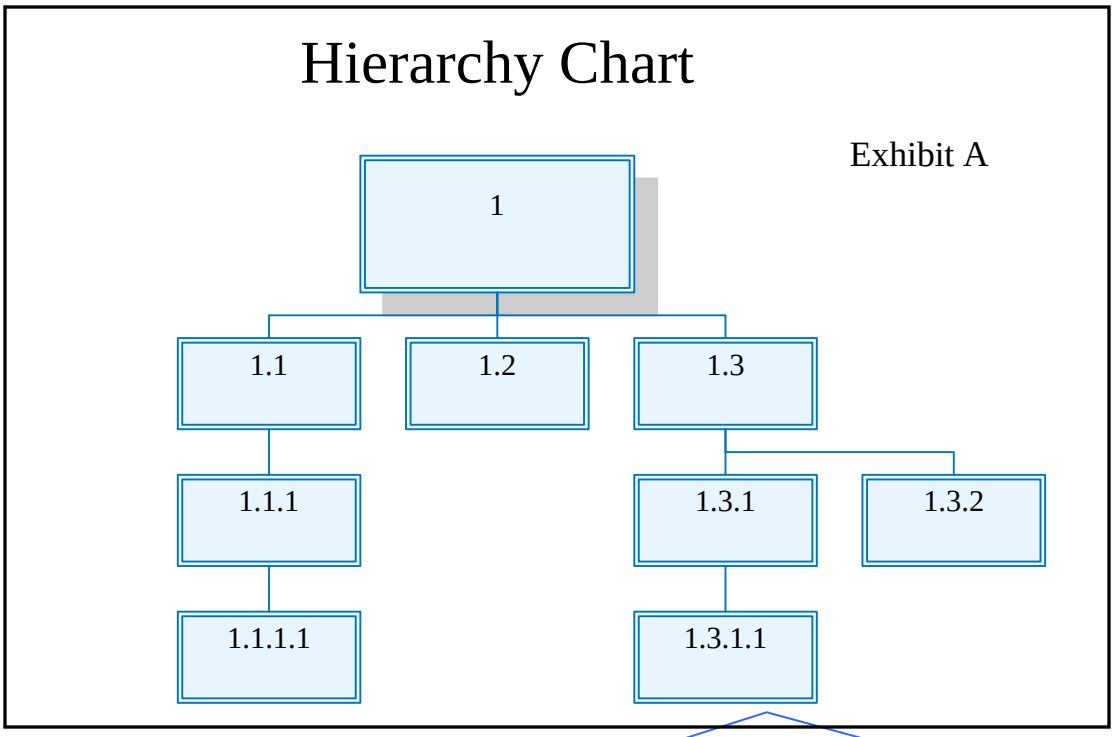
Direct costs to a federal or state program could include staff, as identified on a timesheet, or supplies and training expenses, as identified on a claim voucher. Within each Division of FSSA

there are accounts that accumulate administrative costs. Each program is identified according to account number. Appendix A - Federal and Non-Federal Programs Administered by FSSA contains a list of administrative and direct service programs.

Part E

FSSA Organizational Charts

For the purposes of this cost allocation plan, a hierarchy chart has been established. Each business unit has established their own organizational structure utilizing various terminology for the levels. Therefore, there is no uniform term for each level. For example, at our Level 2 there are Divisions (i.e Division of Aging) as well as Offices (i.e. Central Office Administrative Services). Each agency has been assigned a number to aid in the organization of the cost allocation plan. An example of the categorical and numerical structure is provided in Exhibit A below.



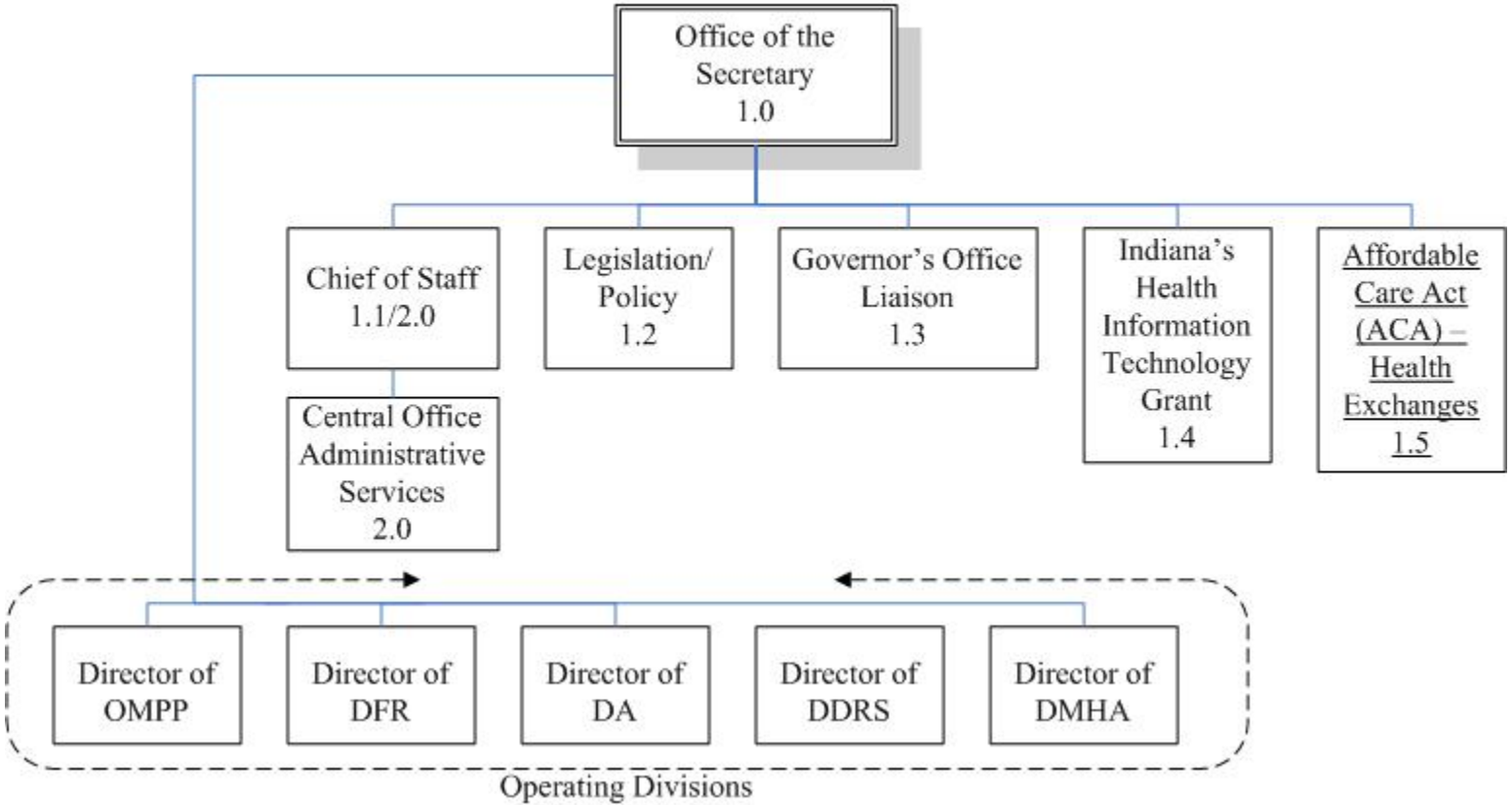
- The first digit (1) represents Level 1
- The second digit (1.1) represents Level 2 that reports directly to Level 1
- The third digit (1.1.1) represents Level 3 that reports directly to Level 2
- The fourth digit (1.1.1.1) represents Level 4 that reports directly to Level 3

This plan has established two administrative components and five programmatic units which will be covered. The rest of Part E will illustrate each of the seven organizational charts.

1. Office of the Secretary
2. Central Office Administrative Services
3. Office of Medicaid Policy and Planning
4. Division of Family Resources
5. Division of Aging
6. Division of Disability and Rehabilitative Services
7. Division of Mental Health and Addiction

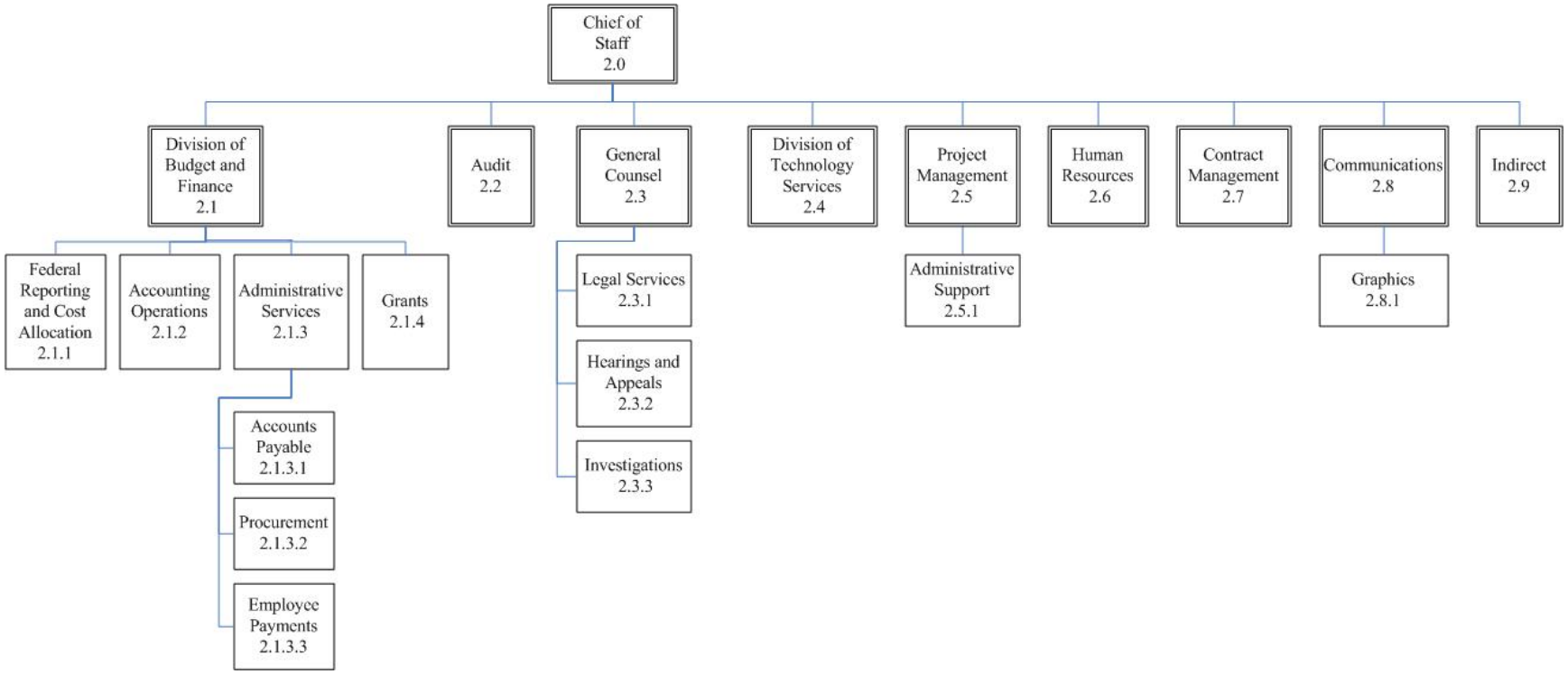
Section 1

Family and Social Services Administration



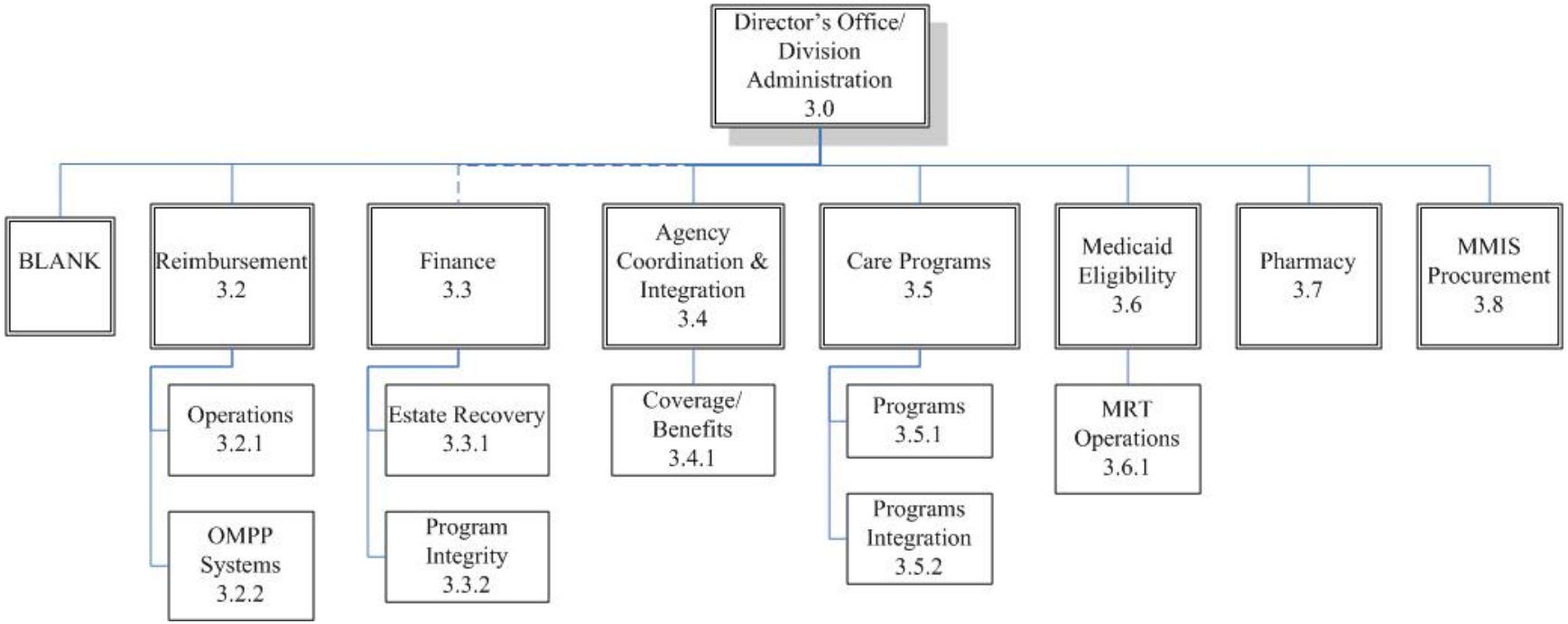
Section 2

Central Office Administrative Services

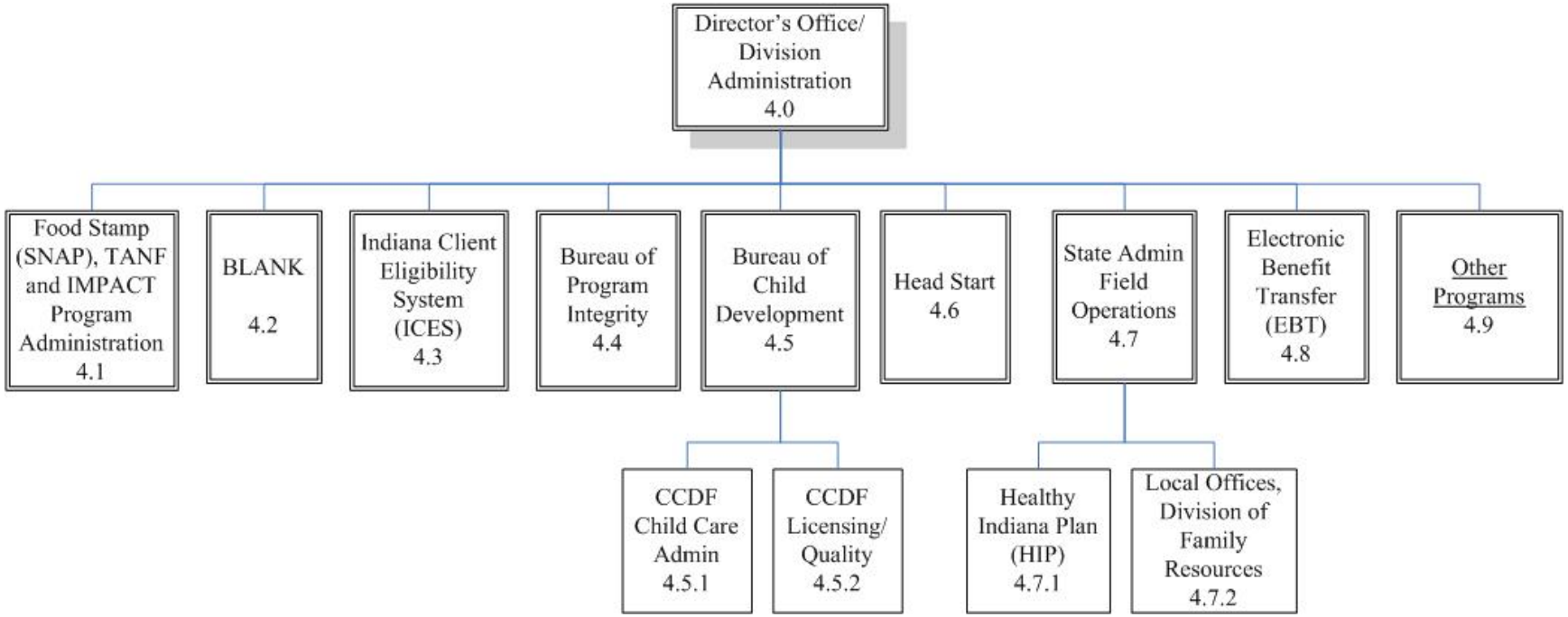


Section 3

Office of Medicaid Policy and Planning

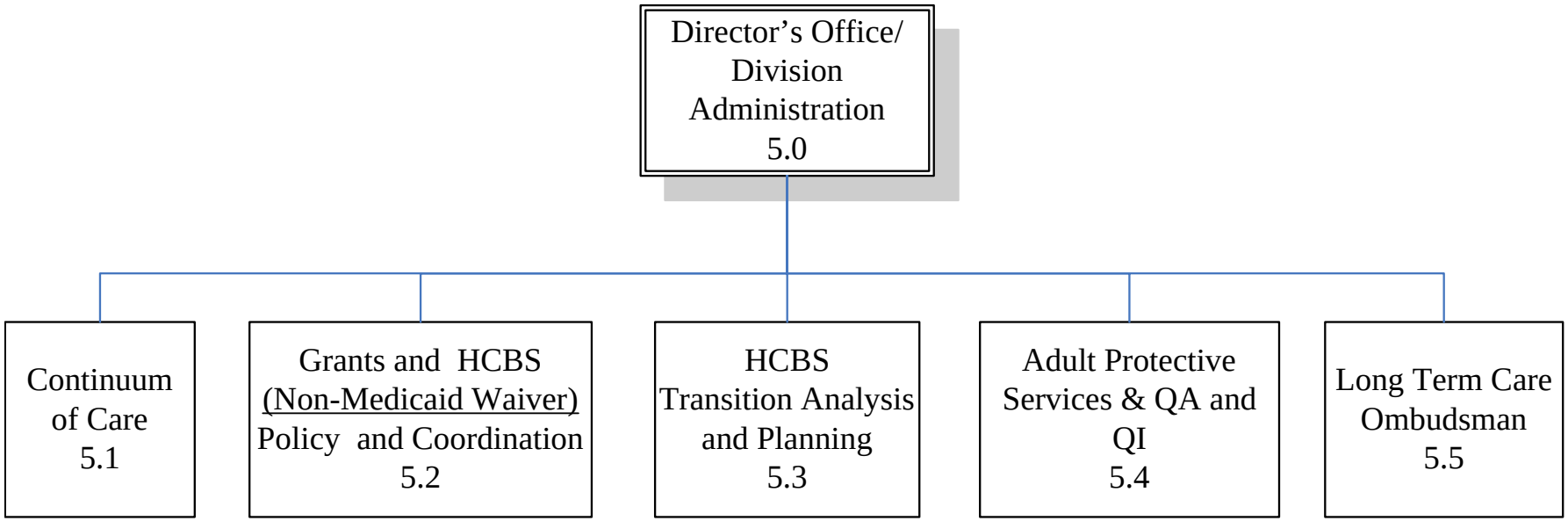


Section 4 Division of Family Resources



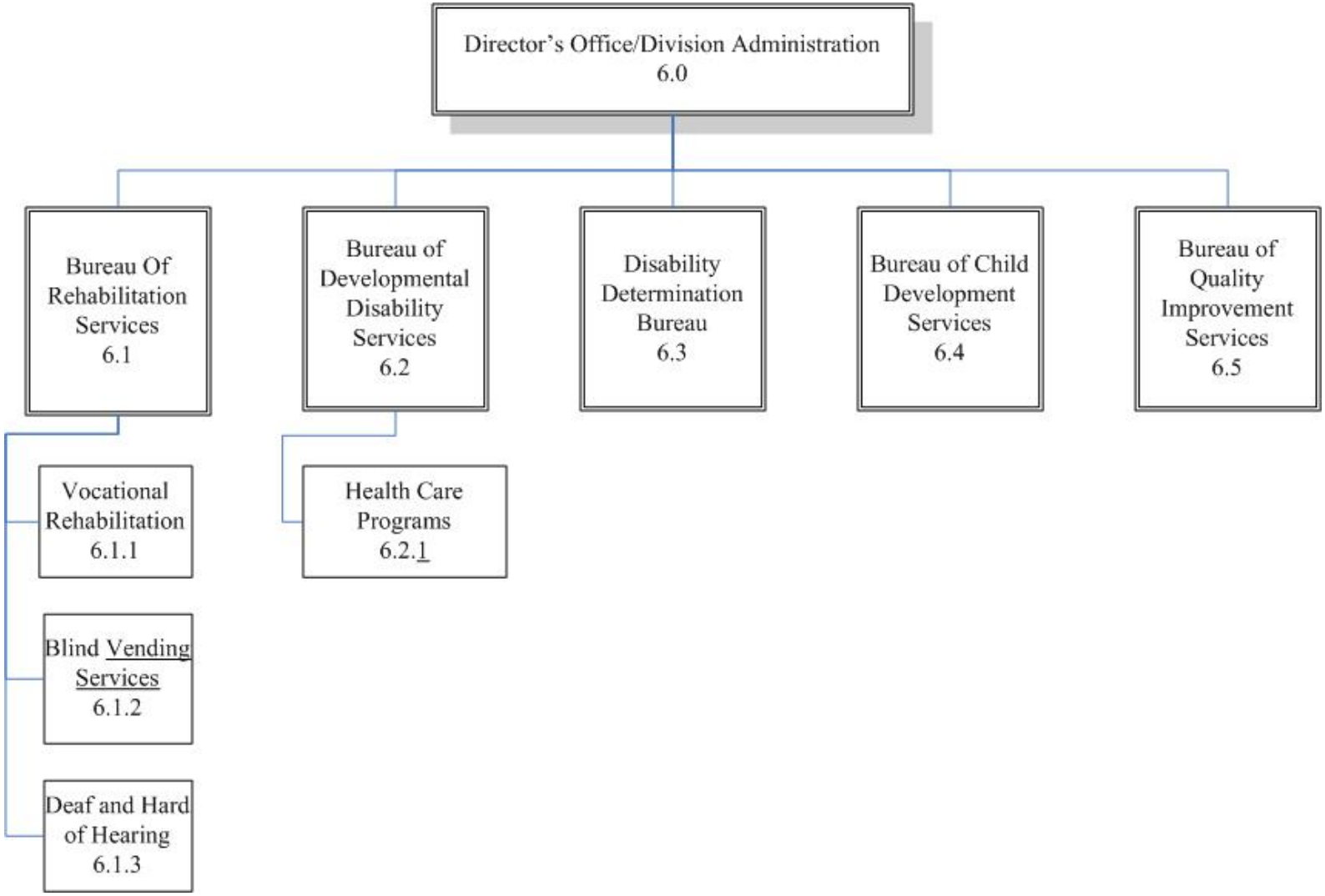
Section 5

Division of Aging

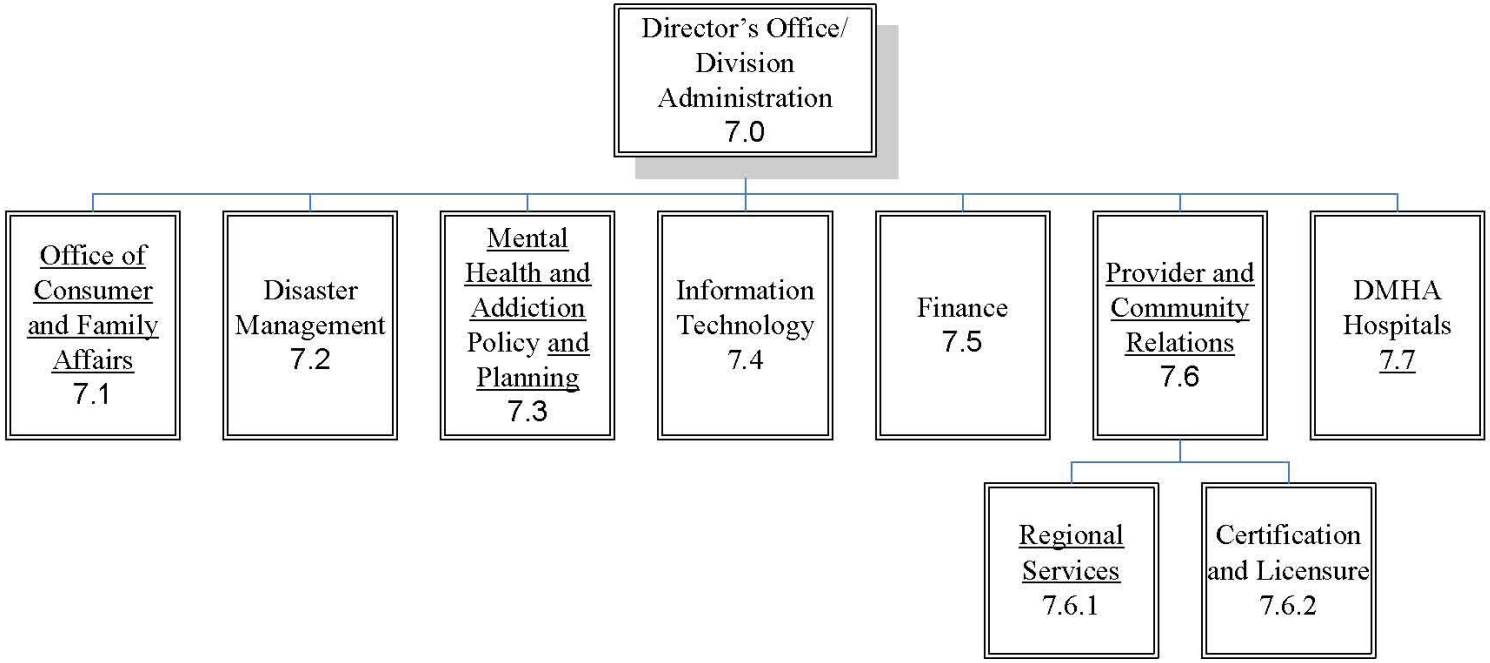


Section 6

Division of Disability and Rehabilitative Services



Section 7 Division of Mental Health and Addiction



Part F

Allocation Methodologies

Part F – Allocation Methodologies

FSSA has included a number of different cost allocation methodologies within this plan which are described in the following table.

When step down methods are used, the first step is to calculate the distribution (percent) of staff for each of the units supervised. The statistics generated in step one are applied to the costs for the supervising area (division, office, bureau, section or unit) in order to allocate the costs to each area supervised for further distribution to programs.

Costs include the share of SWCAP, FSSA Central Services Administration and other administration identified to the Project ID including personal services, contractual services, travel, commodities, non-depreciable equipment, utilities, postage, etc. Personal services includes employee salary, wage and benefit expenditures. The area supervised may be direct charged to a program (either through Modified A-4 timesheets or semi-annual certifications), or may be further allocated using transaction counts, case counts, RMS results, etc.

If cost is allocated to another state agency, the narrative will reference the MOU between FSSA and the other State Agency.

Method	Description
Statewide Cost Allocation Plan (SWCAP) for Statewide Central Services	Allocation based on a multiple step down method. Federally approved costs are identified to each Agency. Indiana Government Center (IGC) facility costs are only allocated to Agency staff located in the IGC. Costs for the Agency will be further allocated to benefiting units based upon the specific allocation methodology approved for that section. Methodologies are detailed in Part G of this Plan and include allocations based on the distribution of personal services expenditures for each unit, Random Moment Sampling (RMS) results, case counts, etc.
FSSA Allocation – Modified FTE	FSSA Central Services Administration costs that cannot be more discretely identified to benefiting programs (through time and effort reporting or certification) and relate to indirect costs are distributed among the various programs administered by the FSSA based upon Modified FTE counts of units supervised which include local office contractor eligibility staff. Variations include DCS Central Office FTE or exclude SOF FTE or contractor eligibility staff. The non-modified FTE is all FSSA FTE that includes SOF FTE. When a central service organizational unit that provides services to DCS pursuant to the Memorandum Of Understanding reports services that benefit the entire FSSA (usually through timesheet reporting), these costs are allocated based upon the method identified in the PACAP.

Method	Description
Division Allocation - FTE *(step down)* *See Exhibit 1 for example*	Costs for the Division Director's Office and Division Administration that are not identified to benefiting programs (except through time and effort reporting or certification of staff supervised) are distributed among each bureau and office administered based upon FTE or Modified FTE count of units supervised. This method is used for FSSA Admin, DFR Admin, Aging Admin and DDRS Admin.
Division Allocation – Project ID Summary Time and Effort Reporting	Costs for the Division Director's Office and all Division Administration are identified to a Project ID and multiple Department IDs. Staff time and effort reporting is used to allocate costs to benefitting programs. One statistic is applied to the Project ID and all associated Department IDs. This method is used for distributing OMPP Admin costs and DMHA Admin.
Office Allocation - FTE *(step down)*	Allocation based on the distribution of FTE within the office. For example, Office Allocation is the Allocation Method utilized by Office of General Counsel. To allocate 2.3 Office of General Counsel compile the FTE statistics for the three sections reporting to it (2.3.1 Legal Services, 2.3.2 Hearing and Appeals, and 2.3.3 Investigations) as a percent to total and spread the cost of 2.3 to 2.3.1, 2.3.2 and 2.3.3 based on those results.
Bureau Allocation - FTE *(step down)*	Allocation based on the distribution of FTE within the bureau.
Section Allocation - FTE *(step down)*	Allocation based on the distribution of FTE within the section.
Unit Allocation - FTE *(step down)*	Allocation based on the distribution of FTE within the unit.
Direct Charge - Certified	Personal services cost identified as benefiting a particular final cost objective are directly charged to that cost objective. Staff that are dedicated to the benefit of one funding source or program are direct charged to the program. They keep bi-weekly electronic time records to support the distribution of time and are approved by a supervisor.

Method	Description
Direct Charge – Time and Effort Reporting	Staff who are not dedicated to the benefit of a single program keep electronic time records to support distribution of time to benefiting programs or grants (formerly on a Modified A-4 Timesheet). Appendix C provides examples of the paper version of Modified A-4 Timesheets.
Direct Charge – All Other	Non-personal services cost identified as benefiting a particular final cost objective are directly charged to that cost objective. All Other types of expense include costs of supplies, equipment, telecommunications and contractual services that are identified as benefiting a particular program cost objective.
Approved Intergovernmental Agreement	Costs claimed for services provided by or provided on behalf of a governmental agency outside the FSSA will be supported by a written agreement and will be allocated or direct charged based on the terms of the agreement.
Approved Intra-agency Medicaid Agreement	Costs claimed for Medicaid services provided by an internal division/sub-division of the FSSA will be supported by a written agreement and will be allocated or direct charged based on the terms of the agreement.
RMS Results	Allocation based on the results of Random Moment Sampling (RMS) time studies of DFR/IM programs and DDRS/BDDS programs as explained in Appendix B (DFR) and Appendix F (DDRS). This method is based upon approved statistical sampling techniques.
Modified RMS Results	Allocation based on recast RMS results identified to the appropriate programs. RMS method is based upon approved statistical sampling techniques. Results are applied to cost pool for corresponding quarter. For example, IMRMS results related to Food Stamp, TANF and Impact Administration described in Part G - Section 4, page 2.
Advanced Planning Document (APD)	Automated system development and implementation costs are allocated in accordance with amounts or percentages defined within an approved APD.

Method	Description
IOT Allocation	Costs for data processing services provided by the Indiana Office of Technology (IOT) will be accumulated under individual project numbers assigned by IOT. Costs will be billed to the FSSA on a monthly basis on an Interdepartmental (ID) Bill separately identifying costs for each project. IOT utilizes a billing methodology which was reviewed and approved by USDHHS. ID Bills are posted to the General Ledger by Project ID and Department ID number, if appropriate.
Case Counts	Allocation based on the population served. Costs are distributed to programs based on a ratio of relevant case counts for the reporting period. Specific counts may include the number of cases, claims, clients, applications, or other data counts that represent the population served.
Staff Counts	Allocation is based on the number of paid full time equivalent (FTE) positions in each unit of the FSSA who work a standard 75 hours for the 2 week pay period. The FTEs are determined quarterly, and a percentage for each section's FTEs is calculated. Costs are allocated to units based on the percentage calculated for that unit. With respect to shared cost in local offices, staff count includes contractor eligibility staff.

Method	Description
Transaction Counts	Allocation based on counts of transactions or expenditure value of transactions not previously defined (e.g., number of network connections, postage expenditures by Project ID, proportion of training hours conducted by category, number of purchase orders issued, in-state and out-of-state travel expenditures by Project ID, etc.). Transactions are relevant to the area incurring the cost and are translated into a percentage for application to quarterly costs. When using this methodology, the count or expenditure basis will be described in Part G for each cost group. The statistics corresponding to the quarter to be allocated will be used. For example, the Fair Hearings and Appeals Unit is responsible for assuring due process in administrative hearings regarding programs administered by FSSA and DCS. Costs identified as allocable to DFR for this function are further allocated to Medicaid (Administration, 50% FFP), TANF (Administration – Federal/State) and Food Stamps (Administration, 50% FFP) and state funds using quarterly counts of cases appealed.
State Operated Facility (SOF) Allocation	Numerous methods used to identify administrative costs for each facility.
Local Office Shared Lease	Allocation based on space utilization

Exhibit 1

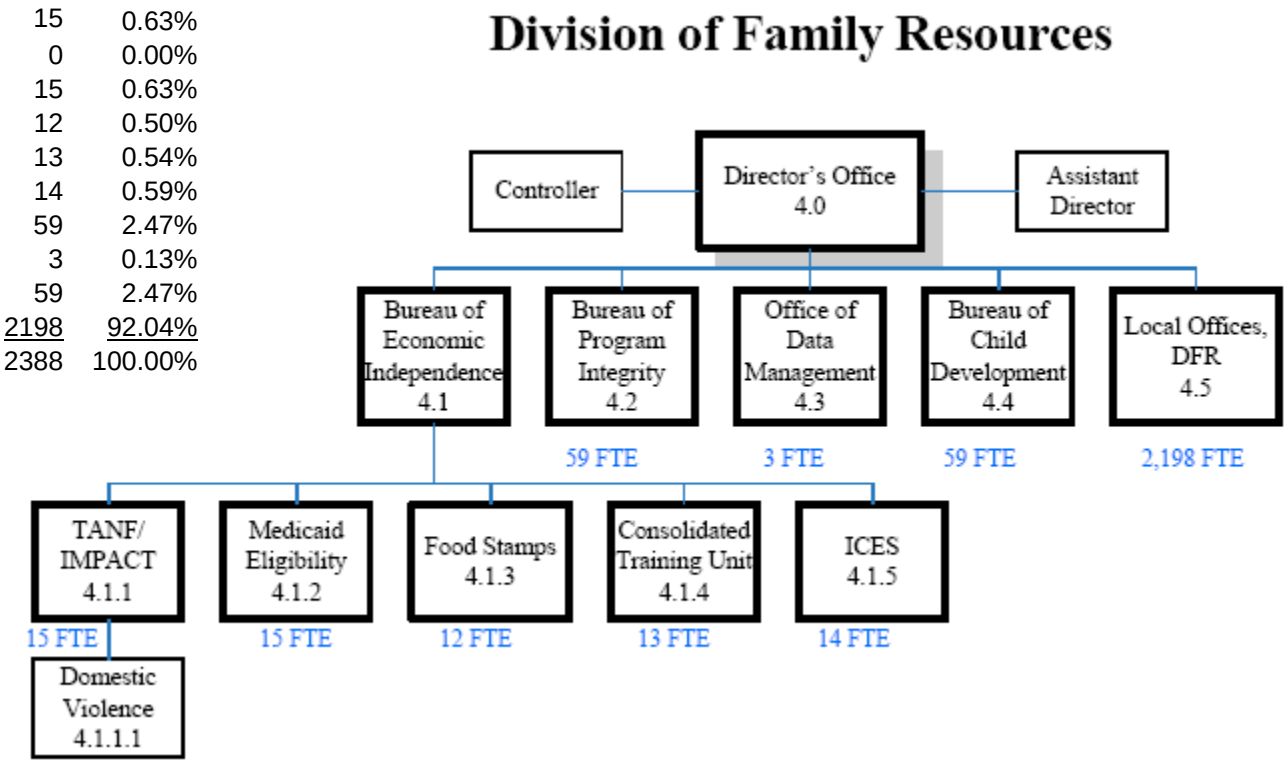
Division Allocation Example

The following is an example of Division Allocation *(step down)* using FTE methodology for Section 4 – Division of Family Resources. This allocation example shows the distribution of Division indirect only. The distribution does not include the DFR Central Office portion of FSSA or SWCAP allocations. Those would be distributed using the same methodology. Division FTE counts are complied each quarter. This is a three step process which is detailed below using actual numbers for quarter ending 9/30/06. Although the organizational structure for DFR has changed, the process remains the same.

Step 1 – Develop Allocation Statistics

Division of Family Resources

Section	Name	FTE	FTE %
4.1	Bur Economic Independence	0	0.00%
4.1.1	TANF/IMPACT	15	0.63%
4.1.1.1	Domestic Violence	0	0.00%
4.1.2	Medicaid Eligibility	15	0.63%
4.1.3	Food Stamps	12	0.50%
4.1.4	Consolidated Training	13	0.54%
4.1.5	ICES	14	0.59%
4.2	Bur Program Integrity	59	2.47%
4.3	Office of Data Management	3	0.13%
4.4	Bur Child Development	59	2.47%
4.5	Local Offices, DFR	2198	92.04%
	Total	2388	100.00%



Step 2 – Allocate current quarter costs accumulated in Division Cost Group based on the percent of FTE to total FTE supervised.

Division of Family Resources **$ 131,836.94**

Section	Name	FTE %	Allocations
4.1	Bur Economic Independence	0.00%	$ -
4.1.1	TANF/IMPACT	0.63%	828.12
4.1.1.1	Domestic Violence	0.00%	0.00
4.1.2	Medicaid Eligibility	0.63%	828.12
4.1.3	Food Stamps	0.50%	662.50
4.1.4	Consolidated Training	0.54%	717.71
4.1.5	ICES	0.59%	772.91
4.2	Bur Program Integrity	2.47%	3,257.28
4.3	Office of Data Management	0.13%	165.62
4.4	Bur Child Development	2.47%	3,257.28
4.5	Local Offices, DFR	92.04%	121,347.40
	Total	100.00%	$131,836.94

Step 3 – Allocate to federal and state programs using the methodology identified in the PACAP for that section. Below is an example showing how the Division Cost Group is stepped down to the units supervised.

Section	Allocation Method by Agency	SFY 2007 Q1 Cost Identified	Food Stamp	Food Stamp Employment & Training	Title IV-A, TANF	TANF IMPACT	Child Care and Development Block Grant (Educare; Licensing)	Title XXI	Title XIX	State - HCI, RBA, ARCH, Commission of Status of Black Males	DCS
4	DFR										
	SWCAP Allocation										
	FSSA Allocations										
4.0	Division Allocation										
4.0	Commission on the Status of Black Males: Direct Charge – Certified (State Funded)										
4.1	Bureau of Economic Independence										
4.1.1	TANF/IMPACT Direct Charge	828.12			276.04	552.08					
4.1.1.1	Domestic Violence Direct Charge	-									
4.1.2	Central Enrollment Unit: Transaction Counts - Allocate to Medicaid Administration (Title XIX) and CHIP Administration (Title XXI) based on quarterly unduplicated counts of individuals for which Title XIX and Title XXI applications were processed by the CEU.	386.46						110.37	276.09		

Section	Allocation Method by Agency	SFY 2007 Q1 Cost Identified	Food Stamp	Food Stamp Employment & Training	Title IV-A, TANF	TANF IMPACT	Child Care and Development Block Grant (Educare; Licensing)	Title XXI	Title XIX	State - HCI, RBA, ARCH, Commission of Status of Black Males	DCS
4.1.2	Hoosier Healthwise: Transaction Counts - Allocate to Medicaid Administration (Title XIX) and CHIP Administration (Title XXI) based on quarterly counts of Title XIX and Title XXI Recipients	441.66						42.06	399.60		
4.1.3	Direct Charge - Certified IMPACT (Food Stamp)	220.83		220.83							
4.1.3	Direct Charge - Certified Food Stamp Administration	441.66	294.44	147.22							
4.1.4	Consolidated Training Unit: RMS Results - IMRMS	717.71	254.84	32.05	70.17	36.11	-	18.06	295.64	4.97	5.87
4.1.5	ICES: RMS Results - IMRMS	772.91	274.45	34.51	75.57	38.89	-	19.45	318.39	5.35	6.32
4.2	Program Integrity - Quality Control: Direct Charge – Time and Effort Reporting to identify effort to benefiting programs including Food Stamp Administration, Medicaid Administration (Title XIX), TANF and Child Care	2,760.40	2,168.65					35.49	556.26		

Section	Allocation Method by Agency	SFY 2007 Q1 Cost Identified	Food Stamp	Food Stamp Employment & Training	Title IV-A, TANF	TANF IMPACT	Child Care and Development Block Grant (Educare; Licensing)	Title XXI	Title XIX	State - HCI, RBA, ARCH, Commission of Status of Black Males	DCS
4.2	Program Integrity - Field Consultants: IMRMS Results	496.87	176.43	22.19	48.58	25.00	-	12.50	204.68	3.44	4.06
4.3	Office of Data Management: Staff Counts - Distribute to DFR and DCS based on **FTE** positions and allocate to DFR based on the IMRMS- DFR Share	104.95	37.27	4.69	10.26	5.28	-	2.64	43.23	0.73	0.86
4.3	Office of Data Management: Staff Counts - Distribute to DFR and DCS based on **FTE** positions and allocate to DCS based on the SSRMS - DCS Share	60.67									60.67
4.4	Bureau of Child Development: Direct Charge - Time and Effort	3,257.28					3,257.28				
4.5	Local Offices: IMRMS Results	121,347.40	43,088.04	5,418.16	11,864.14	6,104.99	-	3,053.10	49,986.63	839.72	992.62
4.5	Local Offices: DFR/DCS Shared Costs (Cty 96): Staff Counts and DFR share - IMRMS results										
	Total	131,836.94	46,294.12	5,879.64	12,344.75	6,762.34	3,257.28	3,293.67	52,080.53	854.20	1,070.41

Below are the RMS results for the quarter ending 9/30/06. These statistics were used to allocate costs that are identified as using IMRMS results.

RANDOM MOMENT SAMPLE
PROGRAM SUMMARY RESULTS
Quarter Ending 09/30/06

INCOME MAINTENANCE PROGRAM SUMMARY PERCENTAGES

Program	
TANF (Cash Assistance)	9.777
TANF (Case Management)	0.000
TANF UP (Cash Assistance)	0.000
TANF - EBT	0.000
TANF IMPACT	5.031
Food Stamps IMPACT (ABAWDS)	2.704
Food Stamps IMPACT (NON-ABAWDS)	1.761
IV-E Foster Care	0.285
Adoption Assistance	0.359
Food Stamps	35.319
Food Stamps - EBT	0.189
Children's Health Insurance Program (CHIP)	2.516
Medicaid	41.130
Medicaid Outreach	0.063
Refugee Assistance/Resettlement	0.000
Children With Special Healthcare Needs (CWSHCN)	0.063
HCI	0.692
ARCH	0.000
RBA	0.000
Adoption Administration (Non-IV-E)	0.019
Foster Care (Non IV-E)	0.092
Non TANF Burials	0.000
Total Income Maintenance	100.000

	Population	
IMRMS	1569	63.368%
SSRMS	907	36.632%
Total	2476	100.000%

Part G
Section 1

Office of the Secretary

Family and Social Services Administration

The FSSA mission is to use common sense compassion to help needy Hoosiers have healthier, more productive lives through developing, managing and financing their health care and human services needs.

The FSSA exists to inform, protect, and serve Indiana individuals and families in need of human services, resources or support. FSSA was created as an official entity effective January 1, 1992. It was not until State Fiscal Year 1993 that the umbrella organization took responsibility for and began affecting the delivery of human services in Indiana. In January 2005, legislation creating the Department of Child Services (DCS) transferred child welfare programs and child support services from the FSSA Division of Family and Children to the DCS.

1.0 Office of the Secretary

The Office of the Secretary directs the overall operations of the Indiana Family and Social Services Administration and is responsible for providing leadership and administrative direction for all division directors and bureaus. This office includes the Chief of Staff, Legislative/Policy Director, Governor's Office Liaison, IHIT and Affordable Care Act (ACA) - Health Exchanges. Reporting to the Secretary are the directors who head the program divisions which are detailed in Sections 3 through 7 and are the Office of Medicaid Policy and Planning, the Division of Family Resources, the Division of Aging, the Division of Disability and Rehabilitative Services and the Division of Mental Health and Addiction.

Project ID	Project Name	Department ID	Department Name	Allocation Method
405FSSAADMINSyy	FSSA Administration	219001	Executive Office	FSSA Allocation – Modified FTE

1.1 Chief of Staff

The Chief of Staff supports the Secretary and is responsible for functions as assigned, including oversight of areas described in Section 2 of this Plan. FSSA does not provide management oversight of the Department of Child Services but does supervise the central service functional areas that provide services to DCS pursuant to the Memorandum of Understanding (MOU).

Project ID	Project Name	Department ID	Department Name	Allocation Method
405FSSAADMINSyy	FSSA Administration	219002	Chief of Staff	Division Allocation – FTE

1.2 Legislation/Policy

The Legislative Director reports to the Secretary and is responsible for all matters relating to proposed legislation relating to the FSSA's programs. The Legislative Director and support staff acts as a liaison with the advocacy groups and represent the FSSA at meetings when assessing the impact of proposed legislation on the organization and the client population. Staff interfaces with the FSSA's Finance and Operations area in assessing the funding for legislative initiatives.

Project ID	Project Name	Department ID	Department Name	Allocation Method
405FSSAADMINSyy	FSSA Administration	219003	Legislation/Policy	FSSA Allocation – Modified FTE

1.3 Governor's Office Liaison

Legislative Counsel and staff act as a liaison between the Secretary of the FSSA, the Governor's Office and the Legislature when proposing legislation and assessing the impact of proposed legislation on the organization and the client population. Staff interfaces with the State Budget Office in assessing the funding for legislative initiatives. Department ID 219009 is also found in Part G - Section 2 – 2.9 and is used as a holding account for IOT seat charges awaiting further allocation.

Project ID	Project Name	Department ID	Department Name	Allocation Method
405FSSAADMINSyy	FSSA Administration	219009	Indirect/ Governor's Office	State Funded

1.4 Indiana's Health Information Technology Grant

IHIT will serve as the "state designated entity" for purposes of the State of Indiana's participation in the State Grants To Promote Health Information Technology which will promote health information exchange that will advance mechanisms for information sharing across Indiana's health care system.

Project ID	Project Name	Department ID	Department Name	Allocation Method
405FSSAADMINSyy	FSSA Administration	219273	IHIT Grant	State Funded

1.5 Affordable Care Act (ACA) – Health Exchanges

FSSA serves as the "state designated entity" for purposes of the Affordable Care Act (ACA) – Health Exchanges.

Project ID	Project Name	Department ID	Department Name	Allocation Method
405ACA_LVL1_F11	Affordable Care Act	219275	ACA	Direct Charge

Part G
Section 2

Central Office Administrative Services

Central Office Administrative Services

The central office administrative services sections provide support services to the FSSA administrative and program divisions. These sections are comprised of Finance and Operations (CFO), Audit Services, Office of General Counsel, Chief Information Office, Project Management, Human Resources, Contract Management and Office of Communications. In some instances, if no staff are identified to a section, the section is used to receive costs that will be allocated to other sections.

2.0 Chief of Staff (see 1.1)

The Chief of Staff supports the Secretary and functional responsibilities are described in Part G Section 1. The central office administrative sections identified above and described below report to the Chief of Staff.

2.1 Division of Budget and Finance

The Chief Financial Officer (CFO) has responsibility for the following central administrative functions – Federal Reporting and Cost Allocation, Accounting Operations and Administrative Services. These functional areas support the day to day operations of the FSSA. The Agency Controller reports to the CFO and has responsibility for the development and maintenance of the Agency's overall budget. The FSSA Controller reports to the Agency Controller and prepares the Central Office Administrative Services budget. Director of Federal Reporting and Cost Allocation reports to Agency Controller. Director of Accounting Operations reports to CFO and the staff monitor expenditures and prepare management reporting. The CFO and support staff provides oversight of the operating divisions regarding all aspects of budget development and maintenance.

The Division Controllers report to the CFO in matters of financial policies, procedures, reporting and schedules, but their functions are described within the operating division over which they have responsibility. The FSSA Controller and support staff are responsible for financial oversight of FSSA programs.

Project ID	Project Name	Department ID	Department Name	Allocation Method
405FSSAADMINSyy	FSSA Administration	219010	Finance and Accounting	Office Allocation – FTE

2.1.1 Federal Reporting and Cost Allocation

This area is responsible for the monitoring and reporting of expenditures, preparing required federal financial reports, and development and maintenance of the Agency's Public Assistance Cost Allocation Plan (PACAP), including cost allocation templates used by Accounting Operations staff.

Project ID	Project Name	Department ID	Department Name	Allocation Method
405FSSAADMINSyy	FSSA Administration	219011	Federal Reporting	Transaction Counts – Federal project expenditures reported during the quarter

2.1.2 Accounting Operations

Accounting Operations is responsible for management and accountability of all funds received and disbursed through PeopleSoft by the FSSA including its divisions, bureaus and sections. This includes accounting for all disbursements, revenues and recoveries, preparing required financial reports and performing various account reconciliations.

Project ID	Project Name	Department ID	Department Name	Allocation Method
405FSSAADMINSyy	FSSA Administration	219014	Accounting Operations	Transaction Counts - Count of all general ledger journal lines by Project ID excluding SOF

2.1.3 Administrative Services

Administrative Services is responsible for all activities related to procurement, asset management, employee payments such as payroll and travel, vendor services, and processing and pre-auditing claims issued by the FSSA. These claims include payments for vendors, contractors, sub-grantees and vocational rehabilitation clients. The Director of the Administrative Services Office oversees the Claims Management System and reports to the CFO.

Project ID	Project Name	Department ID	Department Name	Allocation Method
405FSSAADMINSyy	FSSA Administration	219015	Administrative Services	Bureau Allocation - FTE

2.1.3.1 Accounts Payable

Staff in this section provides general and administrative support for fixed assets, employee payment applications, claims reconciliation and processing payments to providers (vendors) who have submitted claims.

Project ID	Project Name	Department ID	Department Name	Allocation Method
405FSSAADMINSyy	FSSA Administration	219016	Accounts Payable	Transaction Counts – Count of Claims Paid for FSSA by Project IDs excluding SOF

2.1.3.2 Procurement

Procurement provides purchasing services to all areas of the agency. The types of purchasing and procurements of contracts that are solicited and/or processed by FSSA Procurement include: lease/rental agreements, emergency purchases and purchases requiring Indiana Department of Administration bidding processes (Broad Agency Announcements and Request For Proposals).

Project ID	Project Name	Department ID	Department Name	Allocation Method
405FSSAADMINSyy	FSSA Administration	219017	Procurement	Transaction Counts - Count of Purchase Orders by Project ID excluding SOF

2.1.3.3 Employee Payments

Staff in this section are responsible for payroll activities within FSSA, excluding the state hospitals. The state hospitals (state operated facilities - SOF) report their payrolls directly to the State Auditor's Office. All other divisions and sections within FSSA report their payrolls through this area. Staff is responsible for auditing and processing for payment employee travel expenses. This unit also processes out of state travel requests for training and professional conferences.

Project ID	Project Name	Department ID	Department Name	Allocation Method
405FSSAADMINSyy	FSSA Administration	219019	Employee Payments	Staff Counts - Count of FTE by Department ID excluding SOF

2.1.4 Grants

The Grants area staff review and monitor the Federal Register for potential grant opportunities and works with appropriate program personnel to prepare grant applications for potential federal funding. As necessary, staff will assist with intra-agency implementation of the grant award.

Project ID	Project Name	Department ID	Department Name	Allocation Method
405FSSAADMINSyy	FSSA Administration	219013	Grants	Direct Charge - Time and Effort Reporting

2.2 Audit

The Chief Internal Auditor is responsible for providing administrative oversight. Auditors perform internal audits of FSSA central office administrative functions, local office administrative functions and other assigned agency administrative tasks. Sub-recipient monitoring includes audits of grants awarded to organizations that provide services to Indiana citizens. Sub-recipient monitoring could include desk reviews, as well as on-site reviews, in which multiple grantees are examined. Sub-grantee organizations include non-profit organizations, hospitals, universities, mental health centers, rehabilitation centers, and other health and human service providers. Services may be provided to DCS through the MOU.

Project ID	Project Name	Department ID	Department Name	Allocation Method
405FSSAADMINSyy	FSSA Administration	219030	Audit	Office Allocation – FTE
405FSSAADMINSyy	FSSA Administration	219031	Auditors	Direct Charge - Time and Effort Reporting

2.3 General Counsel

The General Counsel and supporting staff provide legal, hearing and appeal and investigation services to all areas of the agency. Staff attorneys are assigned to provide legal support to divisions of the agency.

Project ID	Project Name	Department ID	Department Name	Allocation Method
405FSSAADMINSyy	FSSA Administration	219040	General Counsel	Office Allocation - FTE

2.3.1 Legal Services

Legal Services are provided to FSSA Administrative sections, the Divisions of Family Resources, Mental Health and Addiction, Disability and Rehabilitative Services, Division of Aging and Office of Medicaid Policy and Planning. These services include contract review, litigation, advice, preparation of the legislation and promulgation of administrative rules and regulations. Services may be provided to DCS through the MOU.

Project ID	Project Name	Department ID	Department Name	Allocation Method
405FSSAADMINSyy	FSSA Administration	219041	Legal Services	Direct Charge - Time and Effort Reporting

2.3.2 Hearings and Appeals

This area is responsible for assuring due process in administrative hearings regarding programs administered by the FSSA for Medicaid, TANF, Food Stamp, and state programs and for Child Support administered by the Department of Child Services (as defined by the MOU between FSSA and DCS).

Project ID	Project Name	Department ID	Department Name	Allocation Method
405FSSAADMINSyy	FSSA Administration	219043	Hearings and Appeals	Case Counts – Count of cases appealed during three months in quarter

2.3.3 Investigations

Staff investigates and prosecutes all agency reported fraud for the Food Stamp, TANF, Medicaid, Child Care and state programs. Staff may also investigate and prosecute any suspected FSSA state employee misuse of public monies, misuse of state assets and misconduct. A Fraud Hotline for reporting of suspected fraud is maintained. Services may be provided to DCS through the MOU.

Project ID	Project Name	Department ID	Department Name	Allocation Method
405FSSAADMINSyy	FSSA Administration	219044	Investigations	Direct Charge - Time and Effort Reporting

2.4 Division of Technology Services

The Chief Information Officer (CIO) has responsibility through the Division of Technology Services (DTS) for assuring that FSSA follows IOT standards for providing management information services to FSSA. The Business Systems Consultants work with FSSA's program areas to identify the agencies information technology needs. Staff are responsible for Technical Contract/RFS/RFP review and negotiation, Software Development Life Cycle (SDLC), application testing, application help desk, telecommunications, information security, information technology asset management, HIPAA compliance, and facilities management. Staff have overall responsibility of providing statistical reports for federal, local and state authorities. Aspects of these reports include research analysis, forecasting, and application of various statistical techniques and methodologies. Many of the reports generated by this section are utilized by the federal government for the review of human services programs. These programs may include Food Stamp or Medicaid, as well as others. Services may be provided to DCS through the MOU.

Project ID	Project Name	Department ID	Department Name	Allocation Method
405FSSAADMINSyy	FSSA Administration	219050	Division of Technology Services	Office Allocation – FTE
405FSSAADMINSyy	FSSA Administration	219052	Consultancy & Planning	Direct Charge - Time and Effort Reporting
405FSSAADMINSyy	FSSA Administration	219053	Applications and Security	Direct Charge - Time and Effort Reporting
405FSSAADMINSyy	FSSA Administration	219054	Technology Architecture	Direct Charge - Time and Effort Reporting

2.5 Project Management

This group is responsible for implementing and operating various projects and programs throughout FSSA. Examples of FSSA related projects/programs are: Health Insurance Portability and Accountability Act (HIPAA), Electronic Benefit Transfer (EBT), Indiana Client Eligibility System (ICES) and Claims Management System (CMS). The manager of Project Management is also responsible for the activities of Administrative Support.

Project ID	Project Name	Department ID	Department Name	Allocation Method
405FSSAADMINSyy	FSSA Administration	219051	Project Management	Direct Charge - Time and Effort Reporting

2.5.1 Administrative Support

This area is responsible for delivering general administrative support functions including the handling, sorting, delivering and processing of all incoming and outgoing mail for FSSA. This area provides minor furniture moves and repairs. Administrative Support is also responsible for the coordination of all forms utilized within FSSA. This includes review and approval of requested forms, maintenance of the forms inventory and processing requests for revisions to existing forms. Additional responsibilities include records management. This involves the development of records retention schedules, transfers of records to and from the Records Center for storage. All records retention procedures developed and implemented must be in accordance with the guidelines established by the Commission on Public Records.

Project ID	Project Name	Department ID	Department Name	Allocation Method
405FSSAADMINSyy	FSSA Administration	219062	Administrative Support	FSSA Allocation – Modified FTE, excluding SOF

2.6 Human Resources

The State Personnel Department provides personnel services to the FSSA employees. These services include organizational design, performance appraisal tracking and review, benefits administration, workers' compensation, merit complaint processes, personnel and policy rule-making and interpretation, recruitment, affirmative action, employee orientation and training.

Project ID	Project Name	Department ID	Department Name	Allocation Method
405FSSAADMINSyy	FSSA Administration	219061	Human Resources	Staff Counts – Count of FTE by Department ID, excluding SOFs

2.7 Contract Management

Contract Management is responsible for oversight and tracking of contract processing from the initial 'request for purchase' through completion of obtaining all required signatures and necessary State authorizations. Staff issues final authorization and informs the vendor and the appropriate FSSA personnel. It also monitors contract performance standards and provides training to other divisions on how to develop their contracts within agency and state guidelines.

Project ID	Account Name	Department ID	Department Name	Allocation Method
405FSSAADMINSyy	FSSA Administration	219063	Contract Management	FSSA Allocation – Modified FTE by Division including contractors

2.8 Communications

The Office of Communications is an administrative office responsible for the following primary functions: Communications, Planning/Innovation, and Governmental Relations.

Communications serves as the primary portal for public information for human and social services issues in Indiana. Planning/Innovation activities are concentrated on central service planning for the entire FSSA. Governmental relations include identifying federal issues as they relate to FSSA and other governmental entities and acting as an advocate of the community to document opinions and positions on specific issues.

Project ID	Project Name	Department ID	Department Name	Allocation Method
405FSSAADMINSyy	FSSA Administration	219004	Communications	FSSA Allocation – Modified FTE

2.8.1 Graphics

Staff prepares brochures and external communications related to human and social services administered by FSSA in Indiana.

Project ID	Project Name	Department ID	Department Name	Allocation Method
405FSSAADMINSyy	FSSA Administration	219005	Graphics	FSSA Allocation – Modified FTE excluding SOF

2.9 Indirect

This is a holding account for FSSA costs that are state funded. Some costs identified to this account are reviewed and charged to other projects as appropriate and the balance is state funded. IOT billings for seat charges, UPS charges, copy paper are allocated to Department ID based on count of FTE.

Project ID	Project Name	Department ID	Department Name	Allocation Method
405FSSAADMINSyy	FSSA Administration	219009	Indirect/ Governor's Office	State Funded
405FSSAADMINSyy	FSSA Administration	219009	Indirect/ Governor's Office	FSSA Allocation – Modified FTE
405FSSAADMINSyy	FSSA Administration	219012	Agency Overhead	FSSA Allocation – Modified FTE

Part G
Section 3

Office of Medicaid Policy and Planning

Office of Medicaid Policy and Planning (OMPP)

The Office of Medicaid Policy and Planning (OMPP) is responsible for the overall program administration of health care to qualified Indiana citizens. Staff in this division is responsible for the administration of the Medicaid state-federal health care program, the Children's Health Insurance Program (CHIP), the Hoosier R_x benefit plan, Patient Protection Affordable Care Act (PPACA), Health Information Technology (HIT) Administration Grant and other state health plans. The Office is organized with functional areas reporting to the Director's Office. The OMPP staff performing a skilled medical professional function are identified through timesheets. Non-state staff complete timesheets to identify effort and their proportion of time identifiable to Medicaid Admin to be claimed at 50%, 75% or 90%.

3.0 Director's Office/Division Administration

The Director's Office includes support staff to assist with oversight and management of the office. The Director and Deputy Director have administrative responsibility for Reimbursement, Agency Policy, Finance, Agency Coordination & Integration and Care Programs.

Project ID	Project Name	Department ID	Department Name	Allocation Method
503MEDOMPPXXSyy	OMPP Administration	219332	OMPP Medicaid Dir Exec	Direct Charge - Time and Effort Reporting

3.1 THIS SECTION INTENTIONALLY LEFT BLANK

3.2 Reimbursement

The Director of Reimbursement and staff advises on OMPP reimbursement policy, reviews and monitors rate setting contractors for nursing facilities, hospitals and the audit function. Reimbursement unit manages the Acute Care and Long Term Care part of reimbursement including overseeing the school administration payments. Staff monitors the rate setting contractors for nursing facilities, hospitals and the contractors for Long Term Care audits. Operations staff are responsible for directing staff in development of quality and outcome measures for the fiscal agent and to assure the contractors are using correct medical policy. Further responsibility is to monitor claims processing to ensure timeliness and accuracy. This area is also responsible for state plan amendments. The section has units for Long Term Care, Acute Care and Operations. Data management and analysis and systems management support the work of the Reimbursement area.

Project ID	Project Name	Department ID	Department Name	Allocation Method
503MEDOMPPXXSyy	OMPP Administration	219302	OMPP Policy Dir Exec	Direct Charge - Time and Effort Reporting

3.2.1 Operations

This area is responsible for directing staff in development of quality and outcome measures for the fiscal agent and to assure the contractors are using correct medical policy. Further responsibility is to monitor claims processing to ensure timeliness and accuracy.

Project ID	Project Name	Department ID	Department Name	Allocation Method
503MEDOMPPXXSyy	OMPP Administration	219329	OMPP Operations – EDS	Direct Charge - Time and Effort Reporting to Medicaid Administration at 50% and 75%

3.2.2 OMPP Systems

This area is responsible for directing staff on technological solutions to database management, information security and application systems. Staff has responsibility for oversight and development of enhancements to the MMIS system changes identified through approved APDs.

Project ID	Project Name	Department ID	Department Name	Allocation Method
503MEDOMPPXXSyy	OMPP Administration	219330	OMPP Systems	Direct Charge - Time and Effort Reporting to Medicaid Administration at 50% and 75%

3.3 Finance

The Director of Finance, Controller and fiscal analysis staff are responsible for financial oversight and program integrity of all division programs and work with program areas to analyze health care expenditures and review expenditures to budget. The staff has responsibility for the development of contract budgets and works with program staff to assist them in the development of the contract language for managed care, provider payments and rate setting to ensure mitigation of risk has been addressed. This area oversees overpayments, has responsibility for cost allocation and federal reporting as well as manages and supervises contract development. The staff has responsibility for the federal reporting for the waivers and grants along with other external and internal reporting for the waivers cost neutrality issues. Program integrity unit coordinates internal and external audit functions to assure compliance with Indiana statute and the federal law governing Medicaid and CHIP and staff are assigned to this area of OMPP. Staff coordinate with Federal and State audit agencies and monitor audit finding resolutions within all of OMPP including pharmacy audits. Specific program responsibilities include Estate Recovery unit, the Program Integrity unit and Security HIPAA compliance.

Project ID	Project Name	Department ID	Department Name	Allocation Method
503MEDOMPPXXSyy	OMPP Administration	219269	OMPP Finance Exec Staff	Direct Charge - Time and Effort Reporting

3.3.1 Estate Recovery

Estate Recovery unit is responsible for the recovery and accountability of monies and unclaimed properties from the estates of Medicaid clients.

Project ID	Project Name	Department ID	Department Name	Allocation Method
503MEDOMPPXXSyy	OMPP Administration	219322	OMPP Estate Recovery	Direct Charge - Time and Effort Reporting

3.3.2 Program Integrity

The staff in this area oversees pharmacy audits and SUR functions as well as all functions of the Payment Error Rate Measurement (PERM), oversee efforts to identify fraud and abuse and inappropriate expenditures, oversee contract provider overpayments and review Third Party Liability cost avoidance and recovery efforts to pursue revenue recovery from other responsible health care insurers, companies or individuals. The staff are responsible for maintenance of FADS (Fraud and Abuse Detection System).

Project ID	Project Name	Department ID	Department Name	Allocation Method
503MEDOMPPXXSyy	OMPP Administration	219321	OMPP Program Integrity	Direct Charge - Time and Effort Reporting to Medicaid Administration at 75%, 50% or 90%

3.4 Agency Coordination & Integration

Work with the other FSSA divisions developing strong relationships and partnering with them in division initiatives involving Medicaid. Staff prepares applications for potential federal funding and assist with the intra-agency implementation of the grant award and with State Plan Amendments. This staff also has responsibility for coverage and benefits including prior authorization for home health and hospice.

This area is responsible for the services provided to children and the disabled population participating in the Medicaid Waiver programs. This staff oversees the reporting needs for Home and Community Based Waivers (HCBW) for DDRS, Aging and DMHA and the grant for CA PRTF. MOU's are in place with the operating/program divisions for the HCBW efforts.

Project ID	Project Name	Department ID	Department Name	Allocation Method
503MEDOMPPXXSyy	OMPP Administration	219116	OMPP ACI Executive	Direct Charge - Time and Effort Reporting
503MEDOMPPXXSyy	OMPP Administration	219317	OMPP DDRS & HCBS	Direct Charge - Time and Effort Reporting
503MEDOMPPXXSyy	OMPP Administration	219318	OMPP Aging & Communication	Direct Charge - Time and Effort Reporting
503MEDOMPPXXSyy	OMPP Administration	219319	OMPP DMHA & Legislation Manager	Direct Charge - Time and Effort Reporting
503MEDOMPPXXSyy	OMPP Administration	219320	OMPP DFR	Direct Charge - Time and Effort Reporting

3.4.1 Coverage/Benefits

The Manager of Coverage and Benefits unit clarifies and communicates implications (both programmatic and system) of policy changes to make sure that rule changes are reflected appropriately. Staff review and verify claim codes and monitor claims payments. This area also develops the written guidance for implementing legislation both at state and federal level which govern the programs for the Indiana Medical Program.

Project ID	Project Name	Department ID	Department Name	Allocation Method
503MEDOMPPXXSyy	OMPP Administration	219304	OMPP Coverage & Benefits	Direct Charge - Time and Effort Reporting to Medicaid Administration at 50% and 75%

3.5 Care Programs

The Director of Care Programs promotes and maintains quality care for the Aged, Blind, and Disabled (ABD) and Medicaid/Medicare Dual eligible populations. The director oversees Care Select, Special Needs projects, High Risk & Transitional Medicaid, Program Integration including Part D premiums Healthy Indiana Program and Early Periodic Screening, Detection, and Treatment (EPSDT) program. The staff has responsibility for contract oversight and monitoring of MCO and CMO contracts and has responsibility to oversee home health and hospice prior authorizations.

Project ID	Project Name	Department ID	Department Name	Allocation Method
503MEDOMPPXXSyy	OMPP Administration	219331	OMPP Care Prgs Exec Staff	Direct Charge - Time and Effort Reporting

3.5.1 Programs

The Care Programs section plans the strategic delivery of Risk Based Managed Care (RBMC) products, oversees and manages the Managed Care Organization (MCO) contracts and monitor Healthy Indiana Plan (HIP) contract compliance. Responsibilities include provider and member services, operational outcomes and clinical outcomes. Care Programs staff is responsible for the various managed care plans available to the Indiana client population.

Staff has responsibility to develop policies for chronic and acute care programs, develop quality measures, monitor transition activities and integrate program within the Medicaid quality strategy. Staff coordinate with CMOs and the Medical policy unit for prior admission processing. Staff has Hoosier Healthwise (HHW) responsibility for MCO monitoring,

improvement plans, contract compliance, training, track operational outcomes, and clinical measurements to reach quality of life measures. Staff track and monitor Healthy Indiana Plan (HIP) operational outcomes, program development, and provide training.

Project ID	Project Name	Department ID	Department Name	Allocation Method
503MEDOMPPXXSyy	OMPP Administration	219323	OMPP Programs	Direct Charge - Time and Effort Reporting

3.5.2 Program Integration

Staff in this area is responsible for the integration of Medicare and disability programs with the traditional fee for service programs. Specific programs are the Medicare Part D/Prescription Drug Program (Hoosier R_X), Medicare Savings Program (MSP), Special Needs Pilot for dual eligibles, Medicare Buy-In, MedWorks for disabled working members and Medicaid eligibility program oversight for persons with disabilities. The Provider/Member Services manager monitors service requirements for HHW and Care Select (CS) contracts and MCO contracts. The technical manager maintains capitation rates and the 1115 HIP Waiver.

Project ID	Project Name	Department ID	Department Name	Allocation Method
503MEDOMPPXXSyy	OMPP Administration	219324	OMPP Program Integration	Direct Charge - Time and Effort Reporting

3.6 Medicaid Eligibility

Medicaid Eligibility unit provides support, oversight and policy interpretation to local office staff for the Medicaid Program for aged, blind and disabled, the Hoosier Healthwise Program (HHW) and Healthy Indiana Program (HIP), and MedWorks.

Project ID	Project Name	Department ID	Department Name	Allocation Method
503MEDOMPPXXSyy	OMPP Administration	219300	OMPP Eligibility	Direct Charge - Time and Effort Reporting

3.6.1 Medical Review Team (MRT) Operations

The MRT is responsible for determining eligibility for Medicaid disability. Eligibility determinations are made based on the results of the applicant's physical exam with a qualified medical provider. The staff reimburse the providers for the exam. If an applicant is denied, they may utilize the appeal process. The unit contracts with physicians and registered nurses to process applications and assist with the appeal process. This unit also has oversight of contractor performing redeterminations.

Project ID	Project Name	Department ID	Department Name	Allocation Method
503MEDOMPPXXSyy	OMPP Administration	219326	OMPP MRT Operations	Direct Charge - Certified Medicaid Administration at 50% and 75%

3.7 Pharmacy

Pharmacy unit oversees the FSSA's pharmaceutical program operations which pays pharmacies through healthcare plans and restricted card. The responsibility for Medicaid program reimbursement from providers and/or clients due to error is maintained in this area. Staff provides subject matter expertise for prior authorization.

Project ID	Project Name	Department ID	Department Name	Allocation Method
503MEDOMPPXXSyy	OMPP Administration	219310	OMPP Pharmacy	Direct Charge - Time and Effort Reporting to Medicaid Administration at 75% and 50%

3.8 MMIS Procurement

Operations and system staff work with OMPP finance, reimbursement, policy, other Divisions with Medicaid programs, FSSA finance, DTS, contractors and other FSSA staff who provide guidance for the procurement to successfully develop requirements and federal support for MMIS replacement system.

Project ID	Project Name	Department ID	Department Name	Allocation Method
503MEDOMPPXXSyy	OMPP Administration	219254	OMPP MMIS Procurement	Direct Charge - Time and Effort Reporting to Medicaid Administration at 90%, 75% and 50%

Part G
Section 4

Division of Family Resources

Division Of Family Resources (DFR)

The Division of Family Resources (DFR) administers or supervises all of the public assistance activities of Indiana. It is also charged with providing organization and supervision of the DFR local offices to effectively administer their functions and to provide appropriate services, rules and regulations to facilitate this task. The Division is the Federal Government's agent in public assistance matters and the administrator of all Federal funds granted to the State for these purposes. Additionally, DFR assists other departments, agencies and institutions of the State and Federal government in performing public assistance related services.

4.0 Director's Office/Division Administration

This office is responsible for the overall leadership, policy development and oversight of the DFR. The Director is the Division's chief executive. The Division Controller has financial oversight of all division programs. The Commission on the Status of Black Males is a state funded effort reporting to the Deputy Director.

Project ID	Project Name	Department ID	Department Name	Allocation Method
500DFR_ADMIN Syy	DFR State Administration	219250	DFR Executive Staff	Division Allocation – FTE
500DFR_ADMIN Syy	DFR State Administration	219212	DFR Finance	Division Allocation – FTE
500STATBLKML Syy	Commission on Status of Black Males	219223	CSSBM	Direct Charge - Certified (State Funded)

4.1 Food Stamp (SNAP), TANF and IMPACT Program Administration

This unit is responsible for formulation and interpretation of Food Stamp (SNAP), and TANF policies and procedures and for monitoring and assisting local offices' administration of the Food Stamp (SNAP) and the TANF program. This unit is also responsible for the formulation and interpretation of policies and procedures for the Indiana Manpower Placement and Comprehensive Training (IMPACT) program leading to employment and training programs for Food Stamp (SNAP) and TANF recipients. Program activities include job search, work experience at job site, education and training programs, as well as supportive services such as transportation and child care. Field staff monitor and assist local offices' administration of IMPACT activities. Effective, October 1, 2008 the Food Stamp Program will change to the Supplemental Nutrition Assistance Program (SNAP). Effective October 2008, this unit is responsible for Indiana's TANF and Administrative Data Use Project which will include upgrades and modifications to ICES. This area may work on Medicaid benefit recovery.

Project ID	Project Name	Department ID	Department Name	Allocation Method
500DFR_ADMINSyy	DFR State Administration	219247	Food Stamp Admin	Direct Charge – Time and Effort Reporting
500IMP18_100Fyy	IMPACT	219230	Food Stamp IMPACT	Direct Charge – Time and Effort Reporting
500DFR_ADMINSyy	DFR State Administration	219225	TANF Admin	Direct Charge – Time and Effort Reporting
500TNFJIM100Fyy	IMPACT - TANF	219228	TANF IMPACT	Direct Charge – Time and Effort Reporting
500DFR_ADMINSyy	DFR State Administration	219351	State Admin Clerical	Direct Charge – Time and Effort Reporting
500DFR_ADMINSyy	DFR State Administration	219352	IMPACT Prog State Adm	Direct Charge – Time and Effort Reporting
500DFR_ADMINSyy	DFR State Administration	219353	TANF Mgrs State Admn	Direct Charge – Time and Effort Reporting

4.2 THIS SECTION INTENTIONALLY LEFT BLANK

4.3 Indiana Client Eligibility System (ICES)

ICES is the Indiana Client Eligibility System that supports the eligibility functions for DFR. Functions include operation of the hotline, operation of the help desk, responding to ongoing system review and periodic changes. Programmer, IT, and systems costs are identified within the ICES project.

Project ID	Project Name	Department ID	Department Name	Allocation Method
500DFR_ADMIN Syy	DFR State Administration	219226	Help Desk	RMS Results – IMRMS
500DFRICESXX Syy	ICES	219220	ICES	RMS Results – IMRMS
500DFRICESXX Syy	ICES	219350	ICES PAPD	Direct Charge - Time and Effort Reporting

4.4 Bureau of Program Integrity

This section is responsible for program audit or quality control, program accuracy or corrective action and the review of local office management. Dedicated staff serve the Food Stamp (SNAP) and Medicaid programs for program audit or quality control reviews. Staff respond to federal quality control requirements to assure local office staff accurately complete initial eligibility determinations and redeterminations. The Food Stamp functions include Food Stamp (SNAP) Quality Control, Management Evaluation, and Administration. The quality control functions for Medicaid represent both the CHIP Quality Control and Medicaid Quality Control/Management Evaluation.

Project ID	Project Name	Department ID	Department Name	Allocation Method
500DFR_ADMINSyy	DFR State Administration	219252	Program Integrity/QC	Office Allocation – FTE
500DFR_ADMINSyy	DFR State Administration	219349	Medicaid Program Integrity	Direct Charge – Certified to XIX Admin(Title XIX)
500FSA14_50_Fyy	SNAP Admin	219346	SNAP Program Integrity/QC	Direct Charge – Certified Food Stamp (SNAP) Admin QC
500FSA14_50_Fyy	SNAP Admin	219347	SNAP Program Integrity/ME	Direct Charge – Certified Food Stamp (SNAP) Admin ME
500TNFAD_100Fyy	TANF Admin	219348	TANF Program Integrity	Direct Charge – Certified to TANF

4.5 Bureau of Child Development

The Bureau is responsible for the planning and execution of CCDF Administration, CCDF Mandatory, CCDF Match, CCDF Discretionary, Child Care Licensing and School Age Child Care Fund.

Project ID	Project Name	Department ID	Department Name	Allocation Method
500CCDFXXXX_Fyy	CCDF Admin Expends	219233	CCDF Admin	Direct Charge - Certified

4.5.1 CCDF Child Care Admin

This unit is responsible for all Child Care Admin activities as well as Educare that funds child care subsidies for children of low income parents who are in a training program or employed.

Project ID	Project Name	Department ID	Department Name	Allocation Method
500CCDFXXXX_Fyy	CCDF Admin Expends	219234	CCDF Child Care Admin	Direct Charge - Certified

4.5.2 CCDF Licensing/Quality

This unit is responsible for all licensing and inspection of child care facilities to assure quality services are provided to children.

Project ID	Project Name	Department ID	Department Name	Allocation Method
500CCDFXXXX_Fyy	CCDF Admin Expends	219235	CCDF Licensing/ Quality	Direct Charge - Certified

4.6 Head Start

Head Start Partnership Program builds collaborative relationships between Head Start and State programs to meet the needs of low-income families and children within the state.

Project ID	Project Name	Department ID	Department Name	Allocation Method
500HEADSRT80Fyy	Head Start	219219	Head Start	Direct Charge – Certified

4.7 State Admin Field Operations

The Assistant Deputy Director is responsible for the general administrative functions and oversight of the DFR Local Offices (Eligibility Modernization) and the Healthy Indiana Plan (HIP).

Project ID	Project Name	Department ID	Department Name	Allocation Method
500DFR_ADMINSyy	DFR State Administration	219215	State Admin Field Ops	Office Allocation – FTE

4.7.1 Healthy Indiana Plan (HIP)

DFR staff perform tasks required to determine HIP program eligibility for the Medicaid program and may provide other eligibility program support.

Project ID	Project Name	Department ID	Department Name	Allocation Method
500DFR_ADMINSyy	DFR State Administration	219248	HIP staff	Direct Charge - Time and Effort Reporting

4.7.2 Local Offices, Division of Family Resources

FSSA initiated the Eligibility Modernization Project in 2007. This constituted major changes in the Local Offices. FSSA announced on December 14, 2009 the plan to develop a Hybrid System to address components of the Eligibility Modernization Project that need modifications. FSSA is directly contracting with vendors providing the support for state staff eligibility determinations. The Hybrid System has an increased focus on face-to-face contact and a county team comprised of FSSA caseworkers and contractor staff.

DFR's State Program Management Office coordinates project management activities. The outside vendors perform many of the tasks previously assigned to the FSSA staff in the local offices and provide document imaging, mail services and IT Support. The goals of the project are to provide a more efficient delivery of services to clients while the Local Office workers become highly proficient in the eligibility determination process.

The DFR Regional Managers, Deputy Regional Managers and State Eligibility Managers are responsible for assisting with the Eligibility Modernization Project. In this capacity they supervise state staff working out of the Local Offices that are responsible for program eligibility determinations and work closely with the contractors to assure a successful implementation of the eligibility process.

Implementing this project does not change the purpose or the programs in the Local Office, only the means to accomplish it. Each local DFR office currently is composed of FSSA state staff and contractor staff.

Eligibility modernization process is now at three levels in local offices.

"As-is" Offices – continue to use ICES Only system and assigned caseworker as local office contact.

Modernization Counties – use Work Force Management System and ICES. The counties included in initial efforts on changing the work flow. The process does not have the desired direct local office contact.

Hybrid Counties – use Work Force Management System – Enhanced and ICES. The new approach is local office contact is delivered by the local county office team, ensuring timely processing, but local control. Regional Change Center completes change processing and services the cases requiring less assistance. Statewide Central Change Center completes centralized and the very skilled functions such as HIP applications, redeterminations hearings and appeals.

Local Offices serve those members of the population who are in need of public welfare, social services or financial and medical assistance. The office also has responsibility for Children with Special Health Care Needs (CSHCN) eligibility determination for Indiana State Board of Health (ISBH). The local office assists clients with the following services.

> Food Stamp (SNAP) -- provides services intended to raise the nutritional level of low-income households by providing them with food coupons with which to supplement their food purchasing power. Recipients must satisfy both financial and non-financial eligibility criteria which are defined by the United States Department of Agriculture.
>
> Temporary Assistance for Needy Families -- provides services intended to assist one and two parent households maintain a minimum level of financial assistance through development of self-sufficiency skills. Recipients must satisfy both financial and non-financial eligibility criteria which are defined in Federal and State regulations.
>
> Medicaid and Children's Health Insurance Program (Hoosier Healthwise) -- Assist eligible persons under Federal and State eligibility requirements with certain prescribed medical services.
>
> Refugee Resettlement Program -- provides financial and medical assistance to aid refugees during their resettlement in the United States.
>
> Other State Programs -- RBA, ARCH.

Project ID	Project Name	Department ID	Department Name	Allocation Method
500DFRCTYADMSyy	DFR County Admin	219249	Regional Managers (County)	RMS Results – IMRMS
500DFRCTYADMSyy	DFR County Admin	219283	IBM	RMS Results – IMRMS
500DFRCTYADMSyy	DFR County Admin	243001-425001	County Admin – Various	* See below
500DFRCTYADMSyy	DFR County Admin	219282	DFC County Admin General	* See below
500DFRCTYADMSyy	DFR County Admin	219213	DFR Eligibility Hybrid	RMS Results – IMRMS
500DFRCTYADMSyy	DFR County Admin	219213	Eligibility Modernization-IAPD Development	IAPDU-Approved Statistics

* The DFR local office costs are identified on a county by county basis. Local office costs include salaries and benefits of DFR staff, contract costs associated with Eligibility Modernization Project, as well as non salary expenses related to local operations.

One DFR local office houses both DFR and DCS operations. There are no shared operating expenses. The lease expense is allocated to DFR and DCS based on space utilization.

Local office costs attributable to DFR are accumulated and allocated based on the IMRMS results for the quarter. The allocated local office costs attributable to DFR are net of shared costs charged to the Eligibility Modernization Project contractors.

** Activity codes will be utilized to further identify and differentiate specific items of cost.

4.8 Electronic Benefit Transfer (EBT)

Electronic Benefit Transfer (EBT) is the electronic distribution of Food Stamp (SNAP) and TANF (Temporary Assistance to Needy Families) benefits to Indiana families. Costs allocated include state administrative expenditures primarily comprised of contractual services, but may include personal and other services, materials, supplies and travel.

Project ID	Project Name	Department ID	Department Name	Allocation Method
500EBT_ADMINSyy	Electronic Benefit Transfer	219222	EBT	Transaction Counts – Food Stamp (SNAP) & TANF

4.9 Other Programs

This section is responsible for administrative oversight related to state funded burial assistance and the provision of financial and medical assistance to aid refugees during their resettlement in the United States. This unit is responsible for Refugee Targeted Assistance Program. Contracts and other non payroll costs are direct charged to burial or Refugee Resettlement Program as appropriate. Payroll costs are paid from one account and charged to either account based on time and effort reporting.

Project ID	Project Name	Department ID	Department Name	Allocation Method
500REFMEDCAXFyy	Refugee Resettlement Program	219245	Refugee	Direct Charge – Time and Effort Reporting
500BURIALEXPSyy	Burials	219227	Burials	Direct Charge – Time and Effort Reporting

Part G
Section 5

Division of Aging

Division of Aging (DA)

The Division administers or supervises all health and human services programs for older adults to help them understand their options when in need of health care services in order to remain in their homes and communities as long as possible, to maintain their health and safety and to oversee their use of long term care services. The Division is the designated State Unit on Aging through the Older Americans Act for home and community based services including nutrition services, employment services and ombudsman. The Division has responsibility for the Medicaid home and community based services requiring nursing facility level of care review and receives federal research grants such as ADRC.

The Division is responsible for strategic planning, providing direction to Area Agencies on Aging (AAAs) and administration of adult protective services and working with the Finance Division to maintain fiscal responsibility for the services provided by FSSA to older adults. AAAs operate Aging and Disability Resource Centers (ADRC) to facilitate health and social service information and referral. The Division has responsibility for the Older Americans Act Titles III/VII and V, CHOICE (Community & Home Options to Institutional Care for the Elderly & Disabled), Medicaid Waiver Administration, Social Services Block Grant, Adult Protective Services, Residential Care Assistance Program, OBRA/Pre-Admission Screening Resident Reviews (PASRR), Older Hoosiers, Nutrition Services Incentive Program (NSIP), Adult Guardianship Program, ADRC, Building a Community Living Program, Assisted Living Ombudsman, Indiana Living a Healthy Life Partnership (ARRA) and Indiana ADRC Care Transitions Project. The waivers are Aged and Disabled and Traumatic Brain Injury.

5.0 Director's Office/Division Administration

The Director's Office is responsible for program and administrative operations. The Director and Deputy Directors oversee the staff in the Division and work directly with the OMPP for the Medicaid waiver programs and nursing facility care. State and federal partners provide funding for older adults including personal assistance, home-delivered and congregate meals, adult day care, adult foster care assisted living, congregate care, respite care for families, adult guardianship and all other services.

The Controller and support staff are responsible for overseeing the administration of grants and working with program areas to analyze expenditures, review expenditures to budget, and identify opportunities to increase fiscal efficiencies in service delivery. They prepare and review fiscal reports.

Project ID	Project Name	Department ID	Department Name	Allocation Method
498AGINGADMXSTA	Aging Administration	219255	Aging Administration	Division Allocation - FTE
498AGINGADMXSTA	Aging Administration	219256	Aging Finance	Division Allocation - FTE

5.1 Continuum of Care

The Assistant Director for Continuum of Care oversees the Medicaid determination of level of care, PASRR**,** and program staff who work with federal and state funded home and community based programs. OMPP establishes Medicaid policy. The level of care staff is responsible for Pre-Admission Screening Resident Reviews (PASRR) determinations and nursing facility level of care reviews. The Waiver Services program staff has the responsibility for administering the Aged and Disabled Waiver and the Traumatic Brain Injury Waiver. The staff review care plans and cost comparison budgets to assure appropriate services are authorized to meet the needs of the consumer. Some staff are identified as Skilled Professional Medical Personnel (SPMP). This area is also responsible for overseeing the Money Follows the Person Grant.

Project ID	Project Name	Department ID	Department Name	Allocation Method
498MEDWAIVERSTA	Medicaid Waiver	219343	Medicaid Waiver	Direct Charge - Time and Effort Reporting to Medicaid Administration at 90%, 75% and 50%
498ARCHRBAPRSTA	Residential Care	219344	ARCH/RBA	Direct Charge - Time and Effort Reporting
498MFP_REGADFyy	Money Follows the Person Grant	219258	MFP	Direct Charge - Time and Effort Reporting

5.2 Grants and HCBS (Non-Medicaid Waiver) Policy and Coordination

Staff is responsible for helping to identify and establish opportunities for funding to facilitate service to the elder community. They will also be utilized to coordinate and amend policy and processes to provide services in a more effective and efficient manner. Efforts will be guided by the overall vision of the Directors Office in the best way to achieve goals identified and set forth in the state plan. The programs operated under the Older American's Act include nutrition services, in-home services, monitoring of Title V employment program and Title III. This area is also responsible for the ARRA discretionary grant Chronic Disease Self Management.

Project ID	Project Name	Department ID	Department Name	Allocation Method
498T3AD100S_ Fyy	HHS - Title III Administration	219243	Title III	Direct Charge - Time and Effort Reporting
498TITLEVEMPFyy	Title V	219242	Aging Employment & Education	Direct Charge - Time and Effort Reporting

5.3 HCBS Transition Analysis and Planning

Staff is involved in development and analysis of data to drive decisions on how to deliver needed services based on the State Plan agenda submitted to the Administration on Aging. The staff is responsible for monitoring providers, outreach to areas regarding needs, providing information on services available regardless of funding source and evaluating how new sources of funding can be utilized to promote the plan to serve the aging community. When necessary the staff receives technical support and assistance from the Division of Technology Services and contractors.

Project ID	Project Name	Department ID	Department Name	Allocation Method
498T3AD100S_ Fyy	HHS - Title III Administration	219243	Title III	Direct Charge - Time and Effort Reporting

5.4 Adult Protective Services & Quality Assurance and Quality Improvement

The staff in this area report to the Director's Office. Duties include administrative support for adult protection activities and quality initiatives to ensure the safety of the states aging population.

Project ID	Project Name	Department ID	Department Name	Allocation Method
498T3AD100S_ Fyy	HHS - Title III Administration	219243	Title III	Direct Charge - Time and Effort Reporting
498ADULTPROTSTA	Adult Protective Services	219238	APS	Case Counts - Allocate to Title XIX based on case counts

5.5 Long Term Care Ombudsman

Staff in this area assures impartiality of complaint investigation, reporting and advocacy efforts. This area has responsibility for Title VII.

Project ID	Project Name	Department ID	Department Name	Allocation Method
498T7OMB100F Fyy	Ombudsman	219333	Aging T7 Ombudsman	Direct Charge - Certified

Part G
Section 6

Division of Disability and Rehabilitative Services

Division of Disability and Rehabilitative Services (DDRS)

The Division of Disability and Rehabilitative Services (DDRS) administers or supervises all the disability and rehabilitative service activities of Indiana. The Division exists to inform, protect, and serve individuals with disabilities and their families, in need of human services, resources, or support to attain employment and self-sufficiency or to maintain independence. FSSA and Federal partners provide funding for Vocational Rehabilitation, Blind Operating, Blind Vending, Deaf and Hard of Hearing Services, Aid to Independent Living, Independent Living for Individuals who are Older and Blind, Supported Employment, Assistive Technology Project, Traumatic Brain Injury, Medicaid Infrastructure Grant, Employee Training, Social Services Block Grant, Supported Employment Follow Along, Medicaid Waiver Administration, Day Services, Quality Assurance (Risk Management), Epilepsy, Caregiver Support, Diagnosis and Evaluation, Case Management, Disability Determination Bureau (DDB), and Early Intervention.

6.0 Director's Office/Division Administration

The Office of the Director is responsible for the program and administrative operations of the Division of Disability and Rehabilitative Services. The Office of the Director serves as the focal point for all program activities and liaison with the Office of the Governor, Budget Agency, various other state agencies, community action agencies and numerous coalition groups.

The Deputy Director assists the Director with general administrative functions and special projects pertinent to the Division. The Bureau of Rehabilitation Services and the Bureau of Developmental Disability Services report to the Deputy Director. The Division Controller has financial oversight of all division programs including Medicaid waivers and the State Plans. This office is responsible for coordination with OMPP regarding Home and Community Based Services (HCBS) waivers. The ombudsman is available to receive and try to resolve complaints and concerns made by or on behalf of customers served by Medicaid waiver.

The compliance section is responsible for reviewing the rules and policies pertaining to DDRS administered programs to assure consistency of language throughout all levels of rule making including statute, administrative code and rules, policies, procedures and execution.

Project ID	Project Name	Department ID	Department Name	Allocation Method
497DDRSADMINSyy	DDRS Administration	219065	DDRS Administration	Division Allocation - FTE

6.1 Bureau of Rehabilitation Services

The Bureau of Rehabilitation Services provides quality, individualized services to enhance and support people with disabilities to prepare for, obtain or retain employment. These services include Vocational Rehabilitation Services (VRS), Blind and Visually Impaired Services (BVIS), Deaf and Hard of Hearing Services (DHHS), Supported Employment services (SE), Independent Living services (IL), and Assistive Technology.

Project ID	Project Name	Department ID	Department Name	Allocation Method
497FDVRB100_Fyy	Vocational Rehabilitation	219067	VR Office of the Director	Bureau Allocation - FTE

6.1.1 Vocational Rehabilitation

Vocational Rehabilitation Services (VRS) provides quality, individualized services to enhance and support people with disabilities to prepare for, obtain or retain employment. Through active participation in their rehabilitation, people with disabilities achieve a greater level of independence in their work place and living environments.

Project ID	Project Name	Department ID	Department Name	Allocation Method
497FDVRB100_Fyy	Vocational Rehabilitation	219068	VR Policy & Training	Direct Charge - Certified
497AIDLV9010Fyy	Aid to Independent Living	219115	Aid to Independent Living	Direct Charge - All Other
497VRTRAUBRAFyy	Traumatic Brain Injury	219080	Traumatic Brain Injury	Direct Charge - Certified
497MIGXXXXXXFyy	Medicaid Infrastructure Grant	219068	MIG	Direct Charge - Time and Effort Reporting
497FDVRB100_Fyy	Blind Operation Section 110	219079	Blind Operating	Direct Charge - Certified

6.1.2 Blind Vending Services

Blind Vending Services (BVS) provides state-wide assistance and services to enable the achievement of vocational and personal independence to the citizens of Indiana with blindness and visual impairment. This section includes the Blind Vending Program.

Project ID	Project Name	Department ID	Department Name	Allocation Method
497FDVRB100_Fyy	Blind Vending Section 110	219084	Blind Vending Services	Direct Charge - Certified

6.1.3 Deaf and Hard of Hearing Services

Deaf & Hard of Hearing Services (DHHS) provides statewide assistance to identify and find resources to meet the needs of deaf and hard of hearing individuals and their families.

Project ID	Project Name	Department ID	Department Name	Allocation Method
497DEAF_HARDSyy	Deaf & Hard of Hearing	219125	Deaf & Hearing Impaired	Direct Charge - Certified

6.2 Bureau of Developmental Disability Services (BDDS)

This Bureau plans, develops and administers a variety of services for people who have developmental disabilities. BDDS coordinates services for individuals with developmental disabilities in order to plan and access residential services, rehabilitation services, support services, independent living and employment. Residential services may include independent living supports through a Medicaid Home and Community Based Waiver. The Integrated Case Management System (ICMS) is being developed to replace current client information systems.

Project ID	Project Name	Department ID	Department Name	Allocation Method
497BDDSCMGMTSyy	BDDS Operating	219132	BDDS Admin/ Central Office	RMS Results - BDDS RMS
497BDDSCMGMTSyy	BDDS Operating	219134 - 219142	BDDS Admin/ Local Offices	RMS Results - BDDS RMS

6.2.1 Health Care Programs

Administrative costs to the Epilepsy project, Diagnosis and Evaluation project and Case Management are allocated to Medicaid administration. The case management model is based on an objective assessment of the individual, the identified differences unique to the individual, and driven by the principles of person centered planning, measurable Individualized Support Plan (ISP) outcomes and budget neutrality for the State.

Project ID	Project Name	Department ID	Department Name	Allocation Method
497EPILEPSYXSyy	DDRS-Epilepsy	219132	BDDS Admin/ Central Office	Case Counts - Allocate to Title XIX and state medical based on case counts
497DIAG&EVALSTA	Diagnosis & Evaluation	219132	BDDS Admin/ Central Office	Direct Charge - Certified - Title XIX Admin
497CASEMGMTXSTA	Case Management	219116	OASIS	Direct Charge - Certified - Title XIX Admin

6.3 Disability Determination Bureau (DDB)

The Disability Determination Bureau makes decisions on eligibility for Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) disability claims so that eligible Hoosiers may receive appropriate benefits.

Project ID	Project Name	Department ID	Department Name	Allocation Method
497DISAB_DET Fyy	Disability Determination	219087	DDB Central Office	Direct Charge - Certified

6.4 Bureau of Child Development Services (BCDS)

The Bureau is responsible for the planning and execution of the First Steps Early Intervention program. This program develops and implements a statewide comprehensive, coordinated, multi-disciplinary, interagency program of early intervention services as required under the federal Part C Individuals with Disabilities Education Act. Costs identified as allocable to Early Intervention (First Steps) are further distributed to Early Intervention Part C, Medicaid Administration and TANF using case counts. The share of SWCAP and FSSA Indirect allocable to Early Intervention Part C are not claimed for reimbursement of federal share.

Project ID	Project Name	Department ID	Department Name	Allocation Method
497FIRSTSTEP Fyy	Early Intervention (First Steps)	219078	First Steps	Case Counts - Allocate to Title XIX, Part C and TANF based on case counts

6.5 Bureau of Quality Improvement Services (BQIS)

The Bureau is responsible for quality assurance for the developmentally disabled population receiving services through the Medicaid waivers. This is accomplished through monitoring service quality, receiving complaints and conducting incident reporting.

Project ID	Project Name	Department ID	Department Name	Allocation Method
497BQISXXXXXSyy	BQIS	219077	BQIS - Quality Assurance	Direct Charge – Medicaid Administration
497BQISXXXXXSyy	BQIS	219077	BQIS - Quality Assurance	Direct Charge – Medicaid Administration at 75%

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Part G
Section 7

Division of Mental Health and Addiction

Division of Mental Health and Addiction (DMHA)

The Division of Mental Health and Addiction (DMHA) is responsible for establishing criteria used to determine consumer service eligibility, ensure that service providers comply with state guidelines and to assure the quality of services required by the continuum of care as defined in Indiana statute. The division has two primary areas: State Psychiatric Hospitals and Community Services for mental health, addiction treatment and prevention of substance abuse. Medicaid expenditures administered by the Division include inpatient psychiatric, mental health rehabilitation, other mental health services, and Private Residential Treatment Facilities (PRTF). The Medicaid Rehabilitation Option is provided through the Community Mental Health Centers. The PRTF demonstration grant provides services funded through local and federal funds.

7.0 Director's Office/Division Administration

The Director's Office is responsible for the overall leadership, policy development, oversight of DMHA. The Controller, Operations/HR unit and administrative support staff provide ongoing support to the Division for business and support functions and all human resource needs. The Assistant Director has primary management oversight of the SOFs and Suicide Prevention and Emergency Management.

Project ID	Project Name	Department ID	Department Name	Allocation Method
410ADMINACCTSyy	DMHA Administration	219146	DMHA Administrative	Division Allocation – Time and Effort Reporting to DMHA or SOF
410ADMINACCTSyy	DMHA Administration	219153	DMHA Operations/HR	Division Allocation – Time and Effort Reporting to DMHA or SOF
410ADMINACCTSyy	DMHA Administration	219163	DMHA Support Staff	Division Allocation – Time and Effort Reporting to DMHA or SOF

7.1 Office of Consumer and Family Affairs

The Office of Consumer and Family Affairs empowers consumers and families to advocate for improving personal medical treatment plan and/or to work toward systems change. Staff provide training seminars in conjunction with Olmstead Coalition of Marion County and maintain a consumer council to advise DMHA, the DMHA Advisory Council, the DMHA Mental Health Planning Council and the DMHA Addictions Council.

Project ID	Project Name	Department ID	Department Name	Allocation Method
410ADMINACCTSyy	DMHA Administration	219167	Office of Consumer & Family Affairs	Direct Charge - Time and Effort Reporting

7.2 Disaster Management

The Assistant Director and staff have responsibility for the Disaster Management – Emergency Preparedness Grant from the Department of Homeland Security and suicide prevention. Staff is either dedicated to working on a specific grant or support several programs.

Project ID	Project Name	Department ID	Department Name	Allocation Method
410ADMINACCTSyy	DMHA Administration	219169	Disaster Management	Direct Charge - Time and Effort Reporting

7.3 Mental Health and Addiction Policy and Planning

The Deputy Director and staff in this area have administrative responsibility for mental health and the substance abuse grants and programs, including the Substance Abuse Block Grant, Gambler's Assistance Fund, gambling prevention, state funded Methadone Program, Access to Recovery grant, PRTF demonstration grant. The Hoosier Assurance Program provides services to adults with serious mental illness, children with serious emotional disturbance, individuals with chronic addiction and individuals with gambling addiction. PASRR, PATH-Homeless, PRTF and mental health programs, including the Mental Health Block Grant and the Child Mental Health Initiative of Southeastern Indiana.

Project ID	Project Name	Department ID	Department Name	Allocation Method
410ADMINACCTSyy	DMHA Administration	219171	Mental Health and Addiction Policy and Planning	Direct Charge - Time and Effort Reporting

7.4 Information Technology

The Deputy Director and staff assigned to this area are responsible for the Data Infrastructure Grant (DIG), Drug Alcohol Services Information Systems Grant, Community Alternatives, Medicaid Children's Waiver and the data management and reporting for the Medicaid service payments and system reports.

Project ID	Project Name	Department ID	Department Name	Allocation Method
410ADMINACCTSyy	DMHA Administration	219173	IT/Reporting Section	Direct Charge - Time and Effort Reporting

7.5 Finance

This section has responsibility for payments to the community mental health centers and manages the in-house claims for the Federal Funds Recovery Project. The group may also support the SOFs.

Project ID	Project Name	Department ID	Department Name	Allocation Method
410ADMINACCTSyy	DMHA Administration	219151	Finance	Direct Charge - Time and Effort Reporting

7.6 Provider and Community Relations

The Deputy Director and staff assigned to this area are responsible for Regional Services and Certification/Licensure.

Project ID	Project Name	Department ID	Department Name	Allocation Method
410ADMINACCTSyy	DMHA Administration	219157	Regional Services	Direct Charge – Time and Effort Reporting, CMHS identified to Medicaid at 50% based on case counts

7.6.1 Regional Services

Staff is responsible for assisting consumers, providers, community mental health centers and hospitals. Staff manages a comprehensive range of alcohol/drug and mental health treatment services for all ages. Service settings include community psychiatric hospitals, non-medical detoxification, treatment, residential care and treatment, employment supports, outpatient and case management services, crisis and pre-commitment services and other specialty care interventions. Services vary from short-term to extended care in community settings as alternatives to institutional care. The group may also support the SOFs.

Project ID	Project Name	Department ID	Department Name	Allocation Method
410ADMINACCTSyy	DMHA Administration	219157	Regional Services	Direct Charge – Time and Effort Reporting, CMHS identified to Medicaid at 50% based on case counts

7.6.2 Certification and Licensure

Staff is responsible for Medicaid certification and licensure of mental health and substance abuse providers.

Project ID	Project Name	Department ID	Department Name	Allocation Method
410ADMINACCTSyy	DMHA Administration	219159	Certification/ Licensure	Direct Charge – Time and Effort Reporting, CMHS identified to Medicaid at 50% based on case counts

7.7 DMHA Hospitals

The hospital superintendents at LaRue D. Carter Memorial Hospital, Madison State Hospital, Logansport State Hospital, Richmond State Hospital, Evansville State Hospital and the Administrator of Evansville Psychiatric Children's Center report to the Assistant Director. The hospitals provide psychiatric services to Indiana residents with severe and persistent mental illness, including both inpatient and residential services.

Project ID	Project Name	Department ID	Department Name	Allocation Method
415DMHAHOSPT Syy	Evansville Psychiatric Children's Center	241501	EPCC - Administration	State Operated Facility (SOF) Allocation
425DMHAHOSPT Syy	Evansville State Hospital	231501	ESH - Administration	State Operated Facility (SOF) Allocation
430DMHAHOSPT Syy	Madison State Hospital	233501	MSH - Administration	State Operated Facility (SOF) Allocation
435DMHAHOSPT Syy	Logansport State Hospital	235501	LSH - Administration	State Operated Facility (SOF) Allocation
440DMHAHOSPT Syy	Richmond State Hospital	237501	RSH - Administration	State Operated Facility (SOF) Allocation
450DMHAHOSPT Syy	LaRue Carter Hospital	239501	LCSH - Administration	State Operated Facility (SOF) Allocation

Appendix A

Federal and Non-Federal Programs Administered by FSSA

Appendix A – Federal and Non-Federal Programs Administered by FSSA

As required by 45 CFR 95.507(b)(2), the federal and non-federal programs in which FSSA is participating as of the submission date of this plan are provided in the following detail. Within this detail, references made to "Non-Federal" include all other funding sources such as General Fund, Other Funds and private grants. Both administrative and service programs are listed.

Part G Section Reference Number	CFDA Number	FSSA Parent Project ID	Program
4	10.551	500PAR_FIS26Pyy	EBT State Exchange
4	10.561	500PAR_PGINTPyy	FS State Exchange
1, 2, 4	10.561	500PAR_FSADMPyy	Food Stamp Program
1, 2, 4	10.561	500PAR_FSIMPPyy	Food Stamp Employment & Training
1, 2, 4	10.561	500PAR_IMP19Pyy	Food Stamp Employment & Training
1, 2, 4	10.561	500PAR_IMP20Pyy	Food Stamp Employment & Training
5	17.235	498PAR_T5MINPyy	Title V Mini Grant
1, 2, 5	17.235	498PAR_TVEMPPyy	Title V, Senior Community Service Employment Program
1, 2, 6	84.126	497PAR_VOCRBPyy	Vocational Rehabilitation
1, 2, 6	84.126	497PAR_VOCRBPyy	Blind Operating
1, 2, 6	84.126	497PAR_VOCRBPyy	Blind Vending
1, 2, 6	84.169	497PAR_AIDLGPyy	Aid to Independent Living
1, 2, 6	84.177	497PAR_BLDILPyy	Rehabilitation Services Independent Living Services for Older Individuals Who are Blind
1, 2, 6	84.181	497PAR_FRSTSPyy	Early Intervention (First Steps)
1,2,7	84.186	410PAR_DASISPyy	Drug & Alcohol Services Information System (DASIS)
6	84.187	497PAR_SPEMPPyy	Supported Employment
1, 2, 6	84.224	497PAR_ATTNSPyy	Technology Related Assistance
1, 2, 6	84.265	497PAR_EMPTRPyy	Employee Training
1, 2, 5	93.041-.045, .052	498PAR_TIIISPyy	Special Programs for the Aging, Title III
1, 2, 5	93.041-.045, .052	498PAR_TVII_Pyy	Special Programs for the Aging – VII Administration
1, 2, 5	93.048	498PAR_CLPG_Fyy	Building a Community Living Program for the State of Indiana
1, 2, 5	93.048	498PAR_ADRC_Pyy	Indiana Aging and Disability Resource Centers
1, 2, 5	93.048	498PAR_CARE_Pyy	IN ADRC Care Transitions Project
5	93.053	498PAR_NSIP_Pyy	Nutrition Service Incentive Program (NSIP)
7	93.104	410PAR_CMHI_Pyy	Child Mental Health Initiative etc.
1, 2, 7	93.15	410PAR_PATH_Pyy	Path
1, 6	93.234	497PAR_VRTRBPyy	Traumatic Brain Injury
1, 2, 7	93.243	410PAR_ARSSGPyy	Alternate Restraint & Seclusion
1, 2, 7	93.243	410PAR_OFRENPyy	Indiana Offender Reentry Program
1,2, 7	93.243	410PAR_INDIGPyy	MI DIG, Illness Management Recovery
1,2, 7	93.243	410PAR_MIDIGPyy	MI DIG IV GRANT

Appendix A – Federal and Non-Federal Programs Administered by FSSA

Part G Section Reference Number	CFDA Number	FSSA Parent Project ID	Program
1, 2, 7	93.275	410PAR_ATRADPyy	Access to Recovery Grant
5	93.518	498PAR_MIPA_P09	Medicare Enrollment Assistance Program (Priority A.2 AAA)
5	93.518	498PAR_MIPPAP09	Medicare Enrollment Assistance Program (Priority A.3 ADRC)
1, 2, 3	93.525	503PAR_ACAHEPyy	ACA Health Insurance Exchanges
1, 2, 4, 6	93.558	500PAR_TANF_Pyy	Title IV-A, Temporary Assistance for Needy Families
1, 2, 7	93.958	410PAR_CMHS_Pyy	Community Mental Health Block Grant
1, 2, 7	93.959	410PAR_SAPT_Pyy	Substance Abuse & Prevention Block Grant
1, 2, 4	93.566	500PAR_REFMDPyy	Refugee and Entrant Assistance – State Administered Programs
1, 2, 4	93.566	500PAR_REFSSPyy	Refugee and Entrant Assistance – State Administered Programs
1, 2, 4	93.575	500PAR_CCDF_Pyy	Child Care and Development Block Grant (Educare; Licensing)
1, 2, 4	93.576	500PAR_RFSCHPyy	Refugee Program - School IMPACT
4	93.584	500PAR_REFTAPYY	Refugee Targeted Assistance Program
1, 2, 4	93.6	500PAR_HEDSTPyy	Head Start
4	93.647	500PAR_TADMDPyy	Indiana TANF and Administrative Data Use Project
1, 2, 4	ARRA	500PAR_TFARAPyy	Title IV-A, Temporary Assistance for Needy Families
1, 2, 3, 4	93.767	503PAR_CHIP_Pyy	Title XXI, State Children's Health Insurance Program
1, 2, 6	93.768	497PAR_MIGXXPyy	MIG MEDWORKS
1, 2, 6	93.774	497PAR_DSBDTPyy	Title XVIII, Social Security Act, provides Federal Supplemental Medical Insurance for eligible disabled and blind persons and persons 65 years of age and over.
7	93.778	410PAR_MHFRAPyy	Mental Health Funds Recovery Admin
1, 2, 3, 4, 5, 6, 7	93.778	503PAR_MDADMPyy	Title XIX, Medical Assistance Program (Medicaid) of the Social Security Act
3	93.778	503PAR_MASTAPyy	Medicaid FMAP (Regular)
1, 2, 3	ARRA	503PAR_HITA_Pyy	HIT APD Admin ARRA Grant 2011
1, 2, 7	93.789	410PAR_DEMO_Pyy	PRTF Demonstration Grant
1, 2, 3	93.79	503PAR_MERDGPyy	Medicaid Emer Rm Grant
5	93.791	498PAR_MFPGRPyy	Money Follows the Person
1, 2, 7	93.982	Varied	DMHA Disaster Relief Grants
3	95.993	503PAR_TTXIXPyy	Title XIX Certify

Appendix A – Federal and Non-Federal Programs Administered by FSSA

Part G Section Reference Number	CFDA Number	FSSA Parent Project ID	Program
1, 2, 6	96.001	497PAR_DSBDTPyy	Disability Determination Title XVI, Social Security Act, provides Federal Supplemental Security Income (SSI) of the Social Security Act
4	ARRA	500PAR_CCDFAPyy	Child care Development Block Grant
5	ARRA	498PARACDSMPPyy	Indiana Living a Healthy Life Partnership
6	ARRA	497PAR_VARRAFyy	Voc Rehab
6	ARRA	497PAR_ILARRPyy	Centers for Independent Living
6	ARRA	497PAR_OBARRPyy	Blind and Elderly Independent Living
1, 2	Non-Federal	405PAR_ICMS_Pyy	ICMS
1,2	Non-Federal	405PAR_FSSA_Psy	FSSA Admin
1, 2, 6	Non-Federal	497PAR_FMLYSPyy	Caregiver Support Program
3	Non-Federal	503PAR_MDDRGPSy	IN Prescription Drug Account
3	Non-Federal	503PAR_MDOMPPSy	Medicaid Policy and Planning
3	Non-Federal	503PAR_MCHAHPSyy	Marion Cty Health and Hospital Corp
3	Non-Federal	503PAR_MDSXMPSyy	Medicaid Disability Exams
4	Non-Federal	500PAR_BURILPSy	Burial Assistance
4	Non-Federal	500PAR_CHLDCPSy	Child Care Project
4	Non-Federal	500PAR_CTYADPSy	DFR - County Administration
4	Non-Federal	500PAR_DFRADPSy	DFR – Administration
4	Non-Federal	500PAR_DICESPSy	DFR - Client Eligibility (ICES)
4	Non-Federal	500PAR_EBTADPSy	DFR - EBT Administration
4	Non-Federal	500PAR_STATBPSy	Commission on Social Status of Black Males
4	Non-Federal	500PAR_WELFAPSy	Welfare Reform Automation
4	Non-Federal	503MED590PROSyy	Medical Serv to Inmates
4	Non-Federal	500PAR_DFRCFPSy	Child Care Fees and Fines
4	Non-Federal	500PAR_DFRBKPSy	Black Male Conference Fees
4	Non-Federal	500PAR_TRUMBSy	IN Trustee Reimb
4	Non-Federal	500PAR_BIGTNPSyy	Big Ten Conference Fees
4	Non-Federal	500PAR_DFREVPyy	State Earned Revenue
4, 5	Non-Federal	498STATES12-S16	Residential Care Assistance Program (RCAP); (ARCH/RBA)
5	Non-Federal	498STATES12-S16	Adult Guardianship
5	Non-Federal	498STATES12-S16	Adult Protective Services
5	Non-Federal	498STATES12-S16	Aging Admin
5	Non-Federal	498STATES12-S16	Choice (Home Care)
5	Non-Federal	498STATES12-S16	Med Waiver Program
5	Non-Federal	498_ST_SFY_2012	Older Hoosiers
5	Non-Federal	498_ST_SFY_2012	Ombudsman State Appropriation
5	Non-Federal	498PAR_TECH4P11	Technologies for Improving Post-Acute Care Transitions (TECH 4 IMPACT)
5, 6	Non-Federal	497PAR_RSDTLPSy	Residential Services (for individuals with developmental disabilities)
6	Non-Federal	497PAR_BDDS_PSy	BDDS Admin
6	Non-Federal	497PAR_BQIS_PSy	BQIS Admin

Appendix A – Federal and Non-Federal Programs Administered by FSSA

Part G Section Reference Number	CFDA Number	FSSA Parent Project ID	Program
6	Non-Federal	497PAR_CROADPSy	CRO FS – Early Intervention
6	Non-Federal	497PAR_DDRADPSy	DDRS Admin
6	Non-Federal	497PAR_DFHRDPSy	Deaf & Hard of Hearing
6	Non-Federal	497PAR_DIAG_Sy	Diagnosis & Evaluation
6	Non-Federal	497PAR_EPILSPSy	Epilepsy Program
6	Non-Federal	497PAR_OASISSy	Case Management
6	Non-Federal	497PAR_SSAVRPSy	SSA/VR
7	Non-Federal	410PAR_ADMINPSy	DMHA Admin
7	Non-Federal	410PAR_ADTSAPSy	Addiction Services
7	Non-Federal	410PAR_HSMOUPyy	Homeland Security MOU
7	Non-Federal	410PAR_CHLDSPSy	CHILD CANS
7	Non-Federal	410PAR_CMHCTPSy	Community Mental Health Center
7	Non-Federal	410PAR_CHPSPSyy	Child Psychiatric Service Fund
7	Non-Federal	410PAR_DMDCOPSy	Methadone Diversion Control Oversight Program (MDCO)
7	Non-Federal	410PAR_DMHABPSy	DMH Asbestos Surveys Project
7	Non-Federal	410PAR_DMPCBPSy	DMH PCB Abatement
7	Non-Federal	410PAR_GLONGPSy	Prevention & Treatment
7	Non-Federal	410PAR_GMBLRPSy	Gamblers Assistance
7	Non-Federal	410PAR_MHTRFPSy	Mental Health Transformation
7	Non-Federal	410PAR_RSHQAPSy	Research and Quality Assurance
7	Non-Federal	410PAR_SATRTPyy	Alcohol Drug Abuse Treatment
7	Non-Federal	410PAR_SEDSTPyy	Seriously Emotionally Disturbed
7	Non-Federal	410PAR_SMISVPyy	Seriously Mentally Ill (SMI)
7	Non-Federal	410PAR_YTHTRPyy	Youth Tobacco Reduction Investigation Program (TRIP)
7	Non-Federal	410PAR_CMAPPSy	Community Mental Health Approp
7	Non-Federal	415PAR_EPMHLPSy	Evansville Psychiatric Children's Center
7	Non-Federal	425PAR_EVMHLPSy	Evansville State Hospital
7	Non-Federal	430PAR_MDMHLPSy	Madison State Hospital
7	Non-Federal	435PAR_LGMHLPSy	Logansport State Hospital
7	Non-Federal	440PAR_RDMHLPSy	Richmond State Hospital
7	Non-Federal	450PAR_LCMHLPSy	LaRue Carter Hospital
1,2,3	93.525	405PAR_ACAL1Pyy	State Operated Heath Insur Exchanges

Appendix B

DFR/IM
Random Moment Sampling

The results from an automated random moment sampling system are used to distribute direct costs appropriate to the various public assistance programs administered by the Family & Social Services Administration (FSSA)/Department of Family Resources (DFR).

Sample Universe

Beginning March 19, 2007, the FSSA is implementing the Eligibility Modernization Project as a solution for a more effective and accurate eligibility determination and for a more efficient delivery of services. FSSA contracted with an outside vendor to perform many of the tasks previously completed only by the state staff. The vendor staff is assigned to the Local Offices and collects, validates the eligibility information and refers clients to appropriate services. The State staff review and make the final determination of eligibility. Effective with the April – June 2007 sampling quarter, contractor positions have been created to accommodate the new structure and are identified below.

The sample universe shall include both state and vendor staff in the local office with direct client contact who are involved in the day-to-day administration of all the Division's public assistance programs. The positions noted below within the local DFR offices meet the criteria, according to DHHS Division of Cost Allocation DCA Best Practices Manual for Reviewing Public Assistance Cost Allocation Plans, for inclusion in the sample universe. Position descriptions are found in Exhibit B.1.

- State Eligibility Consultant
- Contractor Eligibility Staff

The FSSA/DFR and the vendor do not employ any part time employees in the above positions in the local offices. Therefore, only full time filled positions are included.

Sampling Procedures

A centralized report identifies state staff (and payroll costs) for position changes (such as new hires, promotion, transfer, termination or retirement). This report is used each quarter to update and maintain the sample for ongoing changes due to personnel turnover and to handle the addition or deletion of positions.

Each quarter the IMRMS vendor roster of sampled positions is updated by the contractor and the identified state staff roster is updated by local office RMS Coordinators. The employee roster is also used as a basis to prorate the local office administration cost pool. Local offices with no changes to their employee rosters confirm this in writing and/or verbally to the RMS Administrator (contractor). Inclusion of the appropriate state staff in the IMRMS sample universe is reviewed by FSSA Internal Audit as part of their local office reviews described under RMS Administration and Quality Control.

Indiana recently passed legislation to require all counties to observe daylight savings time with an effective date of April 2007. (Exhibit B.2 shows the updated, effective for November 2007, Indiana Time Zone Map.) The geographical exceptions are noted below.

The following local offices operate in the Central time zone and are one hour behind Indianapolis.

- Jasper
- LaPorte
- Newton
- Posey
- Vanderburgh
- Warrick
- Spencer
- Gibson
- Porter
- Lake
- Starke
- Knox
- Martin
- Daviess
- Pike
- Perry
- Dubois

Staff in positions eligible for inclusion in the IMRMS sample universes from the above local offices are treated the same as staff from all other local offices for the purpose of identification of the IMRMS sample universe.

Sampling Techniques:
The random moment samples of eligible income maintenance workers are drawn during the month preceding the start of the sampling quarter. The samples are generated using Sequoia*RMS*, a PC-based RMS software product.

The RMS software generates 2,750 "moments" for the quarter at random from combinations of minutes and eligible income maintenance workers available during the sampling quarter. Beginning April – June 2007 quarter, the “moments” were increased by 10% to 3,025 due to the move of state staff to contractor and possibility of vacant positions. Each sampled moment is identified on its respective sample sequence 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: Workdays for standard or flex schedules during the year. Official state recognized holidays are excluded.

Note: actual work schedules of all staff in IMRMS sample universe are submitted to the State RMS Administrator (contractor) with employee rosters each quarter. Staff in the sample universe is placed, in the work schedule below unless their flex schedule deems otherwise. Staff is then sampled during their assigned work schedule.

Minute: Any minute between 8:00 a.m. and 4:30 p.m. excluding standard lunch hour from 11:30 a.m. to 12:30 p.m. for the standard work schedule with 75% of employees, or any minute during the approved flex schedules.

Work Schedule	Percent of Employees
7:30 am to 4:00 pm.	15.21%
7:00 am to 3:30 pm.	7.34%
8:30 am to 5:00 pm.	.66%
8:00 am to 5:00 pm., M-Th.	1.31%
8:00 am to 5:00 pm., Tu-F.	.46%

Note: use of flex schedules must be approved by the State. About 1 out of every 4 of the sampled staff had flex schedules as of June 2007.

Worker: Any worker in the position classes listed above.

Given the number of eligible income maintenance workers and 3,025 sample moments, each worker can expect to be sampled - on average - 2 times each quarter.

The sample provides for replacement that permits days, minutes, and workers to have equal chances of multiple selections. Sampling with replacement ensures true independence of sample moments. The State RMS Administrator (contractor) generates control listings of randomly selected moments as follows:

(1) Master listing of all randomly selected moments in date, minute, and location order:

- Sequence number
- Date
- Minute
- Employee Name
- Phone Number
- Location

(2) Listings of random moments for each location:

- Sequence number
- Date
- Minute
- Phone Number
- Location
- Employee Name

The first list is used by the State RMS Administrator to monitor the status of each observation so that appropriate follow-up can be made for delinquent observations or missing data. The second set of listings is distributed to RMS Coordinators and Sample Takers in each local office so they can notify the State RMS Administrator of any employee changes affecting samples during the quarter.

April 1, 2003 was the start date for RMS sampling conducted using an electronic system for distributing and recording all sample observations. Sampled staff receive e-mails notifying them that they have been selected for sampling at a specified date and time. The e-mail contains a link to an observation form on the Intranet. Sampled staff receive the e-mail at the specified sample time. Staff have been trained that the specific sample moment is included on Intranet observation form (see pages 6 and 7 of the PowerPoint training packet included as Exhibit B.3).

The sample moments comprising a 10% validation subsample will be subject to further review for quality control at the time of the sample. Specifically, staff sampled as part of the 10% validation subsample will be interviewed by an RMS Coordinator/Sample Taker, or by the State RMS Administrator (contractor) to ensure the response entered on the Intranet form was correct. If RMS Coordinators/Sample Takers conduct interviews, the State RMS Administrator (contractor) will inform them of the response submitted by the sampled employee. When interviewed, the sampled employee will be asked to describe what program (if applicable) and activity s/he is engaged in at the sample time and any other clarifying questions necessary to determine if the response entered on the Intranet form was the most appropriate response.

Sampled staff have been instructed that Intranet observation forms need to be completed as soon as possible. Sampled individuals only have two business days after the time they receive sample notification to access the Intranet observation form. Sequoia*RMS* date/time stamps the employee's response. If they try to access the Intranet form after two business days, the Intranet form prompts them to contact the State RMS Administrator (contractor) immediately.

The RMS Administrator (contractor) follows up on incomplete observations by calling participants the next business day as a reminder and sending local office RMS Coordinators a daily list of sampled staff (state and contractor) who have not completed their observation by the second business day. RMS responses are only accepted as valid after two business days if the activity at the sample moment can be documented, for example as leave or training. Responses obtained with the assistance of the State RMS Administrator (contractor) will be noted as such in the comments field for the observation in the RMS system, along with the date and time the response was obtained.

Once an Intranet observation form has been saved, it cannot be changed by the worker. The State RMS Administrator (contractor) will electronically notify RMS Coordinators daily of erroneous responses submitted on the Intranet observation forms (e.g. erroneous program/service and activity combinations) and/or contact the sampled employee personally. If RMS Coordinators, sample takers, or supervisors assist with this follow-up, they will then refer the sampled individuals with erroneous responses to the State RMS Administrator (contractor) to correct the response. For any RMS response changed with the assistance of the State RMS Administrator (contractor), an e-mail will be sent to the sampled individual to document the change. The State RMS Administrator (contractor) will note in the comments field the change in response for the observation in the RMS system along with the date and time that the response was changed.

If e-mail notifications of RMS samples cannot be completed for a significant period of time (e.g. more than one hour) due to technical problems, telephone polling by the State RMS Administrator (contractor) is used for sampling until the e-mail system can be returned to operation. Additional information on the sampling process using this electronic system can be found in the RMS Training, Sample Coordinator and Taker Instructions, and Policy and Procedures in Exhibits B.3 - B.6.

Sample Period:
The sample data is collected for a three-month period. The sample pull is executed immediately prior to the federal reporting period, though enough lead time is permitted to enable the State RMS Administrator to complete preparations for the sample period. Employee rosters are updated through the date of the sample pull to obtain as precise a sample population as possible.

The following sampling schedule is used:

Workers Selected Following Payroll Processed for Period Ending	For Survey Period	Applicable Federal Claim Period
February 28th	April May June	April May June
May 31st	July August September	July August September
August 31st	October November December	October November December
November 30th	January February March	January February March

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 an expected rate of occurrence of at least five percent. 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.

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 state-wide sample size is 2,750 observations per quarter.

Standard Definitions:
An important element to successful administration of the IMRMS system is the maintenance of standardized Intranet observation forms supported with clear definitions in instructional materials. These materials were developed in a manner so as to ensure consistent and uniform use in RMS administration (Exhibits B.3 – B.6).

RMS Administration and Quality Control

Obtaining the commitment to RMS from the Department's Senior Managers is important. These are the decision-makers vital to the provision of adequate resources to maintain a valid and reliable RMS process. In order to secure this commitment, key officials in the Department, regional program staff, and local offices are actively included in the RMS process.

Using the Sequoia*RMS* software, a random sample of worker-moments is generated in the form of control number reference lists. The State RMS Administrator (contractor) distributes the appropriate control number reference lists either electronically or in hard copy format to the local office RMS Coordinators after the sample has been pulled for each quarter. The local office RMS Coordinators are responsible for distributing instructions (Exhibit B.5) to sampled workers within their unit. Instructions are also available in a public folder on the FSSA computer network accessible by all DFR employees and contractor staff.

Quality control measures have been instituted in the local offices. Each day the State RMS Administrator (contractor) receives a standard report generated from the RMS software that identifies invalid responses. The State RMS Administrator will electronically notify sampled employees of daily erroneous responses submitted using Intranet observation forms and/or contact the sampled employee personally. If the worker is not available, the State RMS Administrator will contact RMS Coordinators, sample takers, or supervisors to assist with this follow-up. They will then refer the sampled individuals with invalid responses to the State RMS Administrator (contractor) to correct the response. Invalid responses include responses for

which an invalid combination of program/service and activity was selected (e.g. selecting Food Stamps (SNAP) for the Program, and Employee on Leave for the Activity). These invalid responses are identified by the automated RMS software upon generation of an error report, a standard report available from the system.

FSSA Internal Audit will also be reviewing RMS in its local office reviews. Each local office will be reviewed at least once every three years. The reviews will include interviews with local office staff included in the IMRMS sample universe to ensure proper understanding of RMS policies and procedures as well as the IMRMS instructions. The reviews will also include an assessment of the inclusion of the appropriate staff in the IMRMS sample universe. Finally, the reviews will assess the accuracy of each local office's RMS responses by testing samples of RMS responses to determine if case records or employee timesheets corresponding to the time of RMS observations match RMS responses submitted. Exhibit B.7 is the RMS portion of the audit plan effective for audits conducted in 2005 for IMRMS.

All RMS data is retained at the central office for four years subsequent to the sample quarter. Information on case related activity maintained in the RMS data files facilitates audit reviews back to the case file by State or federal auditors.

Staff RMS Orientation and Ongoing Training:
The DHHS DCA Best Practices Manual for Reviewing Public Assistance Cost Allocation Plans stresses the importance of communicating the purpose of RMS procedures to direct workers. The following statement is used to introduce the RMS System to local office staff:

This is not a device for evaluating your individual performance.

DFR facilitates training of new local office staff to participate in the IMRMS. RMS Coordinators typically provide this training for state and vendor staff in the local offices.

Training is also provided for the sample universes when new RMS policies and procedures are implemented. An example would be training provided prior to the implementation of E-mail/Intranet RMS in April 2003. Specifically, supervisors and RMS Coordinators were trained on E-mail/Intranet RMS by the RMS contractor. The RMS Coordinators and supervisors then trained all staff in the IMRMS and SSRMS sample universes on E-mail/Intranet RMS.

FSSA Finance and DFR are further committed to facilitating periodic, ongoing RMS training, and to addressing any issues with the RMS process raised by staff in the IMRMS sample universe. This will include recurrent training for the IMRMS universe to ensure proper understanding of the program/service and activity choices as defined on the IMRMS instructions.

Application of RMS Results

The application of the system results for the allocation may be executed via either a two - or a three-step procedure resulting in the production of the final program fund matrix. Typically, the IMRMS most often adopts a two-step allocation process. However, the IMRMS was designed to allow for a subsequent allocation of program/activity "hits" utilizing case counts or other commonly accepted statistics.

The system recognizes certain service/activity combinations which should be reported separately as unallowable activities or exclusively assignable activities to a given cost objective. The result is a valid combinations matrix for IMRMS (see Exhibit B.8). Staff who complete the RMS observation forms are provided a valid combination matrix with "X" identifying valid combinations or responses.

Invalid responses are defined as a sample drawn for a vacant (not filled) position or for an individual not scheduled to work at the time of the sample. A non-response (including responses not completed in a timely manner) are tracked separately and are also invalid responses.

The final program summary report represents the absolute percentage of time observed for each service area after commonalties have been excluded and non-specific responses have been properly redistributed (see Exhibit B.9) for the IMRMS allocation base assignments and funding sources. The "common hits" are redistributed in the same proportion as the RMS program hits. Common hits are general administrative activity codes, lunch, breaks, and leave. The combination is identified as redistributed in Exhibit B.8.

Every quarter FSSA Finance and DFR program staff receives a side-by-side comparison of the RMS results by program for the last two quarters. For example, FSSA Finance receives the July - September 2005 RMS results for IMRMS from the Contractor and prepares a document that compares the results of April – June 2005 with July - September 2005. Any program that has a 2% difference in the results (e.g., Food Stamps (SNAP) is 34% in one quarter and changes to 37% in the next quarter) would trigger an analysis of the reasons for the change.

FSSA Finance would then take steps to analyze the service and activity results for the two quarters. This would include, using the example above, a review of all Food Stamp (SNAP) activity hits for one quarter compared to the second quarter to look for pronounced changes and to review with program staff any identified or potential changes in other programs in the RMS (e.g., Medicaid or TANF (IMPACT) program changes) that would effect the relative distribution of program effort in the RMS, and a review of caseload statistics for the two quarters. If there is no discernible reason for the variance, FSSA Finance would request a review of the RMS structure (allocation matrix) to assure it is the same as used for previous quarter and can request a third review of data entry. Current contractor practice is 100% review of all contractor data entry for a quarter and the current quarter matrix is a mirror image of the previous quarter, unless there has been an approved change in the cost allocation structure. The results for the current quarter would then be reviewed on a monthly basis to determine if the increase (or decrease) is continuing to be seen in the RMS results.

The current quarter IMRMS sample results (percent to program) are applied to the DFR local office cost pool and DFR's apportioned share of local office shared costs.

IMRMS Program and Activity Choices

Workers will access the intranet sample observation form where there will be a drop down box with the available program and activity choices outlined below. A program is a Federal or state funding service area in which a sampled employee is working. An activity is an action or task that a sampled employee might perform during the workday. Refer to Exhibit B.5, IMRMS Instructions for Completing the Income Maintenance Random Moment Sample Observation Form, for detailed explanation of each program and activity.

Program Choices

- TANF IMPACT
- Food Stamp (SNAP) IMPACT - ABAWDS
- Food Stamp (SNAP) IMPACT - Non-ABAWD
- Title IV-E Foster Care (FC)
- Adoption Assistance
- Title IV-D Child Support (TANF)
- Food Stamp (SNAP)
- Food Stamp (SNAP)/Medicaid Eligibility
- Food Stamp (SNAP) /Medicaid/TANF Eligibility
- Food Stamp (SNAP)/TANF Eligibility
- Medicaid
- Children's Health Insurance Program (CHIP)
- Medicaid/TANF Eligibility
- TANF (Benefits/Eligibility)
- TANF-UP
- TANF Burials
- Non-TANF Burials
- ARCH
- RBA
- Children With Special Health Care Needs (CWSHCN)
- Refugee Assistance /Resettlement
- Not Program Related

Activity Choices

- Applicant Job Search
- IMPACT Assessment
- Self Sufficiency Plan Development
- IMPACT Case Management
- IMPACT Supportive Services
- Transportation Vouchers/Tokens
- Job Development
- Sanctions
- Initial Screening/Interview/Intake
- Application Processing/Certification
- Eligibility Redetermination
- Process Changes to Ongoing Case
- Discontinuance or Termination of Case
- Case Documentation
- Corrective Action
- Recipient Complaints
- Fair Hearings and Appeals
- Fraud Investigation & Prosecution
- Benefit Recovery (Under or Over Payment)
- EBT Card Issuance
- Disability Exams
- Medicaid Outreach
- Professional Reading/Review Manual
- Administrative Functions - Not Case-related
- Travel (job related – not for training)
- Resource Development
- Program Specific Staff Development and Training
- General Administrative – Training, Meeting or Conference
- Lunch or Breaks
- All Other Activities
- Employee On Leave (annual leave, sick leave, etc.)
- Employee Not Available
- Invalid Response

Valid Combinations and RMS Bases

There are certain valid combinations of programs and activities. A valid combination is any activity correctly associated with a specific program. A matrix is set up in Sequoia*RMS* which establishes the link between Program, Activity and Allocation Bases according to this Cost Allocation Plan. The Valid Combinations Matrix, Exhibit B.8, shows the relationships between each Program and Activity and associated Base. The report shows the relationship between programs and activities that are common to multiple programs (redistributed) or invalid responses. An allocation base may use a method to distribute allowable costs to more than one federal or state funding source. Exhibit B.9 Program Fund Matrix illustrates the IMRMS bases and associated distribution of cost to federal and state programs. Case Count Methodology discussed below provides detail on use of case counts to distribute costs.

Exhibit B.1

IMRMS Sampled Worker
Position Descriptions

STATE ELIGIBILITY CONSULTANT

Duties

- Approves or rejects eligibility recommendations made by contract staff for appropriate benefits and waiver programs;
- Conducts an interactive interview for Food Stamp (SNAP) applications after data is gathered and entered into ICES by contract staff;
- Visits other service centers to conduct interviews;
- Second-Party-Reviews of all recommendations made by the Contractor;
- Resolves more difficult or complex cases and specialized issues such as language problems, complex policy interpretations and difficult cases;
- Authorizes fiats requested by the Contractor;
- Examines IRS Data Matches (BEER and UUIDX) to discern discrepant and unreported data;
- Approves claims referred and calculated by the Contractor;
- Approve or deny auxiliary benefit requests and under issuance requests;
- Conducts full eligibility interviews for applicants who choose that point of entry for their application;
- Serves as point of contact for inquiry referral from government officials;
- Keeps current on all changes in rules, regulations and guidelines regarding the individual benefit programs;
- Provides technical assistance to plan, implement and monitor effective programs and services;
- Monitors cases submitted under contract provisions for compliance with rules, regulations and procedures;
- Analyze performance data and assist in development of corrective action plans;
- Assists in representing the State's position at hearings and appeals;
- Performs related duties as assigned.

Job Requirements

- Thorough knowledge of public assistance policy, practices and procedures;
- Thorough knowledge of federal, state and local rules and regulations related to public assistance programs;
- Specialized knowledge of contract compliance methodology;
- Working knowledge of computerized eligibility systems;
- Ability to identify problems, evaluate alternatives, and implement effective solutions;
- Ability to use tact and empathy in dealing with people from varied backgrounds;
- Ability to conduct investigations and write reports;
- Ability to be flexible and self motivated in managing multiple priorities and to use time management techniques in order to complete job assignments in a timely manner;
- Ability to work independently and as part of a team;
- Ability to perform basic mathematical calculations;
- Ability to prepare evidence and make presentations in administrative hearings
- Ability to travel.

Responsibilities

The incumbent serves as the eligibility consultant for public assistance programs. The incumbent works in a regional service center managed by the Contractor and is responsible for correct eligibility determinations and contract compliance.

Qualifications

Five (5) years full-time professional experience in Counseling, Social Services, Education, Public Administration, or related experience. Substitutions; Accredited college training in any of the following areas may substitute for the required experience on year for year basis: Social Services, Psychology. Sociology, Education, Business Administration; or a related area.

CONTRACTOR ELIGIBILITY STAFF

Responsibilities

Position is responsible for gathering information related to applications for public assistance programs. In conjunction with an automated system, eligibility specialist will provide information to state eligibility consultant who will make the eligibility decision for various public assistance programs including TANF, Food Stamps (SNAP) and Medicaid. Duties will include reviewing applications submitted, identifying required client data and verifications that must be collected in support of the eligibility determination, communicating with clients in the data collection process, reviewing the case information and preparing it for case disposition by the state eligibility consultant. The incumbent, with proper training, is expected to work independently of immediate and continuous supervision. Performs related duties as assigned.

Required skills and abilities

Ability to quickly learn a variety of software systems; Ability to perform basic mathematical calculations; Ability to use tact and empathy in dealing with people from varied backgrounds; Ability to organize work and to set priorities in order to meet timeliness and quality standards; Ability to learn and follow standard business policies and processes

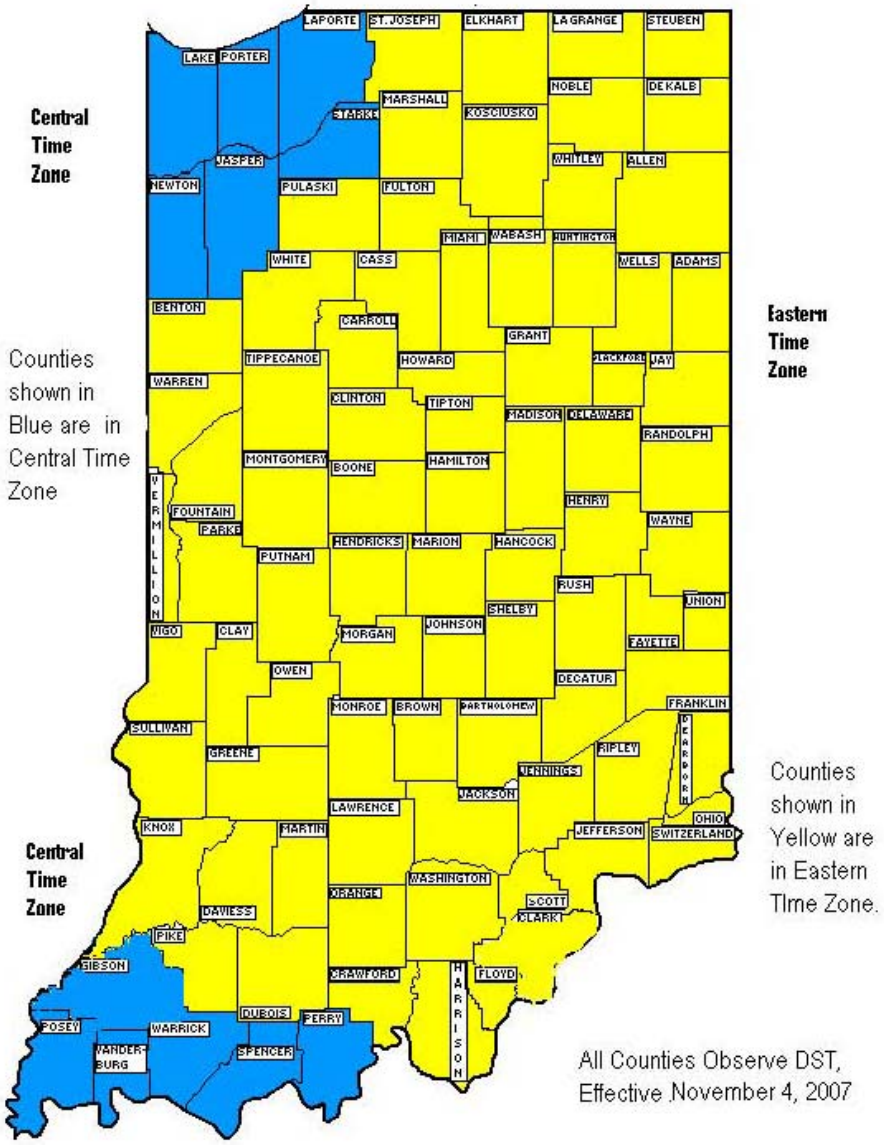
Qualifications

Three (3) years full-time experience performing administrative support or program support in counseling, education, health care, public administration, social services, vocational rehabilitation, or related experience. Substitution: Accredited college training in any of the following areas may substitute for the required experience on a year for year basis: Business Administration, Child Development, Counseling, Education, Health Care, Psychology, Public Administration, Social Work, Sociology, or a related area.

Exhibit B.2

Indiana Time Zones
Effective November 2007

Indiana Time Zones Effective November 2007



Effective November 4, 2007 - The five counties of Daviess, Dubois, Knox, Martin, and Pike will move from Central to Eastern Time effective when Daylight Saving Time ends. The Federal Government did not approve Perry County's request to return to the Eastern Time Zone.

Effective March 11, 2007 - Pulaski County moved back to the Eastern Time Zone. Previously Pulaski County had moved from Eastern to Central Time effective April 2, 2006. The Federal Government has approved Pulaski's request to return to the Eastern Time Zone.

Effective April 2, 2006 - all of Indiana observes daylight saving time.

Effective April 2, 2006 - the eight Indiana counties of Daviess, Dubois, Knox, Martin, Perry, Pike, Pulaski and Starke moved from the Eastern to Central Time Zones.

Exhibit B.3

IMRMS Intranet Form and Instructions for Completing the Income Maintenance Random Moment Sample Observation Form

E-mail/Intranet Random Moment Sampling (RMS)

Family and Social Services Administration
Division of Family Resources
&
Sequoia Consulting Group

1

Why do we need to participate in RMS?

- Both the state and federal government share the cost burden for administering public assistance programs. Based on the results from the sampling process, the federal government reimburses the state for their share of the administrative costs for each program.

- The federal government requires the state to carefully and accurately determine the administrative costs associated with these programs. RMS is a tool which FSSA Financial Management uses to account for and allocate staff time and resources when submitting claims for funding from the federal government.

- It is imperative that each staff person carefully and accurately evaluate the program and activity on which he or she is working at the time of the sample moment. It is important to note that RMS is not a performance evaluation tool and will not be used in determining job success.

- Timeliness is also very important. The federal government requires that participants respond within 2 business days of the sample moment assigned to the employee.

Changes to the current e-mail/intranet RMS...

The current process will remain very much the same; however, the screens may appear a little different. The following instructions will guide you through the new system step by step. If, after reviewing the guide, you have questions or concerns, you may contact the Sequoia Consulting Group RMS Administrator via phone at 1-800-429-4218 or via e-mail at RMS@SequoiaCG.com.

Getting Started... Receiving the E-mail

- **At the moment you are to be sampled, you will receive an e-mail from the RMS Administrator (RMS@SequoiaCG.com) requesting your participation in the RMS process.** Included in the e-mail is the sample moment date and time, instructions on accessing and completing the observation form found on the intranet, and contact information for questions or concerns.

- *Time Zones:* If the time zone in which you work is one hour behind Indianapolis, you will receive the notification e-mail at the specified moment you are to be sampled. When you access the intranet sample observation form, your response should reflect your activity at the time specified in both the e-mail and on the intranet form.

- A sample RMS Notification E-mail is included on the following page.

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RMS Notification E-mail

Amy Royce

From: Amy Royce
Sent: Friday, August 18, 2006 11:04 AM
To: Amy Royce
Subject: IMMEDIATE RESPONSE NEEDED - Random Moment Survey

Hello Amy Royce:

You have been selected for random moment sampling at 08/08/2006 10:02:00 AM.

1.) Click on the RMS web address below to access your internet sample observation form.
2.) After your form opens, select 1 program and 1 activity using the drop down menus.
NOTE: activity definitions are now available.
3.) Include case number and any additional or relevant comments in the boxes provided.
NOTE: Case ID required based on activity selected.
4.) Click submit to complete your sample response.

You will have only 2 business days from the time you receive this email to access the observation form on the internet. To record your observation after 2 business days, or if you have difficulty or questions in completing your sample observation form, please contact Sequoia Consulting Group immediately by telephone or e-mail. No Responses will be followed up by phone contact.

http://fss00rms1/rms.asp

RMS Group: IM
Sample Sequence Number: 382

Thank you,
RMS Administrator, Sequoia Consulting Group
1-800-429-4218
rms@sequoiacg.com

Please Note:
The information contained in this E-mail and/or attachments may contain protected health, legally privileged, or otherwise confidential information intended only for the use of the individual(s) named above. If you, the reader of this message, are not the intended recipient, you are hereby notified that you may not further disseminate, distribute, disclose, copy or forward this message or any of the content herein. If you have received this E-mail in error, please notify the sender immediately and delete the original.

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Accessing the Intranet Sample Observation Form

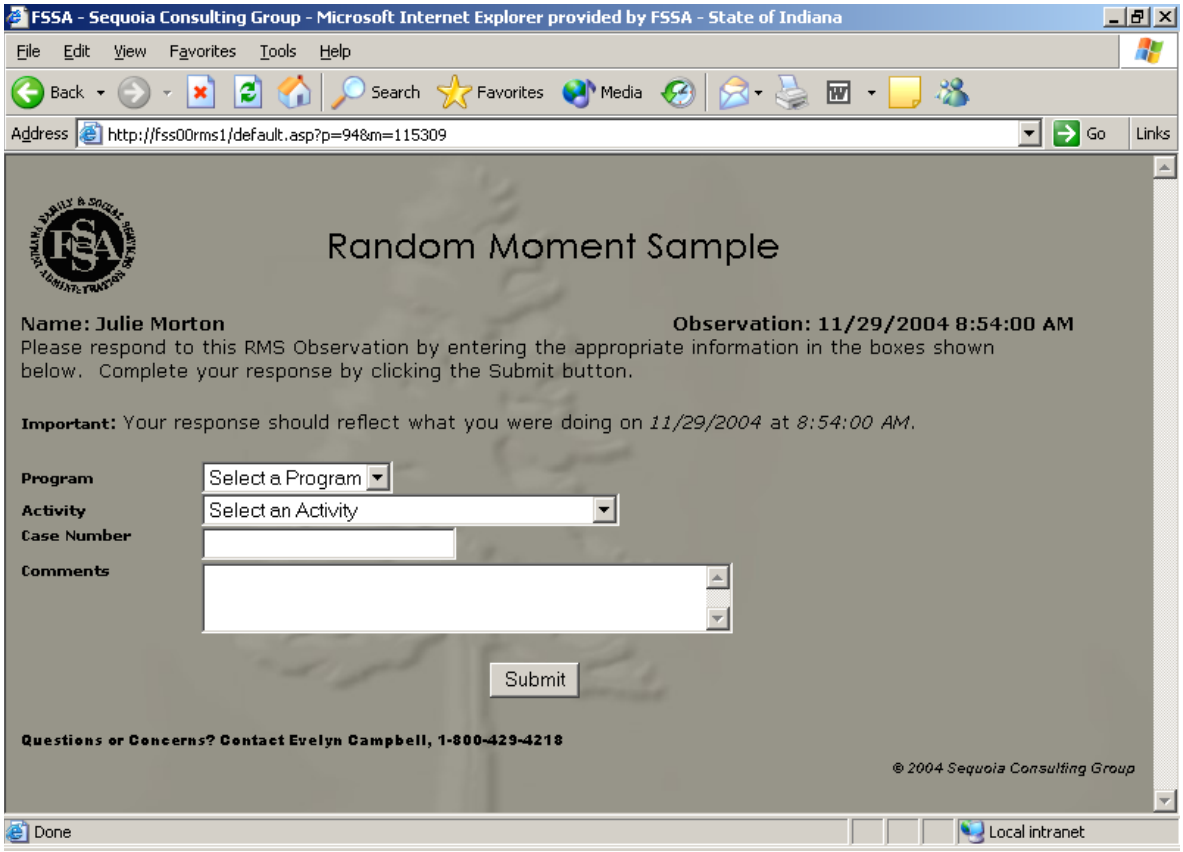
- Included in the e-mail will be the link to the intranet form. ***Left mouse click* on the highlighted link.** You will automatically be taken to the intranet sample observation form.

- Once you have accessed the intranet form, ***check* to make sure your name and observation time are listed** on the top line. If your name does not appear, contact the Sequoia RMS Administrator at 1-800-429-4218 or via e-mail at RMS@SequoiaCG.com. Instructions for completing the form are listed below your name and contact information is listed at the bottom.

- Remember, your *response should reflect what you were doing at the time of the sample moment*, not what you were working on when you received the e-mail or completed the intranet form.

- An example of the Intranet Sample Observation Form is included on the following page.

Intranet Sample Observation Form



Completing the Form: Program and Activity

- To select from the drop down list, ***left mouse click* on the arrow** to the right of the Select Program blank.

- Once the drop down list appears, you may scroll through the list using the up and down arrows to the right. ***Highlight and Left mouse click* on the program** you would like to select. The box will disappear and your program selection will appear in the Select Program blank.

- Repeat the process for the Select Activity blank.

- It is important to realize that a complete listing of all activities will appear regardless of the program you have selected. It is your responsibility to select an accurate and appropriate activity to pair with the program you selected. *If the program and activity combination is invalid, the RMS administrator will contact you.*

- Non-program specific administrative activities such as trainings, meetings, lunch, breaks, etc. are valid responses and will need to be recorded and included.

Completing the Form: Case Number & Comments

- If you are working on a specific case at the time of the sample, you will need to include the case number on the intranet form. Simply, ***left mouse click* on the case number blank and begin typing.**

- You may also include in the comments section any information relevant to the sample moment. Comments could include, but are not limited to, describing specific actions associated with the activity; for example, scheduled appointment with client.

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Submitting the Completed Intranet Form

- Once you have entered the information into all four sections, check to make sure the information is correct and ***left mouse click* the submit button at the bottom of the page.**

- After you have submitted the form, the screen will change and a message will appear letting you know your response was successfully recorded.

- Simply close the connection to the intranet by ***left mouse clicking* on the X in the upper right corner** and return to your regular activities.

Important Information

- You cannot change your responses through the intranet form once you have clicked submit. If you realize you have submitted an incorrect response, immediately contact the Sequoia RMS Administrator at 1-800-429-4218 or via e-mail at RMS@SequoiaCG.com.

- You will only have 2 business days to complete and submit the Intranet Sample Observation Form. You will receive one reminder phone call the next business day if your response has not been recorded. If you are unable to complete the form within the 2 business day timeframe, contact the Sequoia RMS Administrator at 1-800-429-4218 or via e-mail at RMS@SequoiaCG.com.

- RMS Coordinators will be contacted on the second business day by e-mail from Sequoia when a RMS response has still not been received following Sequoia's reminder call.

- You will receive an error message if you attempt to enter the form after the 2 business days following the sample moment or after you have already submitted your response. If you encounter any problems or have additional questions, contact the Sequoia RMS Administrator at 1-800-429-4218 or via e-mail at RMS@SequoiaCG.com.

Exhibit B.4

Sample Coordinators' and Sample Takers' Instructions For Administering the Random Moment Sampling Process

SAMPLE COORDINATORS' AND SAMPLE TAKERS' INSTRUCTIONS FOR ADMINISTERING THE RANDOM MOMENT SAMPLING PROCESS (IMRMS)

July 2007

The Random Moment Sampling (RMS) process is used to document the activities of staff performing directly related program functions benefiting one or more federal and/or state funded programs. The information collected will be used for distributing the cost of administrative activity among various programs and services.

It is of utmost importance that all steps of the RMS process are completed on an accurate and timely basis. Program funding for each quarter will be based upon the data processed from the RMS results.

A. SAMPLE REPORTING QUARTER

The RMS is completed on a quarterly basis as follows:

Calendar Quarter	Months Covered
First	January, February, March
Second	April, May, June
Third	July, August, September
Fourth	October, November, December

B. SAMPLE COORDINATORS AND ALTERNATES

Each county must designate an RMS Coordinator and an alternate coordinator(s) to assist in administering the RMS. At least one alternate must be selected to assist with the RMS process in the coordinator's absence. Each county determines how many additional alternates will be needed based on the location of the sample population, the size of the sample, available staff time, or other pertinent factors.

The responsibilities of the RMS Coordinator include, but are not limited to the following:

1. Acts as the liaison for communications with the RMS contractor (administrator);

2. Works with RMS contractor, sample taker(s), and supervisors to monitor the prompt and accurate completion of RMS observation forms on the Intranet by individuals in the sample pool (universe);

3. Follow-up for no responses;

4. Assures the employee rosters for the sample pool are accurately updated on a quarterly basis; and

5. Assures that their office(s) maintains current copies of the IMRMS observation form instructions.

C. SAMPLE SIZE

The sample size for the entire State is 2,750 observations per quarter for Social Services workers and 2,750 observations per quarter for Income Maintenance workers. Each county, on average, will represent approximately 60 observations per quarter, or slightly less than one observation per day. Of course, larger counties will have more observations while smaller counties will have fewer.

D. SAMPLE POOL

The positions to be included in the RMS are all positions performing directly related program functions benefiting one or more program or service area; with the exception of positions performing managerial, supervisory or administrative support functions and no direct services.

E. RMS EMPLOYEE LIST

The positions identified as meeting the RMS sample pool definition are maintained in roster format by the RMS contractor with input from the RMS coordinators. The employee list for each location is reviewed and updated on a quarterly basis. Positions that are vacant and will not be filled during the reporting quarter are not included. Please note that if a worker is scheduled to be sampled and is replaced by another worker, the new worker should be sampled.

The employee list includes the following information:

1. Name - name of the employee filling the position;
2. Phone - phone number of the employee;
3. E-mail - e-mail address of the employee;
4. Job Class - classification title; for example: Public Assistance Caseworker 5; and
5. Work Schedule - schedule assigned to the employee in the RMS software.

F. CORE WORK HOURS

The RMS sample is selected during the agency core work hours unless flex schedules are provided to the RMS contractor. The core work hours are the time that the majority of staff is scheduled to work. The core work hours are 8:00 a.m. to 4:30 p.m. with an 11:30 a.m. to 12:30 p.m. lunch period. There are no samples taken during the lunch hour. Flex schedules must remain consistent during the sampling period for an individual or local office.

G. SAMPLE SELECTION

The RMS contractor will pull the quarterly sample using the sample size, position roster and core work hours or flexible work hours. Once the sample is pulled the coordinators will receive Control Number Reference Lists by location and instructions.

Once a sample has been pulled no changes are made to the sample data during the quarter. Any updates to the roster, including work hours, cannot be changed until the next quarter's sample pull.

H. RMS OBSERVATION FORM

The RMS observation form is the document used to collect the activity completed by the selected positions at the designated times. Beginning April 2003, an electronic system for distributing and recording all IMRMS observations will be utilized. The system is programmed to automatically e-mail sampled individuals at the time of their sample including the one hour adjustment for those offices remaining on Central Time. Included in the notification e-mail will be the sample date and time, instructions to access the observation form on the Intranet using a highlighted link, and contact information for the RMS contractor for assistance with the RMS.

The observation form on the Intranet will include the sample date and time, instructions on how to complete the observation, pull-down menus with the service and activity codes to choose from, a field to enter a case number, a field to enter comments, and a button to save your entries on the form. A copy of the PowerPoint document used to train local office supervisors, RMS Coordinators, RMS sample takers, and the sample pool prior to implementation of the E-mail/Intranet RMS system is attached to this document. This document will be retained in the local offices for training new staff.

RMS Coordinators will monitor the RMS process and assist sampled individuals in completing the observation forms on the Intranet, if needed. In some offices, coordinators may also work with supervisors to monitor the RMS process.

The RMS Coordinators will refer individuals to the RMS contractor for additional help if necessary.

Sampled individuals will only have two (2) business days to access the Intranet observation form after the time they receive sample notification. If they try to access the Intranet form after two (2) business days, the Intranet form will prompt them to contact the RMS contractor to record their response immediately. The RMS contractor will call the sampled individuals the next business day after an RMS sample has not been answered as a reminder.

The RMS contractor will also electronically send RMS Coordinators a daily list of sampled individuals who have not completed their observation on the second business days, or contact the sampled employee personally. Effective July 2006, RMS responses will only be accepted as valid after two (2) business days if the activity at the sample moment can be documented, for example as leave or training. Prior to this date the response time was 48 hours.

If a worker is on approved leave such as annual leave, sick leave or any other scheduled leave at the moment designated for sampling, the sample coordinator should notify the RMS contractor. If a worker is not scheduled to work at the moment designated for sampling because he or she is working a flex-time schedule, the sample coordinator can also notify the RMS contractor. Finally, if a position has become vacant during the quarter, the RMS contractor should be notified even if the position is filled by another employee.

I. RMS OBSERVATION FORM REVIEW

Once an Intranet observation form has been saved, it cannot be changed by the worker The RMS contractor will electronically notify RMS Coordinators daily of erroneous responses submitted on the Intranet observation forms (e.g. invalid program and activity combinations), or contact the sampled employee personally.

Effective July 2006, sample moments comprising a 10% validation subsample will be subject to further review for quality control at the time of the sample. Specifically, staff sampled as part of the 10% validation subsample will be interviewed by a supervisor or RMS Coordinator/Sample Taker, or by the RMS contractor to ensure the response entered on the Intranet is correct. The sampled employee will be asked to describe what program (if applicable) and activity s/he is engaged in at the sample time and any other clarifying questions necessary to determine if the response entered on the Intranet is the most appropriate response.

J. DATA SUBMITTAL

Once the Intranet RMS observation forms are completed by the sampled staff, the data has automatically been entered into the RMS software. Responses submitted to the RMS contractor by phone or e-mail (when not completed on the Intranet or completed in error on the Intranet) will be entered into the RMS software by the RMS contractor.

K, ALTERNATIVE SAMPLING PROCEDURES

If e-mail notifications of RMS samples cannot be completed for a significant period of time (e.g. more than one hour) due to system problems, telephone polling by the RMS contractor will be used for sampling until the e-mail system can be returned to operation.

Exhibit B.5

IMRMS Instructions for Completing the Income Maintenance Random Moment Sample Observation Form

INSTRUCTIONS FOR COMPLETING THE INCOME MAINTENANCE RANDOM MOMENT SAMPLE OBSERVATION FORM (IMRMS)

Effective July 2007

General Instructions

You have been selected at random to tell us what program you are working on and what kind of activity you happen to be engaged in at a randomly chosen moment. The information you report, along with your co-workers' responses, are used to determine how the share of various programs are funded with state and federal dollars. This includes the amount of time that you spend administering these programs.

THIS IS NOT A DEVICE FOR EVALUATING YOUR INDIVIDUAL PERFORMANCE. ALL CASE INFORMATION WILL REMAIN CONFIDENTIAL.

Each worker will need to have a copy of these instructions at their desk as a reference guide. Effective April 7, 2003, the RMS will be conducted using an electronic application for distributing and recording all sample observations. For additional information on completing a sample observation using this application, refer to your copy of the Policy and Procedures for RMS.

Observation Form

The observation you are completing is divided into three major sections. Only one selection should be made in each section.

PROGRAM - Select the one most appropriate program category which you are working on at the selected moment.

ACTIVITY - Select the one activity that best describes what you are doing at the selected moment. The codes in this section are organized into two groups:

a. Caseload Activity (codes 290 through 318): These activities apply to any of the programs in Section II and relate generally to case-specific activity. This set of activities should be selected instead of a general activity whenever applicable.

b. General Activity (codes 402 through 999): These are activities that do not relate to work being done on a specific case, but relate to general job duties, training or time away from your work area. The activities may relate to a specific program.

CASE INFORMATION — Indicate in this section the specific case number if you are working on a case.

PROGRAM CODES

Report the program in which you are working at the selected moment by reporting only one program. If you need help in determining which program to select, please refer to the following descriptions.

105 TANF IMPACT: provides employment services, support services, training and education to persons on TANF grant.

106 Food Stamps (SNAP) IMPACT - ABAWDS: provides employment services, support services, training and education to persons on Food Stamps (SNAP) who are classified as Able-Bodied Adults Without Dependents (ABAWDS).

107 Food Stamps (SNAP) IMPACT – non-ABAWD: provides employment services, support services, training and education to persons on Food Stamps (SNAP) who are not classified as an ABAWD.

114 Title IV-D Child Support (TANF): use this code for any activity in support of child support enforcement, such as establishing paternity, locating absent parents, IV-D sanctions and other efforts.

120 Food Stamps (SNAP): includes food stamps to households with low income and minimal resources (including those who are also eligible for TANF) in order to increase their food purchasing power.

122 Food Stamps (SNAP)/Medicaid Eligibility: use this code for clients who are on the Food Stamp (SNAP) program and the Medicaid program when the activity is not specific to just one of the programs.

124 Food Stamps (SNAP)/Medicaid/TANF Eligibility: use this code for clients who are on TANF, Food Stamps (SNAP) and Medicaid when the activity is not specific to just one of the programs.

126 Food Stamps (SNAP)/TANF Eligibility: use this code for clients who are on Food Stamps (SNAP) and TANF when the activity is not specific to just one of the programs.

130 Medicaid: provides medical assistance for persons who meet certain categorical and financial criteria. Categories include, but are not limited to, Medicaid for the Aged, Blind and Disabled, IVE-FC and IVE-APP Medicaid, TANF Medicaid Only, Transitional Medicaid Assistance, Medicaid for Pregnant Women and Young Children and Wardship Medicaid. This program code also includes services related to any aspect of the Medicaid Waiver programs. Use Program Code 132 Children's Health Insurance Program (CHIP) for MA-9.

132 Children's Health Insurance Program (CHIP): provides Medicaid eligibility expansion for children. Use this code when working on any case processing activity specific to the MA 9.

134 Medicaid/TANF Eligibility: use this code for clients who are on Medicaid and TANF when the activity is not specific to just one of the programs.

140 TANF (Benefits/Eligibility): use this code for any activity in support of Temporary Assistance for Needy Families (TANF) including financial assistance in grant form for needy families who meet TANF program guidelines. This program replaced ADC-R, ADC-UP, ADC-I and ADC-Q.

142 TANF-UP: use this code for any activity in support of children whose parents are unemployed or underemployed (under 100 hours) and whose caretakers meet certain income and resource standards

144 TANF Burials: provides limited funding for funeral and cemetery expenses to individuals who meet certain program and financial criteria.

146 Non-TANF Burials: provides limited funding for funeral and cemetery expenses to individuals who meet certain program and financial criteria.

152 ARCH: provides assistance to residents in county homes.

154 RBA: provides room and board assistance to qualified individuals.

156 Children With Special Health Care Needs (CWSHCN): provides funding for children with chronic health problems whose health can improve with specialized treatment.

158 Refugee Assistance/Resettlement : provides financial and medical assistance to qualified aliens eligible for the Refugee Assistance Program.

495 Not Program Related: use when working on administrative activities which are not specific to a program (e.g., general administrative activities). This code may be used for "960 - All Other Activities" and should be selected when choosing activity code "950 - Lunch, Breaks", "997 - Employee on Leave", "998 - Employee Not Available" or "999 - Invalid Response".

ACTIVITY CODES

Report the activity you are performing by selecting the one activity that best describes what you are doing at the selected moment. If you are working on an e-mail about a client or program, an alert about a client or program or filing a case, select a program or multi-program combination. If providing service outside the office, select the appropriate activity to describe what you are doing (i.e., eligibility redetermination, IMPACT Case Management). If you need help in determining which activity to select, please refer to the following descriptions.

290 Applicant Job Search: includes initial effort to obtain a job through applicant job search.

291 IMPACT Assessment: performing initial on-line IMPACT Assessment or adjustment Assessment for on-going case management to discover IMPACT participants strengths and barriers in the areas of child care, transportation, health, housing, substance abuse, parenting, children and youth, domestic violence, child support, family support, etc.

292 Self Sufficiency Plan Development: developing Self-Sufficiency Plan or Amendment to Self-Sufficiency Plan to guide an IMPACT participants in the steps necessary to overcome barriers to become self-sufficient.

293 IMPACT Case Management: performing services for IMPACT families to encourage and assist them in becoming self-sufficient. Use this activity for case conferences/staffings to discuss employment strategies.

294 IMPACT Supportive Services: arranging, approving and processing IMPACT Supportive Services needed in order for IMPACT participants to work or participate in activities. Includes referral of client to social services, employment agencies, housing agencies or other governmental or private agencies.

295 Transportation Vouchers/Tokens: includes activities associated with arranging payments for transportation services.

296 Job Development: includes all activities associated with contacting employers to find jobs for workers and placing clients.

297 Sanctions: includes preparing and sending a notice of decision and updating the file.

300 Initial Screening/Interview/Intake: conducting interviews, facilitation of group interviews and video presentations, and providing applicants or recipients with appropriate forms, in the office, field, by mail or telephone. Also includes preliminary review of application forms and verification documents, data entry, in the office, field, by mail or telephone and determining Medicaid spenddown eligibility. Client is present, on telephone, or you are mailing interview/intake materials to client.

301 Application Processing/Certification: includes reviewing verification documents, preparation of calculation entries or computations, data entry and completing necessary forms. Client is not present while working on the case. This activity could also include verification of the Independent resource assessment for nursing home placement when there is a community spouse.

302 Eligibility Redetermination: includes client interview, reviewing case records verification documents, preparation of calculation entries or computations, data entry for eligibility purposes, and completing necessary forms and any policy research specific to a case.

303 Process Changes to Ongoing Case: includes all changes or case reviews which may affect the level of assistance, including monthly report activities and Medicaid spenddown calculations, which do not result from regularly scheduled review. Also includes changes of address as well as all related data entry.

304 Discontinuance or Termination of Case: includes all activities related to canceling a case and appropriate data entry.

305 Case Documentation: includes preparing narratives on household situation and case activity.

306 Corrective Action: includes reviewing and responding to quality control (QC) and program accuracy findings, management evaluation (ME) review findings, supervisory case reviews, peer reviews and other case related activities.

307 Recipient Complaints: includes dealing with recipient complaints on any subject.

308 Fair Hearings and Appeals: includes file review, preparation of testimony, written or oral, appearance at hearing, completion of appropriate forms.

309 Fraud Investigation & Prosecution: includes all activities including fraud referral directly related to investigation and prosecution of suspected TANF benefits which replaced AFDC, Medicaid, and/or Food Stamp (SNAP) fraud and abuse.

310 Benefit Recovery (Under or Over Payment): includes review of files, calculation of overpayment or underpayment, completion of appropriate forms, recipient notification, case updating, vendor adjustments, court appearances, and preparation of claim determinations. Also includes all related data entry. Use Code 309 for fraud referral activities.

312 EBT Card Issuance: includes all activities and contacts related to the preparation of manual issuance, replacement or voiding of EBT card issuances.

316 Disability Exams: includes activities associated with the payment to providers for disability exams.

318 Medicaid Outreach: includes activities to provide outreach and additional information to TANF clients about Medical Assistance.

GENERAL ACTIVITIES: The codes in this section are not case-specific. However, they can be used with any program code. Do not use a code in this series if there is a case specific activity code that better describes the activity being performed.

402 Professional Reading / Review Manual: includes professional reading as required to maintain current job knowledge or to track relevant legal issues. Also includes reviewing program/policy manuals and program/policy updates as related to your area of responsibility.

404 Administrative Functions - Not Case-related: includes all other non-case related activity such as organizing desk, attending to general clerical matters, etc.

405 Travel (job related - not for training): includes all job-related travel other than for training. This does not include routine travel to or from the office and one's home.

406 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 IMPACT program.

407 Program Specific Staff Development and Training: includes attending training, conferences or seminars for the purpose of enhancing skills and program knowledge. Examples of staff development and training efforts include sessions on increasing interviewing skills, new techniques in form completion/documentation or specific training on rules and regulations for a new program. Use this activity code for time spent traveling to and from training.

408 General Administrative - Training, Meeting, Conference: includes conducting or participating in training sessions, meetings and supervisory conferences on office administrative policies, time keeping systems, or other topics which are not program specific or related to a specific case.

950 Lunch, Breaks: includes lunch time, and scheduled break time.

960 All Other Activities: no other code in Section III describes the activity being done. Please specify the nature of this activity in the space provided on the observation form.

997 Employee on Leave: use for approved leave (e.g., annual leave, sick leave, etc.).

998 Employee not Available: employee not scheduled to be at work at time of sample due to flex-time or part-time status.

999 Invalid Response: position vacancy, incorrect label.

ATTACHMENT A
IMRMS Form Instructions

If you are working on an ICES application or case with two or more programs or combination of programs, and you are unsure which program to allocate the activity, use the following guidelines.

If the activity can be identified in any way to a specific program, that program must be indicated (e.g., to TANF, Medicaid or Food Stamps (SNAP)). Therefore, it is imperative that you are aware of which portions of the activities are program specific. A general rule of thumb is, if you are asking information or gathering information to apply for or completing an eligibility redetermination for a specific program area, that program should be identified or selected on the RMS observation form. Otherwise, select a multi-program combination.

Exhibit B.6

Random Moment Sampling (RMS) System Policy and Procedures

STATE OF INDIANA – DEPARTMENT OF FAMILY AND SOCIAL SERVICES ADMINISTRATION and DIVISION OF FAMILY RESOURCES RANDOM MOMENT SAMPLING (RMS) SYSTEM POLICY AND PROCEDURES

Rev. July 2009

Random Moment Sampling (RMS) is conducted using an electronic system for distributing and recording all sample observations through e-mail contact direct from Sequoia*RMS* database and software. Sequoia Consulting Group of Carmel, Indiana is the contractor administering RMS for FSSA. Random Moment Sampling is used to identify staff effort in support of federal and state programs. It is not a device for evaluating individual participant's job performance. All case information remains confidential in accordance with established HIPAA guidelines. Your cooperation and accurate reporting of the service programs and related activity are important for continued funding and staffing of the many federal programs administered by the State of Indiana Family and Social Services Administration.

The process for RMS responses will be the following:

1. Randomly each quarter workers in the sample pools will receive e-mails notifying them they have been selected for sampling at a specified date and time. Sampling occurs throughout each calendar quarter, but is not done on the weekends or State holidays. The IMRMS Random Moment Sample (for Income Maintenance/DFR workers) has 2,750 observations each per quarter. The e-mail will contain a link to an observation form on the Intranet.

   You will receive the e-mail at the specified sample time. The RMS system automatically adjusts for the time differential. However, remember your response to the observation should reflect what you were working on at the sample time specified in the text of the e-mail; not what you were working on when you received the e-mail (approximately one hour after the sample time).

2. Respond to the sample according to the IMRMS observation form on the Intranet and the appropriate observation form instructions. A copy of the instructions can be obtained from your office's RMS Coordinators and should be kept handy for your easy reference. Instructions and related materials are also available through the Public Folders. The response to the sample needs to reflect what you were doing at the randomly selected moment in time specified in the text of the e-mail message and the Intranet observation form. When completing the Intranet observation form, the service (program) and activity sections need to be completed. If you are working on a case, complete the case id or number section also. An optional field for comments is included on the Intranet observation form and should be utilized when further explanation may be required to accurately describe your activity.

3. *IF YOU ARE:*

With a client, on the telephone, out of the office on a case, or at lunch/break, please complete the form on the Intranet as soon as possible. **You will only have two (2) business days from the time you receive the e-mail notification of sampling to access the Intranet form.** If you try to access the form after two (2) business days, the Intranet form will prompt you to contact the RMS contractor, Sequoia Consulting Group, by phone or e-mail to complete the sample. When contacting the RMS contractor, or when replying to a voice mail message from Sequoia Consulting Group regarding a RMS sample, please provide the following information:

1. sample group (IM/DFR or SS/DCS)
2. the reference number indicated in the e-mail (sequence number from 1 to 2,750)
3. your name
4. the case number or identifier (if working on a case)
5. the program or service area; and
6. the activity

If you are unsure of the appropriate response, discuss the question with the RMS contractor, the RMS Coordinator in your county, or your supervisor. If the program/activity code you select is not a valid combination, you will be contacted by the Sequoia Consulting Group RMS staff to help correct the sample. *Any corrections made, are required to be confirmed by sending you an e-mail noting the changes. If the changes made are correct, you do not need to respond to that e-mail.*

The most detailed program and activity code should be selected whenever possible. If you are not sure, take a moment to review the definitions for the program or activity code. When working on a specific case activity, the case ID needs to be included in the RMS response.

General activities have specific Non-Program related codes or can also be utilized with a specific program/service when training, etc. When in doubt, please review descriptions contained in the specific Instructions for Completing RMS Observation Forms. If you are on sick, vacation or other approved leave, you will need to follow-up with the RMS contractor directly to complete the RMS sample when you return. Please note the correct Program and Activity codes to reflect leave time. The correct Program code is '495' – Not Program Related.

Again, Intranet observation forms need to be completed as soon as possible. Participants who have not completed their observation form within one business day will receive a reminder phone call from Sequoia Consulting Group RMS staff. RMS Coordinators will receive an e-mail listing staff who have not completed

their observation on the second business day and should facilitate completing the missed RMS moment. Samples not completed within two (2) business days may be considered invalid when responding after the two (2) business day period. You will be unable to correct an erroneous response on an Intranet observation form after it has been saved. To correct an erroneous response, you must contact the RMS contractor, Sequoia Consulting Group.

4. If you are unable to access the Intranet at the time of a sample to complete the observation form, please contact the RMS contractor at 1-800-429-4218, extension 226 to complete the observation. The office hours of Sequoia Consulting Group are Monday – Friday, 8:00am to 5:00pm. Official State of Indiana holidays are also observed by Sequoia Consulting Group personnel. You may call before/after Sequoia's office hours and leave your RMS response on Sequoia's automated voice mail. When doing so, please speak slowly and clearly when giving your response, making sure to include the six pieces of information shown in Step 3 above, and your phone number.

5. As part of the federal guidelines regarding random moment sampling, we are required to validate 10% of the sample each quarter. This means that the contractor, Sequoia Consulting Group, will randomly contact 10% of the samples to verify your response. This '10% sub sample validation' is also drawn at the same time as the samples for the full quarter. You will be contacted by phone; if you are unavailable a message will be left for you to return the call. Once a verbal confirmation has been received from you, Sequoia RMS staff will send you a confirming validation e-mail in accordance with the federal guidelines. *You do not need to respond to this e-mail unless the response indicated is incorrect.*

6. If e-mail notifications of RMS samples cannot be completed due to system problems, by the State's e-mail delivery system or by Sequoia Consulting Group's system, telephone polling by the RMS contractor may be used for sampling until the system can be returned to full operation.

Please Note: Random Moment Sampling is the approved time study method for determining time and effort spent doing tasks associated within our federal programs/services. "Random" means there is no set pattern for selecting which staff person(s) is contacted at any given time.

Each quarter, rosters are updated indicating current employees in the four Income Maintenance job codes that are sampled. The RMS software selects 2750 'moments in time', which are then matched with schedules and personnel listed within the software database.

Your chance of being selected is based on the number of staff within the 'universe' of IM/DFR staff and the 2750 samples pulled each quarter. You will be contacted more often when a validation is needed, or a correction to an invalid combination of program

and activity needs to be corrected or as a follow-up to a No Response. The No Responses cannot be counted as a valid sample and can have a negative effect on funding over time. Your continued help in completing the RMS observations and doing so in a timely fashion is appreciated. By utilizing the e-mail method to conduct the RMS we hope to achieve a minimum interruption to your busy schedules – by replying quickly and accurately, additional interruptions can be avoided.

If you have any questions, please contact:

Sequoia Consulting Group
Evelyn Campbell, RMS Administrator
800-429-4218, ext 239
317-569-9075, ext 239
rms@sequoiacg.com or evelyncampbell@sequoiacg.com

Exhibit B.7

RMS Portion of Audit Plan

IMRMS Portion of Audit Plan

Verify the accuracy of RMS by testing the case files the Income Maintenance (IM) caseworker was working on that day.

Sub-Objective: To review a sample of a county's RMS inquiries to verify the case was worked during the time period. Will also follow-up on the non-responsive inquiries to determine whether the employee was on leave, etc.

1. Sample Size: Request RMS Response and Non-Response reports for the previous three (3) months. Select a minimum of five (5) employees in each of the two categories of workers for RMS Responses. All Non-Response items must be reviewed.

2. Income Maintenance workers:
   Computer system used: Indiana Client Eligibility System (ICES)
   - Access ICES system to screen that shows employee activity during day/time sampled.
   - Verify RMS report with ICES system. (print screen for back up documentation)
   - If not recorded in ICES system – Pull case file to verify case documentation for RMS reported.
   - Review timesheet (A-4) for responses indicating paid time off.

3. Sample RMS Non-Response:
   - Review timecards, timesheets and/or sign-in and out sheets to verify work status of employee (examples: lunch, vacation, sick time, personal leave). Copy documents as needed for support.
   - Notify Supervisor and DFR Regional Manager of number of non-responses their office received during sample period.

Exhibit B.8

IMRMS Valid Combinations Matrix Report

IMRMS COST ALLOCATION MATRIX

Number	ACTIVITIES Description	TANF IMPACT 105	Food Stamp (FS) IMPACT-ABAWDS 106	FS IMPACT non-ABAWDS 107	Child Support (TANF) 114	Food Stamps 120	FS/ Medicaid 122	FS/TANF Medicaid 124	FS/ TANF 126	Medicaid (IM) 130	CHIP 132	Medicaid/ TANF 134	TANF (Benefits) 140	TANF-UP 142	TANF Burials 144	Non-TANF Burials 146	ARCH 152	RBA 154	CWSHCN 156	Refugee Ass/Reset 158	Not Related to any Prog. 495
290	Applicant Job Search					35	35	29	29				40	36							
291	IMPACT Assessment	05	06	45																	
292	Self Sufficiency Plan Development	05	06	45																	
293	IMPACT Case Management	05	06	45																	
294	IMPACT Supportive Services	05	06	45																	
295	Transportation Vouchers/Tokens	05	06	45			35	29	29	12				36			18	19	15	14	
296	Job Development	05	06	45		35	35	29	29					36							
297	Sanctions	75	06	45		35	35	88	88				75	33			18	19	15	14	
300	Initial Screening/Interview/Intake	05	06	45	24	35	27	84	88	12	50	92	75	33	20	80	18	19	15	14	RD
301	Application Processing/Certification				24	35	27	84	88	12	50	92	75	33	20	80	18	19	15	14	
302	Eligibility Redetermination				24	35	27	84	88	12	50	92	75	33			18	19	15	14	
303	Process Changes to Ongoing Case	05	06	45	24	35	27	84	88	12	50	92	75	33		80	18	19	15	14	
304	Discontinuance or Termination of Case	75	06	45	24	35	27	84	88	12	50	92	75	33	20	80	18	19	15	14	
305	Case Documentation	05	06	45	24	35	27	84	88	12	50	92	75	33	20	80	18	19	15	14	
306	Corrective Action	75	06	45	24	35	27	84	88	12		92	75	33			18	19	15	14	
307	Recipient Complaints	75	06	45	24	35	27	84	88	12	50	92	75	33	20		18	19	15	14	RD
308	Fair Hearings and Appeals	75	06	45	24	35	27	84	88	12		92	75	33	20		18	19	15	14	
309	Fraud Investigation and Prosecution	75	06	45	24	35	27	84	88	12		92	75	33		80	18	19	15	14	
310	Benefit Recovery (over or under payment)		06	45		35	35		88				75	33		80	18	19	15	14	
312	EBT Card Issuance		60	60		60	60	65	65			55	55	55							
316	Disability Exams	05	06				27	84	88	12		92	75	33			18	19	15	14	
318	Medicaid Outreach							12	12	12		12		12							
402	Professional Reading/Manual Review	75	06	45	24	35	27	84	88	12	50	92	75	33	20	80	18	19	15	14	RD
404	Admin. Functions - not case related	RD	RD	RD		RD	RD	RD	RD	RD	RD	RD	RD	RD						RD	RD
405	Travel (Job Related - Not for Training)	05	06	45	24	35	27	84	88	12	50	92	75	33			18	19	15	14	RD
406	Resource Development	75	06	45	24	35	27	84	88	12	50	92	75	33	20	80	18	19	15	14	RD
407	Program Specific Staff Development & Training	75	06	45	24	35	27	84	88	12	50	92	75	33	20	80	18	19	15	14	RD
408	General Admin - Training, Meeting, Conference	RD	RD	RD	RD	RD	RD	RD	RD	RD	RD	RD	RD	RD	RD	RD	RD	RD	RD	RD	RD
960	All Other Activities	75	06	45	24	35	27	84	88	12	50	92	75	33	20	80	18	19	15	14	RD
950	Lunch, Breaks																				RD
997	Employee on Leave																				RD
998	Employee Not Scheduled to Work																				IR
999	Invalid Response																				IR

Exhibit B.9

IMRMS Program Fund Matrix Report

IMRMS Allocation Matrix

BASIS		COST OBJECTIVE		Basis Split:
05	TANF IMPACT	105	TANF IMPACT (program)	
06	Food Stamp IMPACT - ABAWDS	106	Food Stamp IMPACT - ABAWDS	
12	Medicaid	112	Medicaid	
14	Refugee Assistance/Resettlement	114	Refugee Assistance/Resettlement	
15	Children With Special Health Care Needs	115	Children With Special Health Care Needs	
18	ARCH	118	ARCH	
19	RBA	119	RBA	
20	TANF Burials	120	TANF Burials	
24	Title IV-D (Charged to TANF)	150	TANF Cash Assistance (subject to Admin Cap)	
27	Food Stamps/Medicaid	109	Food Stamps	50%
		112	Medicaid	50%
29	FS/TANF	109	Food Stamps	50%
		125	TANF Case Management (Program Services)	50%
33	TANF-UP Eligibility	135	TANF-UP Cash Assistance (subject to Admin Cap)	
35	Food Stamps	109	Food Stamps	
36	TANF-UP Benefits (Program Services)	136	TANF Case Management (Program Services)	
45	Food Stamps IMPACT - non ABAWDS	131	Food Stamps IMPACT - non ABAWDS	
50	Children's Health Insurance Program (CHIP)	132	Children's Health Insurance Program (CHIP)	
55	EBT TANF	133	EBT TANF Cash Assistance (subject to Admin Cap)	
60	EBT Food Stamps	134	EBT Food Stamps	
65	EBT TANF/FS	133	EBT TANF Cash Assistance (subject to Admin Cap)	50%
		134	EBT Food Stamps	50%
75	TANF Admin	150	TANF Cash Assistance (subject to Admin Cap)	
80	Non-TANF Burials	155	Non TANF Burials	
84	FS/Medicaid/TANF Eligibility	109	Food Stamps	33%
		112	Medicaid	33%
		150	TANF Cash Assistance (subject to Admin Cap)	34%
88	FS/TANF Eligibility	109	Food Stamps	50%
		150	TANF Cash Assistance (subject to Admin Cap)	50%
92	Medicaid/TANF Eligibility	112	Medicaid	50%
		150	TANF Cash Assistance (subject to Admin Cap)	50%
RD	Common to All	495	Common to Several Programs - Redistributed	
IR	Invalid Response		Not a Valid Response…not redistributed	

Appendix C

Employee Attendance Reporting

Family and Social Services Administration

PeopleSoft Time Entry May 2008

Training Guide
FSSA Time Entry

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Logging In to PeopleSoft HR Time and Labor

Procedure

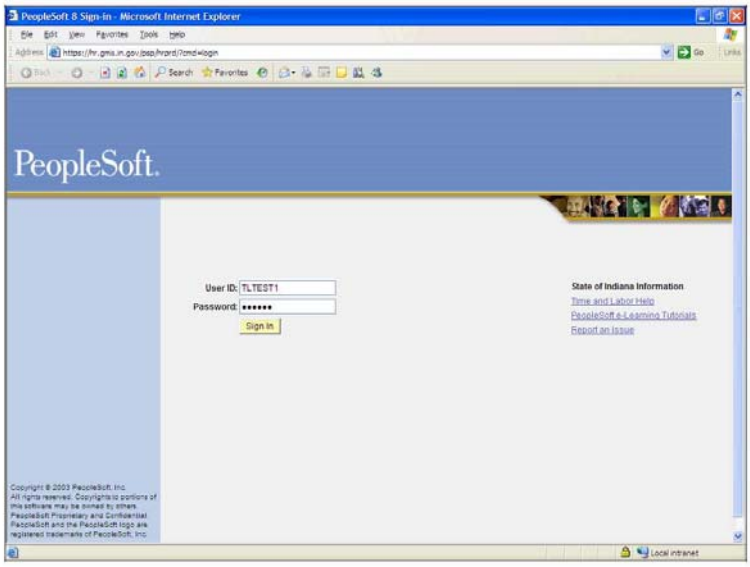
This topic will demonstrate logging into **PeopleSoft HR Time and Labor Self Service** application to execute Self Service Time Entry or Manager Self Service Approve Time functions.

Please use the following link to report your time:
https://hr.gmis.in.gov/psp/hrprd/?cmd=login

You may also access PeopleSoft HR from IN.gov through the State Employee link or from the FSSA Intranet Homepage.

Step	Action
1.	Please enter your PeopleSoft HRMS **User ID** in this field. Enter the first initial of your first name and the last 6 digits of your employee number. If you need password assistance, contact the helpdesk at 317-234-HELP or call 1-800-382-1095 (toll free).
2.	Note that the following links are available from the logon page: **Time and Labor Help -** Additional T&L documentation links. **PeopleSoft e-Learning Tutorials** - Training material for other HRMS modules. **Report an Issue** - Request help such as **Password Reset**.
3.	Please enter your PeopleSoft HRMS **Password** in this field. If you have a network password (what you use to log in to your computer in the morning), you can also use that password to get in to PeopleSoft. Enter your password.

Training Guide
FSSA Time Entry



Step	Action
4.	Click the **Sign In** button. Sign In
5.	You have now completed logging on to **PeopleSoft HR - Time and Labor Self Service**.

Setting User Preferences

Procedure

This topic will demonstrate one-time configuration steps for the PeopleSoft HR Time and Labor application. These configuration updates will make it easier for you to use the Self Service Time Entry page.

Step	Action
1.	Click the **Self Service** link. Self Service

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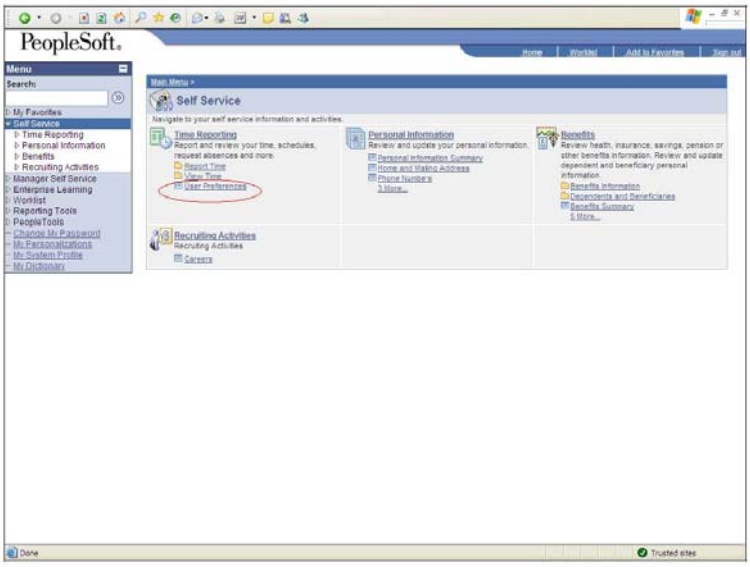
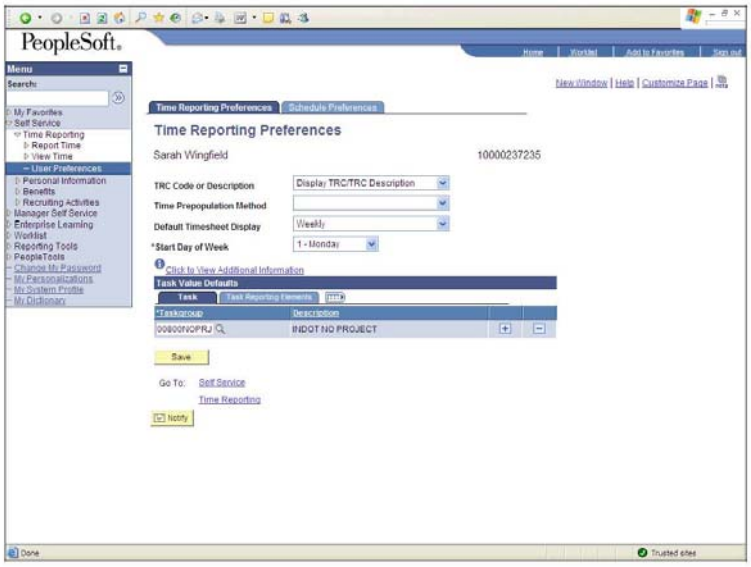


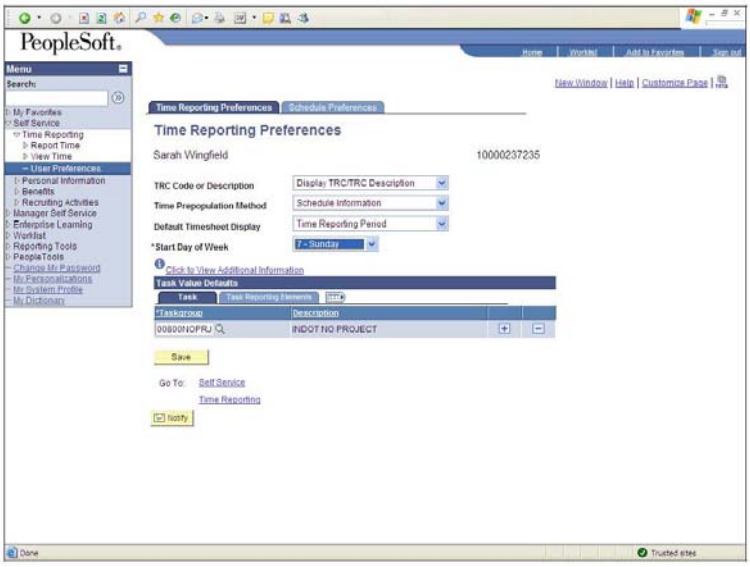
Step	Action
2.	Click the **User Preferences** button. User Preferences

Training Guide
FSSA Time Entry



Step	Action
3.	Click the **Time Pre-population Method** list.
4.	Select **Schedule Information**. Schedule Information
5.	Click the **Default Timesheet Display** list. Weekly
6.	Select **Time Reporting Period**. Time Reporting Period
7.	Click the ***Start Day of Week** list. 1 - Monday
8.	Select 7 **Sunday**. 7 - Sunday

Page 4



Step	Action
9.	Click the **Save** button.
10.	This topic has demonstrated the one-time configuration steps for the PeopleSoft HR Time and Labor application. These configuration updates should make it easier for you to use the Self Service Time Entry page.

Training Guide
FSSA Time Entry

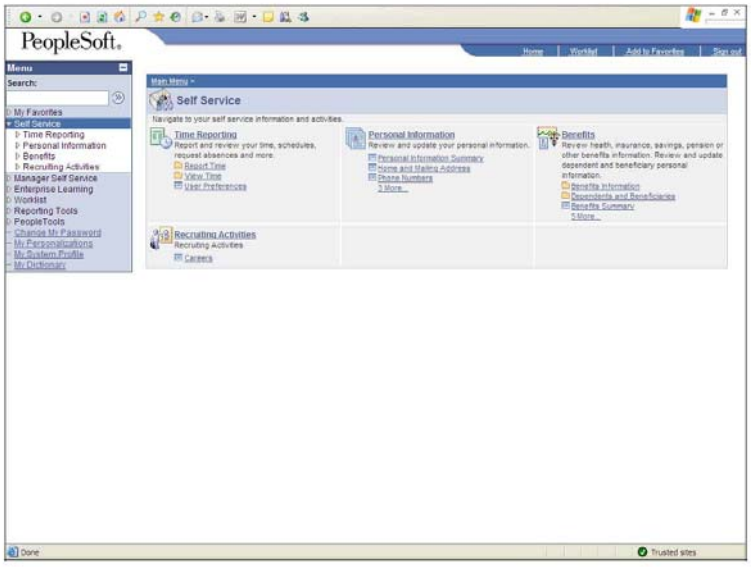
Record and Submit A4 Time

Procedure

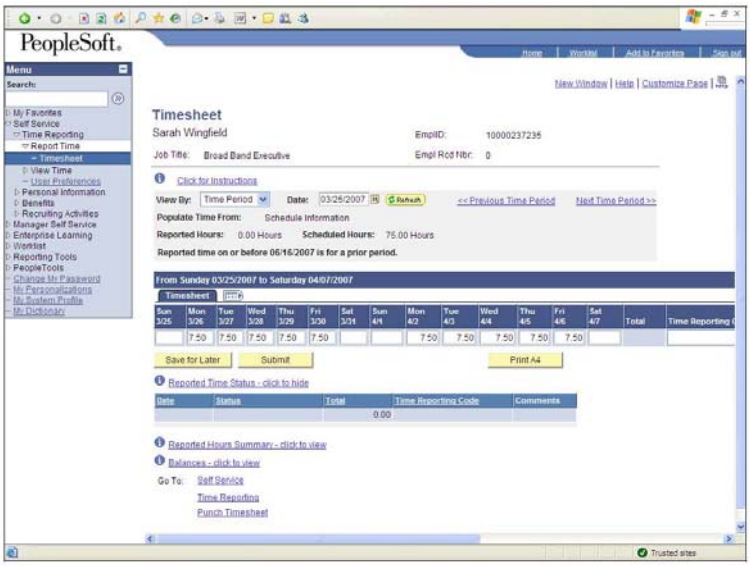
This topic will demonstrate the basics of time entry on the PeopleSoft HR Time and Labor application.

Subjects addressed include:
- Entering Regular Time
- Entering Leave Time
- Saving/Submitting Time

Step	Action
1.	Click the **Self Service** link. Self Service

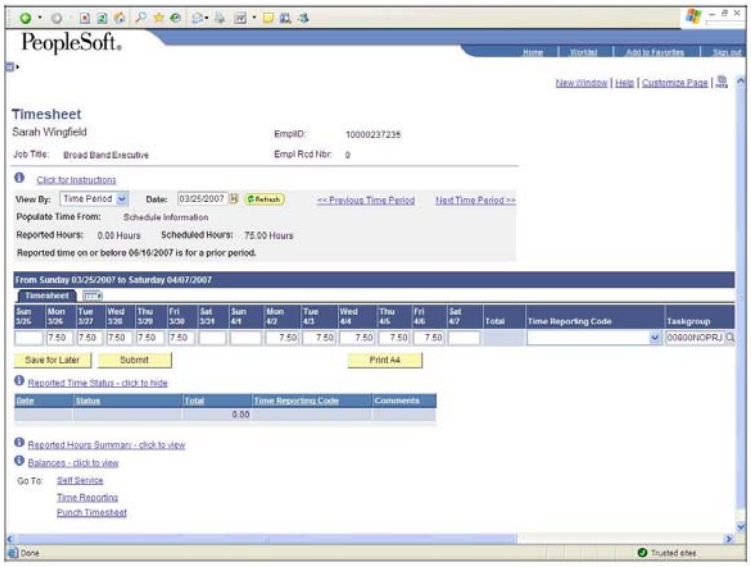


Step	Action
2.	Click the **Report Time** button or **Time Reporting** menu. Report Time
3.	Click the **Timesheet** button. Timesheet Report your



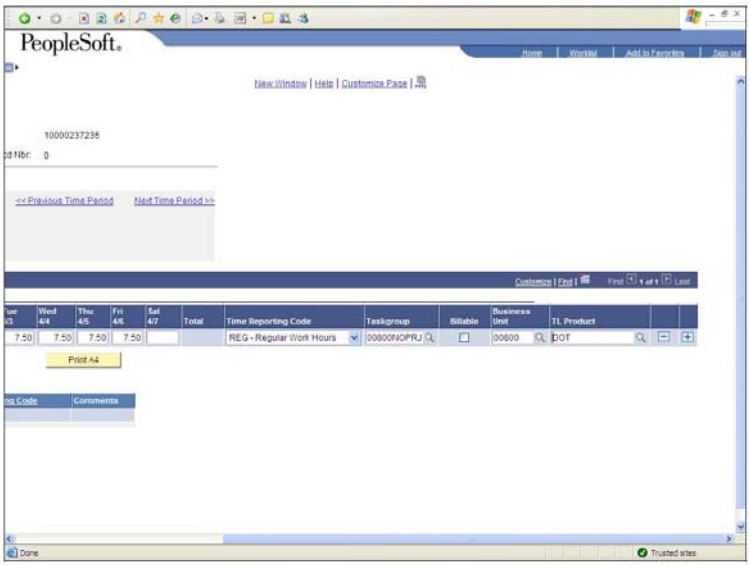
Step	Action
4.	Click the **Collapse (Ctrl+Y) Menu** button.
5.	If you have the standard Time and Labor configuration (see **Setting User Preferences topic**) your **Timesheet** page will display based on the settings you selected.

Training Guide
FSSA Time Entry



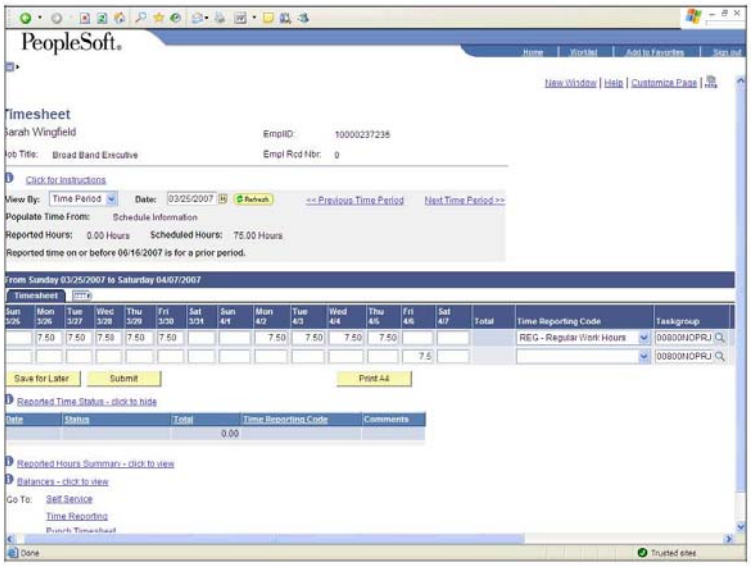
Step	Action
6.	The hours you see here are your default work schedule. We will set the **Time Reporting Code** for these hours to **Regular** time. Click the **Time Reporting Code** list.
7.	Select **Reg - Regular Work Hours**. REG - Regular Work Hours
8.	Click to **Scroll Right**.
9.	Some agencies such as FSSA are required to enter a **PC Business Unit, Project ID** and **Activity Code**. You should complete the fields that display and are relevant for your agency. Click the **Look up for each field** button.

Page 8



Step	Action
10.	If you were only reporting Regular time, your time recording would be complete. In this example, however, we will proceed to enter additional leave times. Click the **Plus icon** to add a new row. [+]
11.	The time for Fri 4/6 will now be switched from the Reg row to your new leave time row. First, we'll enter the leave hours in the appropriate square. Enter "**7.5**" in the leave row for **Fri 4/6**.
12.	Now click in **Friday's** regular time row. [7.50]
13.	Press **[Delete]**.

Training Guide
FSSA Time Entry



Step	Action
14.	Now we must enter the **Reporting Code** for your leave row. Click the **Time Reporting Code** list.
15.	Select **HOL - Holiday**. HOL - Holiday
16.	Some agencies such as FSSA are required to enter a **PC Business Unit, Project ID** and **Activity Code.** You should complete the fields that display and are relevant for your agency. Click the **Look up for each field** button.
17.	You may continue to add as many leave lines as required. Click the **Plus icon** to add a new row.
18.	Enter the leave hours for this new row in the appropriate square(s). Enter "7.5" under **Thu 4/5.**
19.	Now click in **Thursday's** regular time row to remove the regular time. 7.50

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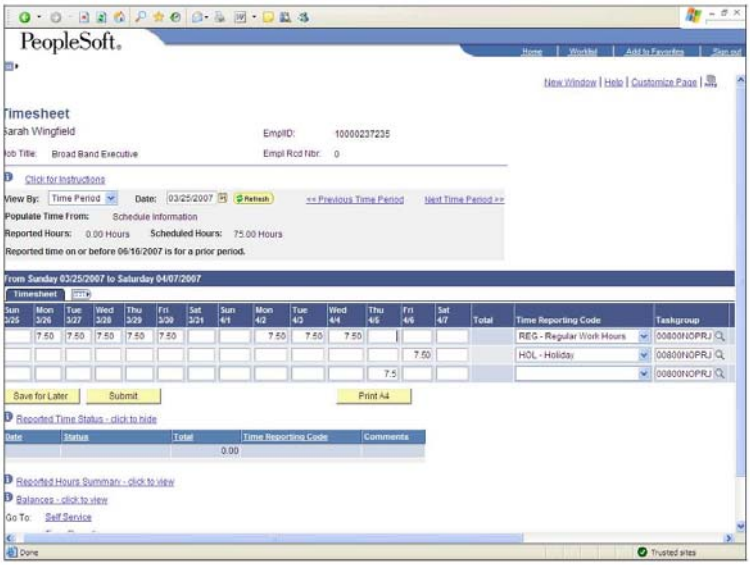
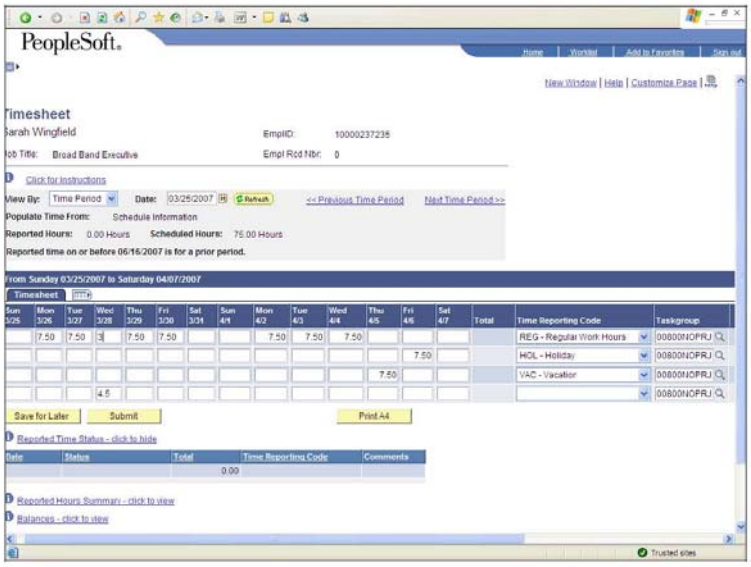
Step	Action
20.	Press **[Delete]**.



Step	Action
21.	Click the **Time Reporting Code** list.
22.	Click an entry in the list. Select **VAC - Vacation**. VAC - Vacation
23.	Click the scrollbar.
24.	Some agencies such as FSSA are required to enter a **PC Business Unit, Project ID** and **Activity Code.** You should complete the fields that display and are relevant for your agency. Click the **Look up for each field** button.
25.	Click the **Plus icon** to add a new row.

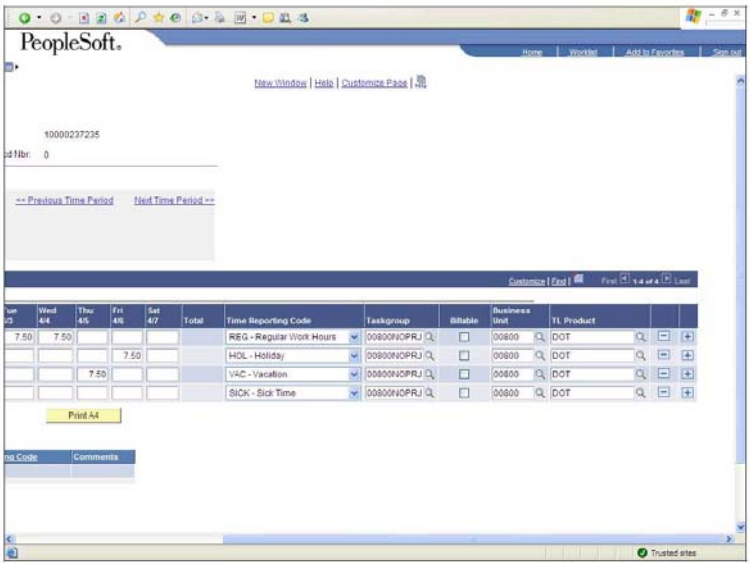
Training Guide
FSSA Time Entry

Step	Action
26.	We will enter a partial sick day for Wed 3/28. Enter "**4.5**" under **Wed 3/28**.
27.	Click on **Wednesday's** regular time row. 7.50
28.	Press **[Delete]**.
29.	Enter "**3**" for the remaining regular hours worked.



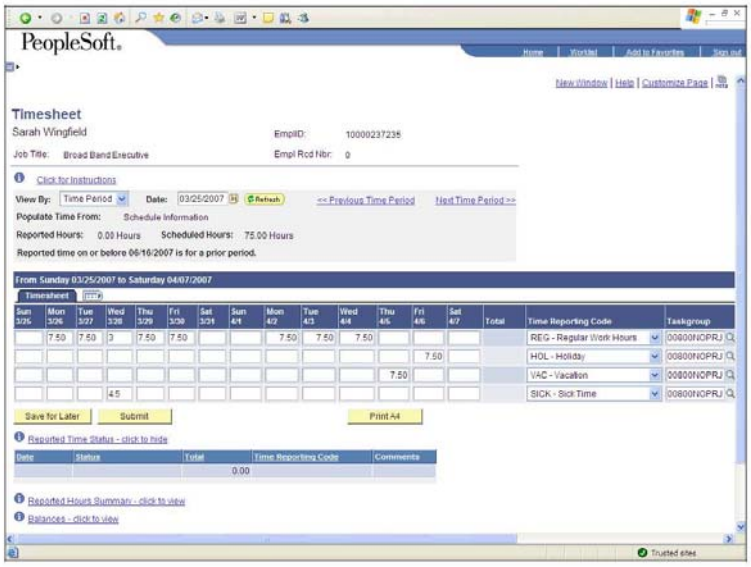
Step	Action
30.	Click the **Time Reporting Code** list. [ ]
31.	Select **Sick - Sick Time.** SICK - Sick Time
32.	Click the scrollbar.

Step	Action
33.	Some agencies such as FSSA are required to enter a PC **Business Unit, Project ID** and **Activity Code.** You should complete the fields that display and are relevant for your agency. Click the **Look up for each field** button.



Step	Action
34.	**Note** - If you have entered any lines in error, you may use the **Minus icon** to delete these.
35.	Click to **Scroll Left**.
36.	Once you have completed your time entry, you should do **both** of the following to complete your time submission: 1. **Save** using **Save for Later** button. 2. **Submit** your time using the **Submit** button.

Training Guide
FSSA Time Entry



Step	Action
37.	Click the **Save for Later** button to save your changes. **Note:** This will re-order your lines alphabetically by **Time Reporting Code**. Save for Later

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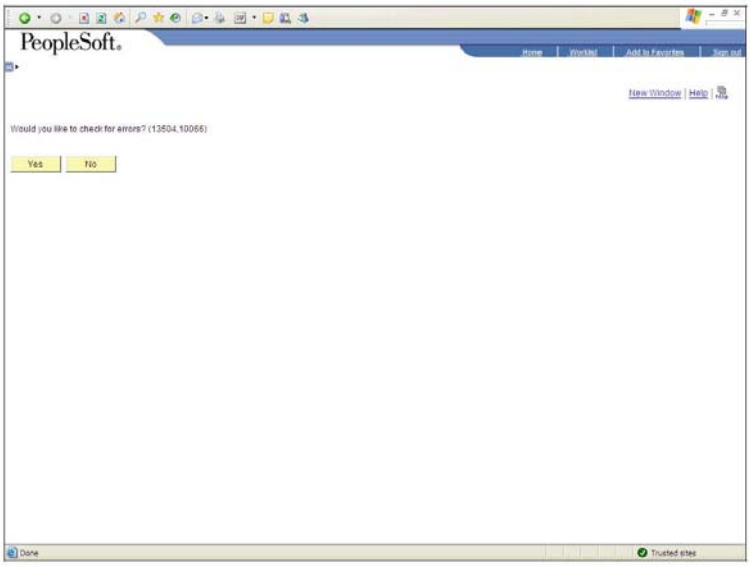
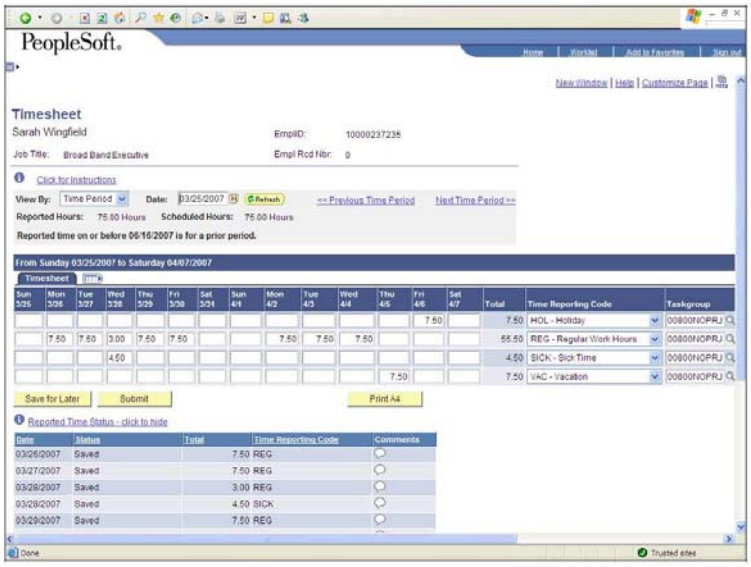


Step	Action
38.	The system will allow you to check for potential errors. Click the Yes button. Yes

Training Guide
FSSA Time Entry



Step	Action
39.	Once you have saved, you can review your time recorded at the bottom of the page. You will notice that your daily hours recorded are now listed as **Saved** but not **Submitted**. Click to **Scroll Down**.

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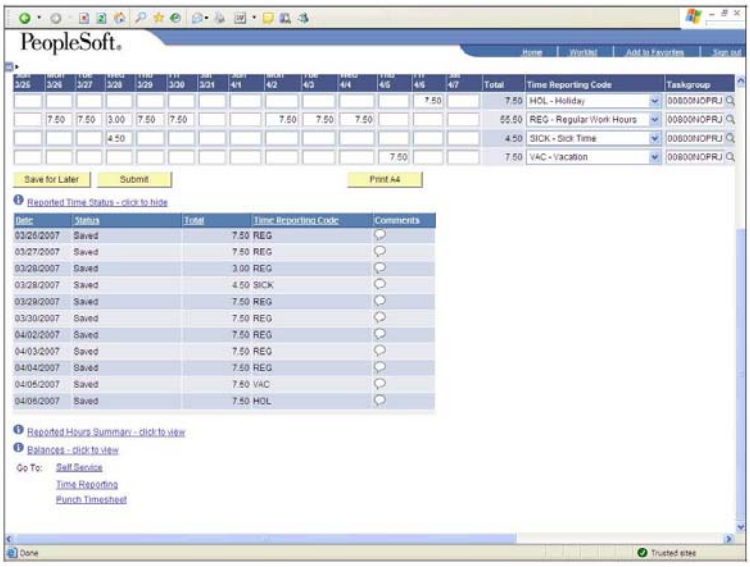
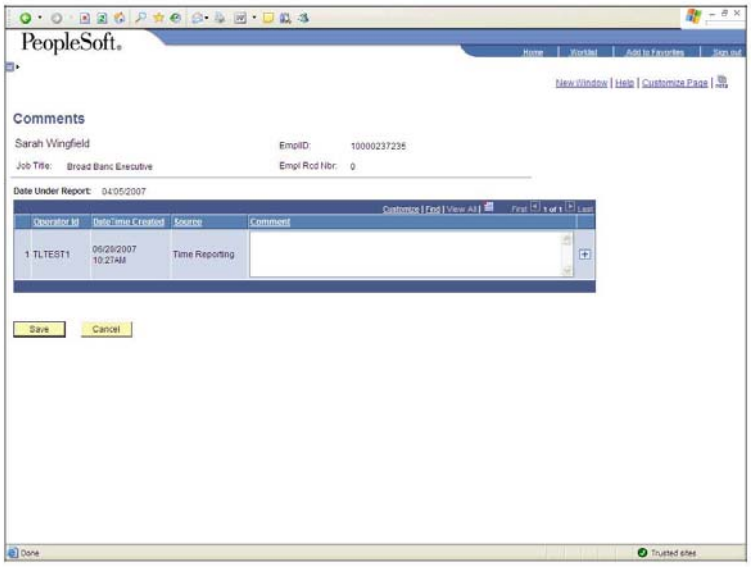
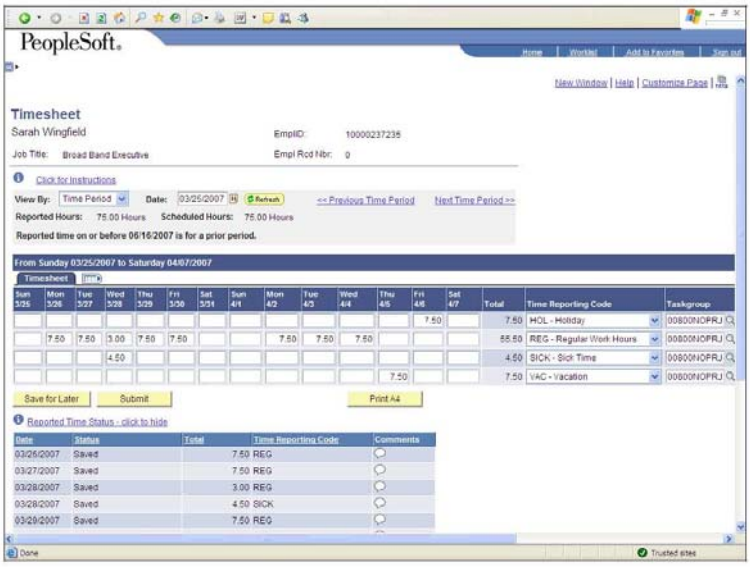


Step	Action
40.	Each line has an optional comment area to record additional information for a particular day. These comments are optional though some agencies may have specific comment requirements for special types of leave. We will demonstrate a **Sick** leave comment. **Note:** Doing this is **not** a State requirement at this time Click the **Comments** button for the line where sick leave was taken on 3/28.
41.	You may fill in explanation text in the comment box (if required) and click **Save** to return to time reporting.

Training Guide
FSSA Time Entry

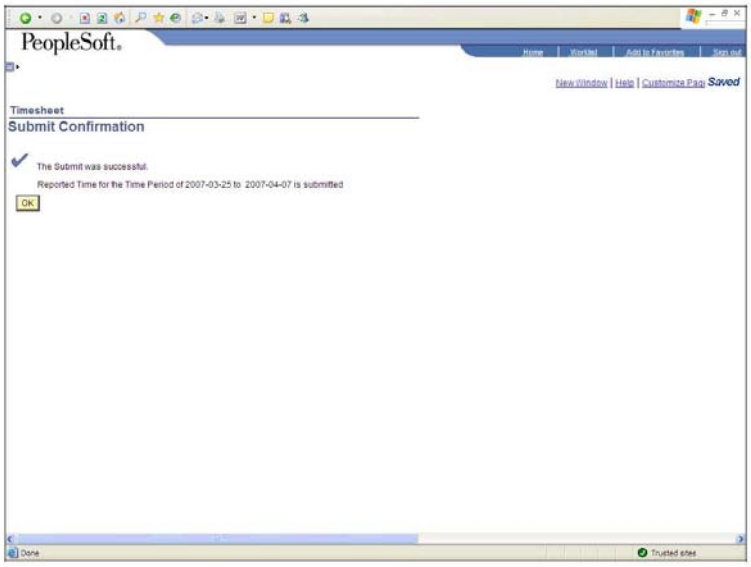


Step	Action
42.	Click the **Cancel** button to return without entering comments. Cancel



Step	Action
43.	Once your time reporting is complete and **Saved**, you may use the **Submit button** to submit this period's time to your manager. Click the **Submit** button. Submit

Training Guide
FSSA Time Entry



Step	Action
44.	The system will acknowledge your successful time submission. Click the **OK** button. OK
45.	You will now see at the bottom of the page that the status of your time has changed to **Submitted**. You have now completed time reporting for this pay period.
46.	You have now completed the basics of time entry on the PeopleSoft HR Time and Labor application. You should be able to: - Enter Regular Time - Enter Leave Time - Save/Submit your Time

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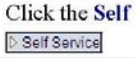
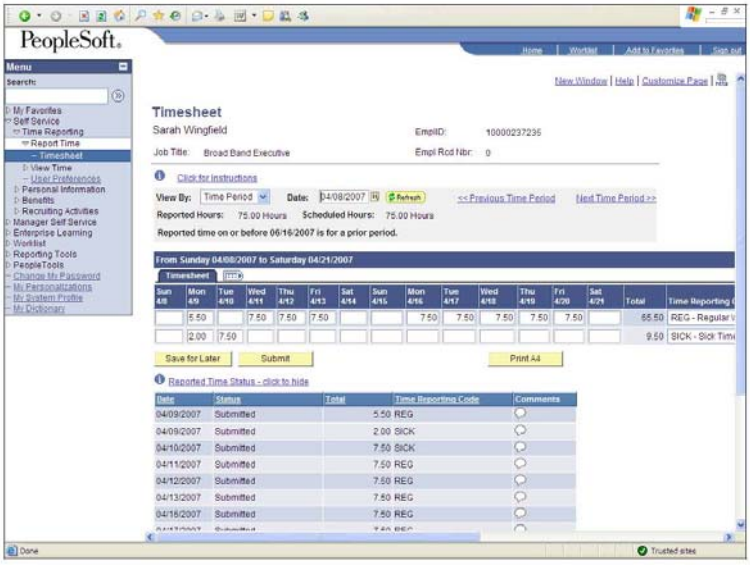
Review Other Time/Leave Balance Information

Procedure

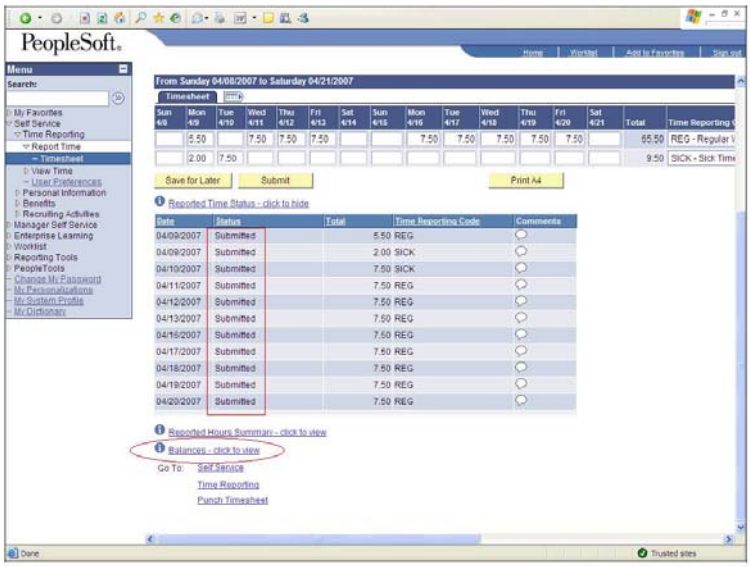
This topic will demonstrate additional information functions such as reviewing **earlier periods' time** entered and **leave balances** in the PeopleSoft HR Time and Labor application.

Step	Action
1.	Click the **Self Service** link.
2.	Click the **Report Time** button. 
3.	Click the **Timesheet** button.

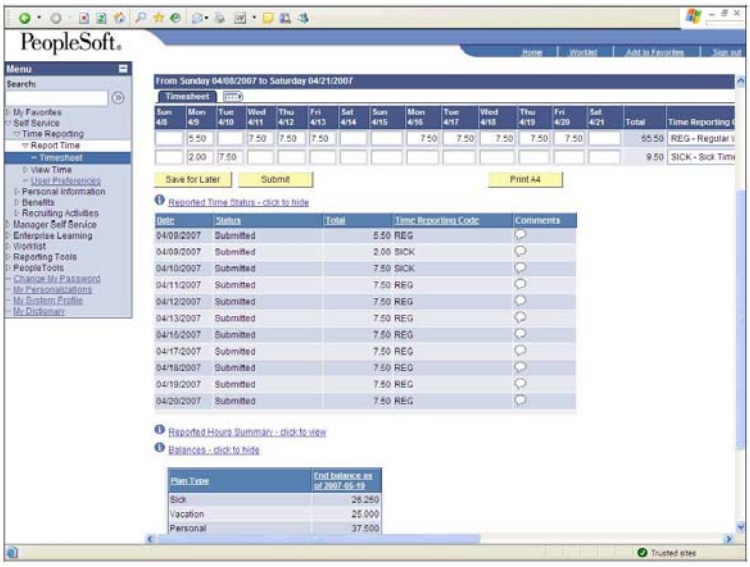


Training Guide
FSSA Time Entry

Step	Action
4.	Your timesheet will default to the **current time period**. You may scroll down the page to review the status of this reported time. Click to **Scroll Down**.

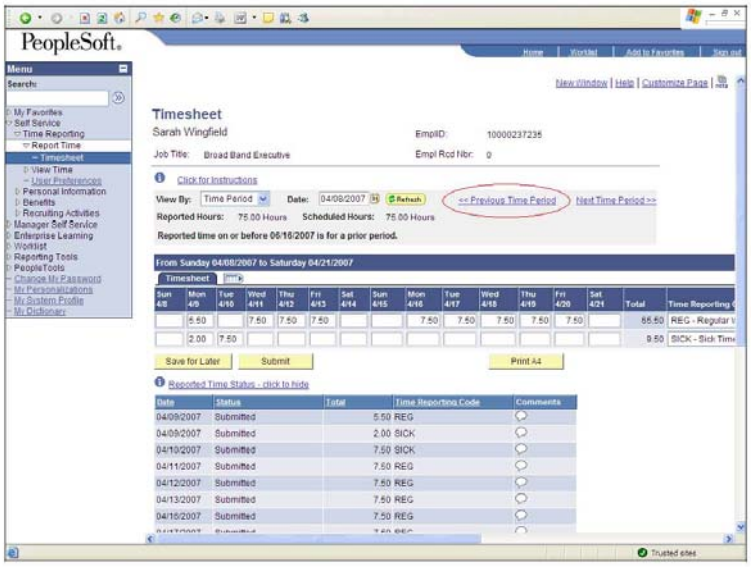


Step	Action
5.	**Note:** This time period has been **submitted**. From the bottom of the page, you may click to view your **Leave Balances**. Click the **Balances - click to view** link. Balances - click to view

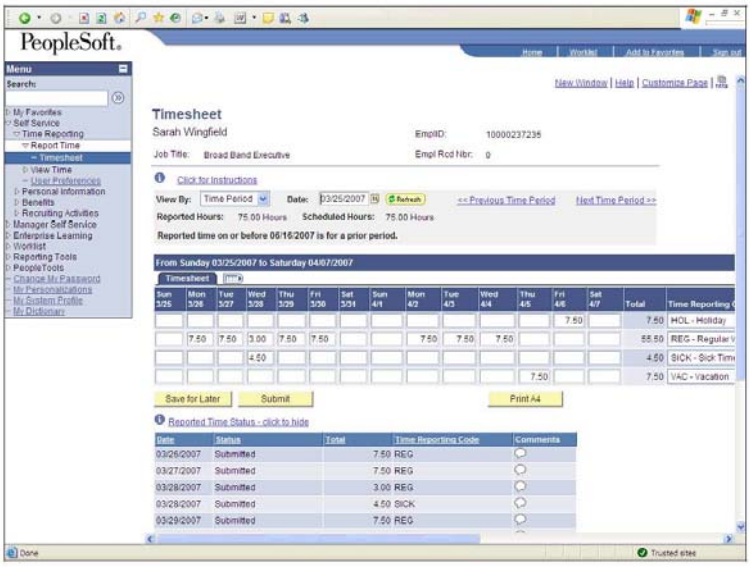


Step	Action
6.	Note your leave balances as of the **balance** date.
7.	Click to **Scroll Up**.

Training Guide
FSSA Time Entry

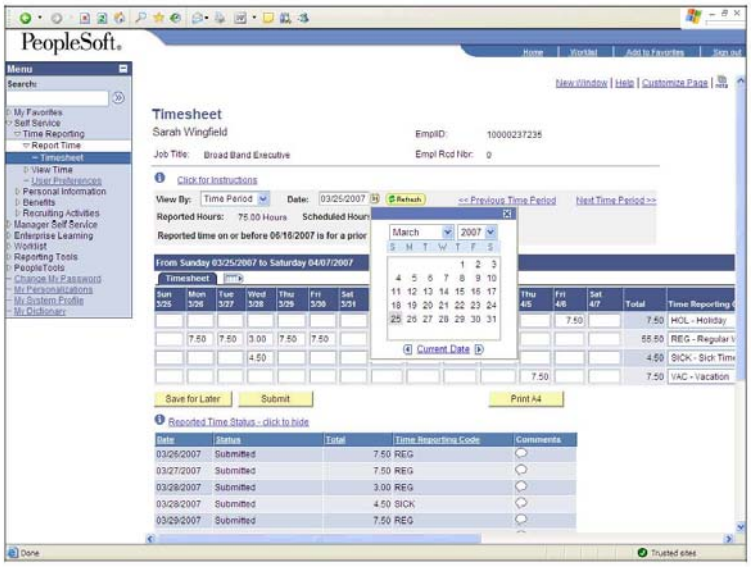


Step	Action
8.	To review recent previous time periods, you may click the **Previous Time Period** link. Click the **<< Previous Time Period** link. << Previous Time Period

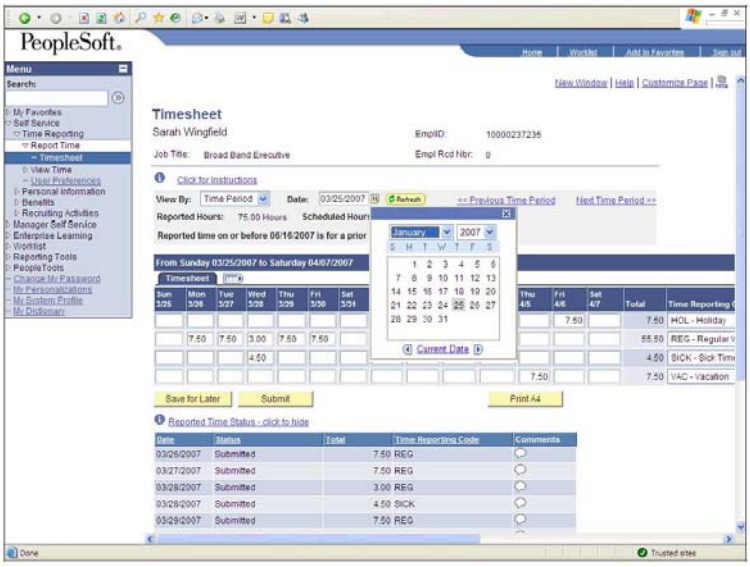


Step	Action
9.	You can see this brought us back by **one pay period**.
10.	You may also choose to view any previous pay periods since you began entering time on the PeopleSoft HRMS Time and Labor system. Click the **Choose a date (Alt+5)** button. 31

Training Guide
FSSA Time Entry

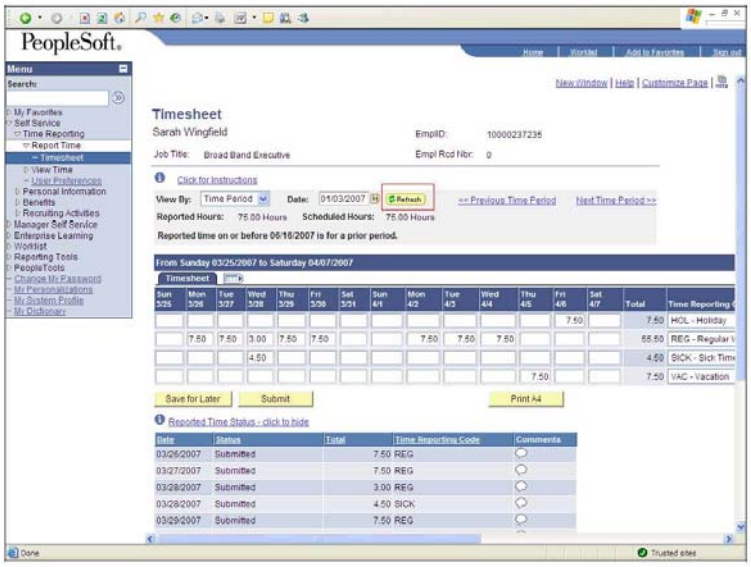


Step	Action
11.	Click the **Month** list. March
12.	Select **January**. January

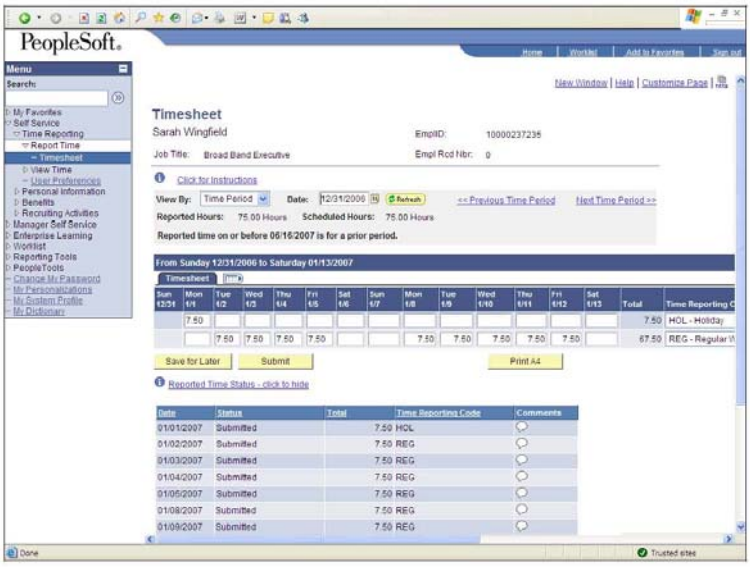


Step	Action
13.	You may click on any date and the appropriate weeks of pay period will be displayed. Choose **January 3**. 3

Training Guide
FSSA Time Entry



Step	Action
14.	You must now click the yellow **Refresh** button on the page to see the selected pay period. Click the **Refresh** button. Refresh



Step	Action
15.	You can now see the time that was entered and submitted for the pay period ending January 13.
16.	You have now learned the additional information functions available from the timesheet page of the PeopleSoft HR Time and Labor application.

Appendix - Time Reporting Code Descriptions

TRC	DESCRIPTIONS	EXPLANATION
ALWP	Authorized Leave Without Pay	You must have your Manager's approval to use this TRC.
C2	State Employee Vehicle Commutes	Place the dollar amount in the space for the appropriate date you had trips. Enter 1.50 per trip (so two trips would be 3.0).
CERND	Compensatory Time Earned	You must have your Manager's approval to use this TRC.
CMFML	Compensatory Time Paid	Displays amount of compensatory time paid.
CSV	Community Service	You must have your Manager's approval to use this TRC.
CTKN	Compensatory Time Taken	Displays amount of compensatory time used.
FMLA	Family and Medical Leave Act	You must have your Manager's approval to use this TRC.
FUNRL	Funeral Leave	Please indicate your relationship to the deceased in the comments field.
HOL	Holiday	
HOLFM	Holiday / FMLA	You must have your Manager's approval to use this TRC.
JURY	Jury Duty	You must have your Manager's approval to use this TRC and submit documentation.
LWP	Leave Without Pay	You must have your Manager's approval to use this TRC.
LWPFM	Leave Without Pay / FMLA	You must have your Manager's approval to use this TRC.
MIL	Military Leave	You must have your Manager's approval and documentation to use this TRC.
MILUP	Military Leave Unpaid	
OFC	Office Closure	You must have approval from State Personnel to use this TRC
OLV	Other Leave	You must have your Manager's approval to use this TRC.
OVT	Over Time	You must have your Manager's approval to use this TRC.
PER	Personal Time	
PRFML	Personal Time used with FMLA	You must have your Manager's approval to use this TRC.
REG	Regular Work Hours	
SICK	Sick Time	
SKFML	Sick Time used with FMLA	You must have your Manager's approval to use this TRC.
SSFML	Special Sick time used with FMLA	You must have your Manager's approval to use this TRC.
SSL	Special Sick Leave	You must have your Manager's approval to use this TRC.
ULWP	Unauthorized Leave Without Pay	You must have your Manager's approval to use this TRC.
VAC	Vacation Time	You must have prior approval 24 hours before using this TRC
VAFML	Vacation Time used with FMLA	You must have your Manager's approval to use this TRC.

EMPLOYEE ATTENDANCE REPORT

State Form 14304 (R4 / 12-99) **A-4**

Approved by State Board of Accounts 1997

Name of empoyee *(last, first, middle)*	
Employee number	
Classification Title	
Agency / Division / Section / Unit	
Account	
Bi-weekly pay period Sunday, through Saturday,	

INSTRUCTIONS

1. *This form must be completed by each employee and approved by the immediate supervisor (except where use of an alternate attendance report has been approved by the State Board of Accounts).*
2. *Enter number of hours rounded to the nearest quarter hour (15 minutes = .25; 30 minutes = .50; 45 minutes = .75; 60 minutes = 1.00).*
3. *On the day that holidays are observed, enter in the Holiday box the number of hours you would normally have been scheduled to work. If you worked the holiday, also enter in the Other Compensable Hours worked box, all hours actually worked.*
4. *All overtime must be pre-approved. For payable overtime, you will only be paid the overtime if total hours for the week meet overtime requirements.*
5. *Working hours in excess of the minimum required does not entitle an overtime exempt employee to overtime pay or compensatory time off unless special authorization has been received for this pay period. Special overtime pay authorization should be explained in the comments section. Compensatory time accrued or used by exempt employees should also be recorded on the Compensatory Time Worksheet.*
6. *If an absence is covered by the Family and Medical Leave Policy, enter the hours of absence in the appropriate Paid or Unpaid Leave box AND in the Family* and Medical Leave box.
7. *Total regular hours should equal bi-weekly schedule (for example 75.00). This includes regular hours worked, holiday pay, vacation, sick, personal, compensatory and other leave hours.*

TIME ENTRY

DESCRIPTION	S	M	T	W	T	F	S	S	M	T	W	T	F	S	TOTAL HOURS	
Regular Hours worked															0.00	
Other Compensable Hours worked																
Holiday															0.00	
Vacation leave															0.00	
Sick leave															0.00	
Personal Leave															0.00	
Compensatory leave used															0.00	
Funeral leave															0.00	
Military leave															0.00	
Jury duty															0.00	
Leave without pay															0.00	
Other Leave *(specify below)*															0.00	
Family and Medical Leave																0.00
								Total Regular Hours							**0.00**	

Overtime Summary to be completed by payroll clerk

Week1: Regular Overtime	Premium Overtime	Week2: Regular Overtime	Premium Overtime	
Total Compensatory Hours Accrued This Pay Period:	Regular	+ (	Premium x 1.5) =	
Total Other Hours Payable This Pay Period:	Regular	+ (	Premium x 1.5) =	

Conversion of Regular 7.5 Days to Total Hours

Days	10.0	9.5	9.0	8.5	8.0	7.5	7.0	6.5	6.0	5.5	5.0	4.5	4.0	3.5	3.0	2.5	2.0	1.5	1.0	0.5
Hours	75.00	71.25	67.50	63.75	60.00	56.25	52.5	48.75	45.00	41.25	37.50	33.75	30.00	26.25	22.50	18.75	15.00	11.25	7.50	3.75

Comments

I certify this report is correct.

Signature of employee *(claimant)*	Date signed	Approved by:	Date signed

☐ See additional information on back of form ☐ See attachments

PeopleSoft Time and Labor Payroll Activities

NOTE: FSSA Admin Staff who complete 100% time and effort reporting are allowed to charge to any other Business Units' projects.

NOTE: Other Business Units can only charge time to projects and activities listed for their business unit.

Business Unit	Work Description	Activity ID
BU00405 FSSA Administration	DCS Administration	DCSADM
BU00405 FSSA Administration	Title 4D Child Support	DCSCSB
BU00405 FSSA Administration	DCS Local Office Admin	DCSLOA
BU00405 FSSA Administration	Emergency Order 816 Flood	EO-0816
BU00405 FSSA Administration	FSSA Administration	FSAADM
BU00405 FSSA Administration	Child Protection - ICWIS	ICWIS9
BU00405 FSSA Administration	Integrated Casemgmt Sys	INCMSY
BU00405 FSSA Administration	Sprt Enforce Track ISETS	ISETS9
BU00410 Division of Mental Health and Addictions	Access to Recovery	ATRAD8
BU00410 Division of Mental Health and Addictions	Child Assess Needs Srvy	CHCANS
BU00410 Division of Mental Health and Addictions	Mental Health Svcs B G	CMHS_9
BU00410 Division of Mental Health and Addictions	DASIS Revenue	DASIS9
BU00410 Division of Mental Health and Addictions	DMHA Administration	DMHADM
BU00410 Division of Mental Health and Addictions	Disaster Relief - HomeLS	DRHLSC
BU00410 Division of Mental Health and Addictions	Disaster Relief - Hlth Dep	DRHLTH
BU00410 Division of Mental Health and Addictions	Emergency Order 816	EO-0816
BU00410 Division of Mental Health and Addictions	Gamblers Assist Fund	GAMBAF
BU00410 Division of Mental Health and Addictions	MDCO Program	MDCOPR
BU00410 Division of Mental Health and Addictions	MHFR - Outreach Adm	MHFRAD

BU00410 Division of Mental Health and Addictions	Mental Illness MI - DIG	MIDIG7
BU00410 Division of Mental Health and Addictions	Homeless - MH Svcs	PATH_8
BU00410 Division of Mental Health and Addictions	Prevention Coalitions SIG	PCSIG8
BU00410 Division of Mental Health and Addictions	Prevention	PREVNT
BU00410 Division of Mental Health and Addictions	PRTF Demo Grant	PRTF_8
BU00410 Division of Mental Health and Addictions	Qual Assure / Research	RESHQA
BU00410 Division of Mental Health and Addictions	Alcohol Drug Abuse Svcs	**SAPT_8**
BU00410 Division of Mental Health and Addictions	Substance Abuse Treat	SATTRT
BU00410 Division of Mental Health and Addictions	Seriously Emotionally Dis	SEDIST
BU00410 Division of Mental Health and Addictions	Seriously Mentally Adult	SMIADT
BU00410 Division of Mental Health and Addictions	State Operated Pysch Hospitals	SOFTIME
BU00410 Division of Mental Health and Addictions	Youth Tobacco Reduct	YOUTHR
BU00497 Division of Disability and Rehabilitative Services	Autism Waiver	AUWAVR
BU00497 Division of Disability and Rehabilitative Services	BDDS Administration	BDDSAD
BU00497 Division of Disability and Rehabilitative Services	Bur of Qual Improve Svcs	BQISAA
BU00497 Division of Disability and Rehabilitative Services	DD Residential Facility Coun	DDRFCX
BU00497 Division of Disability and Rehabilitative Services	DDRS Administration	DDRSAD
BU00497 Division of Disability and Rehabilitative Services	DD Waiver	DDWAVR
BU00497 Division of Disability and Rehabilitative Services	Svc-Deaf/Hard Hearing	DEFHRD
BU00497 Division of Disability and Rehabilitative Services	Disability Determination	DSDTF8
BU00497 Division of Disability and Rehabilitative Services	Employee Training	EMPTRN
BU00497 Division of Disability and Rehabilitative Services	Endangered Adult Guardianship	ENDGRD
BU00497 Division of Disability and Rehabilitative Services	Emergency Order 816	EO-0816

BU00497 Division of Disability and Rehabilitative Services	ESN Homes	ESNHMS
BU00497 Division of Disability and Rehabilitative Services	First Steps	FRSTF6
BU00497 Division of Disability and Rehabilitative Services	Inter Care Fac Mental Retar	ICFMRX
BU00497 Division of Disability and Rehabilitative Services	Medicaid Infrastructure	MIG_F8
BU00497 Division of Disability and Rehabilitative Services	OASIS-Object Asses Sys	OASIS9
BU00497 Division of Disability and Rehabilitative Services	Outreach	OUTRCH
BU00497 Division of Disability and Rehabilitative Services	SSA / VR	SSAVR9
BU00497 Division of Disability and Rehabilitative Services	Supported Services	SUPPSR
BU00497 Division of Disability and Rehabilitative Services	Blind Operating	VRBOF8
BU00497 Division of Disability and Rehabilitative Services	Blind Vending Operations	VRBVF8
BU00497 Division of Disability and Rehabilitative Services	Voc Rehab Operating	VRVRF8
BU00498 Division of Aging	Aging Administration	AGEADM
BU00498 Division of Aging	Adult Guardianship Svcs	AGS_09
BU00498 Division of Aging	Adult Protective Services	APS_09
BU00498 Division of Aging	In-Home Svcs	CHOICE
BU00498 Division of Aging	Emergency Order 816	EO-0816
BU00498 Division of Aging	MFP Grant	MFPGRT
BU00498 Division of Aging	Med Wav NonSkill AgeDis	NSKAGD
BU00498 Division of Aging	Med Wav NonSkill TBrainI	NSKTBI
BU00498 Division of Aging	OBPASR Aged Disabled	OBRAGD
BU00498 Division of Aging	OBPASR Tra Brain Injury	OBRTBI
BU00498 Division of Aging	Ombudsman	OMBUD8
BU00498 Division of Aging	Residential Care	RCAP09
BU00498 Division of Aging	Med Wav Skilled Age Dis	SKLAGD
BU00498 Division of Aging	Med Wav Skilled TBrainI	SKLTBI
BU00498 Division of Aging	HHS-Title III Admin	T3ADM8
BU00498 Division of Aging	DOL-Title V Employment	TITLEV
BU00500 Division of Family Resources	CCDF Admin Expends	CCDFA8
BU00500 Division of Family Resources	CCDF Licensing/Qual	CCDFQ8

BU00500 Division of Family Resources	Child Care Dev Fund	CCDF_8
BU00500 Division of Family Resources	Comm Status Black Male	SSBLKM
BU00500 Division of Family Resources	DFR Local Office Admin	CTYADM
BU00500 Division of Family Resources	DFR State Administration	DFRADM
BU00500 Division of Family Resources	Domestic Violence PT	DVPT_9
BU00500 Division of Family Resources	Electronic Benefit Transfr	EBTADM
BU00500 Division of Family Resources	Emergency Order 816	EO-0816
BU00500 Division of Family Resources	Food Stamp - Admin	FS_AD8
BU00500 Division of Family Resources	Food Stamp - Mgmt Eval	FS_ME8
BU00500 Division of Family Resources	Food Stamp - Qual Ctrl	FS_QC8
BU00500 Division of Family Resources	Head Start	HDSTR7
BU00500 Division of Family Resources	ICES	ICES_9
BU00500 Division of Family Resources	IMPACT	IMPAC8
BU00500 Division of Family Resources	IMPACT - TANF	IMPTF8
BU00500 Division of Family Resources	Refugee Programs	REFUG8
BU00500 Division of Family Resources	School Age Child Care	SACC_9
BU00500 Division of Family Resources	TANF Administration	TNFAD8
BU00500 Division of Family Resources	Welfare Reform Auto	WELAUT
BU 00503 Office of Medicaid Policy and Planning	Age and Disable Waiver	AGDSW8
BU 00503 Office of Medicaid Policy and Planning	Autism Waiver	AUTIW8
BU 00503 Office of Medicaid Policy and Planning	CHIP Administration	CHPAD7
BU 00503 Office of Medicaid Policy and Planning	Care Select	CRSLC8
BU 00503 Office of Medicaid Policy and Planning	Develop Disable Waiver	DVDSW8
BU 00503 Office of Medicaid Policy and Planning	Emergency Order 816	EO-0816

BU 00503 Office of Medicaid Policy and Planning	ER Reduction Grant	ERREDG0
BU 00503 Office of Medicaid Policy and Planning	Family Planning Waiver	FMPLW8
BU 00503 Office of Medicaid Policy and Planning	Hospital Care Indigent	HCI_S9
BU 00503 Office of Medicaid Policy and Planning	Healthy Indiana Plan	HIP_F8
BU 00503 Office of Medicaid Policy and Planning	Hoosier Healthwise	HRHLT8
BU 00503 Office of Medicaid Policy and Planning	Hoosier RX	HSR_RX
BU 00503 Office of Medicaid Policy and Planning	Medicaid Administration	MEDAD8
BU 00503 Office of Medicaid Policy and Planning	Medicaid Infrastructure	MIG_F8
BU 00503 Office of Medicaid Policy and Planning	Med Info Tech Architect	MITA_8
BU 00503 Office of Medicaid Policy and Planning	Med Mgmt Info Sys	MMIS_8
BU 00503 Office of Medicaid Policy and Planning	Medicaid Rehab Op	MRO_08
BU 00503 Office of Medicaid Policy and Planning	Aged, Blind, Disable Ex	MRT_F8
BU 00503 Office of Medicaid Policy and Planning	OBRA/PASSARR	OBPASR
BU 00503 Office of Medicaid Policy and Planning	OMPP Administration	OMPP_8
BU 00503 Office of Medicaid Policy and Planning	Payment Error Rate Mes	PERM_8
BU 00503 Office of Medicaid Policy and Planning	School Based Admin Clm	SBAC_8
BU 00503 Office of Medicaid Policy and Planning	Skilled Prof Med Persnl	SPMP_8
BU 00503 Office of Medicaid Policy and Planning	Support Services Waiver	SUPSW8
BU 00503 Office of Medicaid Policy and Planning	Traumatic Brain Injury W	TMBIW8

GRANTS ADMIN

Business Unit	Work Description	Activity
BU00405 FSSA Administration	FSSA Administration	FSAADM
BU 00503 Office of Medicaid Policy and Planning	OMPP Administration	OMPP_8

BU00410 Division of Mental Health and Addictions	DMHA Administration	DMHADM
BU00497 Division of Disability and Rehabilitative Services	DDRS Administration	DDRSAD
BU00498 Division of Aging	Aging Administration	AGEADM
BU00500 Division of Family Resources	DFR State Administration	DFRADM

LEGAL SERVICES

Business Unit	Work Description	Activity
BU00405 FSSA Administration	FSSA Administration	FSAADM
BU00497 Division of Disability and Rehabilitative Services	BDDS Administration	BDDSAD
BU00410 Division of Mental Health and Addictions	DMHA Administration	DMHADM
BU 00503 Office of Medicaid Policy and Planning	OMPP Administration	OMPP_8
BU 00503 Office of Medicaid Policy and Planning	Medicaid Administration	MEDAD8
BU00500 Division of Family Resources	DFR State Administration	DFRADM
BU00497 Division of Disability and Rehabilitative Services	DDRS Administration	DDRSAD
BU00498 Division of Aging	HHS-Title III Admin	T3ADM8
BU00498 Division of Aging	In-Home Svcs	CHOICE
BU00498 Division of Aging	Residential Care	RCAP09
BU00498 Division of Aging	Med Wav Skilled Age Dis	SKLAGD
BU00500 Division of Family Resources	Domestic Violence PT	DVPT_9
BU00500 Division of Family Resources	Child Care Dev Fund	CCDF_8
BU 00503 Office of Medicaid Policy and Planning	CHIP Administration	CHPAD7
BU00497 Division of Disability and Rehabilitative Services	Voc Rehab Operating	VRVRF8
BU00497 Division of Disability and Rehabilitative Services	First Steps	FRSTF6
BU00410 Division of Mental Health and Addictions	State Operated Pysch Hospitals	SOFTIME

BUREAU OF INVESTIGATIONS

Business Unit	Work Description	Activity
BU00405 FSSA Administration	FSSA Administration	FSAADM
BU00500 Division of Family Resources	Food Stamp - Admin	FS_AD8
BU 00503 Office of Medicaid Policy and Planning	Medicaid Administration	MEDAD8
BU00500 Division of Family Resources	TANF Administration	TNFAD8
BU00500 Division of Family Resources	Child Care Dev Fund	CCDF_8
BU00500 Division of Family Resources	DFR State Administration	DFRADM

DTS

Business Unit	Work Description	Activity
BU00405 FSSA Administration	FSSA Administration	FSAADM
BU 00503 Office of Medicaid Policy and Planning	OMPP Administration	OMPP_8
BU 00503 Office of Medicaid Policy and Planning	Medicaid Administration	MEDAD8
BU 00503 Office of Medicaid Policy and Planning	CHIP Administration	CHPAD7
BU 00503 Office of Medicaid Policy and Planning	Age and Disable Waiver	AGDSW8
BU 00503 Office of Medicaid Policy and Planning	Autism Waiver	AUTIW8
BU 00503 Office of Medicaid Policy and Planning	Develop Disable Waiver	DVDSW8
BU 00503 Office of Medicaid Policy and Planning	Family Planning Waiver	FMPLW8
BU00498 Division of Aging	Med Wav Skilled Age Dis	SKLAGD
BU00498 Division of Aging	Med Wav Skilled TBrainl	SKLTBI
BU 00503 Office of Medicaid Policy and Planning	Support Services Waiver	SUPSW8
BU 00503 Office of Medicaid Policy and Planning	Traumatic Brain Injury W	TMBIW8
BU00410 Division of Mental Health and Addictions	DMHA Administration	DMHADM
BU00410 Division of Mental Health and Addictions	State Operated Pysch Hospitals	SOFTIME

BU00410 Division of Mental Health and Addictions	DASIS Revenue	DASIS9
BU00497 Division of Disability and Rehabilitative Services	DDRS Administration	DDRSAD
BU00497 Division of Disability and Rehabilitative Services	OASIS-Object Asses Sys	OASIS9
BU00497 Division of Disability and Rehabilitative Services	Blind Vending Operations	VRBVF8
BU00497 Division of Disability and Rehabilitative Services	First Steps	FRSTF6
BU00497 Division of Disability and Rehabilitative Services	SSA / VR	SSAVR9
BU00497 Division of Disability and Rehabilitative Services	Voc Rehab Operating	VRVRF8
BU00497 Division of Disability and Rehabilitative Services	BDDS Administration	BDDSAD
BU00497 Division of Disability and Rehabilitative Services	Disability Determination	DSDTF8
BU00497 Division of Disability and Rehabilitative Services	Svc-Deaf/Hard Hearing	DEFHRD
BU00498 Division of Aging	Aging Administration	AGEADM
BU00498 Division of Aging	In-Home Svcs	CHOICE
BU00500 Division of Family Resources	DFR Local Office Admin	CTYADM
BU00500 Division of Family Resources	DFR State Administration	DFRADM
BU00500 Division of Family Resources	TANF Administration	TNFAD8
BU00500 Division of Family Resources	IMPACT - TANF	IMPTF8
BU00500 Division of Family Resources	Child Care Dev Fund	CCDF_8
BU00500 Division of Family Resources	Head Start	HDSTR7
BU00500 Division of Family Resources	Electronic Benefit Transfer	EBTADM
BU00500 Division of Family Resources	ICES	ICES_9
BU00405 FSSA Administration	DCS Local Office Admin	DCSLOA
BU00405 FSSA Administration	Sprt Enforce Track ISETS	ISETS9
BU00405 FSSA Administration	Child Protection - ICWIS	ICWIS9
BU00405 FSSA Administration	Title 4D Child Support	DCSCSB
BU00500 Division of Family Resources	Welfare Reform Auto	WELAUT
BU00405 FSSA Administration	DCS Administration	DCSADM

BU00405 FSSA Administration	Integrated Casemgmt Sys	INCMSY
BU00405 FSSA Administration	Emergency Order 816 Flood	EO-0816
BU00497 Division of Disability and Rehabilitative Services	Autism Waiver	AUWAVR
BU00497 Division of Disability and Rehabilitative Services	DD Waiver	DDWAVR
BU00497 Division of Disability and Rehabilitative Services	Employee Training	EMPTRN
BU00497 Division of Disability and Rehabilitative Services	Medicaid Infrastructure	MIG_F8
BU00497 Division of Disability and Rehabilitative Services	Outreach	OUTRCH
BU00497 Division of Disability and Rehabilitative Services	Supported Services	SUPPSR
BU00498 Division of Aging	Med Wav NonSkill AgeDis	NSKAGD
BU00498 Division of Aging	Med Wav NonSkill TBrainl	NSKTBI
BU 00503 Office of Medicaid Policy and Planning	Care Select	CRSLC8
BU 00503 Office of Medicaid Policy and Planning	Med Mgmt Info Sys	MMIS_8
BU 00503 Office of Medicaid Policy and Planning	Payment Error Rate Mes	PERM_8

OMPP

Business Unit	Work Description	Activity
BU 00503 Office of Medicaid Policy and Planning	Age and Disable Waiver	AGDSW8
BU 00503 Office of Medicaid Policy and Planning	Autism Waiver	AUTIW8
BU 00503 Office of Medicaid Policy and Planning	CHIP Administration	CHPAD7
BU 00503 Office of Medicaid Policy and Planning	Care Select	CRSLC8
BU 00503 Office of Medicaid Policy and Planning	Develop Disable Waiver	DVDSW8
BU 00503 Office of Medicaid Policy and Planning	Emergency Order 816	EO-0816
BU 00503 Office of Medicaid Policy and Planning	ER Reduction Grant	ERREDG0
BU 00503 Office of Medicaid Policy and Planning	Family Planning Waiver	FMPLW8
BU 00503 Office of Medicaid Policy and Planning	Healthy Indiana Plan	HIP_F8
BU 00503 Office of Medicaid Policy and Planning	Hoosier Healthwise	HRHLT8
BU 00503 Office of Medicaid Policy and Planning	Hoosier RX	HSR_RX

BU 00503 Office of Medicaid Policy and Planning	Medicaid Administration	MEDAD8
BU 00503 Office of Medicaid Policy and Planning	Medicaid Infrastructure	MIG_F8
BU 00503 Office of Medicaid Policy and Planning	Med Info Tech Architect	MITA_8
BU 00503 Office of Medicaid Policy and Planning	Med Mgmt Info Sys	MMIS_8
BU 00503 Office of Medicaid Policy and Planning	Medicaid Rehab Op	MRO_08
BU 00503 Office of Medicaid Policy and Planning	Aged, Blind, Disable Ex	MRT_F8
BU 00503 Office of Medicaid Policy and Planning	OBRA/PASSARR	OBPASR
BU 00503 Office of Medicaid Policy and Planning	OMPP Administration	OMPP_8
BU 00503 Office of Medicaid Policy and Planning	Payment Error Rate Mes	PERM_8
BU 00503 Office of Medicaid Policy and Planning	School Based Admin Clm	SBAC_8
BU 00503 Office of Medicaid Policy and Planning	Skilled Prof Med Persnl	SPMP_8
BU 00503 Office of Medicaid Policy and Planning	Support Services Waiver	SUPSW8
BU 00503 Office of Medicaid Policy and Planning	Traumatic Brain Injury W	TMBIW8

PROGRAM INTEGRITY

Business Unit	Work Description	Activity
BU00500 Division of Family Resources	Food Stamp - Admin	FS_AD8
BU00500 Division of Family Resources	Food Stamp - Mgmt Eval	FS_ME8
BU00500 Division of Family Resources	Food Stamp - Qual Ctrl	FS_QC8
BU 00503 Office of Medicaid Policy and Planning	Medicaid Administration	MEDAD8
BU 00503 Office of Medicaid Policy and Planning	CHIP Administration	CHPAD7
BU00500 Division of Family Resources	DFR State Administration	DFRADM
BU00500 Division of Family Resources	TANF - Admin	TNFAD8

AGING ADMIN

Business Unit	Work Description	Activity
BU00498 Division of Aging	Aging Administration	AGEADM
BU00498 Division of Aging	Adult Guardianship Svcs	AGS_09
BU00498 Division of Aging	Adult Protective Services	APS_09
BU00498 Division of Aging	In-Home Svcs	CHOICE
BU00498 Division of Aging	Emergency Order 816	EO-0816
BU00498 Division of Aging	MFP Grant	MFPGRT
BU00498 Division of Aging	Med Wav NonSkill AgeDis	NSKAGD
BU00498 Division of Aging	Med Wav NonSkill TBrainI	NSKTBI
BU00498 Division of Aging	OBPASR Aged Disabled	OBRAGD
BU00498 Division of Aging	OBPASR Tra Brain Injury	OBRTBI
BU00498 Division of Aging	Ombudsman	OMBUD8
BU00498 Division of Aging	Residential Care	RCAP09
BU00498 Division of Aging	Med Wav Skilled Age Dis	SKLAGD
BU00498 Division of Aging	Med Wav Skilled TBrainI	SKLTBI
BU00498 Division of Aging	HHS-Title III Admin	T3ADM8
BU00498 Division of Aging	DOL-Title V Employment	TITLEV

DMHA Admin

Business Unit	Work Description	Activity
BU00410 Division of Mental Health and Addictions	Access to Recovery	ATRAD8
BU00410 Division of Mental Health and Addictions	Child Assess Needs Srvy	CHCANS
BU00410 Division of Mental Health and Addictions	Mental Health Svcs B G	CMHS_9
BU00410 Division of Mental Health and Addictions	DASIS Revenue	DASIS9
BU00410 Division of Mental Health and Addictions	DMHA Administration	DMHADM
BU00410 Division of Mental Health and Addictions	Disaster Relief - HomeLS	DRHLSC
BU00410 Division of Mental Health and Addictions	Disaster Relief - Hlth Dep	DRHLTH
BU00410 Division of Mental Health and Addictions	Emergency Order 816	EO-0816
BU00410 Division of Mental Health and Addictions	Gamblers Assist Fund	GAMBAF
BU00410 Division of Mental Health and Addictions	MDCO Program	MDCOPR

BU00410 Division of Mental Health and Addictions	MHFR - Outreach Adm	MHFRAD
BU00410 Division of Mental Health and Addictions	Mental Illness MI - DIG	MIDIG7
BU00410 Division of Mental Health and Addictions	Homeless - MH Svcs	PATH_8
BU00410 Division of Mental Health and Addictions	Prevention Coalitions SIG	PCSIG8
BU00410 Division of Mental Health and Addictions	Prevention	PREVNT
BU00410 Division of Mental Health and Addictions	PRTF Demo Grant	PRTF_8
BU00410 Division of Mental Health and Addictions	Qual Assure / Research	RESHQA
BU00410 Division of Mental Health and Addictions	Alcohol Drug Abuse Svcs	SAPT_8
BU00410 Division of Mental Health and Addictions	Substance Abuse Treat	SATTRT
BU00410 Division of Mental Health and Addictions	Seriously Emotionally Dis	SEDIST
BU00410 Division of Mental Health and Addictions	Seriously Mentally Adult	SMIADT
BU00410 Division of Mental Health and Addictions	State Operated Pysch Hospitals	SOFTIME
BU00410 Division of Mental Health and Addictions	Youth Tobacco Reduct	YOUTHR

DDRS BQIS Admin

Business Unit	Work Description	Activity
BU00497 Division of Disability and Rehabilitative Services	Bur of Qual Improve Svcs	BQISAA
BU 00503 Office of Medicaid Policy and Planning	Medicaid Administration	MEDAD8
BU00497 Division of Disability and Rehabilitative Services	BDDS Administration	BDDSAD
BU00497 Division of Disability and Rehabilitative Services	DDRS Administration	DDRSAD

Appendix D

FSSA/DCS MOU

MEMORANDUM OF UNDERSTANDING

Between the

INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION

and the

INDIANA DEPARTMENT OF CHILD SERVICES

I. PURPOSE

The Indiana Family and Social Services Administration ("FSSA"), including its Division of Family Resources (DFR) and the Indiana Department of Child Services ("DCS") (independently, "Party"; collectively, the "Parties") enter into this Memorandum of Understanding ("MOU") to facilitate a working relationship between the Parties effective July 1, 2005 ("Effective Date"). The purpose of this MOU is to provide a basic framework governing the interactions and responsibilities between the Parties regarding their independent and shared operations as detailed herein after the Effective Date.

II. BACKGROUND

A. Prior to January 11, 2005 ("Transfer Date"), the Division of Family and Children ("DFC"), which was a division of FSSA that was established under IC 12-13-1-1, et seq., administered certain child protection services, foster care services, adoption services, independent living services, and child support services through bureaus established under Title 12 of the Indiana Code that are commonly referred to as the "Bureau of Child Support" and the "Bureau of Family Protection and Preservation."

B. On the Transfer Date, Indiana Governor Mitch Daniels created the DCS by Executive Order 05-15. Among other things, EO 5-15 transferred certain services as detailed therein to the DCS and recognized that the Indiana General Assembly was considering legislation to codify the measures described therein.

C. During the 2005 legislative session, the Indiana General Assembly codified the creation of the DCS in Senate Enrolled Act 529 ("SEA 529") and transferred

additional responsibilities to the DCS upon the Effective Date. Pursuant to SEA 529, all of DCS's responsibilities are codified in Title 31 of the Indiana Code and may appear elsewhere by reference.

III. FRAMEWORK

A. Independent Responsibilities of the Parties. The following describes the independent responsibilities of the Parties regarding the programs and services detailed herein:

1. DCS will administer those programs and services that were transferred to it on the Transfer Date in accordance with EO 5-15 and those programs and services that were transferred to it on and after the effective date in accordance with SEA 529, which are codified in IC 31-33-1.5.
2. FSSA will administer those programs and responsibilities of DFR that have not been transferred or assigned to DCS under EO 5-15, SEA 529, or this MOU.
3. Under SEA 529, the Indiana General Assembly created a select committee to review reorganization of child services, which must submit a report to legislative council no later than December 1, 2005. The Parties agree that they will review recommendations made by the select committee for further reorganization efforts to be undertaken in the 2006 legislative session or thereafter.

B. Service obligations of FSSA to DCS. The Parties agree that FSSA shall provide certain services to DCS. FSSA will appoint one person to serve as manager of each service. Response times shall be negotiated with each functional area. Such services include, but are not limited to:

1. Payroll and benefits
    a. County Offices
    b. Central Office
    c. Child Support Bureau
2. Legal

a. Supplementary Legal Services and support services, as needed and agreed between the Parties.
b. Contract Development
c. Internal Investigations

3. Procurement and Claims Management
   a. Account reconciliations
   b. Claims and payment processing
   c. Claims reporting
   d. Contract Management
   e. Fixed Asset Management
   f. Procurement of goods and services
   g. Travel
4. Financial Management
   a. Cost allocation plan development and implementation
   b. Accounting functions
   c. Accounting reports
   d. Federal financial reporting
   e. Federal financial claiming
   f. Federal audits and information requests
   g. Rate Setting
   h. Cash Management Functions (Federal and State)
   i. Interdepartmental Billings
   j. Recoveries/ Accounts Receivables
5. Information Technology
   a. Data warehouse
   b. Website support
   c. DTS support
6. Administrative
   a. Graphics
   b. Facilities Management
   c. Facilities Leasing

d. Mail

e. Forms/ records management

f. Data analysis services through DFR Data Management

7. Audits;
8. Hearings and appeals (see paragraph G)
9. Licensing inspections and reports regarding residential childcare facilities licensed by DCS, as agreed between the Parties.

C. Service obligations of DCS to FSSA: The Parties agree that DCS shall provide certain services to FSSA. Such services include, but are not limited to the following:

1. Regional Managers and County Directors will provide supervision of county public assistance staff
2. DCS and DFR will share local office staff and space as agreed.
3. DCS will provide information and documents to DFR relevant to DFR licensing of childcare homes and childcare centers under IC 12-17.2
4. DCS local office attorneys will provide legal assistance to DFR concerning the following:

   a. Investigation and appropriate legal action concerning non-compliance with licensing requirements for operation of childcare centers and childcare homes, as provided in IC 12-17.2.

   b. Any other legal assistance needed by a county office relating to functions and responsibilities of DFR, and authorized by the county director

D. Working groups

1. The Parties acknowledge that a MOU Oversight Group will be established to review and reconcile matters pertaining to this MOU and operations of FSSA and DCS as well as other responsibilities of the Parties that may not be detailed herein or otherwise. The MOU Oversight Group will consist of,

at a minimum, the Chiefs of Staff for each Party and a representative from the Governor's Office. The MOU Oversight Group will meet at the call of any of its membership.

2. The Parties agree that a separate MOU Working Group shall be established by the MOU Oversight Group to review and reconcile matters pertaining to this MOU and operations of FSSA and DCS as well as other responsibilities assigned by the MOU Oversight Group. Membership of the MOU Working Group shall be determined by the MOU Oversight Group. The MOU Working Group will meet at the call of any of its membership or by direction of the MOU Oversight Group. Areas of interest will include but not be limited to the following:
    a. The Parties agree that any matters regarding rules and regulations, administrative hearings or adjudicative procedures, reports, or other operational matters that may be subject to the responsibility of both Parties will be dealt with on a case-by-case basis and may be subject to review by the MOU Working Group.
    b. The Parties agree that issues pertaining to funding, hiring, discipline, or priority setting for the following shared personnel between the Parties shall be subject to discussion and review by the MOU Working Group:
        1) Regional Managers
        2) County Directors
        3) County Attorneys
        4) Account Clerks
        5) Accountants
        6) Administrative Assistants
        7) Building Custodians
        8) Secretaries
        9) Any other persons identified by the MOU Working Group

c. The Parties agree that the services provided through the MOU will be billed pursuant to each agency's cost allocation plan as submitted to and approved by the Federal Department of Health and Human Services, Division of Cost Allocation and reconciled based on applicable provisions of the approved plans. Any issues relating to shared costs will be reviewed by the MOU Working Group and submitted, as necessary, to the MOU Oversight Group for reconciliation of funding matters.

E. Confidentiality. The Parties agree to share certain information needed to carry out the respective duties and responsibilities of each Party as required by statute or other authority and as defined herein, including information that is confidential under applicable law. The Parties understand that the confidential nature of the information is not waived by its disclosure between the Parties, and the information may not be disclosed to any outside or third party, except as may be required by federal or state law or court order. Neither Party shall disclose any confidential information without prior written consent of the other Party.

F. Contracts, Leases and Other Agreements

1. Any contracts entered into prior to the Transfer Date to which FSSA or the DFC is a party, that relate to the services or programs described herein shall continue until those contracts expire by their terms, subject to the ability of the Parties to modify or otherwise terminate them lawfully.
2. Contracts entered into after the Transfer Date and before the Effective Date that may impact or address the needs of both Parties shall be considered and administered on a case-by-case basis as agreed upon by both parties.
3. Contracts entered into after the Effective Date that relate to services or programs of both Parties shall be agreed to and signed by both Parties

G. Hearings and Appeals. The FSSA Office of Hearings and Appeals will receive, hear, and decide, in accordance with 470 IAC 3-1, administrative appeals concerning the following programs or services administered by DCS

1. Child Support

2. License denials or revocations relating to foster homes or other licensed residential child care facilities
3. Adoption Assistance, including non-recurring adoption expenses, provided under Title IV-E of the Federal Social Security Act
4. Any additional programs or services for which administrative hearings are required, as agreed between the Parties in any supplement or addendum to this MOU.

Technical Errors in P.L.234-2005 (SEA 529).

1. The parties recognize and agree that certain provisions of P.L.234-2005 (SEA 529) assigned to the wrong agency responsibility for certain functions that are within the scope of duties otherwise assigned to DCS or DFR. Until the effective date of statutory amendments correcting those errors, the following functions will be performed as provided in this MOU.
    a. DCS will be responsible for the conduct and use of all criminal or juvenile records checks required by applicable law for unlicensed persons or families with whom DCS proposes to place children.
    b. DCS will be responsible for oversight of all pre-adoptive placements and for designation of county offices and licensed child placing agencies eligible to approve pre-adoptive placements of children, in accordance with IC 31-19-7-1.
    c. DFR will be responsible for receipt and use of information contained in the DCS child abuse registry for purposes of determining eligibility of a childcare provider to receive a voucher payment, pursuant to IC 12-17.2-3.5.

2. The parties may, at any time during the term of this MOU, identify by supplemental memorandum any additional statutory functions, duties, or responsibilities that should properly be performed by an agency or office of FSSA or DCS and that is not currently assigned to that agency, until or unless the applicable statutory provision has been amended.

IV. EFFECTIVE DATE, AMENDMENT, AND TERMINATION

A. This MOU shall be effective July 1, 2005, and may be executed in counterpart.

B. This MOU may not be waived, altered, amended, or supplemented, except by written agreement of the Parties.

C. This MOU will terminate upon the earlier of:

1. Notice by either party to the other within thirty (30) days in person or by certified mail;
2. The Parties, by subsequent agreement, provide for the transfer and administration of the services or programs described herein.

D. This MOU may be rendered in all, or part, null and void by changes in federal or state law or if funding and appropriations prevent either or both Parties from fulfillment of the conditions of this MOU. In such an event, each party agrees to notify the other as soon as possible.

V. NOTICE TO PARTIES

Whenever any notice, statement, or other communication shall be sent to the Secretary of FSSA or the Director of DCS regarding this MOU, it shall be sent to the following addresses, unless otherwise advised:

A. Notice to the Secretary of FSSA:

John M. Davis, General Counsel
402 W. Washington Street, Room W-451
Indianapolis, IN 46204

B. Notice to the Director of DCS:

John P. Ryan, General Counsel
Department of Child Services
402 W. Washington Street, Room W-392
Indianapolis, IN 46204

VI. SIGNATURES

The Parties having read and understood the terms of this MOU, by their respective signatures below, hereby agree to the terms and conditions thereof:

FOR THE INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION:

E. Mitchell Roob Jr.
Secretary
Indiana Family and Social Services Administration

2/07/06

Signature Date

FOR THE INDIANA DEPARTMENT OF CHILD SERVICES

James W. Payne
Director
Indiana Department of Child Services

2-6-06

Signature Date

Appendix E

SFY 2010-2011 Biennial Budget for FSSA

VI-1

HEALTH AND HUMAN SERVICES

Account Number	State Agency Appropriation Name	Appropriations FY 2009-2010	FY 2010-2011
	HEALTH AND HUMAN SERVICES		
	FAMILY, CHILDREN, AND SOCIAL SERVICES		
	Family and Social Services Administration		
	FSSA Administration		
3560/170600	Family and Social Services Administration		
1000/105200	Gen Family & Social Services Administration - Central Offic	19,764,734	19,764,734
	Fed Welfare - Work Incentive	17,527,216	17,527,216
	Totals	37,291,950	37,291,950
	Office of Medicaid Policy and Planning		
1000/105160	Office of Medicaid Policy and Planning - Administration		
	Gen General Fund	6,061,868	6,062,487
3550/170000	Tfr Welfare - Medicaid Administration	6,038,256	6,038,254
	Totals	12,100,124	12,100,741
3530/185600	Medicaid - Current Obligations		
1000/109240	Gen Medicaid - Current Obligations	1,116,000,000	1,428,800,000
	Fed Federal Funds	3,989,488,080	4,419,888,080
8000/105420	Fed ARRA	549,200,000	289,200,000
1000/101970	Tfr Residential Services for Developmentally Disabled Perso	96,900,000	96,900,000
1000/104130	Tfr Day Services - Developmentally Disabled	8,600,000	8,600,000
1000/104250	Tfr Evansville State Hospital	5,623,000	5,623,000
1000/104300	Tfr Madison State Hospital	4,862,000	4,862,000
1000/104350	Tfr Logansport State Hospital	10,934,077	10,934,077
1000/104400	Tfr Richmond State Hospital	9,658,363	9,658,363
1000/104500	Tfr Larue Carter Memorial Hospital	6,522,560	6,522,560
1000/109040	Tfr Distribution for Tuition Support	600,000	600,000
1000/121490	Tfr C.H.O.I.C.E. In-Home Services	12,900,000	12,900,000
1000/146760	Tfr Child Psychiatric Services Fund	10,211,920	10,211,920
2400/150000	Tfr Medical Assistance to Wards	12,200,000	12,200,000
2900/180000	Tfr Hospital Care for the Indigent	33,000,000	33,000,000
3280/141000	Tfr Mental Health Centers	101,500,000	101,500,000
3530/141240	Tfr Closure and Conversion Fund	22,300,000	22,300,000
3990/140500	Tfr Cash Management Information Act - 1990	10,100,000	10,100,000
5310/166910	Tfr Indiana Check-Up Plan Trust	71,500,000	71,500,000
6000/157100	Tfr Medicaid Indigent Care Trust	14,400,000	14,400,000
	Totals	6,086,500,000	6,569,700,000
3550/170000	Medicaid Administration		
1000/109240	Gen Medicaid - Current Obligations	36,427,564	36,427,564
	Fed Welfare - Medicaid Administration	133,948,779	133,948,779
3530/124400	Tfr Children's Health Insurance Program - Assistance	9,900,000	9,900,000
3530/185600	Tfr Medicaid - Current Obligations	8,600,000	8,600,000
	Totals	188,876,343	188,876,343
1000/105090	Medicaid Disability Eligibility Exams		
	Gen General Fund	937,000	937,000

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HEALTH AND HUMAN SERVICES

Account Number	State Agency Appropriation Name	Appropriations FY 2009-2010	FY 2010-2011
2900/180000	Hospital Care for the Indigent Fund		
1000/146800	Gen HEA 1001 (2008) Hospital Care for the Indigent	61,500,000	61,500,000
3550/120000	Children's Health Insurance Program - Administration		
6330/100100	Ded Tobacco Master Settlement Agreement	1,492,201	1,557,791
	Fed Welfare - Medicaid Administration	4,242,310	4,476,946
	Totals	5,734,511	6,034,737
3530/124400	Children's Health Insurance Program - Assistance		
6330/100100	Ded Tobacco Master Settlement Agreement	33,426,720	35,426,720
	Fed Federal Funds	100,173,280	109,172,137
	Totals	133,600,000	144,598,857
5310/166910	Indiana Check-Up Plan		
	Ded Indiana Check-Up Plan Trust	137,466,043	157,766,043
	Fed Indiana Check-Up Plan Trust	664,826	664,826
	Totals	138,130,869	158,430,869
1000/146770	Medical Assistance to Wards (MAW)		
	Gen General Fund	13,100,000	13,100,000
1000/146730	Marion County Health and Hospital Corporation		
	Gen General Fund	38,000,000	38,000,000
6330/100400	Indiana Prescription Drug Program		
	Ded Tobacco Master Settlement Agreement	1,117,830	1,117,830
	Office of Medicaid Policy and Planning Totals		
	General Fund	1,272,026,432	1,584,827,051
	Dedicated Funds	173,502,794	195,868,384
	Federal Funds	4,777,717,275	4,957,350,768
	Totals	6,223,246,501	6,738,046,203
	Mental Health and Addictions		
	Division of Mental Health		
3280/142000	Mental Health Administration		
1000/109600	Tfr Mental Health Administration	4,023,462	4,023,462
3230/141400	Tfr Gamblers' Assistance	139,080	139,080
3550/170000	Tfr Welfare - Medicaid Administration	29,985	29,985
6000/119200	Tfr DMHA Disaster Relief Grants	15,600	15,600
6000/139100	Tfr Substance Abuse, Prevention and Treatment Block Grant	1,028,996	1,028,996
6000/139200	Tfr Mental Health Services Block Grant	609,604	609,604
	Totals	5,846,727	5,846,727
1000/124080	Quality Assurance/Research		
	Gen General Fund	812,860	812,860
1000/109430	Serious Mentally Ill (State Approp.)		
	Gen General Fund	91,046,702	91,046,702
1000/109600	Mental Health Administration		
	Gen General Fund	4,059,047	4,059,047
6000/108300	Mental Illness (MI) DIG		
	Fed Federal Funds	147,380	147,380
6920/156700	Methadone Diversion Control and Oversight (MDCO) Program		
	Ded Methadone Diversion Control & Oversight	243,486	243,486

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HEALTH AND HUMAN SERVICES

Account Number	State Agency Appropriation Name	Appropriations FY 2009-2010	Appropriations FY 2010-2011
6330/102100	Community Mental Health Centers		
6330/100100	Ded Tobacco Master Settlement Agreement	7,000,000	7,000,000
6000/141410	Prevention Coalitions (SIG)		
	Fed Federal Funds	2,332,000	2,332,000
3230/141390	MVOV Conference		
3230/141210	Ded Gamblers' Assistance	199,763	199,763
6000/188400	Mental Health Services for the Homeless (PATH)		
	Fed Federal Funds	829,000	829,000
6000/163300	MHFR - Outreach Administration		
	Fed Federal Funds	40,877,614	40,877,614
6000/139310	Child Assessment Needs Survey		
1000/124090	Tfr Seriously Emotionally Disturbed	720,127	720,127
6000/145760	PRTF Demonstration Grant		
	Fed Federal Funds	5,670,594	7,035,545
1000/146760	Tfr Child Psychiatric Services Fund	2,931,045	3,666,094
	Totals	8,601,639	10,701,639
6000/165800	Alternate to Restraint and Seclusion SIG		
	Fed Federal Funds	213,958	213,958
1000/124090	Seriously Emotionally Disturbed		
	Gen General Fund	15,975,408	15,975,408
3280/141000	Seriously Mentally Ill		
3280/109170	Ded Mental Health Centers	4,311,650	4,311,650
1000/109430	Tfr Serious Mentally Ill (State Approp.)	91,046,701	91,046,701
	Totals	95,358,351	95,358,351
6000/139200	Mental Health Services Block Grant		
	Fed Federal Funds	7,291,372	7,291,372
1000/146760	Child Psychiatric Services Fund		
	Gen General Fund	20,423,760	20,423,760
	Division of Mental Health Totals		
	General Fund	132,317,777	132,317,777
	Dedicated Funds	11,754,899	11,754,899
	Federal Funds	57,361,918	58,726,869
	Totals	201,434,594	202,799,545
	Addiction Services		
3230/141310	Prevention		
	Ded Gamblers' Assistance	2,858,528	2,858,528
1000/124130	Substance Abuse Treatment		
6330/100100	Ded Tobacco Master Settlement Agreement	4,855,820	4,855,820
3230/141400	Gamblers' Assistance		
	Ded Gamblers' Assistance	4,490,809	4,490,809
6000/119200	DMHA Disaster Relief Grants		
	Fed Federal Funds	1,102,894	1,102,894
6000/139100	Substance Abuse, Prevention and Treatment Block Grant		
	Fed Federal Funds	35,136,485	35,136,485
6000/141460	Access to Recovery (ATR)		
	Fed Federal Funds	4,830,000	4,830,000

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HEALTH AND HUMAN SERVICES

Account Number	State Agency Appropriation Name	Appropriations FY 2009-2010	FY 2010-2011
6000/143700	DASIS		
	Fed Federal Funds	230,000	230,000
6000/165700	Mental Health Transformation		
6000/139100	Tfr Substance Abuse, Prevention and Treatment Block Grant	108,801	108,801
6000/139200	Tfr Mental Health Services Block Grant	612,290	612,290
	Totals	721,091	721,091
6000/180400	DMHA Youth Tobacco Reduction Support Program		
	Ded Dedicated Funds	250,000	250,000
	Addiction Services Totals		
	Dedicated Funds	12,455,157	12,455,157
	Federal Funds	41,299,379	41,299,379
	Totals	53,754,536	53,754,536
	State Facilities		
	Evansville Psychiatric Children's Center		
1000/104150	Evansville Psychiatric Children's Center		
	Gen General Fund	619,570	597,200
3890/141500	Fed Mental Health	2,586,232	2,600,468
3530/185600	Tfr Medicaid - Current Obligations	1,487,905	1,496,039
	Totals	4,693,707	4,693,707
6000/178600	EPCC Federal School Lunch		
	Fed Federal Funds	26,500	26,500
	Evansville Psychiatric Children's Center Totals		
	General Fund	619,570	597,200
	Federal Funds	2,612,732	2,626,968
	Totals	3,232,302	3,224,168
1000/104250	**Evansville State Hospital**		
	Gen General Fund	20,276,654	20,340,477
3890/142500	Ded Mental Health	677,943	678,778
	Fed Mental Health	6,563,721	6,590,821
3530/185600	Tfr Medicaid - Current Obligations	3,297,268	3,311,622
	Totals	30,815,586	30,921,698
	Larue Carter Memorial Hospital		
1000/104500	Larue Carter Memorial Hospital		
	Gen General Fund	22,483,147	22,534,726
3890/145000	Ded Mental Health	476,465	472,254
	Fed Mental Health	4,496,632	4,465,053
3530/185600	Tfr Medicaid - Current Obligations	2,322,763	2,306,974
	Totals	29,779,007	29,779,007
6000/178900	Larue Carter Federal School Lunch		
	Fed Federal Funds	60,000	60,000

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HEALTH AND HUMAN SERVICES

Account Number	State Agency Appropriation Name	Appropriations FY 2009-2010	Appropriations FY 2010-2011
	Larue Carter Memorial Hospital Totals		
	General Fund	22,483,147	22,534,726
	Dedicated Funds	476,465	472,254
	Federal Funds	4,556,632	4,525,053
	Totals	27,516,244	27,532,033
1000/104350	**Logansport State Hospital**		
	Gen General Fund	40,772,672	40,769,722
3890/143500	Ded Mental Health	1,378,232	1,378,232
	Fed Mental Health	10,336,732	10,338,207
3530/185600	Tfr Medicaid - Current Obligations	4,938,663	4,940,138
	Totals	57,426,299	57,426,299
1000/104300	**Madison State Hospital**		
	Gen General Fund	16,403,876	16,402,626
3890/143000	Ded Mental Health	666,308	666,308
	Fed Mental Health	9,550,418	9,551,668
3530/185600	Tfr Medicaid - Current Obligations	5,108,363	5,108,363
	Totals	31,728,965	31,728,965
	Richmond State Hospital		
1000/104400	Richmond State Hospital		
	Gen General Fund	37,112,498	37,096,244
3890/144000	Ded Mental Health	650,335	650,335
	Fed Mental Health	3,988,727	3,998,015
3530/185600	Tfr Medicaid - Current Obligations	1,604,163	1,611,129
	Totals	43,355,723	43,355,723
6000/191500	Richmond Federal School Lunch Reimbursement		
	Fed Federal Funds	10,000	10,000
	Richmond State Hospital Totals		
	General Fund	37,112,498	37,096,244
	Dedicated Funds	650,335	650,335
	Federal Funds	3,998,727	4,008,015
	Totals	41,761,560	41,754,594
	State Facilities, Other		
1000/124140	Patient Payroll		
	Gen General Fund	285,785	285,785
	State Facilities Totals		
	General Fund	137,954,202	138,026,780
	Dedicated Funds	3,849,283	3,845,907
	Federal Funds	37,618,962	37,640,732
	Totals	179,422,447	179,513,419

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HEALTH AND HUMAN SERVICES

Account Number	State Agency Appropriation Name	Appropriations FY 2009-2010	Appropriations FY 2010-2011
	Mental Health and Addictions Totals		
	General Fund	270,271,979	270,344,557
	Dedicated Funds	28,059,339	28,055,963
	Federal Funds	136,280,259	137,666,980
	Totals	434,611,577	436,067,500
	Family Resources		
	Division of Family Resources		
1000/105050	Division of Family Resources Administration		
	Gen General Fund	8,024,966	8,024,966
1000/101520	Commission on the Social Status of Black Males		
	Gen General Fund	173,179	173,179
2100/110900	Indiana Client Eligibility System (ICES)		
1000/105080	Gen Information Systems-Technology (State Approp.)	7,402,387	7,402,387
	Fed County Welfare Administration	8,539,827	8,539,827
	Totals	15,942,214	15,942,214
2700/150020	Child Care Licensing Fund		
	Ded Child Care	100,000	100,000
3510/150300	Electronic Benefit Transfer Program		
1000/105080	Gen Information Systems-Technology (State Approp.)	2,529,915	2,529,915
	Fed Title IV-D OASI Act	3,303,079	3,303,079
	Totals	5,832,994	5,832,994
6000/186210	Data Warehouse		
	Ded Dedicated Funds	4,937,027	4,937,027
2100/170000	State Welfare - County Administration		
1000/101920	Gen Div. of Family Resources Local Office Administration (S	56,464,688	56,464,688
	Fed County Welfare Administration	75,739,118	75,739,118
6000/114400	Tfr Over Issuance of Food Stamps	500,000	500,000
	Totals	132,703,806	132,703,806
2250/150000	IMPACT Program		
1000/121470	Gen IMPACT Program	689,001	689,001
	Fed Impact	1,606,278	1,606,278
	Totals	2,295,279	2,295,279
3560/170300	IMPACT - TANF		
1000/121480	Gen Education & Training (State Approp.)	1,880,252	1,880,252
	Fed Welfare - Work Incentive	2,978,847	2,978,847
	Totals	4,859,099	4,859,099
1000/102090	Burial Expenses		
6330/100100	Ded Tobacco Master Settlement Agreement	1,607,219	1,607,219
3500/185200	Temporary Assistance to Needy Families (TANF)		
1000/109080	Gen Public Assistance - Aid to Dependent Children (ADC)	31,776,757	31,776,757
	Fed Welfare Federal Assistance	163,233,412	163,233,412
1000/121480	Tfr Education & Training (State Approp.)	3,799,216	3,799,216
3510/151100	Tfr Title IV-D OASI Act	3,500,000	3,500,000
	Totals	202,309,385	202,309,385

VI-7

HEALTH AND HUMAN SERVICES

Account Number	State Agency Appropriation Name	Appropriations FY 2009-2010	Appropriations FY 2010-2011
3500/186200	Child Care & Development Fund		
1000/108550	Gen Child Care Services (State Approp.)	34,418,255	34,418,255
3500/185200	Fed Welfare Federal Assistance	37,158,199	37,158,199
	Fed Welfare Federal Assistance	99,188,531	99,188,531
2250/150000	Tfr Impact	1,759,194	1,759,194
	Totals	172,524,179	172,524,179
3500/185500	Temporary Assistance for Needy Families - Administration		
	Fed Welfare Federal Assistance	28,516,814	28,516,814
3500/186500	CCDF Administration Fund		
	Fed Welfare Federal Assistance	26,155,322	26,155,322
3640/150320	Refugee Resettlement Program		
	Ded Welfare - Cuban Refugees	700,000	700,000
3640/165410	Refugee School Grant		
	Fed Welfare - Cuban Refugees	125,000	125,000
2160/149700	School Age Child Care Project Fund		
1000/108550	Gen Child Care Services (State Approp.)	955,780	955,780
3630/150800	Headstart		
	Fed Welfare - Child Services	175,000	175,000
1000/103740	Tfr State Supplement to SSBG	5,192	5,192
1000/121790	Tfr Step Ahead	62,456	62,456
	Totals	242,648	242,648
	Family Resources Totals		
	General Fund	144,315,180	144,315,180
	Dedicated Funds	7,344,246	7,344,246
	Federal Funds	446,719,427	446,719,427
	Totals	598,378,853	598,378,853
	Aging Services		
	Division of Aging		
1000/103530	Division of Aging Administration		
6330/100100	Ded Tobacco Master Settlement Agreement	1,447,410	1,447,410
1000/105120	Room and Board Assistance (R-CAP)		
	Gen General Fund	13,477,844	13,477,844
1000/121490	C.H.O.I.C.E. In-Home Services		
	Gen General Fund	48,765,643	48,765,643
1000/123250	Elder Protection Services		
	Fed Federal Funds	196,683	196,683
1000/104950	Older Hoosiers Act		
	Gen General Fund	1,573,446	1,573,446
1000/122740	Adult Protective Services		
	Gen General Fund	1,956,528	1,956,528
1000/103530	Tfr Division of Aging Administration	495,420	495,420
	Totals	2,451,948	2,451,948

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HEALTH AND HUMAN SERVICES

Account Number	State Agency Appropriation Name	Appropriations FY 2009-2010	FY 2010-2011
6000/163810	Money Follows the Person Grant		
	Ded Dedicated Funds	1,800,000	1,800,000
	Fed Federal Funds	5,490,097	5,490,097
	Totals	7,290,097	7,290,097
1000/122930	Adult Guardianship Services		
	Gen General Fund	477,135	477,135
6000/105600	Title V Employment Grant (Older Workers)		
1000/104970	Gen Division of Aging Services	229,034	229,034
	Fed Federal Funds	2,439,000	2,439,000
	Totals	2,668,034	2,668,034
6000/108900	Medicaid Waiver		
1000/104970	Gen Division of Aging Services	322,275	322,275
	Fed Federal Funds	1,062,895	1,062,895
1000/121490	Tfr C.H.O.I.C.E. In-Home Services	740,620	740,620
	Totals	2,125,790	2,125,790
6000/149100	Title III Administration Grant		
1000/104970	Gen Division of Aging Services	252,163	252,163
	Fed Federal Funds	756,489	756,489
	Totals	1,008,652	1,008,652
6000/149300	Nutrition Services Incentive Program		
	Fed Federal Funds	1,021,877	1,021,877
6000/149800	HHS Title III B Area Administration Grants		
	Fed Federal Funds	27,440,749	27,440,749
6000/155500	OBRA/PASSARR		
1000/104970	Gen Division of Aging Services	91,108	91,108
	Fed Federal Funds	273,324	273,324
	Totals	364,432	364,432
6000/182000	Ombudsman		
1000/104970	Gen Division of Aging Services	310,124	310,124
	Fed Federal Funds	310,162	310,162
	Totals	620,286	620,286
	Aging Services Totals		
	General Fund	67,455,300	67,455,300
	Dedicated Funds	3,247,410	3,247,410
	Federal Funds	38,991,276	38,991,276
	Totals	109,693,986	109,693,986
	Disability and Rehabilitation Services		
	Division of Disability and Rehabilitation Services		
1000/108600	Division of Disability and Rehabilitative Services Administration		
6330/100100	Ded Tobacco Master Settlement Agreement	360,764	360,764
3760/172400	Tfr Disability Determination Division	1,637,148	1,637,148
	Totals	1,997,912	1,997,912
1000/122870	Office of Deaf and Hearing Impaired		
	Gen General Fund	316,774	316,774

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HEALTH AND HUMAN SERVICES

Account Number	State Agency Appropriation Name	Appropriations FY 2009-2010	FY 2010-2011
3720/172700	BDDS Operating		
1000/101280	Gen Developmental Disability Client Services (State Approp.	5,286,709	5,286,709
6330/100100	Ded Tobacco Master Settlement Agreement	1,869,887	1,869,887
	Fed Vocational Rehabilitation	5,138,076	5,138,076
	Totals	12,294,672	12,294,672
3720/172300	Vocational Rehabilitation Services		
1000/109070	Gen Vocational Rehabilitation (State Approp.)	15,873,714	15,873,714
	Fed Vocational Rehabilitation	58,650,765	58,650,765
	Totals	74,524,479	74,524,479
3720/172410	Aid to Independent Living		
1000/121510	Gen Independent Living (State Approp.)	46,927	46,927
	Fed Vocational Rehabilitation	423,918	423,918
	Totals	470,845	470,845
1000/107880	Indianapolis Resource Center for Independent Living		
	Gen General Fund	87,665	87,665
3520/149700	Fed Title XX	88,993	88,993
3720/172410	Fed Vocational Rehabilitation	88,993	88,993
	Totals	265,651	265,651
1000/107890	Southern Indiana Center for Independent Living		
	Gen General Fund	87,665	87,665
3520/149700	Fed Title XX	88,993	88,993
3720/172410	Fed Vocational Rehabilitation	88,993	88,993
	Totals	265,651	265,651
1000/109380	ATTIC, Incorporated		
	Gen General Fund	87,665	87,665
3520/149700	Fed Title XX	88,993	88,993
3720/172410	Fed Vocational Rehabilitation	88,993	88,993
	Totals	265,651	265,651
1000/109480	League for the Blind and Disabled		
	Gen General Fund	87,665	87,665
3520/149700	Fed Title XX	88,993	88,993
3720/172400	Fed Vocational Rehabilitation	88,993	88,993
	Totals	265,651	265,651
1000/109490	Future Choices, Inc.		
	Gen General Fund	158,113	158,113
3520/149700	Fed Title XX	160,509	160,509
3720/172400	Fed Vocational Rehabilitation	160,508	160,508
	Totals	479,130	479,130
1000/109530	The Wabash Independent Living and Learning Center, Inc.		
	Gen General Fund	158,113	158,113
3520/149700	Fed Title XX	160,509	160,509
3720/172400	Fed Vocational Rehabilitation	160,508	160,508
	Totals	479,130	479,130

VI-10

HEALTH AND HUMAN SERVICES

Account Number	State Agency Appropriation Name	Appropriations FY 2009-2010	Appropriations FY 2010-2011
1000/109540	Independent Living Center of Eastern Indiana		
	Gen General Fund	158,113	158,113
3520/149700	Fed Title XX	160,509	160,509
3720/172400	Fed Vocational Rehabilitation	160,508	160,508
	Totals	479,130	479,130
3760/172400	Disability Determination Division		
	Fed Disability Determination Division	38,219,199	38,219,199
6000/112300	Assistive Technology		
	Fed Federal Funds	708,765	708,765
6140/182500	Blind Vending Operations		
1000/122880	Gen Blind Vending (State Approp.)	129,905	129,905
	Ded Agency for the Blind - Donations	161,236	161,236
	Fed Agency for the Blind - Donations	1,077,414	1,077,414
	Totals	1,368,555	1,368,555
1000/124050	Developmental Disability Residential Facilities Council		
	Gen General Fund	15,008	15,008
3730/155700	Office of Services for the Blind and Visually Impaired		
1000/109070	Gen Vocational Rehabilitation (State Approp.)	81,736	81,736
	Fed Agency for the Blind	303,086	303,086
	Totals	384,822	384,822
3760/172500	Employee Training		
1000/109070	Gen Vocational Rehabilitation (State Approp.)	6,112	6,112
	Fed Disability Determination Division	57,757	57,757
	Totals	63,869	63,869
6000/118400	Federal Early Intervention		
1000/105030	Gen Prevention Services-Children (State Approp.)	6,149,513	6,149,513
3510/110000	Fed Title IV-D OASI Act	47,522,007	47,522,007
	Fed Federal Funds	10,613,305	10,613,305
3550/170000	Tfr Welfare - Medicaid Administration	227,095	227,095
	Totals	64,511,920	64,511,920
6000/143200	Independent Living for the Blind Elderly		
	Fed Federal Funds	583,812	583,812
6000/165400	Tfr SSA/VR	64,868	64,868
	Totals	648,680	648,680
6000/155800	Supported Employment		
	Fed Federal Funds	535,000	535,000
6000/165400	SSA/VR		
	Fed Federal Funds	532,980	532,980
6000/172420	Vocational Rehabilitation Local Projects		
	Fed Federal Funds	1,967,500	1,967,500
	Loc Local Funds	532,500	532,500
	Totals	2,500,000	2,500,000
6000/141230	VR Traumatic Brain Injury		
	Fed Federal Funds	100,000	100,000
6000/145710	Crisis Management		
6330/100100	Ded Tobacco Master Settlement Agreement	4,136,080	4,136,080

VI-11

HEALTH AND HUMAN SERVICES

Account Number	State Agency Appropriation Name	Appropriations FY 2009-2010	FY 2010-2011
6000/145720	OASIS - Objective Assistance System from Independent Services		
1000/104130	Gen Day Services - Developmentally Disabled	5,529,000	5,529,000
6000/145730	Outreach - State Operating Services		
6330/100100	Ded Tobacco Master Settlement Agreement	2,232,973	2,232,973
6000/119500	Bureau of Quality Improvement Services - BQIS		
1000/101280	Gen Developmental Disability Client Services (State Approp.	3,936,983	3,936,983
	Fed Federal Funds	3,859,029	3,859,029
	Totals	7,796,012	7,796,012
1000/104130	Day Services - Developmentally Disabled		
	Gen General Fund	11,759,384	11,759,384
1000/104140	Diagnosis and Evaluation		
6330/100100	Ded Tobacco Master Settlement Agreement	400,125	400,125
1000/121460	Supported Employment		
	Gen General Fund	3,880,000	3,880,000
1000/124110	Epilepsy Program		
6330/100100	Ded Tobacco Master Settlement Agreement	463,758	463,758
1000/124190	Caregiver Support		
6330/100100	Ded Tobacco Master Settlement Agreement	809,500	809,500
1000/101970	Residential Services for Developmentally Disabled Persons		
	Gen General Fund	91,996,290	91,996,290
6330/100100	Ded Tobacco Master Settlement Agreement	17,229,000	17,229,000
	Totals	109,225,290	109,225,290
	Disability and Rehabilitation Services Totals		
	General Fund	145,833,054	145,833,054
	Dedicated Funds	27,663,323	27,663,323
	Federal Funds	171,967,608	171,967,608
	Local Funds	532,500	532,500
	Totals	345,996,485	345,996,485
	Family and Social Services Administration Totals		
	General Fund	1,919,666,679	2,232,539,876
	Dedicated Funds	239,817,112	262,179,326
	Federal Funds	5,589,203,061	5,770,223,275
	Local Funds	532,500	532,500
	Totals	7,749,219,352	8,265,474,977

Appendix F

DDRS/BDDS
Random Moment Sampling

The results from an automated random moment sampling system are used to distribute direct costs appropriate to the various programs administered by the Bureau of Developmental Disability Services (BDDS).

Sample Universe

The sample universe includes staff in the local office with direct client contact involved in the day-to-day administration of all the Bureau's programs as well as selected central office staff. The positions noted below meet the criteria, according to DHHS Division of Cost Allocation DCA Best Practices Manual for Reviewing Public Assistance Cost Allocation Plans, for inclusion in the sample universe.

- Program Director
- Program Coordinator
- Executive
- Administrative
- Mental Health Administrator
- Policy/Program Analyst
- Welfare Consultant
- Information Technology

The Bureau of Developmental Disability Services does not employ any part time employees in the above positions. Therefore, only full time filled positions are included.

Sampling Procedures

A centralized report, provided by the DDRS Controller from PeopleSoft HR module, identifies staff (and payroll costs) for position changes (such as new hires, promotion, transfer, termination or retirement). This report is used each quarter to update and maintain the sample for ongoing changes due to personnel turnover and to handle the addition or deletion of positions. Each quarter the roster of sampled positions is updated by BDDS central and local offices.

Indiana passed legislation to require all counties (with the exceptions as noted in Exhibit F.1) to observe daylight savings time with an effective date of November 2007. Exhibit F.1 shows the Indiana Time Zone Map.

Sampling Techniques:
The random moment samples of eligible BDDS workers are drawn during the month preceding the start of the sampling quarter. The samples are generated using SequoiaRMS, a PC-based RMS software product.

The RMS software generates 2800 "moments" for the quarter at random from combinations of minutes and eligible BDDS workers available during the sampling quarter. Each sampled moment is identified on its respective sample sequence 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: Workdays for standard or flex schedules during the year. Official state recognized holidays are excluded.

Minute: Any minute between 7:30 a.m. and 5:00 p.m. is the standard workday for all employees. BDDS staff maintain a schedule within these work hours.

The sample provides for replacement that permits days, minutes, and workers to have equal chances of multiple selection. Sampling with replacement ensures true independence of sample moments. The RMS Administrator (contractor) generates control listings of randomly selected moments as follows:

(1) Master listing of all randomly selected moments in date, minute, and location order:

- Sequence number
- Date
- Minute
- Employee Name
- Phone Number
- Location

(2) Listings of random moments for each location:

- Sequence number
- Date
- Minute
- Phone Number
- Location
- Employee Name

The first list is used by the RMS Administrator to monitor the status of each observation so that appropriate follow-up can be made for delinquent observations or missing data. The second set of listings is distributed to RMS Coordinators in each local office so they can notify the RMS Administrator of any employee changes affecting samples during the quarter.

October 1, 2007 is the start date for RMS sampling conducted using an electronic system for distributing and recording all sample observations. Sampled staff receives e-mails notifying them that they have been randomly selected to answer a sample for a specified moment. The e-mail contains a link to an observation form on the Intranet. Sampled staff receives the email at the specified moment.

The SequoiaRMS system adjusts for the time zone differential therefore; staff working in a time zone one hour behind Indianapolis will receive the sample at the specified moment. Staff are trained that the specific sample moment is included on the Intranet observation form and in the e-mail.

The sample moments comprising a 10% validation subsample will be subject to further review for quality control at the time of the sample. Specifically, staff sampled as part of the 10% validation subsample will be interviewed by an RMS Coordinator to ensure the response entered on the Intranet form was correct. When interviewed, the sampled employee will be asked to describe what activity s/he is engaged in at the sample time and any other clarifying questions necessary to determine if the response entered on the Intranet form was the most appropriate response.

Following Exhibit F.2 BDDS RMS Intranet Form and Instruction for Completing the Random Moment Sample Observation Form, sampled staff need to complete the form as soon as possible. Sampled individuals only have two business days after the time they receive sample notification to access the Intranet observation form. SequoiaRMS date/time stamps the employee's response. If they try to access the Intranet form after two business days, the Intranet form prompts them to contact the RMS Administrator (contractor) immediately.

The RMS Administrator (contractor) follows up on incomplete observations by e-mailing the staff's supervisor the morning of the second business day as a reminder. RMS responses are only accepted as valid after two business days if the activity at the sample moment can be documented, for example as leave or training. Responses obtained with the assistance of the RMS Administrator (contractor) will be noted as such in the comments field for the observation in the SequoiaRMS system, along with the date and time the response was obtained.

Once an Intranet observation form has been saved, it cannot be changed by the worker. The RMS Administrator (contractor) will electronically notify RMS Coordinators daily of responses submitted on the Intranet observation forms which activity code(s) do not correlate with comments and/or contact the sampled employee personally. If RMS Coordinators assist with this follow-up, they will then refer the sampled individuals to the RMS Administrator (contractor) to correct the response. For any RMS response changed with the assistance of the RMS Administrator (contractor), an e-mail will be sent to the sampled individual to document the change. The RMS Administrator (contractor) will note in the comments field the change in response for the observation in the SequoiaRMS system along with the date and time that the response was changed.

If e-mail notifications of RMS samples cannot be completed for a significant period of time (e.g. more than one hour) due to technical problems, telephone polling by the RMS Administrator (contractor) is used for sampling until the e-mail system can be returned to operation. Additional information on the sampling process using this electronic system can be found in the RMS Training, RMS Coordinator Instructions, and Policy and Procedures in Exhibits F.3 - F.5.

Sample Period:
The sample data is collected for a three-month period. The sample pull is executed immediately prior to the federal reporting period, though enough lead time is permitted to enable the RMS Administrator to complete preparations for the sample period. Employee rosters are updated through the date of the sample pull to obtain as precise a sample population as possible.

The following sampling schedule is used:

Survey Period	Applicable Federal Claim Period
April May June	April May June
July August September	July August September
October November December	October November December
January February March	January February March

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 an expected rate of occurrence of at least five percent. For activities with expected rates of occurrence less than five percent, precision can be up to +/- five percent. However, the confidence level will remain at ninety-five percent regardless of the expected rate of occurrence.

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 state-wide sample size is 2800 observations per quarter.

Standard Definitions:
An important element to successful administration of the SequoiaRMS system is the maintenance of standardized Intranet observation forms supported with clear definitions in instructional materials. These materials were developed in a manner so as to ensure consistent and uniform use in RMS administration (Exhibits F.3 – F.5).

RMS Administration and Quality Control

Obtaining the commitment to RMS from the Division's Senior Managers is important. These are the decision-makers vital to the provision of adequate resources to maintain a valid and reliable RMS process. In order to secure this commitment, key officials in the Division of Disability and Rehabilitative Services, the Bureau of Developmental Disability Services and their local offices are actively included in the RMS process. See Exhibit F.5 Random Moment Sampling (RMS) System Policy and Procedure.

Using the SequoiaRMS software, a random sample of worker-moments is generated in the form of control number reference lists. The RMS Administrator (contractor) distributes the appropriate control number reference lists either electronically or in hard copy format to the local office RMS Coordinators after the sample has been pulled for each quarter. The local office RMS Coordinators are responsible for distributing instructions (Exhibit F.4) to sampled workers within their unit.

Quality control measures have been instituted in the local offices. Each day the RMS Administrator (contractor) receives a standard report generated from the RMS software that identifies the responses and comments. Daily, a 100% validation review is performed of the responses and comments. The RMS Administrator will electronically notify sampled employees when an activity code choice conflicts or needs clarification based on the comments provided on the Intranet observation forms. If the worker is not available, the RMS Administrator will contact RMS Coordinators or supervisors to assist with this follow-up. They will then refer the sampled individuals with conflicting responses to the RMS Administrator (contractor) to correct the response.

Staff RMS Orientation and Ongoing Training:
The DHHS DCA Best Practices Manual for Reviewing Public Assistance Cost Allocation Plans stresses the importance of communicating the purpose of RMS procedures to direct workers.

RMS Coordinators typically provide orientation and ongoing training. Training is also provided for the sample universes when new RMS policies and procedures are implemented. An example would be training provided prior to the implementation of E-mail/Intranet RMS in September 2007. Specifically, supervisors and RMS Coordinators were trained on E-mail/Intranet RMS by the RMS contractor. The RMS Coordinators and supervisors then trained all staff in the sample universe~~s~~ on E-mail/Intranet RMS. See Exhibit F.3 Sample Coordinators' Instructions for Administering the Random Moment Sample Process.

FSSA Accounting Operations Division and BDDS are further committed to facilitating periodic, ongoing RMS training, and to addressing any issues with the RMS process raised by staff in the BDDS RMS sample universe. This will include recurrent training for the BDDS RMS universe to ensure proper understanding of the program and activity choices as defined on the BDDS RMS instructions.

BDDS RMS Activity Choices

Workers will access the Intranet sample observation form where there will be a drop down box with the available activity choices outlined below. The program will always be BDDS. An activity is a Federal or state funding service area in which a sampled employee is working. Refer to Exhibit F.4, BDDS RMS Instructions for Completing the Random Moment Sample Observation Form, for detailed explanation of the activities.

Activity Choices	
100	Employee Training
102	BDDS Administration
103	OBRA
104	Supervised Group Living
105	Developmental Disabilities (DD) Waiver
106	Support Services (SS) Waiver
107	Autism Waiver
108	DD/Autism/Support Services Waivers
109	Large Private Intermediate Care Facilities for the Mentally Retarded (LP ICF/MF)
110	State Operated Facilities Intermediate Care Facilities for the Mentally Retarded (SOF ICF/MR)
111	Emergency Support Needs (ESN), ESS or State Line Budgets
900	Employee On Leave (annual leave, sick leave, etc.)
901	Invalid Response

Valid Combinations and RMS Bases

A valid combination is any Activity Code correctly associated with BDDS. A matrix is set up in SequoiaRMS system which establishes the link between Activity Code and Allocation Bases according to this Cost Allocation Plan. The Valid Combinations Matrix, Exhibit F.6, shows the relationships between the BDDS and Activity Code and associated Base.

Application of RMS Results

The application of the system results for the allocation is executed as a one-step process resulting in the sole Program code, BDDS, aligning with each Activity Code. The RMS is designed to allow for a subsequent allocation of activity "hits" utilizing case counts or other commonly accepted statistics. This feature will be utilized on several of the Activity Codes to identify each specific Medicaid Waiver cost. The “common hits” are redistributed in the same proportion as the RMS program hits. Common hits are general administrative activity codes, lunch, breaks, and leave.

This results in a valid program/combinations matrix for RMS (see Exhibit F.6). Staff who complete the RMS observation forms are provided a valid combination matrix with “X” identifying valid combinations or responses.

Responses which trigger an immediate follow up are defined as 1) a sample drawn for a vacant (not filled) position or 2) a sample for an individual not scheduled to work at the time of the sample or 3) a non-response not completed in a timely manner.

Every quarter the BDDS Director and program staff receive RMS results by program for the last two quarters. Any program that has a 2% difference in the results (e.g., SGL is 34% in one quarter and changes to 37% in the next quarter) would trigger an analysis of the reasons for the change.

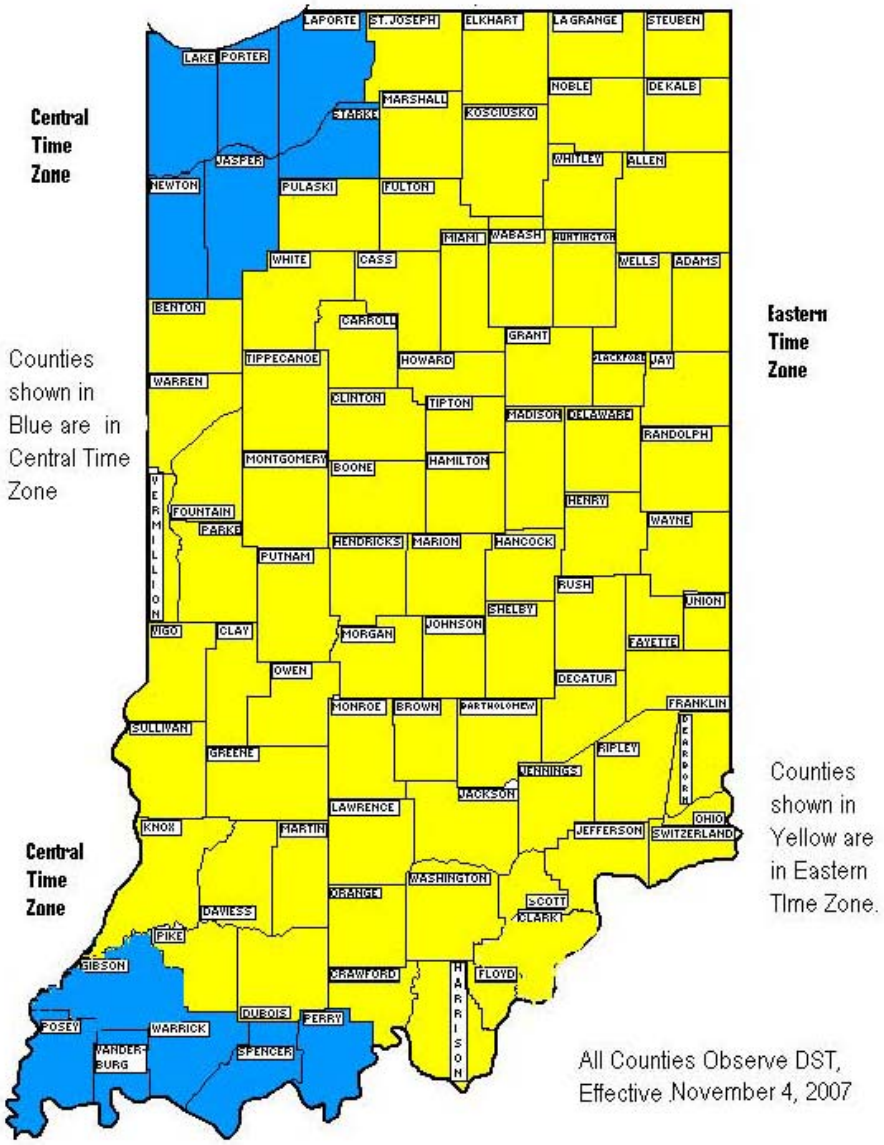
BDDS would then take steps to analyze the activity results for the two quarters. This would include, using the example above, a review of all activity hits for one quarter compared to the second quarter to look for pronounced changes and to review with program staff any identified or potential changes in other activities in the RMS (e.g., OBRA program changes) that would effect the relative distribution of activity effort in the RMS. If there is no discernible reason for the variance, BDDS would request a review of the RMS structure (allocation matrix) to assure it is the same as used for previous quarter and can request a third review of data entry. Current contractor practice is 100% review of all contractor data entry for a quarter and the current quarter matrix is a mirror image of the previous quarter, unless there has been an approved change in the cost allocation structure. The results for the current quarter would then be reviewed on a monthly basis to determine if the increase (or decrease) is continuing to be seen in the RMS results.

The current quarter BDDS RMS sample results (percent to activity) are applied to the BDDS cost pool. Ongoing modifications are made as appropriate due to program changes and federal review.

Exhibit F.1

Indiana Time Zones
Effective November 2007

Indiana Time Zones Effective November 2007



Effective November 4, 2007 - The five counties of Daviess, Dubois, Knox, Martin, and Pike will move from Central to Eastern Time effective when Daylight Saving Time ends. The Federal Government did not approve Perry County's request to return to the Eastern Time Zone.

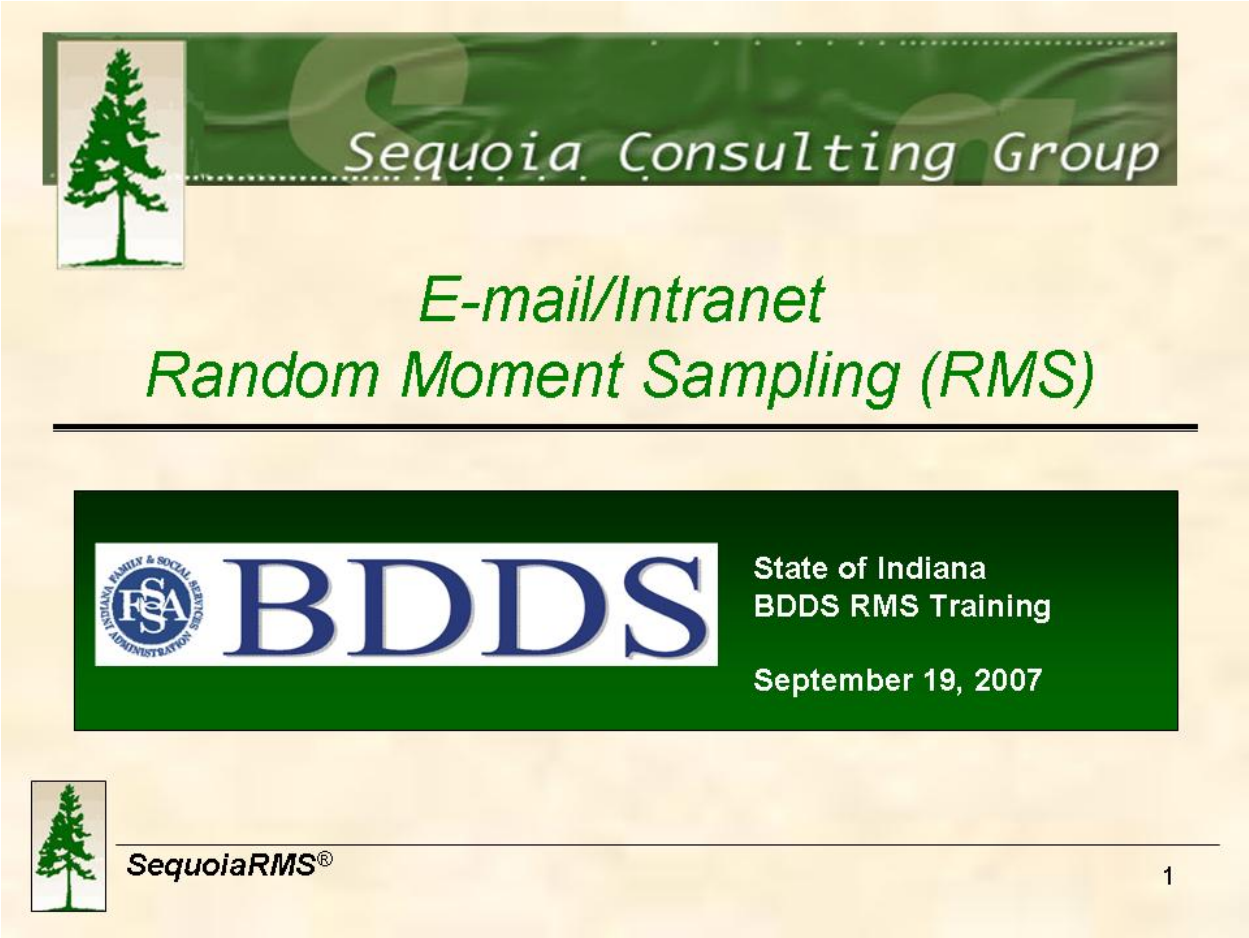
Effective April 2, 2006 - all of Indiana observes daylight saving time.

Effective April 2, 2006 - the eight Indiana counties of Daviess, Dubois, Knox, Martin, Perry, Pike, Pulaski and Starke moved from the Eastern to Central Time Zones.

Effective March 11, 2007 - Pulaski County moved back to the Eastern Time Zone. Previously Pulaski County had moved from Eastern to Central Time effective April 2, 2006. The Federal Government has approved Pulaski's request to return to the Eastern Time Zone.

Exhibit F.2

BDDS RMS Intranet Form and Instructions for Completing the Random Moment Sample Observation Form


Sequoia Consulting Group
E-mail/Intranet
Random Moment Sampling (RMS)
BDDS
State of Indiana
BDDS RMS Training
September 19, 2007
SequoiaRMS®
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Objective

RMS Coordinators will be able to assist BDDS staff with:

- Understanding the purpose of RMS
- Train-the-trainer
- Completing the RMS Intranet Sample Observation Form
- Validation

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Why do we need to participate in RMS?

- Both the state and federal government share the cost burden for administering BDDS programs. Based on the results from the sampling process, the federal government reimburses the state for their share of the administrative costs for each program.

- The federal government requires the state to carefully and accurately determine the administrative costs associated with these programs. RMS is a time study tool that BDDS will now use to account for and allocate staff time and resources when submitting claims for funding from the federal government.

- It is imperative that each staff person carefully and accurately evaluate the activity on which he or she is working at the time of the sample moment.

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Receiving the E-mail

At the moment you are to be sampled, you will receive an e-mail from the RMS Administrator (rms@sequoiacg.com). Included in the e-mail are:

- Sample moment date and time
- Sample sequence number (1-3000)
- Instructions on accessing and completing the observation form
- Sequoia contact information

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RMS Notification E-mail

Sample moment date and time

Instructions

Sample Number

Contact Information

Amy Royce

From: rms@sequoiacg.com
Sent: Tuesday, September 18, 2007 11:44 AM
To: Amy Royce
Subject: Random Moment Survey - Immediate Response Needed

Hello Amy Royce:

You were selected for random moment sampling at Sep 17 2007 1:32PM.

1.) Click on the RMS web address below to access your internet sample observation form.
2.) After your form opens, select 1 program and 1 activity using the drop down menus.
3.) Include any additional or relevant case number or comments in the boxes provided.
4.) Click submit to complete your sample observation.

You will have only 2 business days from the time you receive this email to access the observation form on the internet. To record your observation after 2 business days, or if you have difficulty or questions in completing your sample observation form, please contact the RMS Administrator immediately via e-mail at rms@sequoiacg.com.

RMS Group: FSSA-BDDS
Sample Sequence Number: 17

http://fss00rms1/rmsnet/rms.aspx?p=2394m=424812

Thank you,

RMS Administrator
rms@sequoiacg.com

SAMPLE

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Accessing the Intranet Sample Observation Form

Included in the e-mail will be a link to the intranet form. ***Left mouse click* on the highlighted link** and you will be taken to the intranet sample observation form.

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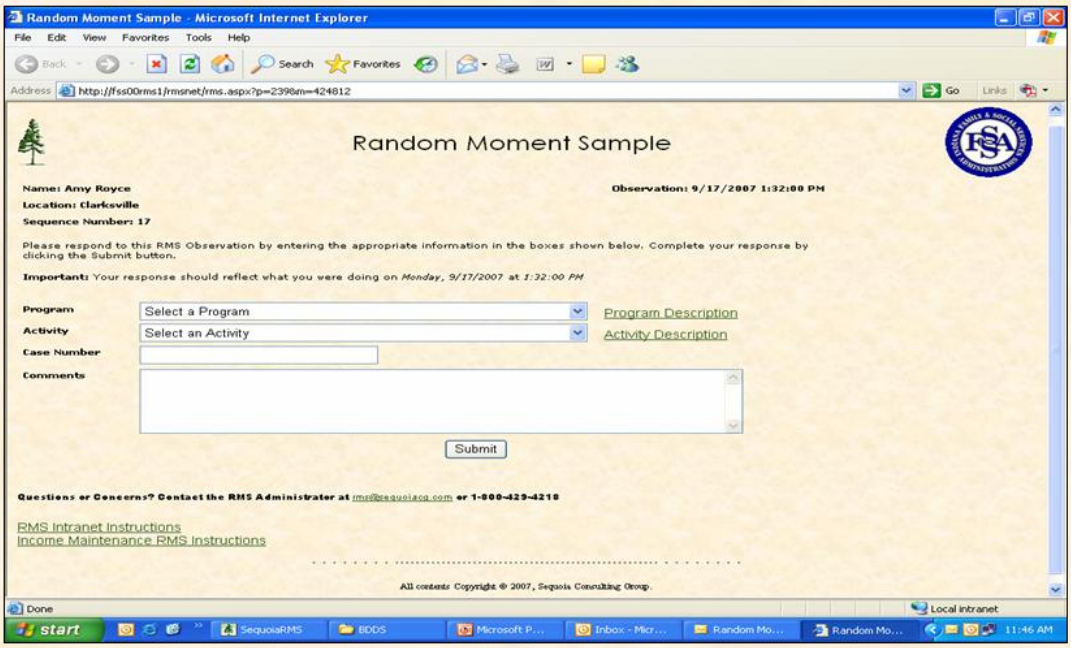
Intranet Sample Observation Form



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Completing the Form: Program and Activity

- To select from the drop down list, ***left mouse click* on the arrow** to the right of the Program field.
- Once the drop down list appears, you may ***highlight and left mouse click on the BDDS program***. The box will disappear and the BDDS program selection will appear in the Program field.
- Repeat the process for the Select Activity field. Because there are multiple activities you may scroll through the list using the up and down arrows to the right.
- Program and Activity **descriptions** may be accessed by highlighting a choice then ***left mouse clicking*** on the description link and a pop up will appear.
- Activities not case related such as lunch, breaks, etc. are valid responses and will need to be recorded and included.

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Completing the Form: Case Number & Comments

- If you are working on a specific case at the time of the sample, you will need to include the DART Customer ID or unique identifier on the Intranet form. Simply, left mouse click on the case number field and begin typing.

- You must include in the Comments Section information relevant to the sample moment. Comments should include describing specific actions associated with the activity; for example, working with individual transitioning to a waiver.

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Submitting the Completed Intranet Form

- Once you have entered the information into all fields, check to make sure the information is correct and ***left mouse click*** **the Submit button at the bottom of the page.**
- After you have submitted the form, the screen will change and a message will appear letting you know your response was successfully recorded.
- Simply close the connection to the intranet by ***left mouse clicking*** **on the X in the upper right corner**.

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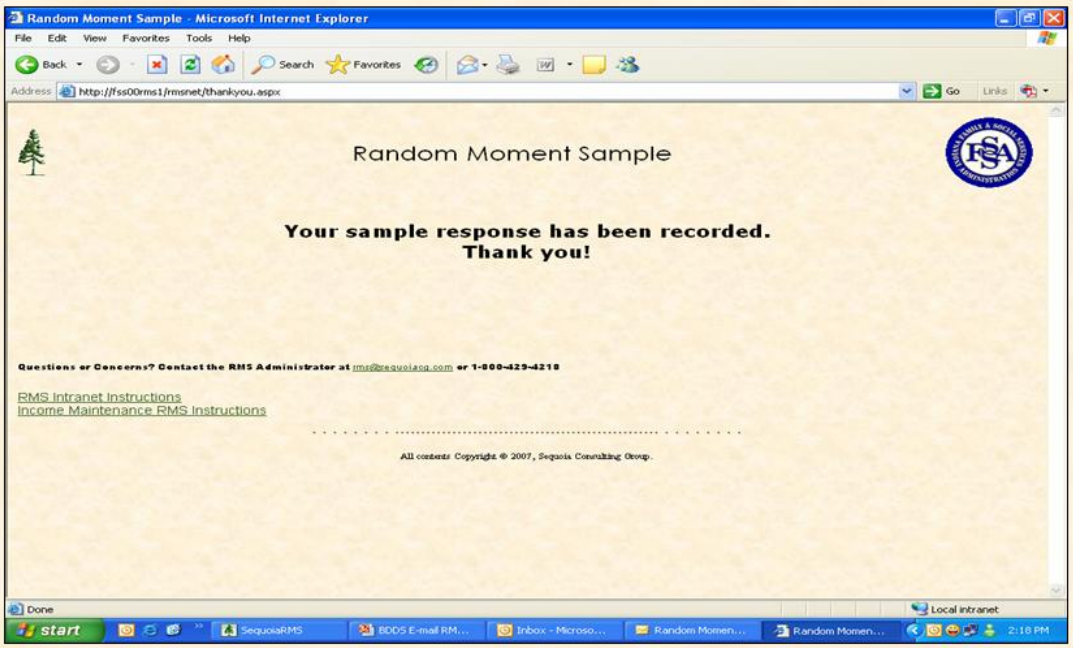
Completed Sample



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Program

Only one (1) program - BDDS

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Activities

Code	Description
100	Employee Training
101	DD Residential Facilities Council (CRFC)
102	BDDS Administration
103	OBRA
104	Supervised Group Living
105	Developmental Disabilities (DD) Waiver
106	Support Services (SS) Waiver
107	Autism Waiver
108	DD/Autism/Support Services Waivers
109	LP ICF/MF
110	SOF ICF/MR
900	Employee on Leave (lunch, break, vacation, sick, etc)
901	Invalid Response

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Scenarios

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Scenario 1

You are in the car traveling to visit a home for an individual who is on Support Services Waiver.

Answer:

Program: BDDS

Activity: Support Services Waiver

Case Number: 12345

Comments: travel to home

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Scenario 2

You are completing paperwork for an individual who is in a nursing home, but still under the care of BDDS.

Answer:

Program: BDDS

Activity: OBRA

Case Number: 12345

Comments: filling out paperwork

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Scenario 3

Providing reports for the CRFC Council.

Answer:

Program: BDDS

Activity: DD Residential Facilities Council (CRFC)

Case Number: 12345

Comments: pulling reports

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Scenario 4

Determining eligibility of individual in group home.

Answer:

Program: BDDS

Activity: Supervised Group Living

Case Number: 12345

Comments: Determining eligibility of client in group home

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Scenario 5

A Service Coordinator is working on intake with a family to complete an application for waiver services (all 3 waivers).

Answer:

Program: BDDS

Activity: DD/Autism/Support Services Waivers

Case Number: 12345

Comments: completing applications with family

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Scenario 6

How would you respond if you were to be sampled right now?

Answer:

Program: BDDS

Activity: Employee Training

Comments: Field Staff Meeting

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Important Information

- You can not change your responses through the intranet form once you have clicked submit.
- Timeliness is very important. The federal government requires that participants respond within **2 business days** of the sample moment.
  - Your supervisor will receive a reminder e-mail the second business day if your response has not been recorded.
- You can not access the Intranet form after the **2 business days** or after you have already submitted your response.
- Your response should reflect what you were doing at the time of the sample moment, not what you were working on when you received the e-mail or completed the intranet form.

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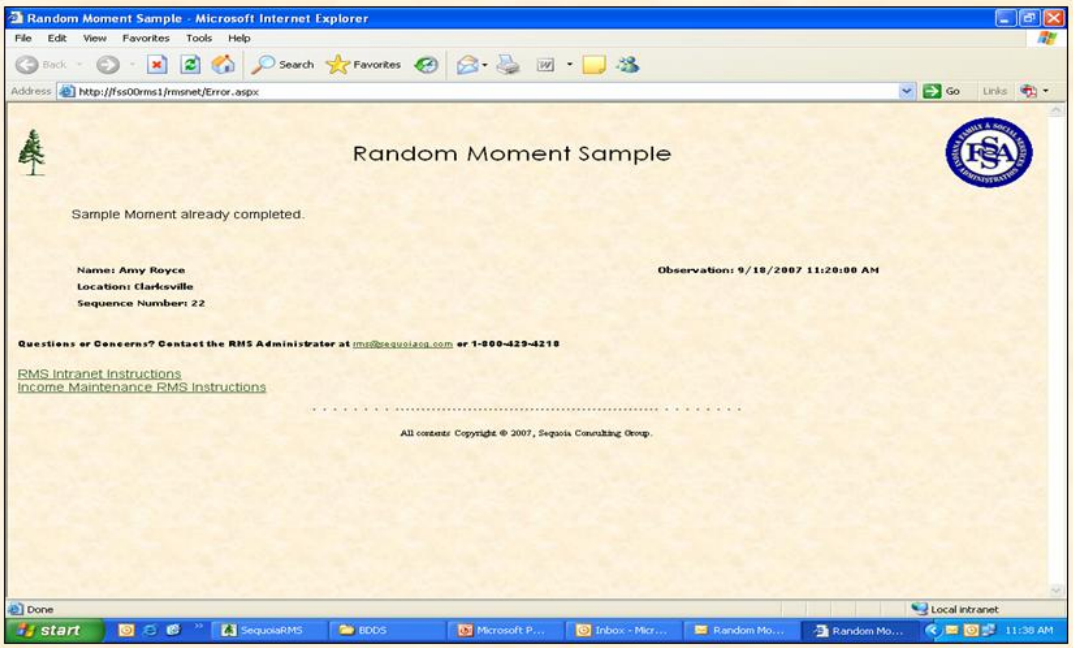
Already Completed Example



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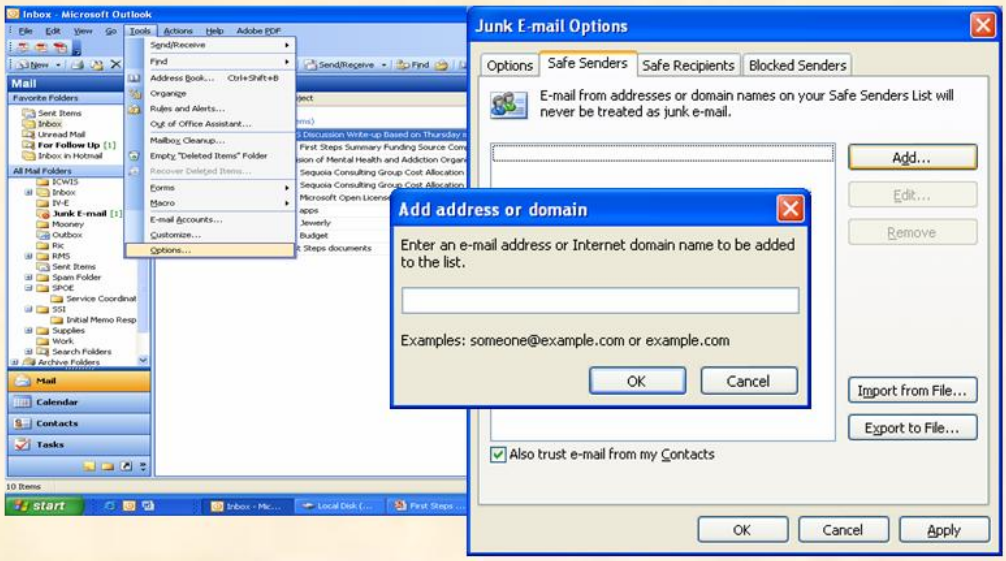
E-mail Settings

Add rms@sequoiacg.com to e-mail "safe sender list".



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Validating the Sample Response

The federal government requires the State of Indiana to validate 10% of the 3000 random moment samples generated each quarter.

- The validation sample list is predetermined and also random.
- The validation is simply confirming the response submitted by the employee.
- If your sample moment has been selected for the validation sub-sample, your Supervisor will contact you. You will need to report the appropriate activity as well as any other relevant information.

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RMS Coordinator Responsibilities

- Provide necessary training and assistance to current and new employees participating in the RMS process.
- Complete validations.
- Notify Sequoia Consulting Group of employee changes effecting samples during quarter.
  - No Longer Employed – Position Not To Be Filled
  - Replacements

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Payroll

All staff will be required to complete a regular A-4 <u>in addition</u> to participating in RMS.

EMPLOYEE ATTENDANCE REPORT

Basic Form 9400A (Rev. / 2006) A-4

Approved by State Board of Accounts, 2007

INSTRUCTIONS

1. This form must be completed by each employee and approved by the immediate supervisor (except where use of an alternate attendance reporting has been approved by the State Board of Accounts).
2. Enter number of hours worked in the appropriate column under regular hours – AM, or hours – PM, or hours – Total.
3. On the day that holidays are observed, enter in the Holiday box the number of hours you would normally have been scheduled to work. If you worked the holiday, also enter in the other columns the hours worked, but do not double account.
4. All overtime must be pre-approved. For payees exempt, you will only be paid the overtime if total hours for the week meet overtime requirements.
5. Working hours in excess of the normal required does not in an overtime exempt employee's overtime pay or compensatory time off unless specifically authorized has been received for the pay period. Please overtime pay authorization should be attached in the comments section. Compensatory time accrued or used by exempt employees should also be noted on the compensatory time worksheet.
6. If an absence is covered by the Family and Medical Leave Policy, enter the hours of absence in the appropriate FMLA or Unpaid Leave box. Also in the Family and Medical Leave box.
7. Hours reported must include regular, overtime, sick leave, vacation, holiday, FMLA, unpaid leave, military leave, nursing pay, volunteer, wrap, personal, compensatory and other leave hours.

Name of Employee (first, first initial)

Employee number

Class/Position Title

Agency / Division / Section / Unit

Account

Bi-weekly pay period

Sunday through Saturday

TIME ENTRY

DESCRIPTION	S	M	T	W	T	F	S	S	M	T	W	T	F	S	TOTAL HOURS
Regular Hours worked															0.00
Other Compensable Hours worked															
Holiday															0.00
Vacation leave															0.00
Sick leave															0.00
Personal Leave															0.00
Compensatory leave used															0.00
Funeral leave															0.00
Military leave															0.00
Jury duty															0.00
Leave without pay															0.00
Other Leave (specify/describe)															0.00
Family and Medical Leave															0.00
								Total Regular Hours							0.00

Overtime Summary to be completed by payroll clerk

Week 1: Regular Overtime | Previous Overtime

Week 2: Regular Overtime | Previous Overtime

Total Compensatory Hours Accrued This Pay Period: Regular +( ) Previous (-) =

Total Other Hours Payable This Pay Period: Regular +( ) Previous (-) =

Conversion of Regular 7.5 Days to Total Hours

Days	15.0	14.5	14.0	13.5	13.0	12.5	12.0	11.5	11.0	10.5	10.0	9.5	9.0	8.5	8.0	7.5	7.0	6.5	6.0
Hours	112.50	108.75	105.00	101.25	97.50	93.75	90.00	86.25	82.50	78.75	75.00	71.25	67.50	63.75	60.00	56.25	52.50	48.75	45.00

Comments

I certify this report is correct

Signature of employee (attestant) | Date signed | Approved by | Date signed

See additional information on back of form | See attachments

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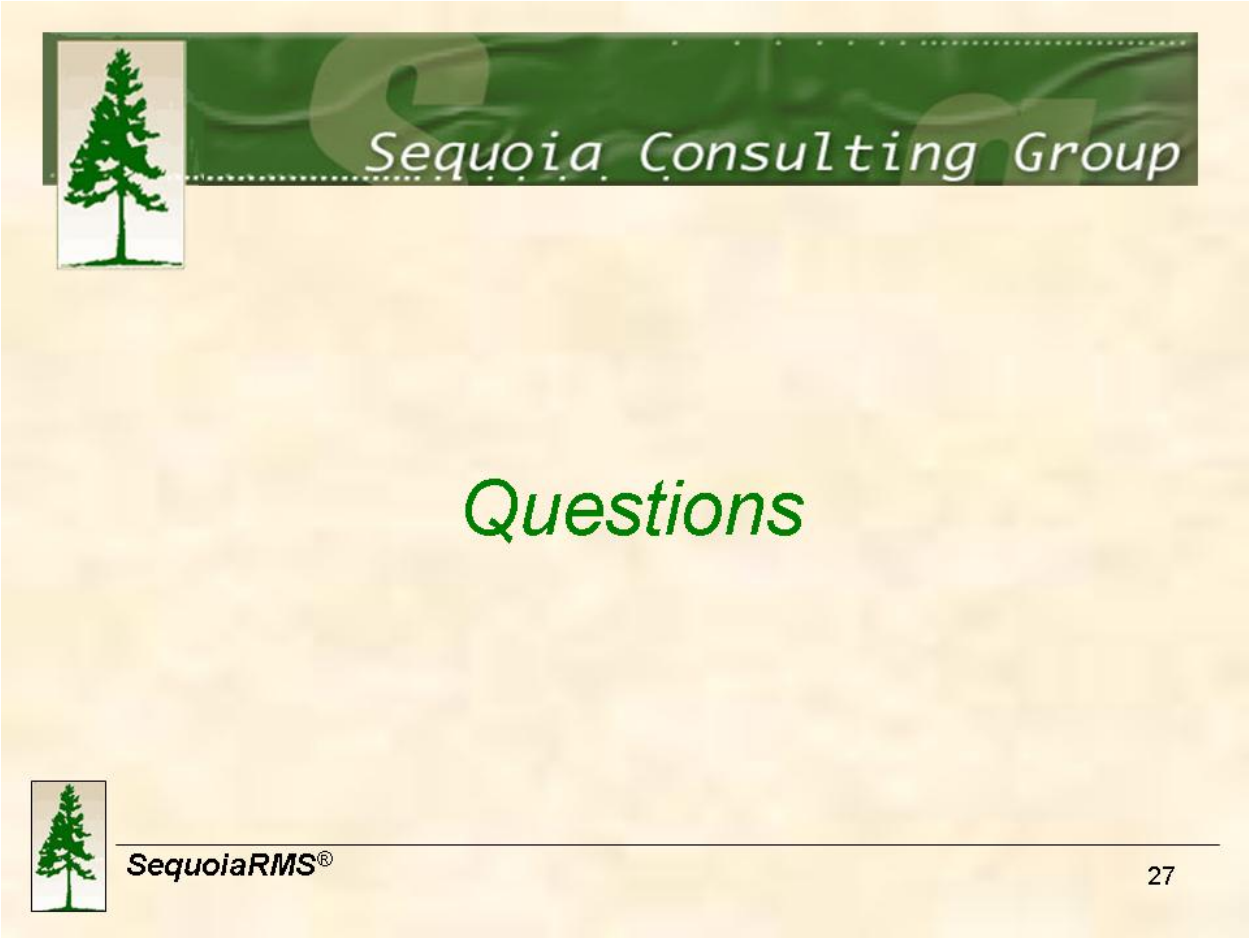
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Exhibit F.3

Sample Coordinators' Instructions For Administering the Random Moment Sampling Process

The Random Moment Sampling (RMS) process is used to document the activities of staff performing directly related program functions benefiting one or more federal and/or state funded programs. The information collected will be used for distributing the cost of administrative activity among various programs and services. It is of utmost importance that all steps of the RMS process are completed on an accurate and timely basis.

A. SAMPLE REPORTING QUARTER

The RMS is completed on a quarterly basis as follows:

Calendar Quarter	Months Covered
First	January, February, March
Second	April, May, June
Third	July, August, September
Fourth	October, November, December

B. RMS COORDINATORS AND ALTERNATES

Each location must designate an RMS coordinator and an alternate coordinator to assist in administering the RMS. At least one alternate must be selected to assist with the RMS process in the coordinator's absence.

The responsibilities of the RMS coordinator include the following:

1. Works with RMS contractor to monitor the prompt and accurate completion of RMS observation forms on the Intranet;

2. Perform 10% validation of pre-determined samples;

3. Assures the employee sample pool is accurate; and

5. Assures that their office(s) maintains current copies of the BDDS RMS observation form instructions.

C. SAMPLE SIZE

The sample size for the entire State is 3,000 observations per quarter. Each location, on average, will represent approximately 273 observations per quarter, or approximately 3 observations per day. Of course, larger locations will have more observations while smaller locations will have fewer.

D. SAMPLE POOL

The positions to be included in the RMS are all positions performing directly related program functions benefiting one or more activities; with the exception of positions performing administrative support functions and no direct services.

E. RMS EMPLOYEE LIST

The positions identified as meeting the RMS sample pool definition are maintained in roster format by the RMS contractor with input from BDDS central and local offices. The employee list for each location is reviewed and updated on a quarterly basis. Positions that are vacant and will not be filled during the reporting quarter are not included. Please note that if a worker is scheduled to be sampled and is replaced by another worker, the new worker should be sampled.

The employee list includes the following information:

1. Name - name of the employee filling the position;
2. Phone - phone number of the employee;
3. E-mail - e-mail address of the employee;
4. Location – the office where the employee works;
5. Job Class - classification title; for example Program Coordinator 3; and
6. Work Schedule - schedule assigned to the employee in the RMS software.

F. CORE WORK HOURS

The RMS sample is selected during the agency core work hours unless flex schedules are provided to the RMS contractor. The core work hours are the time that the majority of staff is scheduled to work. The core work hours are Monday through Friday 8:00 a.m. to 4:30 p.m. with a 12:00 p.m. to 1:00 p.m. lunch period. There are no samples taken during the lunch hour.

G. SAMPLE SELECTION

The RMS contractor will pull the quarterly sample using the sample size, position roster and core work hours. Once the sample is pulled the RMS coordinators will receive Sample Moments by Location and Employee Report.

Once a sample has been pulled no changes are made to the sample data during the quarter. Any updates to the roster, including work hours, cannot be changed until the next quarter's sample pull.

H. RMS OBSERVATION FORM

The RMS observation form is the document used to collect the activity completed by the selected positions at the designated times. Beginning October 2007, an electronic system for distributing and recording all BDDS RMS observations will be utilized. The system is programmed to automatically e-mail sampled individuals at the time of their sample. Included in the notification e-mail will be the sample date and time, instructions to access the observation form on the Intranet using a highlighted link, and contact information for the RMS contractor for assistance with the RMS.

The observation form on the Intranet will include the sample date and time, instructions on how to complete the observation, pull-down menus with the service and activity codes to choose from, a field to enter a case number, a field to enter comments, and a button to submit your entries on the form. A PowerPoint document was used to train RMS coordinators and the sample pool prior to implementation of the E-mail/Intranet RMS system. This document will be retained in the local offices for training new staff.

RMS coordinators will monitor the RMS process and assist sampled individuals in completing the observation forms on the Intranet, if needed. The coordinators will refer individuals to the RMS contractor for additional help if necessary.

Sampled individuals will only have two (2) business days to access the Intranet observation form after the time they receive sample notification. If they try to access the Intranet form after two (2) business days, the Intranet form will prompt them to contact the RMS contractor to record their response immediately. The RMS contractor will e-mail the sampled individuals supervisor the morning of the second business day after an RMS sample has not been answered as a reminder. RMS responses will only be accepted as valid after two (2) business days if the activity at the sample moment can be documented, for example as leave or training.

If a worker is on approved leave such as annual leave, sick leave or any other scheduled leave at the moment designated for sampling, the RMS coordinator should notify the RMS contractor. If a worker is not scheduled to work at the moment designated for sampling because he or she is working a flex-time schedule, the RMS coordinator can also notify the RMS contractor.

Finally, if a position has become vacant during the quarter, the RMS contractor should be notified even if the position is filled by another employee.

I. RMS OBSERVATION FORM REVIEW

Once an Intranet observation form has been saved, it cannot be changed by the worker. The RMS contractor will contact the sampled employee to follow up if the comments do not match the activity.

Sample moments comprising a 10% validation subsample will be subject to further review for quality control at the time of the sample. Specifically, staff sampled as part of the 10% validation subsample will be interviewed by an RMS Coordinator to ensure the response entered on the Intranet is correct. The sampled employee will be asked to describe what activity s/he is engaged in at the sample time and any other clarifying questions necessary to determine if the response entered on the Intranet is the most appropriate response.

J. DATA SUBMITTAL

Once the Intranet RMS observation forms are completed by the sampled staff, the data has automatically been entered into the RMS software. Responses submitted to the RMS contractor by phone or e-mail (when not completed on the Intranet or completed in error on the Intranet) will be entered into the RMS software by the RMS contractor.

K. ALTERNATIVE SAMPLING PROCEDURES

If e-mail notifications of RMS samples cannot be completed for a significant period of time (e.g. more than one hour) due to system problems, telephone polling by the RMS contractor will be used for sampling until the e-mail system can be returned to operation.

Exhibit F.4

BDDS RMS Instructions for Completing the Random Moment Sample Observation Form

Purpose:

Both the state and federal government share the cost burden for administering BDDS programs. RMS is a time study tool that BDDS will now use to account for and allocate staff time and resources. Based on the results from the sampling process, the federal government reimburses the state for their share of the administrative costs for each program. The federal government requires the state to carefully and accurately determine the administrative costs associated with these programs. It is imperative that each staff person carefully and accurately evaluate the activity on which he or she is working at the time of the sample moment.

General Instructions

At the moment you are to be sampled, you will receive an e-mail from the RMS Administrator (rms@sequoiacg.com). Included in the e-mail will be a link to the Intranet form. Left mouse click on the highlighted link and you will be taken to the Intranet sample observation form. To select from the drop down list, left mouse click on the arrow to the right of the Program field. Once the drop down list appears, you may highlight and left mouse click on the BDDS program. The box will disappear and the BDDS program selection will appear in the Program field. Repeat the process for the Select Activity field. Because there are multiple activities you may scroll through the list using the up and down arrows to the right. If you are working on a specific case at the time of the sample, you will need to include the DART Customer ID or unique identifier on the Intranet form. Simply, left mouse click on the case number field and begin typing. You must include in the Comments Section information relevant to the sample moment. Once you have entered the information into all fields, check to make sure the information is correct and left mouse click the Submit button at the bottom of the page

Observation Form

The observation you are completing is divided into four major sections.

PROGRAM - Select BDDS program.

ACTIVITY - Select the one activity that best describes what you are doing at the selected moment. The codes in this section are organized into two groups:

a. Caseload Activity (codes 100 through 110): These activities are case-specific.
b. General Activity (codes 900 and 901): These are activities that do not relate to work being done on a specific case.

CASE NUMBER – Indicate the DART Customer ID or unique HIPPA protected identifier if you are working on a case.

COMMENTS – This is a required field. Briefly describe the action associated with the activity you choose. (For example, traveling to visit a customer at home.)

ACTIVITY CODES

Report the activity you are performing by selecting the one activity that best describes what you are doing at the selected moment. If you are working on an e-mail about a client or filling out paperwork related to a case, select the most specific activity. If you need help in determining which activity to select, please refer to the following descriptions.

100 Employee Training: includes participating in meetings or training sessions for the purpose of enhancing skills and program knowledge. Any hours that are devoted to state employee training. (i.e. Field Staff Meeting)

102 BDDS Administration: Richmond State Hospital, working with BDDS individuals in SOF under DMHA funding (not ICF/MR bed): status quo, reviews, meetings. Time devoted to ESN homes (if not ICF/MR certified). Please ensure that it is not more appropriate to select a specific activity.

103 OBRA: Individuals that are in nursing homes, but are still under the care of BDDS. Includes: visits, paperwork, budgets and travel time.

104 Supervised Group Living (SGL): Individuals that reside in Group Homes (not ESN homes, until they become ICF/MR certified) which includes visits, paperwork and travel time. Activities related to determining eligibility or future placement of individuals in group homes. Also, individuals transitioning out of SOF under DMHA funding into a group home.

105 Developmental Disabilities (DD) Waiver: includes activities associated with DD waiver.

106 Support Services (SS) Waiver: includes activities associated with SS waiver.

107 Autism Waiver: includes activities associated with Autism waiver.

108 DD/Autism/Support Services Waiver: Intake, visits to homes, training, Human Rights Review, etc. This is to be used this is when determining which waiver the individual will be assigned to.

109 Large Private Intermediate Care Facilities for the Mentally Retarded (LP ICF/MR): Hickory Creek Facility, Arcadia Facility or North Willow Facility

110 State Operated Facilities Intermediate Care Facilities for the Mentally Retarded (SOF ICF/MR): Working with individuals residing in State Operated Facilities (Evansville, Logansport, Madison) - Medicaid Beds

111 Emergency Support Needs (ESN), ESS or State Line Budget: Activities associated with ESN, ESS or State Line Budget Items/Reviews.

GENERAL ACTIVITIES: The codes in this section are not case-specific. Do not use a code in this series if there is a case specific activity code that better describes the activity being performed.

900 Employee on Leave: includes lunch, break, vacation, sick, personal, funeral, jury duty, family or medical leave, etc.

901 Invalid Response: No Longer Employed or employee not scheduled to be at work at time of sample due to flex-time.

If you have any questions, please contact:

Sequoia Consulting Group at 1-800-429-4218 or rms@sequoiacg.com.

Exhibit F.5

Random Moment Sampling (RMS) System Policy and Procedures

Random Moment Sampling (RMS) is conducted using an electronic system for distributing and recording all sample observations through email contact direct from SequoiaRMS database and software. Sequoia Consulting Group is the contractor administering RMS for FSSA. Random Moment Sampling is used to document administrative costs and to evaluate staffing levels. It is not a device for evaluating individual participant's job performance. All case information remains confidential in accordance with established HIPAA guidelines. Your cooperation and accurate reporting of the activities are important for continued funding and staffing of the many federal programs administered by the State of Indiana Family and Social Services Administration.

The process for RMS responses will be the following:

1. Each quarter, randomly, workers in the sample pool will receive emails notifying them they have been selected for sampling at a specified date and time. Sampling occurs throughout each calendar quarter, but is not done on the weekends or State holidays. Each Random Moment Sample has 3,000 observations each per quarter. The email will contain a link to an observation form on the Intranet.

   You will receive the email at the specified sample time. Remember your response to the observation should reflect what you were working on at the sample time specified in the text of the email; not what you were working on when you respond to the email.

2. Respond to the sample according to the BDDS RMS observation form on the Intranet and the appropriate observation form instructions. A copy of the observation form instructions can be obtained from your office's RMS coordinator and should be kept handy for your easy reference. Instructions and related materials are also available through the Public Folders. The response to the sample needs to reflect what you were doing at the randomly selected moment in time specified in the text of the email message and the Internet observation form. When completing the Intranet observation form, the program and activity sections need to be completed. If you are working on a case, complete the case number section also. A required field for comments is also included on the Intranet observation form and should be utilized for further explanation to accurately describe your activity.

3. *IF YOU ARE:*

With a client, on the telephone, out of the office on a case, or at lunch/break, please complete the form on the Intranet as soon as possible. **You will only have 2 business days from the time you receive the email notification of sampling to access the Internet form.** If you try to access the form after 2 business days, you will see a message prompting you to contact the RMS contractor, Sequoia Consulting Group, by phone or email to complete the sample. When contacting the RMS contractor, or when replying to a voice mail message from Sequoia Consulting Group regarding a RMS sample, please provide the following information:

1. sample group (BDDS)
2. the sequence number indicated in the email (1 to 3,000)
3. your name
4. the DART customer ID or identifier (if working on a case); and
5. the activity.

If you are unsure of the appropriate response, discuss the question with the RMS contractor or the RMS coordinator in your office. If the activity code and comments you select do not correlate, you will be contacted by the Sequoia Consulting Group RMS staff to help correct the sample. *Any corrections made, are required to be confirmed by sending you an email noting the changes. If the changes made are correct, you do not need to respond to that email.*

The most detailed activity code should be selected whenever possible. If you are not sure, take a moment to review the definitions for the activity codes. When working on a specific case activity, the customer ID or unique identifier needs to be included in the RMS response.

If you are on sick, vacation or other approved leave for more than 2 business days, you will need to follow-up with your RMS Coordinator directly when you return. If you have pre-planned approved leave or vacation notification to Sequoia Consulting Group should be done in advance.

Again, Intranet observation forms need to be completed as soon as possible. Your supervisor will receive a reminder e-mail from Sequoia Consulting Group RMS staff for you to complete the missed RMS moment. Samples not completed within the 2 business days may be considered invalid when responding after the 2 business day period. You will be unable to correct an erroneous response on an Internet observation form after it has been saved. To correct an erroneous response, you must contact the RMS contractor, Sequoia Consulting Group.

4. If you are unable to access the Intranet at the time of a sample to complete the observation form, please contact the RMS contractor at 1-800-429-4218, to complete the observation. The office hours of Sequoia Consulting Group are Monday – Friday, 8:00am to 5:00pm. Official State of Indiana holidays are also observed by Sequoia Consulting Group personnel. You may call before/after Sequoia's office hours and leave your RMS response on Sequoia's automated voice mail. When doing so, please speak slowly and clearly when giving your response, making sure to include the five pieces of information shown in Step 3 above, and your phone number.

5. As part of the federal guidelines regarding random moment sampling, we are required to validate 10% of the sample each quarter. This means that RMS Coordinators will randomly verify 10% of the sample responses. This '10% sub sample validation' is also drawn at the same time as the samples for the full quarter.

6. If email notifications of RMS samples cannot be completed due to system problems, by the State's email delivery system or by Sequoia Consulting Group's system, telephone polling by the RMS contractor may be used for sampling until the system can be returned to full operation.

Please Note: Random Moment Sampling is the approved time study method for determining time and effort spent doing tasks associated within our federal programs/services. "Random" means there is no set pattern for selecting which staff person(s) is contacted at any given time.

Each quarter, rosters are updated indicating current employees in the job codes that are sampled. The RMS software selects 2800 'moments in time', which are then matched with schedules and personnel listed within the software database.

Your chances of being selected are based on the number of staff within your 'universe' of BDDS staff and the 2800 samples pulled each quarter. The No Responses cannot be counted as a valid sample and can have a negative effect on funding over time. Your continued help in completing the RMS observations and doing so in a timely fashion is appreciated. By utilizing the email method to conduct the RMS we hope to achieve a minimum interruption to your busy schedules – by replying quickly and accurately, additional interruptions can be avoided.

If you have any questions, please contact:

Sequoia Consulting Group
1-800-429-4218
rms@sequoiacg.com

Exhibit F. 6

BDDS RMS
Valid Combinations Matrix Report

BDDS Valid Combinations Matrix

RMS Group: FSSA-BDDS
Period: 2011 Q2
04/01/2011 to 06/30/2011

CODE	BDDS ACTIVITY CHOICES	Fund Center	Requires Case #
100	Employee Training	3760 172500	No
102	BDDS Administration	3720 172700*	No
103	OBRA	6000 155500	Yes
104	Supervised Group Living	3550 170000****	Yes
105	Developmental Disabilities (DD) Waiver	3550 170000****	Yes
106	Support Services (SS) Waiver	3550 170000****	Yes
107	Autism Waiver	3550 170000****	Yes
108	DD/Autism/Support Services Waiver	3550 170000**** **	No
109	Large Private Intermediate Care Facilities for the Mentally Ill (LP ICF/MR)	3550 170000****	Yes
110	State Operated Facilities Intermediate Care Facilities for the Mentally Retarded (SOF ICF/MR)	3550 170000****	Yes
111	Emergency Support Needs, ESS or State Line Budgets	1000 101970	Yes
900	Employee on Break or Leave (vacation, sick, FMLA, etc.)	Redistributed	No
901	Invalid Response - Not Scheduled to Work	Non-Strike	No

NOTES:

* *BDDS Administration redistributed based on program hits*

** *Code 108 hits allocated based on percent of RMS hits to the 3 Medicaid Waivers*

**** *Fund Center 3550 170000 is funded by Medicaid*