

ARMAC

Program Training

Hi!

Welcome



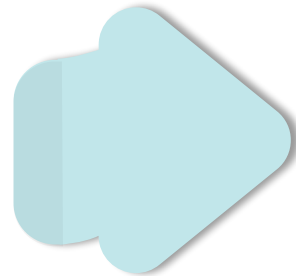
What is ARMAC?

Arkansas Medicaid Administrative Claiming

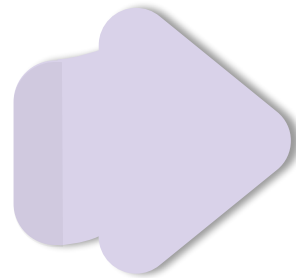
Medicaid Administrative Claiming is a federally funded program administered by the Centers for Medicare and Medicaid Services (CMS). This program provides school districts with the ability to receive reimbursement for certain administrative services which address student health needs.

The revenue generated by the ARMAC program may be used to facilitate, improve and expand the level and quality of health, and medical services provided to all students within the district.

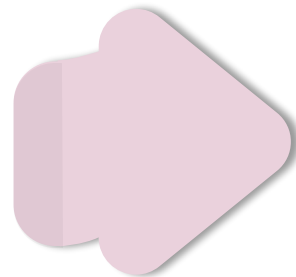
ARMAC FY 23 Statewide Stats



12,706 Participants



269 School Districts



\$36,345,119.43
Total Reimbursements

01

How to get started...

- Contact the ARMAC Specialist at:
 - ade.armacspecialist@ade.arkansas.gov
 - 501-682-4238

INTERAGENCY AGREEMENT BETWEEN ARKANSAS DIVISION OF MEDICAL SERVICES, DIVISION OF ELEMENTARY & SECONDARY EDUCATION AND _____ FOR THE PROVISION AND REIMBURSEMENT OF ARKANSAS MEDICAID ADMINISTRATIVE CLAIMING ACTIVITIES.

Arkansas Division of Medical Services (DMS), Division of Elementary & Secondary Education (DESE), and _____ hereby agree to the principles, terms, and effective dates carried in this agreement. This agreement is set forth to define each party's responsibilities to effectively administer the provision and reimbursement of Arkansas Medicaid Administrative Claiming (ARMAC) activities and is necessary to implement a part of the Arkansas Medicaid state plan under Title XIX of the Social Security Act. The DMS is the single state agency in Arkansas under Title XIX of the Social Security Act. Additional governing policies and procedures are found in the Office of Management and Budget's (OMB) Circular A-87 and the Code of Federal Regulations (CFR), Title 45, Parts 74 and 95.

I. General Principles of Agreement

This interagency agreement is based on the following principles:

1. The abovementioned parties have a common and concurrent interest in providing and reimbursing ARMAC activities, within constraints set by the federal Centers for Medicare and Medicaid Services (CMS). When changes in the program are required by CMS, the abovementioned parties will be responsible for implementing any alterations.
2. This interagency agreement is not intended to modify the existing responsibilities or authority given to the parties.
3. This interagency agreement is not intended to override or supplant any other agreements or memorandums of understanding which may already exist between the two parties.
4. Any school district that contracts with outside agencies concerning administrative claiming activities is bound by this agreement to adhere to the administrative policies and procedures.
5. This agreement serves as an instrument for payment of federal funds from CMS. The parties have agreed that it in no way creates a requirement of the DMS to reimburse any school district from Arkansas Medicaid state funds.

TO DO:

Sign Interagency Agreement with AR DMS and DESE

02

03

Select Coordinator

Requirements

- District/Co-op employee
- Designate with MAC-C job assignment code
- One per district/co-op
- Complete ARMAC training

Responsibilities

1. Email participants to inform of importance of ARMAC and to add ade.armac@adearkansas.gov to email contacts
2. Ensure ALL Participants complete annual training during testing period
3. Submit participant changes to DESE
4. Ensure participants respond to RMTS in a timely manner
5. Expedite Quarterly Claim Certification
6. Retain records

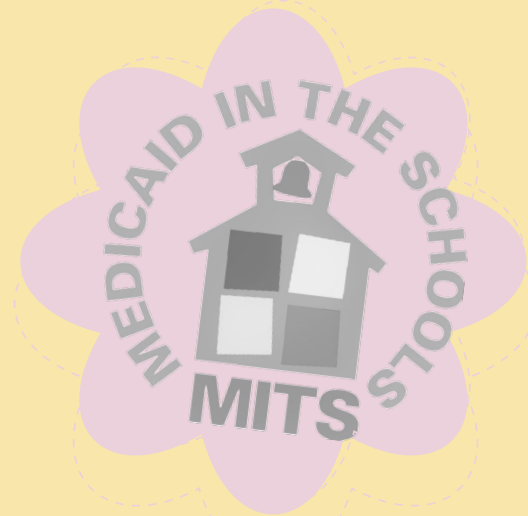
Resources

- MAC-C Job Assignment Code
 - Username: apscn
 - Password: docs
- Handbook
- Dashboard



TO DO:

- MAC-C job assignment
code-August 11th
- Coordinator testing-
August 15th-August 21st



04

Participant Selection

Criteria

1. Administrative oversight for health needs
2. Employed by district/co-op
3. Partially paid from state or local funding sources
4. MAC-P assignment code

Responsibilities

Save ade.armac@ade.arkansas.gov as a contact

Complete annual ARMAC training

Provide timely response to RMTS

MAC-P Job
Assignment Code
Directions

ARMAC Roster Participant Recommendations

Accountant	Bookkeeper	Director of Student Services	Federal Coordinator	Occupational Therapy Assistant	Psychologist
Administrative Assistant	Business Manager	Due Process Coordinator	Finance Officer	Paraprofessional	Psychotherapist
Assistant Principal	Campus Security Officer	Early Childhood SpEd Instr.	GT Coordinator	Parent Coordinator	School Psychology Specialist
Asst. Superintendent	Curriculum Supervisor	Educational Examiner	Guidance Counselor	Personal Care Aide	School Social Worker
Audiologist	Dean of Students	Educational Hearing Specialist	LEA Supervisor	Physical Therapist	Secretary
Audiologist Assistant	Designated Medicaid Liaison	Educational Interpreter	Literacy Coach	Physical Therapy Assistant	Special Education Teacher
Behavior Specialist	Dietician	Educational Vision Specialist	Mental Health Therapist	Principal	Speech Therapist
Bilingual Specialist	Director of Health Services	ESC Asst. Director	Nurse (RN or LPN)	Psychological Examiner	Speech Therapy Assistant
Billing Clerk	Director of Special Education	ESC Director	Occupational Therapist	Psychological Paraprofessional	Superintendent

This is not an inclusive list.

August
7th-15th

Roster Verification Period

- eFinance>e-Forms & Tools>Cognos Reporting>Team Content>Financial Management System>Personnel>ARMAC>ARMAC Roster Verification Report
- Add or Remove MAC-P job assignment code as needed
- DESE will upload information generated from eFinance using the ARMAC Roster Verification COGNOS Report into the ARMAC system.

[MAC-P Job Assignment Code Directions](#)

Roster Verification Report

SE ARKANSAS EDUCATION SERVICE COOPERATIV

ARMAC ROSTER VERIFICATION REPORT

List ARMAC Coordinators and Participants with Job Assignments, MAC-C, MAC-P

Fund (orgn_proj) 1000-5999; 7000-7999

Current Pay Rate Screen Data

Employee Number	State_ID	Employee Assignment Code	Assignment Title	Last Name	First Name	Email Address	Distribution Budget Unit	Current Job Class Title
		MAC-P	ARMAC PARTICIPANT				2030129000026000	ECH PARAPROS
		MAC-P	ARMAC PARTICIPANT				2030129000026000	ECH PARAPROS
		MAC-P	ARMAC PARTICIPANT				2030221100026000	ECH TEACHER/ADMIN ASST
		MAC-P	ARMAC PARTICIPANT				2030129000026000	ECH INTERVENTION SPECIALI
		MAC-P	ARMAC PARTICIPANT				2030129000026000	ECH INTERVENTION SPECIALI
		MAC-P	ARMAC PARTICIPANT				2030129000026000	ECH PARAPROS
		MAC-P	ARMAC PARTICIPANT				2030129000026000	ECH PARAPROS
		MAC-P	ARMAC PARTICIPANT				2000250100000000	BUSINESS MANAGER
		MAC-P	ARMAC PARTICIPANT				2047229200000000	SP ED LEA SUPERVISOR
		MAC-P	ARMAC PARTICIPANT				2030129000026000	ECH INTERVENTION SPECIALI
		MAC-P	ARMAC PARTICIPANT				2030215200026000	ECH SPEECH THERAPIST

You have received this email because you have been selected to participate in the Arkansas Medicaid Administrative Claiming (ARMAC) Random Moment Time Study, please click on the link below or copy and paste the link into your web browser to take the Eligibility Test.

[Click on this link to complete your Eligibility Test](#)

Thank You,
ARMAC Team
501-683-3604
School Health Services
Division of Elementary and Secondary Education
Arkansas Department of Education
ade.armacspecialist@ade.arkansas.gov

TO DO:

QI Participant
ARMAC Training

● 8/21-8/25

RMTS

(Random Moment
Time Study)

RMTS

A means of determining what portion of time a group of people spend performing specific tasks

3,500

Names randomly selected and assigned a specific moment in time

3 Categories

- Non-Discounted
- Discounted
- Non-Payable

Non-Discounted

The activity is directly related to Medicaid, but not a billable service

Discounted

The activity is not directly related to Medicaid, but is related to student health and wellness

Non-Payable

The activity is related to an educational or personal activity

August
30th

Random Moment Release Day

Coordinator To Do List:

- Print and SAVE Participant Status Report from Dashboard

Dashboard>Participants>Select
Current Quarter> Export
Participants (open file using
prompts on top right portion of
screen)

Participant Status Report

Random Moments Home > Participants

Participants

Change Password

ARMAC Participants Adjustment Form

Send Email Notifications Only to Active Participants

Search with filter

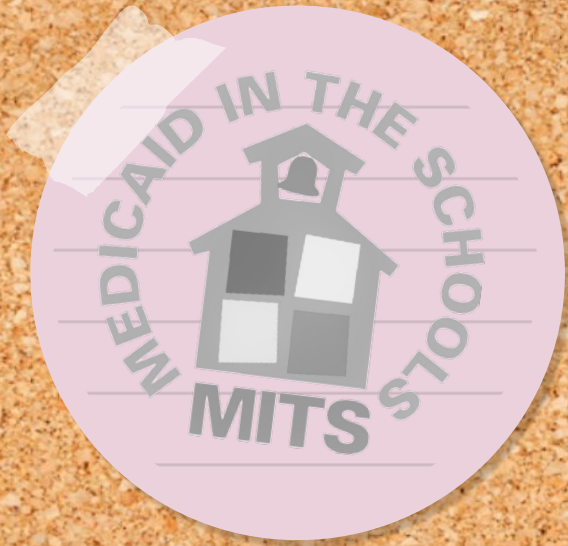
Fiscal Year: 2021

Quarter: 3

List of Participants

Show 100 entries

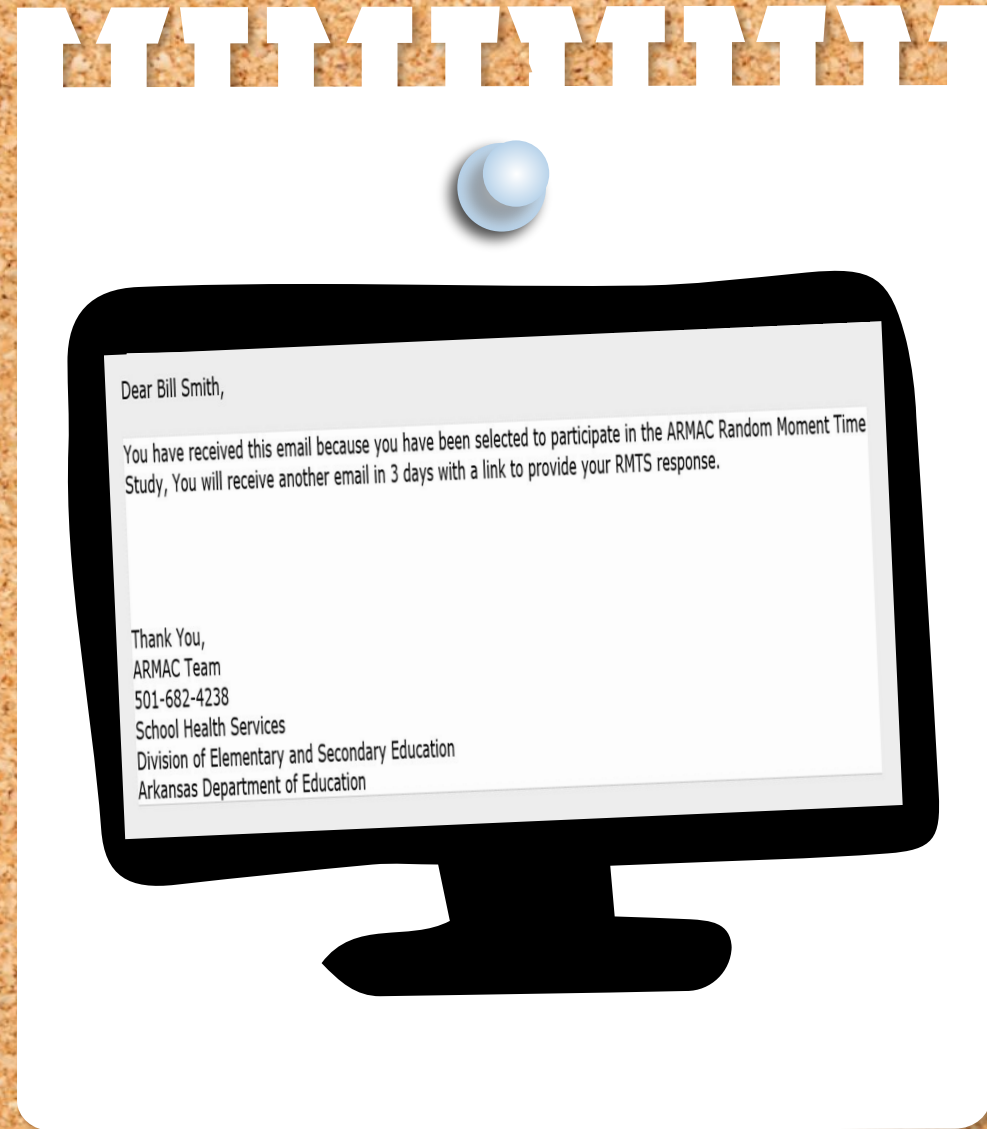
Id	First Name	Last Name	District	Orig.Sal	Orig.Ben	Claim.Sal	Claim.Ben	Status
			SOUTHEAST AR...	\$11,487.50	\$1,234.83	\$\$11,487.50	\$\$1,234.83	Active
			SOUTHEAST AR...	\$10,487.50	\$1,208.34	\$\$10,487.50	\$\$1,208.34	Active
			SOUTHEAST AR...	\$17,190.10	\$1,752.00	\$\$17,190.10	\$\$1,752.00	Active
			SOUTHEAST AR...	\$14,286.00	\$1,533.81	\$\$14,286.00	\$\$1,533.81	Active
			SOUTHEAST AR...	\$12,145.70	\$1,356.09	\$\$12,145.70	\$\$1,356.09	Active
			SOUTHEAST AR...	\$12,345.00	\$1,316.07	\$\$12,345.00	\$\$1,316.07	Active



Random Moment Progression

3 Days Prior to Moment:

Participants will receive an email notification that they have been selected to respond to a random moment.



Dear Bill Smith,

This email requires your immediate attention:

You have been selected to respond to the following Random Moment(s) occurs at the date and times listed below. To access a random moment click on appropriate moment date and time link

[3/29/2022 2:40:40 PM](#)

Thank You,
ARMAC Team
501-682-4238
School Health Services
Division of Elementary and Secondary Education
Arkansas Department of Education

Actual Random Moment

Participant has 5 days to answer

Click on Date and Time Stamp link to respond

https://uat-armac.ade.arkansas.gov/Participant/ParticipantResponse/3200

ARMAC Medicaid Administrative Claiming

Participant Response

Participant Name	Bill Smith
School District	MONTICELLO SCHOOL DISTRICT
Position	Teacher
Moment Date Time	3/29/2022 11:22:10 AM
Question	At the selected time and date above, I was: <ul style="list-style-type: none">• What were you doing?• Who were you with? Do NOT use student names.• Why were you performing this activity?
Response	<input type="text"/>

255 max characters allowed.

Submit

- What were you doing?
- Who were you with?
- Why were you performing this activity?

Moment Progression

GREEN

Day 1 or 2

Moment has been sent and/or participant has responded.

ORANGE

Day 3 or 4

Participant has not responded. Coordinator should contact participant.

RED

Day 5

Participant has not responded. Coordinator should contact participant and facilitate response.

Moment Progression

Search with filter

Universe:

2023 - Qtr.1 - ARMAC Time Study [07/28/2022 - 08/03/2022]

Random Moments

	Id	Name	Email	School District	Moment Date	Status
+	1			MONTICELLO S...	07/28/2022	Active
+	2			MONTICELLO S...	07/28/2022	Active
+	3			MONTICELLO S...	07/28/2022	Generated
+	4			MONTICELLO S...	07/28/2022	Active
+	5			MONTICELLO S...	07/28/2022	Generated
+	6			MONTICELLO S...	07/28/2022	Active
+	7			MONTICELLO S...	07/28/2022	Active

Showing 1 to 7 of 7 entries

Dear Bill Smith,

This email requires your immediate attention:

Response History: Helping students.

Reason for Reject: For coding purposes, what was the nature of the activity you were completing at this time?

Click on below moment date and time link to provide your response.


[3/29/2022 8:57:59 AM](#)

Rejected Moments:
Not enough information
5 additional days to respond

Cost Upload

- DESE will upload September Salary and Benefit Costs from eFinance 10/2
- Verify ARMAC Cost Report to Participant Status Report
 - eFinance>e-Forms & Tools>Cognos Reporting>Team Content>Financial Management System>Personnel>ARMAC>ARMAC Cost Report
 - Dashboard>Participants>Select Quarter>Export Participants (open the file using the prompts on the top right portion of the screen)
- Check for Participants with zero salaries/benefits
 - Partially paid from state or local funds-submit an adjustment form with amounts
 - Not partially paid from state or local-submit adjustment form to remove
 - Participants without salary and benefit amounts will not be included in Quarter 3

Salaries will rollover quarters 2-4 unless adjustment form is submitted



FYI

The way moments are answered makes a difference

If just 50 of the 3,500 quarterly moments had been answered and coded as a discounted payable moment instead of a non-payable code, the Statewide Claim could have increased as much as \$500,000!

The number of participants on your roster matters

Having an additional \$100,000 in claimable salary and benefits could increase a district's claim \$5,000 for one quarter.

Inactive participants are NOT included in claimable salaries

If a participant is INACTIVE, their salary is not included in the calculation of your district's reimbursement.

*based off Q1/FY21 numbers

School A

97% Medicaid Rate

Salaries & Benefits	\$251,451.50
Quarterly Payment	\$11,326.36
Add \$50,000 in Salaries & Benefits	\$301,451.50
Quarterly Payment	\$13,579.10
Quarterly Increase	\$2,252.74

School B

89% Medicaid Rate

Salaries & Benefits	\$1,329,859.35
Quarterly Payment	\$55,249.46
Add \$200,000 in Salaries & Benefits	\$1,529,859.35
Quarterly Payment	\$63,520.95
Quarterly Increase	\$8,271.49

Adding 6
Participants could
potentially add
\$4,681.83 quarterly
and a yearly
increase of
\$18,727,321!

School C

Medicaid Rate 76.56%

Original Salaries & Benefits \$726,464.16

Original Quarterly Payment \$26,162.17

Add 3 Secretaries @ \$40,000 each	\$30,000.00	Add Superintendent @ \$150,000	\$37,500.00	Add Principal & Asst Principal \$80,000/\$66,000	\$36,500.00
Quarterly Payment	\$27,512.70	Quarterly Payment	\$29,200.86	Quarterly Payment	\$30,844.00
Quarterly Difference	\$1,350.53	Quarterly Difference	+\$1,688.16	Quarterly Difference	+\$1,643.14
Cumulative Quarter Increase	\$1,350.53	Cumulative Quarter Increase	\$3,038.69	Cumulative Quarter Increase	\$4,681.83



ARMAc Participant Adjustment



The adjustment form should be submitted within 5 business days of the occurred change. Multiple participants may be included on a single form. Please ensure ALL information is complete and accurate.

School District: <i>Please Select</i>			Quarter/Fiscal Year: <i>Please select</i>		Date Submitted:	Coordinator Name:		
Adjustment Type	Effective Date	State ID	First Name	Last Name	Email	Quarterly Salary	Quarterly Benefits	Job Title
<i>Please Select</i>								

EMAIL :
 as an EXCEL sheet to
ade.armacspecialist@ade.arkansas.gov

- Change of:**
- Email
 - Costs
 - Job Title
 - Remove Participant
 - Add Participant
- Online Adjustment Form

ARMAC Claim Formula

Salary x SDA x Medicaid Rate = Discounted Salary
Salary x SNDA = Non-Discounted Salary
Discounted Salary + Non-Discounted Salary = Total Salary
Benefits x SDA x Medicaid Rate = Discounted Benefits
Benefits x SNDA = Non-Discounted Benefits
Disc. Benefits + Non-Discounted Benefits = Total Benefits
Total Salary x 10% = UCR
Total Salary + Total Benefits + UCR = Total
Total x 50% (FFP Rate) = Claim Amount
Claim Amount x 5% = Admin Fee
Claim Amount - Admin Fee = **Payment**

*If an adjustment is made,
the prorated amount will
be deducted.*

ARMAC Claim Formula

SNDA - Non- Discounted Activity - the activity is directly related to Medicaid, but not a billable service

SDA - Discounted Activity - the activity is not directly related to Medicaid, but is related to student health and wellness

UCR - Unrestricted Cost Rate (10%) - provides a way for the ARMAC reimbursement claim calculation to incorporate "administrative" indirect costs incurred by the district, related to the employee participant cost pool

FFP Rate - Federal Financial Participation (50%)- the portion of the ARMAC reimbursement claim paid by the federal government to states for their share of expenditures for providing Medicaid services and for administering the Medicaid program

Medicaid Rate - based on number of school age children that are Medicaid eligible, by county

How are
Medicaid rates
calculated?

Medicaid Rate

Number of Medicaid eligible children,
per county ages 6-17



Public school enrollment
per county ages 6-17

Co-op Medicaid Rates
are determined by
using data from all
schools and counties in
co-op area.

Quarterly Claim Certification Reconciliation

- Use Participant Status Report printed/saved at beginning of quarter and any adjustment forms for quarter to reconcile Claimable Salaries, Claimable Benefits, and Total Costs.

1. Financial Officer must sign
2. Return via email to DESE at ade.armacspecialist@ade.arkansas.gov

ARMAC Reimbursement Claim Amount and Certification

Fiscal Year	Quarter	Statewide Non-Discounted Activity	Statewide Discounted Activity	School District
XXXX	X	X.XXXX%	X.XXXX%	XXXXX.XXXXXX.XXXXXXX

LEA	District Medicaid Eligibility	Claimable Salaries	Claimable Benefits Costs:	Total Costs
XXXXXX	XX.XX%	\$XXX,XXX.XX	\$XX,XXX.XX	\$XXX,XXX.XX

Total Reimbursement Claim for Quarter: \$XXX,XXX.XX

School District Quarterly Certification of State Expenditures

I, as financial officer of XXXXX.XXXXXX.XXXXXXX, am charged with the duties of supervising the administration and coordination of the Arkansas Medicaid Claiming (ARMAC) program provided under Title XIX (Medicaid) of the Social Security Act, as amended. I hereby certify that the public education agency has incurred 100% of the state share of public, non-federal funds needed for Medicaid Federal Financial Participation (FFP) complying with 42 CFR 433.51. The total cost of \$XXX,XXX.XX for Quarter X of the XXXX fiscal year represents 100% state share required for federal reimbursement for participation in the school-based administrative claiming program.

I also certify that the public education agency's certified expenditures were incurred in accordance with the provision outlined in the interagency agreement completed and signed by this public education agency, the Arkansas Department of Education, Division of Elementary and Secondary Education, and the Arkansas Division of Medical Services. These certified expenditures are separately identified and supported in our accounting system.

Printed Name:	Title:
Signature:	Date:

Return completed certification to:
 Division of Elementary and Secondary Education
 Four Capitol Mall, Mail Slot #14
 Little Rock, AR 72201

THIS IS NOT A BILL

Print Date: XX/XX/XXXX

Position	School District	LEA Number	Original Salary	Original Benefits	Adjustment Salary	Adjustment Benefits	Claim Salary	Claim Benefits	Percentage	Effective Date	Status
Special Education Teacher	MONTICELLO SCHOOL DISTRICT	2203000	10856.5	2659.47	0	0	10856.5	2659.47	0	4/1/2022 3:24:34 PM	Active
Personal Care Aide/Paraprofessional	MONTICELLO SCHOOL DISTRICT	2203000	4785.48	1090.62	0	0	4785.48	1090.62	0	4/1/2022 3:24:34 PM	Active
Other	MONTICELLO SCHOOL DISTRICT	2203000	9718.05	2386.83	0	0	9718.05	2386.83	100	4/1/2022 12:00:00 AM	Active
Federal Coordinator	MONTICELLO SCHOOL DISTRICT	2203000	4753.56	1280.37	0	0	4753.56	1280.37	0	4/1/2022 3:24:34 PM	Active
Principal	MONTICELLO SCHOOL DISTRICT	2203000	17894.8	4698.57	0	0	17894.8	4698.57	0	4/1/2022 3:24:34 PM	Active
Psychological Examiner	MONTICELLO SCHOOL DISTRICT	2203000	13859.3	3919.98	0	0	13859.3	3919.98	0	4/1/2022 3:24:34 PM	Active
Administrative Assistant	MONTICELLO SCHOOL DISTRICT	2203000	6195.87	1591.38	0	0	6195.87	1591.38	0	4/1/2022 3:24:34 PM	Active
Teacher	MONTICELLO SCHOOL DISTRICT	2203000	11537.5	3386.58	0	0	11537.5	3386.58	0	4/1/2022 3:24:34 PM	Active
Principal	MONTICELLO SCHOOL DISTRICT	2203000	20760	5465.25	0	0	20760	5465.25	0	4/1/2022 3:24:34 PM	Active
Special Education Teacher	MONTICELLO SCHOOL DISTRICT	2203000	12150	3509.25	0	0	12150	3509.25	0	4/1/2022 3:24:34 PM	Active
Assistant Principal	MONTICELLO SCHOOL DISTRICT	2203000	16840.5	4645.98	0	0	16840.5	4645.98	0	4/1/2022 3:24:34 PM	Active
Administrative Assistant	MONTICELLO SCHOOL DISTRICT	2203000	7323.12	2400.39	0	0	7323.12	2400.39	0	4/1/2022 3:24:34 PM	Active
Special Education Teacher	MONTICELLO SCHOOL DISTRICT	2203000	11732.5	3424.02	0	0	11732.5	3424.02	0	4/1/2022 3:24:34 PM	Active
Special Education Teacher	MONTICELLO SCHOOL DISTRICT	2203000	10662.5	2979.81	0	0	10662.5	2979.81	0	4/1/2022 3:24:34 PM	Active
Counselor	MONTICELLO SCHOOL DISTRICT	2203000	13572.1	3268.53	0	0	13572.1	3268.53	0	4/1/2022 3:24:34 PM	Active
Principal	MONTICELLO SCHOOL DISTRICT	2203000	20164.4	5400.84	0	0	20164.4	5400.84	0	4/1/2022 3:24:34 PM	Active
Nurse	MONTICELLO SCHOOL DISTRICT	2203000	10687.5	2643.66	0	0	10687.5	2643.66	0	4/1/2022 3:24:34 PM	Active
Teacher	MONTICELLO SCHOOL DISTRICT	2203000	12474.5	3617.82	0	0	12474.5	3617.82	0	4/1/2022 3:24:34 PM	Active
Special Education Teacher	MONTICELLO SCHOOL DISTRICT	2203000	11162.5	3301.41	0	0	11162.5	3301.41	0	4/1/2022 3:24:34 PM	Active
Assistant Principal	MONTICELLO SCHOOL DISTRICT	2203000	16520.5	4496.13	0	0	16520.5	4496.13	0	4/1/2022 3:24:34 PM	Active
Principal	MONTICELLO SCHOOL DISTRICT	2203000	20017.5	5369.73	0	0	20017.5	5369.73	0	4/1/2022 3:24:34 PM	Active
Special Education Teacher	MONTICELLO SCHOOL DISTRICT	2203000	11537.5	2791.29	0	0	11537.5	2791.29	0	4/1/2022 3:24:34 PM	Active
Assistant Principal	MONTICELLO SCHOOL DISTRICT	2203000	15616.3	4318.74	0	0	15616.3	4318.74	0	4/1/2022 3:24:34 PM	Active
Nurse	MONTICELLO SCHOOL DISTRICT	2203000	10687.5	3179.58	0	0	10687.5	3179.58	0	4/1/2022 3:24:34 PM	Active
Personal Care Aide/Paraprofessional	MONTICELLO SCHOOL DISTRICT	2203000	5318.61	1906.11	0	0	5318.61	1906.11	0	4/1/2022 3:24:34 PM	Active
Personal Care Aide/Paraprofessional	MONTICELLO SCHOOL DISTRICT	2203000	4644.78	1776.72	0	0	4644.78	1776.72	0	4/1/2022 3:24:34 PM	Active
Special Education Teacher	MONTICELLO SCHOOL DISTRICT	2203000	11379	3316.5	0	0	11379	3316.5	0	4/1/2022 3:24:34 PM	Active
Counselor	MONTICELLO SCHOOL DISTRICT	2203000	13429.6	3293.76	0	0	13429.6	3293.76	0	4/1/2022 3:24:34 PM	Active
Personal Care Aide/Paraprofessional	MONTICELLO SCHOOL DISTRICT	2203000	3817.29	1576.29	0	0	3817.29	1576.29	0	4/1/2022 3:24:34 PM	Active
Personal Care Aide/Paraprofessional	MONTICELLO SCHOOL DISTRICT	2203000	3865.83	1043.85	0	0	3865.83	1043.85	0	4/1/2022 3:24:34 PM	Active
Bookkeeper	MONTICELLO SCHOOL DISTRICT	2203000	10557.6	2555.16	0	0	10557.6	2555.16	0	4/1/2022 3:24:34 PM	Active
Administrative	MONTICELLO SCHOOL DISTRICT	2203000	19733.7	2025.15	0	0	19733.7	2025.15	0	4/1/2022 3:24:34 PM	Active
Teacher	MONTICELLO SCHOOL DISTRICT	2203000	11287.5	2785.11	0	0	11287.5	2785.11	0	4/1/2022 3:24:34 PM	Active
Counselor	MONTICELLO SCHOOL DISTRICT	2203000	13831.3	3917.61	0	0	13831.3	3917.61	0	4/1/2022 3:24:34 PM	Active
Personal Care Aide/Paraprofessional	MONTICELLO SCHOOL DISTRICT	2203000	4594.23	1204.86	0	0	4594.23	1204.86	0	4/1/2022 3:24:34 PM	Active
Superintendent	MONTICELLO SCHOOL DISTRICT	2203000	28956	12150.9	0	0	28956	12150.9	0	4/1/2022 3:24:34 PM	Active
Other	MONTICELLO SCHOOL DISTRICT	2203000	10412.5	3025.65	0	0	10412.5	3025.65	0	4/1/2022 3:24:34 PM	Active
Other	MONTICELLO SCHOOL DISTRICT	2203000	17991.2	4919.37	0	0	17991.2	4919.37	0	4/1/2022 3:24:34 PM	Active
Counselor	MONTICELLO SCHOOL DISTRICT	2203000	13518.8	3302.94	0	0	13518.8	3302.94	0	4/1/2022 3:24:34 PM	Active
Administrative Assistant	MONTICELLO SCHOOL DISTRICT	2203000	6645.87	1668.87	0	0	6645.87	1668.87	0	4/1/2022 3:24:34 PM	Active
Business Manager	MONTICELLO SCHOOL DISTRICT	2203000	15373.9	4233.48	0	0	15373.9	4233.48	0	4/1/2022 3:24:34 PM	Active
Assistant Principal	MONTICELLO SCHOOL DISTRICT	2203000	18531.3	4953.84	0	0	18531.3	4953.84	0	4/1/2022 3:24:34 PM	Active
Administrative Assistant	MONTICELLO SCHOOL DISTRICT	2203000	7245.87	2374.5	0	0	7245.87	2374.5	0	4/1/2022 3:24:34 PM	Active
Nurse	MONTICELLO SCHOOL DISTRICT	2203000	10687.5	3111.27	0	0	10687.5	3111.27	0	4/1/2022 3:24:34 PM	Active
Personal Care Aide/Paraprofessional	MONTICELLO SCHOOL DISTRICT	2203000	5318.61	1918.71	0	0	5318.61	1918.71	0	4/1/2022 3:24:34 PM	Active
Administrative Assistant	MONTICELLO SCHOOL DISTRICT	2203000	7695.87	2479.26	0	0	7695.87	2479.26	0	4/1/2022 3:24:34 PM	Active
Counselor	MONTICELLO SCHOOL DISTRICT	2203000	13667.6	3321.15	0	0	13667.6	3321.15	0	4/1/2022 3:24:34 PM	Active
Dean of Students	MONTICELLO SCHOOL DISTRICT	2203000	20453.8	5530.32	0	0	20453.8	5530.32	0	4/1/2022 3:24:34 PM	Active
			\$ 580,468.24	\$ 160,217.61			0	0	0		
			Total Costs	\$ 740,685.85							

ARMAC Reimbursement Claim Amount and Certification

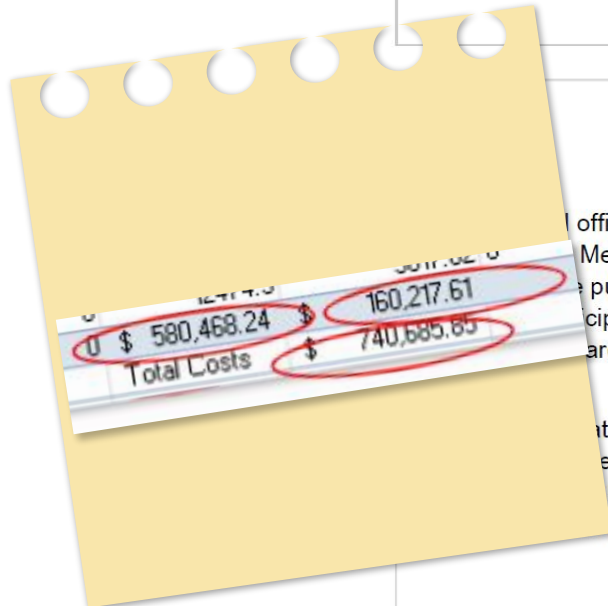
Fiscal Year	Quarter	Statewide Non-Discounted Activity	Statewide Discounted Activity	School District
2022	4	0.7023%	7.4912%	MONTICELLO SCHOOL DISTRICT
LEA	District Medicaid Eligibility	Claimable Salaries	Claimable Benefits Costs:	Total Costs
2203000	79.85%	\$580,468.08	\$160,217.61	\$740,685.69

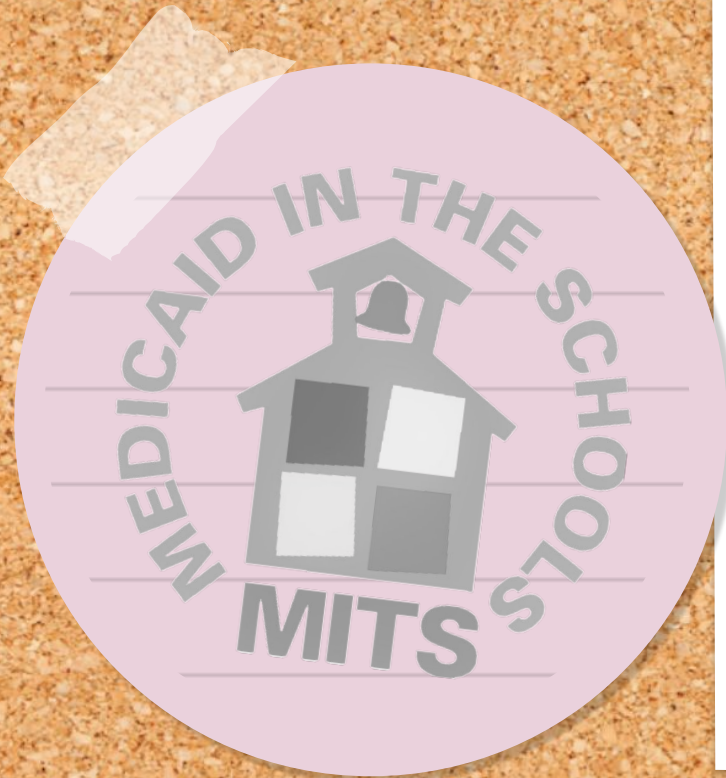
Total Reimbursement Claim for Quarter: \$25,359.12

School District Quarterly Certification of State Expenditures

I, _____, Officer of **MONTICELLO SCHOOL DISTRICT**, am charged with the duties of supervising the administration and coordination of Medicaid Claiming (ARMAC) program provided under Title XIX (Medicaid) of the Social Security Act, as amended. I hereby certify that the public education agency has incurred 100% of the state share of public, non-federal funds needed for Medicaid Federal Financial Participation (FFP) complying with 42 CFR 433.51. The total cost of **\$740,685.69** for Quarter 4 of the 2022 fiscal year represents the amount of state expenditures required for federal reimbursement for participation in the school-based administrative claiming program.

That the public education agency's certified expenditures were incurred in accordance with the provision outlined in the agreement completed and signed by this public education agency, the Arkansas Department of Education, Division of Secondary Education, and the Arkansas Division of Medical Services. These certified expenditures are separately reported in our accounting system.





Reasons why certification may not match report:

- Adjustment Forms
 - Salary and Benefits Change
 - Added Participant
 - Deleted Participant
- Inactive participant took test between moment generation and time report was printed
 - VERY Important to print ASAP!



ARMAC Participant Adjustment



The adjustment form should be submitted within 5 business days of the occurred change. Multiple participants may be included on a single form. Please ensure ALL information is complete and accurate.

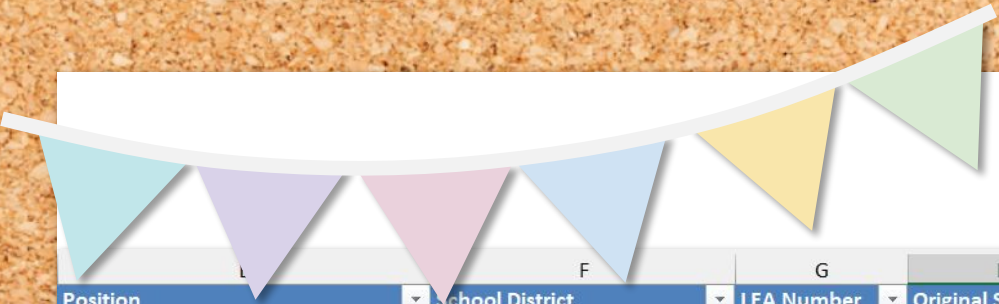
School District: MAGAZINE SCHOOL DISTRICT 4202000		Quarter/Fiscal Year: 3rd Qrt SY 22/23		Date Submitted: 4/18/22		Coordinator Name:		
Adjustment Type	Effective Date	State ID	First Name	Last Name	Email	Quarterly Salary	Quarterly Benefits	Job Title
Deactivate Participant	3/2/2022					\$284.13	\$63.63	Personal Care Aide/Pa

133%
Adjustment
100% of Quarter 4 and
33% of Quarter 3

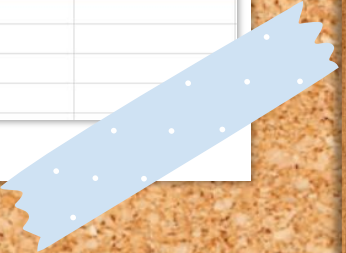
33%-1 month
66%-2 months
100%-3 months
133%-4 months
166%-5 months
200%-6 months
Etc Etc Etc

Salaries
284.13 x 1.33
=\$377.90

Benefits
63.63 x 1.33 =
84.63



Position	School District	LEA Number	Original Salary	Original Benefits	Adjustment Salary	Adjustment Benefits	Claim Salary	Claim Benefits	Percentage
Personal Care Aide/Paraprofessional	MAGAZINE SCHOOL DISTRICT	4202000	284.13	63.63	377.89	84.63	377.89	84.63	133
Teacher	MAGAZINE SCHOOL DISTRICT	4202000	10412.5	2808.09	0	0	10412.5	2808.09	0
Personal Care Aide/Paraprofessional	MAGAZINE SCHOOL DISTRICT	4202000	309.87	98.82	0	0	309.87	98.82	0
Special Education Teacher	MAGAZINE SCHOOL DISTRICT	4202000	8724.99	1952.04	0	0	8724.99	1952.04	0
Other	MAGAZINE SCHOOL DISTRICT	4202000	11248	2893.59	0	0	11248	2893.59	0
Superintendent	MAGAZINE SCHOOL DISTRICT	4202000	23125	5610.27	0	0	23125	5610.27	0
Principal	MAGAZINE SCHOOL DISTRICT	4202000	14219.7	3679.2	0	0	14219.7	3679.2	0
Special Education Teacher	MAGAZINE SCHOOL DISTRICT	4202000	8949.99	2483.94	0	0	8949.99	2483.94	0
Counselor	MAGAZINE SCHOOL DISTRICT	4202000	7458.87	1640.94	0	0	7458.87	1640.94	0
Principal	MAGAZINE SCHOOL DISTRICT	4202000	17088.2	4308.66	0	0	17088.2	4308.66	0
Nurse	MAGAZINE SCHOOL DISTRICT	4202000	8869.5	2480.76	0	0	8869.5	2480.76	0
Administrative Assistant	MAGAZINE SCHOOL DISTRICT	4202000	4027.23	1389.81	0	0	4027.23	1389.81	0
Teacher	MAGAZINE SCHOOL DISTRICT	4202000	3826.98	1356.21	0	0	3826.98	1356.21	0
Administrative Assistant	MAGAZINE SCHOOL DISTRICT	4202000	5883.75	1793.91	0	0	5883.75	1793.91	0
Counselor	MAGAZINE SCHOOL DISTRICT	4202000	12467.1	3275.58	0	0	12467.1	3275.58	0
Special Education Teacher	MAGAZINE SCHOOL DISTRICT	4202000	10637.5	2371.92	0	0	10637.5	2371.92	0
Other	MAGAZINE SCHOOL DISTRICT	4202000	928.74	254.76	0	0	928.74	254.76	0
Business Manager	MAGAZINE SCHOOL DISTRICT	4202000	15060.7	3834.3	0	0	15060.7	3834.3	0
			\$ 163,522.75	\$ 42,296.43	0	0	0	0	
		Adjustments	\$ (377.89)	\$ (84.63)					
		Costs	\$ 163,144.86	\$ 42,211.80					
		Total Costs	\$ 205,356.66						



ARMAC Reimbursement Claim Amount and Certification

Fiscal Year	Quarter	Statewide Non-Discounted Activity	Statewide Discounted Activity	School District
2022	4	0.7023%	7.4912%	MAGAZINE SCHOOL DISTRICT
LEA	District Medicaid Eligibility	Claimable Salaries	Claimable Benefits Costs:	Total Costs
4202000	91.12%	\$163,144.76	\$42,211.80	\$205,356.56

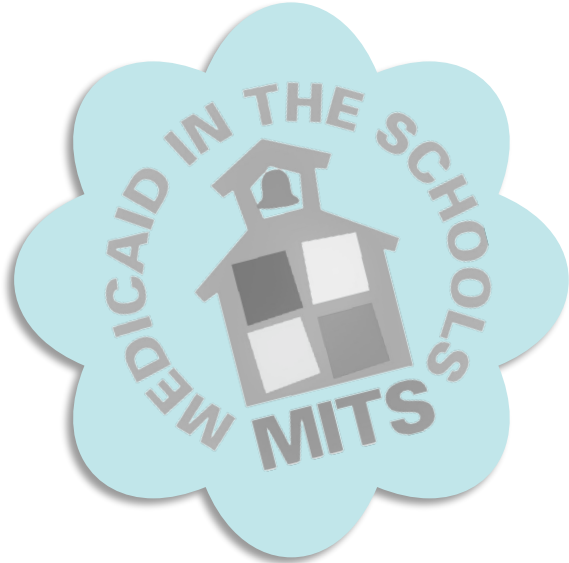
Total Reimbursement Claim for Quarter: \$7,926.83

School District Quarterly Certification of State Expenditures

I, _____ of **MAGAZINE SCHOOL DISTRICT**, am charged with the duties of supervising the administration and coordination of Medicaid Claiming (ARMAC) program provided under Title XIX (Medicaid) of the Social Security Act, as amended. I hereby certify that this public education agency has incurred 100% of the state share of public, non-federal funds needed for Medicaid Federal Financial Participation (FFP) complying with 42 CFR 433.51. The total cost **\$205,356.56** for Quarter 4 of the 2022 fiscal year represents the amount required for federal reimbursement for participation in the school-based administrative claiming program.

The public education agency's certified expenditures were incurred in accordance with the provision outlined in the Arkansas Department of Education, Division of Elementary and Secondary Education, and the Arkansas Division of Medical Services. These certified expenditures are separately identified and supported in our accounting system.

\$ 163,522.75	\$ 42,296.43
\$ (377.89)	\$ (84.63)
\$ 163,144.86	\$ 42,211.80



Let's Play
Code that Moment!



Code That Moment..

This email requires your immediate attention:

You have been selected to respond to the following Random Moment(s) occurs at the date and times listed below. To access a random moment click on appropriate moment date and time link

[3/29/2022 2:40:40 PM](#)

Meeting with a parent.

Rejected

Did the meeting involve discussing related services for a student?

Code That Moment..

This email requires your immediate attention:

You have been selected to respond to the following Random Moment(s) occurs at the date and times listed below. To access a random moment click on appropriate moment date and time link

[3/29/2022 2:40:40 PM](#)

Meeting with a parent to refer student for school based mental health services.

Discounted

Yay! This moment is now payable!

Code That Moment..

This email requires your immediate attention:

You have been selected to respond to the following Random Moment(s) occurs at the date and times listed below. To access a random moment click on appropriate moment date and time link

[3/29/2022 2:40:40 PM](#)

I'm busy. With students.
It's my job. Who signed me
up for this?

Rejected

For coding purposes,
what activity were you
performing at 2:40 on
3/29?

Code That Moment..

This email requires your immediate attention:

You have been selected to respond to the following Random Moment(s) occurs at the date and times listed below. To access a random moment click on appropriate moment date and time link

[3/29/2022 2:40:40 PM](#)

Distributing literature regarding benefits of Medicaid Program.

Non-Discounted

This moment receives FULL REIMBURSEMENT

Code That Moment..

This email requires your immediate attention:

You have been selected to respond to the following Random Moment(s) occurs at the date and times listed below. To access a random moment click on appropriate moment date and time link

[3/29/2022 2:40:40 PM](#)

In an IEP meeting with parent, speech therapist, and physical therapist.

Discounted

Because the participant mentioned he/she was in a meeting with the speech and physical therapist, this moment is discounted.

Code That Moment..

This email requires your immediate attention:

You have been selected to respond to the following Random Moment(s) occurs at the date and times listed below. To access a random moment click on appropriate moment date and time link

[3/29/2022 2:40:40 PM](#)

At home with my kids.

Trick Question!

99.9% of the time at home would be non-payable. However, if your district is on AMI due to sickness or weather and you are doing school activities....TELL US what activity you are performing!!

Code That Moment..

This email requires your immediate attention:

You have been selected to respond to the following Random Moment(s) occurs at the date and times listed below. To access a random moment click on appropriate moment date and time link

[3/29/2022 2:40:40 PM](#)

At home recovering from
breaking my leg while
skiing over spring break

Non-Payable

Participant activity was
related to a personal
activity.

Code That Moment..

This email requires your immediate attention:

You have been selected to respond to the following Random Moment(s) occurs at the date and times listed below. To access a random moment click on appropriate moment date and time link

[3/29/2022 2:40:40 PM](#)

At 2:40 on 3/29/22, I was answering phone calls, handing out medicine, giving a parent a medicaid application, making coffee for the Superintendent and placing an amazon order...a school order...not a personal one.

Rejected

Whew! We know yall are SUPERHEROES but please narrow it down to just one activity you were doing at that moment.

Resources

Dashboard Overview

<https://armac.ade.arkansas.gov/>

- Correct Quarter
- Participant Status
- Random Moment Status
- Participant Report
- Adjustment form
- Email from Dashboard

Related Links

- [23/24 Timeline](#) (coming soon)
- [Roster Participant Recommendation](#)
- [ARMAC Annual Training](#)
- [Adjustment Form](#)
- [Handbook](#)
- [ARMAC Commissioner's Memo](#)

To Do

- Designate Coordinator
- Designate Participants
- Verify Roster
-
-

Any Questions?



michele.roberts@ade.arkansas.gov

