Single Cost Objective Documentation
Clarifying Information for Staff that Direct Charge

There has been some confusion about whether an employee must report all activity that occurs on a day when time is reported to a MAC single cost objective activity. This document is intended to provide additional clarifying information.

Staff who direct charge their time must use the single cost objective form to report 100% of their MAC time that is direct charged. Beginning in October 2015, this information will be recorded in the URMTS site. In the meantime, the single cost objective form will continue to be used.

1. Each day, the total paid time spent performing the MAC activity must be reported in 15 minute increments.
2. Detailed, written explanations are required for single cost objective MAC activities. They must be detailed enough to justify the amount of time reported to an outside reviewer.
3. Non-MAC activity is not reported on the form.

Examples of written explanations for a single cost objective MAC activity

Detailed, written explanations for single cost objective MAC activities

1. **Code 8b: Program Planning, Policy Development, and Interagency Coordination Related to Medicaid Services**

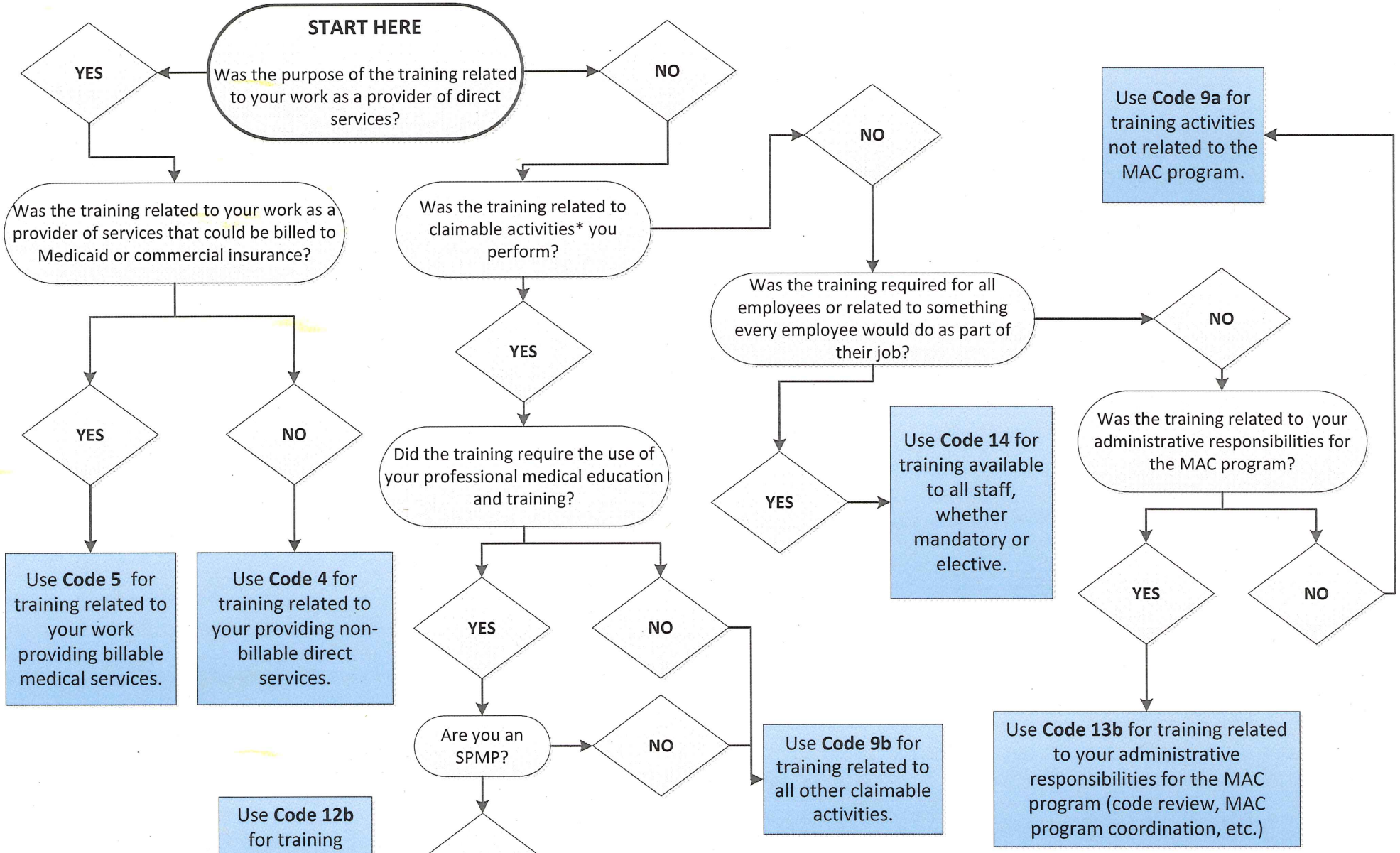
- ***Insufficient***: Attended planning meeting with community health partners. 8 hours
- ***Sufficient***: Traveled to and from and attended an all day planning meeting with area aging agency, behavioral health, and local hospital staff to review results of recent assessment of mental health services for frail elderly residents in our county.

2. **Code 13b: Coordination, Claims Administration and Oversight of MAC Programs**

- ***Not Sufficient***: Worked on MAC invoice: 4:45 hours
- ***Sufficient***: Working on MAC Claim; aggregated salary, pulled reports for benefits and other costs.

LHJ MAC Coding Decision Tree

Training Activities



Claimable MAC activities include Medicaid outreach (Code 1b); facilitating applications for Medicaid programs (Code 3b); arranging transportation to Medicaid services (Code 6b); interpretation for Medicaid services for Adults (Code 7b) or children under 21 (Code 7d); program planning related to Medicaid services (Code 8b); referral, coordination, and monitoring of Medicaid services (Code 10b); Medicaid pediatric immunization program activities (Code 11b); and SPMP activity related to the administration of the Medicaid State Plan (Code 12b).

Revised June 24, 2015