# **Medicaid 101: For Local Education Agency (LEA) Random Moment Time Study (RMTS) Participants performing School-Based Direct Health-Related Services**

## **Slide 1: Introduction**

Welcome to Module ten [10] of the School-Based Medicaid Program’s Medicaid one oh one [101] training series. This module is designed to help Local Education Agency staff who are qualified providers of direct health care services to students to be successful when responding to the Random Moment Time Study.

## **Slide 2: Distributed August 2023**

This training was distributed in August of twenty twenty-three [2023] and was accurate at the time of distribution. As always, Local Education Agencies are responsible for reviewing information on the School-Based Medicaid Program website at W-W-W dot mass dot gov slash MassHealth slash schools [www.mass.gov/masshealth/schools] to determine whether subsequent guidance has superseded the content shared here. MassHealth plans to update these trainings periodically as needed.

## **Slide 3: Introduction to Medicaid 101 Training Series**

The Medicaid one oh one [101] training series is designed to provide the essentials to understanding the MassHealth School-Based Medicaid Program or S-B-M-P. Some modules are designed for a broad, general audience. Other modules are targeted to the learning needs of a specific audience within each Local Education Agency or L-E-A.

Other modules in the Medicaid one oh one [101] training series that would be relevant to school-based health care providers are:

Module one [1], which provides an introduction to school-based Medicaid for anyone interested in gaining a better overall understanding of the program.

Module two [2], which provides information pertinent to L-E-A staff who are in any type of leadership role related to the provision of health care services to students, and

Module eight [8], which goes into detail regarding the requirements for Medicaid reimbursement of the important direct health care services you provide to your students. The foundational knowledge gained from completing module eight [8] will definitely improve your understanding of this module. So, if you haven’t completed module eight [8] yet, we recommend considering going back and doing so prior to proceeding with this module.

## **Slide 4: A note on this training…**

A note: This module explains the why of the Random Moment Time Study or R-M-T-S. It covers important concepts that will deepen your understanding of the role of the R-M-T-S in the L-E-A Medicaid reimbursement program and will assist you in responding to your moments.

The School Based Medicaid Program website has several additional pertinent resources, including a handy two [2] page R-M-T-S Participant Quick Reference Guide.

There’s also a document titled the ‘Top Five [5] Things Providers Need to Know’ which many people have found helpful.

And there are other trainings that are routinely being updated, including links to external training resources as well on our Training Resources page.

## **Slide 5: Training Agenda**

Alright, so let’s take a look at our agenda for this training. We will review some training objectives; we’ll discuss the types of things that school-based providers do that supports student health and are related to the Medicaid program. We’ll review some key things about the R-M-T-S, including a discussion of what it is and how it works. And we’ll show you the actual questions that are asked. We’ll review some key concepts that apply to direct service providers working in schools. We’ll look at some examples of what constitutes a sufficient narrative response and talk about some best practices, how to avoid common mistakes. And finally, we’ll close with some next training steps and point you to additional resources.

## **Slide 6: Training Objectives**

Our training objectives for today, we believe that by the conclusion of this training, participants will be able to:

* Explain the kinds of work activities school staff perform that are partially reimbursable through the School-Based Medicaid Program or S-B-M-P and why you have been included in the Random Moment Time Study or R-M-T-S.
* You should be able to explain the R-M-T-S process and why it matters.
* And accurately document work activities when selected to respond to a random moment.

## **Slide 7: What is Expected of School Staff Participating in SBMP?**

So, What is Expected of School Staff Participating in S-B-M-P?

* You need to maintain an active license as required by the Massachusetts Department of Elementary and Secondary Education, and where appropriate, through the Massachusetts Department of Public Health Bureau of Health Professions. Provider qualifications are outlined in the ‘*S-B-M-P Covered Services and Qualified Practitioners*’ document that is published on the S-B-M-P Resource Center [https://www.mass.gov/info-details/school-based-medicaid-program-sbmp-resource-center].
* You need to participate in the Random Moment Time Study.
* And maintain documentation of any direct services providers, including evaluations, treatment plans, treatment or therapy sessions, and as necessary, per your license practice standards.
* You need to complete your L-E-A’s process for Medicaid billing, following any instructions and procedures established by your L-E-A.
* This training module will focus entirely on the Random Moment Time Study or R-M-T-S portion of the program.

## **Slide 8: I don’t do anything Medicaid-related… Or do I?**

I’d like to start by talking about the common misperception or misunderstanding that when you work in a school, you’re exclusively an educator, perhaps a specialized educator, who therefore only addresses student academic achievement. And this is simply not true.

* In fact, there’s a crucial link between student health and well-being and student academic success.
* School-based practitioners provide critical physical and behavioral health services that help keep kids in school, where they can learn and grow.
* MassHealth’s mission is to improve the health outcomes of our diverse members and their families by providing access to integrated health care services that sustainably and equitably promote health, well-being, independence, and quality of life.
* The common goal shared by school-based health staff and the MassHealth School-Based Medicaid Program is to ensure access to health care services for all students, particularly those students who are affected by health inequities.

## **Slide 9: I don’t do anything Medicaid-related… Or do I?**

* Much of the work that school-based ‘related services’ providers and other trained health care professionals do every day is eligible for Medicaid reimbursement.
* This Medicaid reimbursement is a sustainable funding sourceto support programs, resources and staff that positively impact student health outcomes.
* The work activities performed by school staff fall into two [2] general categories of Medicaid reimbursement:
  + The first [1st] is reimbursement for Direct Services provided to students.
  + And the second [2nd] category is called Medicaid Administration, which is also referred to as Indirect Services that support the health care needs of your students.

## **Slide 10: Key Concept for School-Based Direct Service Providers**

Perhaps the most important key concept that I hope that you’ll take away from this training is that from Medicaid’s perspective, school-based health professionals bring clinical expertise to the rest of a school’s educational team, working together to support the needs of students. Your school district hired you to perform your job because you have clinical skills and training that allow you to provide health care services that cannot be safely or effectively provided by other types of school staff. Educational needs and health care needs can and often do overlap! Health care services have a clinical basis and may also help students achieve educational goals and access the curriculum.

Next, we’ll dive into this concept a little bit more to explain the many different types of activities you are engaged in every day, which require your specialized skills and training to support both student health and academics.

## **Slide 11: Medicaid Direct Service Reimbursable Work Activities Performed in Schools**

Let’s take a look at the Medicaid Direct Service Reimbursable work activities performed in schools.When we talk about direct services, we’re referring of course to the time that school staff spend face-to-face with students providing specialized services using the skills and training of your license. For Medicaid purposes we also include time school staff spend preparing for services, doing things such as gathering supplies or setting up for a session, or reviewing prior session notes or records. Medicaid also includes any time spent documenting services, including things like completing Medicaid billing or writing an evaluation report or updating session notes. Additionally, time spent in planning relating to meeting the student health needs is also reimbursable in the Medicaid program. All of these things are considered integral activities to the provision of direct services to students, and in the R-M-T-S, these work activities are all categorized as reimbursable time.

## **Slide 12: Medicaid Administrative (Indirect Service) Reimbursable Work Activities Performed in Schools**

The other major category of work activities reimbursed by the Medicaid program are what we call Medicaid Administrative activities, or perhaps more commonly thought of as indirect services that you provide related to health care. These indirect activities are all related to the concept that the Medicaid program is interested in ensuring that children have access to health care services. So that’s how things like outreach, connecting and linking to services, big picture program planning, collaboration, referring for services, care coordination and care planning and so forth are all reimbursable by the Medicaid program because these activities all support student health.

## **Slide 13: What is the Random Moment Time Study?**

So, What is the Random Moment Time Study?

* The R-M-T-S is a series of “snap shots” of the working days of school health staff.
* MassHealth samples a small number of school staff each quarter to determine at a state level how much timeschool staff spend doing Medicaid reimbursable activities, both direct and indirect services.
* By asking what you’re doing during a randomly assigned working moment, MassHealth can predict within a ninety-five percent [95%] confidence level how your time is spent all day, every day.

## **Slide 14: How the RMTS Works**

* L-E-A’s from across the state submit lists of staff who perform any of the wide variety of work activities that support student health, from provision of direct health care services to referral and care coordination activities both within school and with community care providers.
* These staff, these school-based staff are grouped into statewide pools with other similar staff from districts across the state.

## **Slide 15: How the RMTS Works**

* R-M-T-S works basically the same as randomly selecting a candy from a jar, where our statewide R-M-T-S candy jar is filled with all the working minutesfrom all the school staff across the state.
* A participant receives an R-M-T-S request to document what is happening at the randomly assigned “snapshot” in their day.
* And based on their response, that activity gets categorized for Medicaid purposes.

## **Slide 16: As an RMTS participant, you are part of a statewide group project!**

As an R-M-T-S participant, you are part of a statewide group project!

* The R-M-T-S captures important work you and your peers are doing.
* It helps MassHealth determine the reimbursement your L-E-A is eligible to receive from the federal government.
* Your R-M-T-S responses have a real impact not just for your L-E-A, but for every participating L-E-Abecause the R-M-T-S pools again are statewide— so, we are really all in this together!
* R-M-T-S responses must clearly indicatethat a reimbursable work activity has, or has not, occurred during the assigned minute snapshot.

## **Slide 17: RMTS Questions**

If you’re selected for an R-M-T-S moment, you will be asked a series of five [5] questions:

1. What type or category of activity were you doing?
2. What are you doing more specifically? This one comes with subparts that ask the primary focus of your activity, and if it was health-related, what type of service or treatment was involved?
3. Where were you?
4. Who were you working or interacting with?
5. Why were you performing this activity?

This question comes with subparts as well:

* 1. Was it pursuant to an I-E-P?
  2. How was it authorized?
  3. Did the service meet Medicaid medical necessity requirements?
  4. Were you acting within the scope of your clinical license?

There’s also a required Narrative, which is two-hundred and fifty [250] characters maximum where you provide supporting detail for your responses.

When your responses are taken all together, they complete a picture, of an appropriate level of detail, for Medicaid to determine whether your work activity qualified for reimbursement or not. So, it’s important to keep in mind some key concepts when you’re providing responses. So, we’re going to look at those next.

## **Slide 18: Key RMTS Concepts: Medicaid Enrollment**

The first thing to keep in mind is that Medicaid enrollment information about any student is never needed. In fact, you never need to identify any student specifically.If your work activity was directly with, or on behalf of, a particular student, your response should simply indicate that you were working with ‘a student.’

## **Slide 19: Key RMTS Concepts for Direct Services Providers**

The next important concepts to remember are first:

* To keep in mind that the R-M-T-S is trying to categorize your work activity as being primarily health-related versus primarily educational.
* So, as you think about the work activities that you perform, remember that from Medicaid’s perspective, school-based health professionals are primarily addressing underlying health-related concerns that may be impacting a student’s ability to achieve within that educational context.
* So, if you’re performing an activity that does not require your skills, training, and expertiseas a health professional such as duty period or M-CAS test proctoring, things of that nature, then it’s an educational activity.
* But when you’re applying the skills and training of your clinical license, you’re likely addressing student health.

## **Slide 20: Key RMTS Concepts for Direct Services Providers**

Let’s apply this key concept to our R-M-T-S responses:

One of the questions where we ask you to identify whether your work activity was primarily educational or health-related is in Question two [2] a, which asks: What were you doing more specifically - What was the primary focus of your activity? This question offers several pre-defined answer choices. Just as a side note, the actual time study uses capitalization to emphasize key words that help differentiate the different options listed. I’ve added the red font just to make it even easier to see during this presentation. So, this question is asking you to choose the primary focus of a work activity that involved a particular student or group of students that are being focused on. It’s asking you to make that determination of whether it was primarily focused on:

* + EDUCATION, ACADEMICS, SOCIAL issues / needs
  + Was it primarily related to EVALUATING a student for HEALTH-RELATED SERVICES such as P-T, O-T, Speech, A-B-A, behavioral health
  + Was it primarily providing a HEALTH-RELATED SERVICE OR TREATMENT - OTHER THAN an evaluation or screening service
  + Was it a HEALTH-RELATED SCREENING? Or -
  + Were you primarily focused on GENERAL SCHOOL-RELATED STUDENT ACTIVITIES such as attendance, student discipline, guidance activities, athletics, etcetera.
  + And then there’s an option to say OTHER activity not categorized above

So, you can see that it’s important here to apply your understanding of your role as a health care professional working in an educational context to your response.

## **Slide 21: Key RMTS Concepts for Direct Services Providers**

Next let’s take a look at Question five [5], which also comes with some subparts that apply when your moment activity involved any of the integral components of providing services. For each, providers need to apply your understanding of these basic concepts, which again as a reminder were discussed in detail in *Medicaid one oh one [101] Module eight [8]* and are also in the *School-Based Medicaid Program Direct-Service Claiming Program Guide*.

So, Question five [5] b: *How was it authorized?*

* + So, in any part of providing a direct service to a student or the integral components related to preparation or the post documentation in other work related to providing services, you need to remember that in the context of S-B-M-P, service authorization is referring to the evidence or the record that a qualified practitioner has determined the service to be necessary and appropriate. Authorization is documented in a written plan of care, or a treatment plan, or an intervention plan, or an order, or other similar evidence. Qualified providers acting within the scope of their license authorize services. So, keep that in mind, services are not authorized because a parent gave permission, or because an I-E-P team agreed.

Question five [5] c asks: *Did the service meet Medicaid medical necessity requirements?*

* + So, again going back to what we know from discussing during Module eight [8] in detail, medical necessity is talking about whether that service required the skill level of your licensure, i.e., the student’s condition requires the treatment or intervention of a level of complexity and sophistication that can only be safely and effectively performed by a licensed professional. When that’s true, the medical necessity requirement has been met.

Question five [5] d is asking you: *Were you acting within the scope of your clinical license?*

* + So, services provided must be within your scope of practice. So, if you are a for example licensed mental health counselor, that would be outside of your scope of practice to render physical therapy, so forth, right?
  + Services must also be considered reasonable by your professional recognized practice standardsfor your discipline.

So, hopefully you’ve already completed again that back to Module eight [8] of the Medicaid one oh one [101] training series and this information I’m kind of going through at a high level here is a refresher for you. If you’re looking at this and feeling like this is not enough information, we strongly recommend you go back and complete Module eight [8] where we go into these concepts in a far greater level of detail. They are very important for you to have in mind and be confident that you understand.

## **Slide 22: Key RMTS Concepts for Direct Services Providers**

So, let’s look at examples of walking through responding to the R-M-T-S and how it actually looks in practice. So, the R-M-T-S tool changes answer choices that it presents to you based on your responses to previous questions as you work your way through those questions. So, in my first example, if I am a Speech-Language Pathologist and at the time of my assigned random moment I was completing an initial evaluation with a student, as I work my way through the questions and I’m providing my answers to indicate that information, when I get to question five [5] b, which asks how the service was authorized, I would get choices like this – things saying:

* The evaluation was necessary in my clinical opinion, and I am a qualified provider which is true. If I am a Speech-Language Pathologist, I am a qualified provider to be evaluating a student for speech-language issues and concerns.
* There’s a choice the evaluation was authorized by a qualified practitioner
* The evaluation was not authorized
* And Other, not described above – if I were to choose that response, it would allow me to type in a response in my own words.

Let’s look at another example, let’s say I’m a nurse who was providing a skilled nursing assessment and treatment to a sick or injured student at the time of a random moment. So, the options again based on my responses to the questions leading up to question five [5], it’s going to offer me choices that makes sense given what I’ve said so far. So, it might look like – the question of how my services authorized would present to me:

* The nursing service was authorized by a qualified practitioner, or
* It was authorized by a standing or other order
* It was UNPLANNED for a student without a care plan or physician order. Therefore, I utilized a skilled nursing assessment and provided nursing interventions according to standard practice
* I have the choice to say it was not authorized
* And again, the choice to say Other, nothing above quite fits and it will allow me to type in a response in my own words.

So, again I really need to understand the concept of authorized, the R-M-T-S questions will offer me answer choices that makes sense given what I’ve said so far, but I need to apply my understanding of that term ‘authorized’ in order to choose a correct response that fits the scenario of what’s happening at the time of the moment that I’m documenting.

## **Slide 23: Key RMTS Concepts for Direct Services Providers**

Let’s take a look at some example scenarios for question five [5] c. This question asks “Did the service meet Medicaid medical necessity requirements?” So again, as we know, we previously stated in Module eight [8] we go into this concept in much greater detail but the overarching, sort of the bottom-line when you are using your clinical skills and training that allow you to provide health care services that cannot be safely or effectively provided by any other types of school staff, you’re meeting the requirement for medical necessity. And just to reinforce explicitly, when we say health care, we mean both physical health as well as mental and behavioral health and functioning.

So, my first example is a licensed applied behavior analyst who is providing A-B-A therapeutic interventions at the time of the random moment. So, in this case, based on the answers I’ve provided so far when documenting my moment up through this question five [5] c, I would get choices that say:

* The A-B-A Therapy was MEDICALLY NECESSARY, therapeutic intervention provided to a student with an AUTISM SPECTRUM DISORDER and it met program guidelines, or
* The A-B-A service DID NOT MEET program guidelines, which would include in this particular scenario services provided to a student who does NOT have an A-S-D diagnosis.
* And again, always the option to say OTHER and type in a response in my own words.

So, in my mind, I’m replacing the words “medically necessary” with the understanding that it’s asking me if I was using my licensed skills and training to deliver this intervention with the student.

Okay, let’s look at an example of a licensed counselor providing behavioral health counseling services to a student. Question five [5] c, again based on what I’ve answered so far to this point in my response could present me answers that said:

* The behavioral health service was MEDICALLY NECESSARY and it met program guidelines, or
* The behavioral health service DID NOT MEET program guidelines for medical necessity, or
* Again, that Other, not categorized above

## **Slide 24: Key RMTS Concepts for Direct Services Providers**

Now let’s look at question five [5] d, which asks whether you were acting within the scope of your clinical license. License scope and practice standards is another concept discussed in more detail in Module eight [8] but is something that you should understand as a licensed practitioner who holds the license that you hold.

So, for example, if I’m an occupational therapy assistant who was providing O-T services to a student at the time of my random moment, I would get answer choices like this:

* Yes, this was within the scope of my CLINICAL license as determined by the Board of Registration of Allied Health Professionals. This includes supervision and a treatment plan if required, or
* No, this was outside the scope of my CLINICAL license as determined by my licensing board. This would include services that have been provided without required supervision or outside of a treatment plan, or
* No, I’m NOT CLINICALLY LICENSED to provide Occupational Therapy services, or
* Other, not categorized above.

So, you should be prepared that these are the types of questions and some examples of the kinds of answer options you’ll be faced with when responding to a random moment. And it’s helpful to know and anticipate this before you begin your response so that you have considered these things and can apply your understanding of the program in your responses.

## **Slide 25: What Constitutes a Sufficient “Narrative” Response?**

And just briefly, I want to talk a little bit about that Narrative response.

The narrative should be brief, no more than two-hundred and fifty [250] characters and it should describe what work was occurring and who was involved in enough detail that your school district should be able to use this information to connect your R-M-T-S moment response to supporting documentation on file at your L-E-A in case of an audit or review. So, let’s consider the following examples:

* The first example here, saying I was responding to an e-mail, or I was checking e-mail. This wouldn’t be a sufficient response because it doesn’t provide context to categorize the work. Remember that e-mail is just another form of communication, so just like an in-person conversation, it’s important to convey the context of the communication so that the activity can be categorized.
* So, let’s try again – what if I said in the second [2nd] example, I was responding to an e-mail from a parent, this is a little bit better because I’m starting to get some context, at least I know who my e-mail conversation is with, but I don’t know what the conversation is about.
* In the third [3rd] and fourth [4th] examples we see sufficient description to get a complete understanding of the purpose of the conversation and the information being conveyed so that the activity can be categorized.

## **Slide 26: Best Practices for completing an RMTS Moment**

So, let’s quickly review some best practices for completing R-M-T-S Moments:

* Before responding to your moment, look at the date and time that it was assigned and think about what you were doing at that specific minute. The pre-defined responses cover most work activities as well as non-working time. If you were multitasking, you need to identify the primary activity occurring, again at that one-minute snapshot.
* If the options presented don’t sufficiently describe your activity, you may choose “Other” and use the free-text box to type in a response with adequate detail of your own.
* Remember that the R-M-T-S is asking you to describe what was happening during a one-minute snapshot. So, you do not need to describe the scope of your job or list everything that you worked on that entire morning or that whole day.
* Before submitting your moment, please review your answers to ensure that they make sense and do not contain any contradictions, since some of the answer options are a little bit similar and zero in on those key words that are capitalized that point out some of the differences between similar responses.
* Please avoid using acronyms in your response or be sure to define them.
* A sufficient response will provide adequate detail about the topic, the context, the purpose, and the content of what was happening at the time of the moment.
* An insufficient response would provide things that are only a literal or physical description of the activity. For example, that example we looked at: “I was answering e-mail” is just a literal description of the activity that doesn’t provide sufficient context.
* If you were engaged in communication at the time of your moment either in person, via e-mail, on the telephone, any of these ways that we communicate, make sure that the context, that topic and purpose is being conveyed in your moment response.

## **Slide 27: Avoid Common RMTS Mistakes**

You can avoid common mistakes by ensuring that your responses provide more than just physical description of work activities, and instead explain the purpose, intent, and context. So again, rather than saying you were checking e-mail, it would be better to say that you were corresponding by e-mail with a parent to refer to a medical provider for follow-up care, for example. Whatever the appropriate context is you get a complete picture of what was happening, and you know, in this case if this was the same moment, answer these two different ways on the top and the bottom. The top one is going to be categorized as non-reimbursable time whereas the bottom would be reimbursable, so that provision of that additional context is really important.

## **Slide 28: Avoid Common RMTS Mistakes**

It’s also important to provide sufficient detail to clearly indicate that a reimbursable activity occurred at an assigned moment in time. For example, a response that simply says you were preparing materials lacks any context about those materials and doesn’t get us to the important differentiation between an educational purpose versus materials that are health related. So, a response such as “working on preparing materials about a free mobile dental clinic for the school’s newsletter,” now I’ve got a complete clear description and sufficient detail. I know what’s going on, I can categorize that work activity.

## **Slide 29: Avoid Common RMTS Mistakes**

One more common mistake is to focus on what you may have been normally scheduled to do, but for whatever reason you weren’t doing. We often see responses where a provider indicates that their student was absent today and that’s honestly just unhelpful. So instead of focusing on that, we need to know what you were doing, not what you weren’t doing. So, a response that indicates that I was helping the school nurse put away an order of clinical supplies is a much better response and in fact, is partially reimbursable so tell us what you were doing, not what you weren’t doing.

## **Slide 30: Overcome Common Misperceptions**

I know that I definitely enjoy a good urban legend or two, but honestly there are several common misperceptions about myths or fears related to the R-M-T-S that I want to review and provide information, you know actual correct information about.

The first is the concern that my school district uses the R-M-T-S to monitor me. And this is simply not true. The only purpose of the R-M-T-S is for the School-Based Medicaid Program. Your moment responses are not even shared with anyone at your school district.

The next concern is that I’m being singled out unfairly and getting extra moments. I can reassure you that the moments are completely randomly assigned by a computer program. Due to the nature of random selection, it’s possible sometimes to get two [2] moments in the same day, it’s also possible to get no moments at all.

Sometimes we have questions about why I get asked follow-up questions if I respond to a moment indicating that I took time off from work. In this case, the R-M-T-S only needs to identify whether each moment was assigned during “paid” time – which includes paid time off, which is actually partially reimbursable. So, you don’t need to share anything personal about why you were taking time off, we just want to count the partially reimbursable moment if you were using any sort of paid benefit time such as vacation time or sick leave, so that is all that we need to know.

## **Slide 31: Overcome Common Misperceptions**

Another common misperception some people have is that you know, I don’t work with the Medicaid program and I don’t work with Medicaid students, so I don’t qualify for reimbursement. And to this question I would say that if you receive an R-M-T-S request, you should always respond to it. Your school district has identified you as someone who performs reimbursable work activities. You never need to identify whether any student that you’re working with is enrolled in Medicaid or not for the purpose of R-M-T-S.

And finally, I hope that we have thoroughly debunked this one during this training, but there can be a misperception that since I work in a school everything that I do is educational, not medical, not health related. And just remember that from Medicaid’s perspective, school-based health professionals are primarily addressing underlying health-related concerns that may be impacting a student’s ability to achieve educationally and in general, activities that require your skills, training, and expertise are considered health-related. And of course, when we talk about health we’re talking about both physical and mental or behavioral health.

## **Slide 32: Next Training Steps**

So, some next training steps for you. If you haven’t already done so, we encourage you to check out the other modules in the Medicaid one oh one [101] series. You’re of course welcome to look at any or all of them, but in particular we think that Modules one [1], four [4] and eight [8] are of particular interest to school-based health providers. With particular emphasis on Module eight [8] for a deeper dive into the direct service reimbursement program requirements.

Also, your L-E-A should have an R-M-T-S Coordinator who should have additional school-specific training and information for you.

## **Slide 33: SBMP Resources**

And here are additional resources you may wish to access as well. If you download the printable handout of this training from the S-B-M-P website which where you accessed this video, the links included here should all be active links so you can click on them and access these different pieces of information.

## **Slide 34: Contact Information and Resources**

And I’ll close out this training with our contact information. Our school-based Medicaid help desk is available for questions by e-mail or phone should you have any questions or require any type of assistance with this program.

Thank you for your time and attention in completing this training module.