# **Medicaid 101 Module 3: For Local Education Agency (LEA) Random Moment Time Study (RMTS)**

## **Slide 1: Medicaid 101: For Local Education Agency (LEA) Random Moment Time Study (RMTS)**

Welcome to the Medicaid one oh one [101] training series developed in partnership between MassHealth and the University of Massachusetts Medical School (U-M-M-S). My name is Evan Sweet, and I am the customer support and training team leader with the School-Based Medicaid Program at U-Mass, and I will be presenting today’s webinar. My colleague, Emily Hall, director of the School-Based Medicaid Program at U-Mass, is joining me today to help monitor questions and provide support as needed.

## **Slide 2: Distributed April 2021**

This training was distributed in April twenty twenty-one [2021] 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 mass dot gov slash MassHealth slash schools [https://www.mass.gov/masshealth/schools], to determine whether subsequent guidance has superseded the content shared here. MassHealth plans on updating 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 School-Based Medicaid Program (also referred to as 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 (referred to as an L-E-A).

I’m not going to read all of these out, as I’m sure that everyone in attendance today most likely is aware of the series, but the modules are shown here for your reference.

## **Slide 4: Introduction to Medicaid 101 Training Series**

These are the rest of the modules in the series.

## **Slide 5: Training Agenda**

Here is today’s training agenda. Please note this module assumes that you have already reviewed the Introduction module in the Medicaid one oh one [101] series. Therefore, the agenda for this training module builds upon that background knowledge. So:

* + We’ll cover the training objectives.
  + What is the R-M-T-S Coordinator role and its responsibilities.
  + Which L-E-A staff should participate in the R-M-T-S?
  + R-M-T-S Work Schedules.
  + The importance of monitoring R-M-T-S Participation and how to do so.
  + Tracking Clinical Staff license information.
  + R-M-T-S Participant Training.
  + We’ll review the R-M-T-S deadlines.
  + And finally, we’ll provide additional training resources.

## **Slide 6: Training Objectives**

By the conclusion of this training, you will:

* + Have a general understanding of the role of a school district R-M-T-S coordinator and the key responsibilities
  + Have ideas about what other internal direct district resources you will need to complete the responsibilities
  + Develop an understanding of which staff should be included in the R-M-T-S
  + Develop an understanding of R-M-T-S work schedules
  + Understand the R-M-T-S participation requirements
  + And understand R-M-T-S participant training requirements and have ideas and resources for participant training

Note, **t**his training is at the introductory one oh one [101] level. Participants will get an overall description of concepts and processes to build foundational knowledge, but this training will not provide all the necessary details that an R-M-T-S Coordinator needs to know. Please plan to review the additional resources and training opportunities that will be introduced in this training.

## **Slide 7: RMTS Coordinator Role**

Here is an overview of the R-M-T-S Coordinator role:

* + L-E-As must designate an individual from the L-E-A as an R-M-T-S Coordinator.
  + This person is the primary contact for all matters related to the operations of the R-M-T-S.
  + L-E-As may also designate another L-E-A employee or contracted billing agent to assist with R-M-T-S operations.
  + Regardless of designation to an outside entity, like all L-E-A contractual obligations, the L-E--A is ultimately responsible for ensuring compliance with R-M-T-S and other program requirements and deadlines.
  + To update this information, complete and return the School-Based Medicaid Program: District Contact Designee Information sheet found on the S-B-M-P Resource Center. An example of this section of the designee form is shown here. Be sure to complete the section completely, including indicating the Fiscal Year and Quarter when the designee information takes effect.

## **Slide 8: Resources for RMTS Coordinators**

The following resources are available on the SBMP Resource Center at the link shown here:

* + L-E-A R-M-T-S Coordinator Guide for Random Moment Time Study
  + Local Education Agencies Covered Services and Qualified Practitioners
  + S-B-M-P Program Guide for Local Education Agencies
  + S-B-M-P Direct Service Claiming Guide
  + School-Based Medicaid Program Provider Contract
  + The School District Contact and Authorized Designee Forms
  + And the dates and deadlines for the applicable fiscal year.

The following resources are available from the U-Mass S-B-M-P Help Desk. They are:

* + The Step-by-Step Instruction Guide for Managing R-M-T-S Participants
  + And the Step-by-Step Instruction Guide for Managing R-M-T-S Work Schedules

## **Slide 9: RMTS Coordinator Responsibilities**

We’ll go into further detail in the upcoming slides, but the R-M-T-S Coordinator is responsible for completing the tasks shown here:

* + They update R-M-T-S Participant Information,
  + Maintain R-M-T-S Work Schedules,
  + Monitor Participation,
  + Track Clinical Staff License Information,
  + And train R-M-T-S Participants.

## **Slide 10: Updating RMTS Participant Information**

Updating R-M-T-S participant information.

A key to your school district’s Medicaid reimbursement program is including ALL of the “right” staff, employees and contractors, in the R-M-T-S, but ONLY the right staff.

So,how do you know who the “right” staff are?

* It’s all about identifying the staff members at your school district who perform work activities that are reimbursable in either the Medicaid Administrative program or the Medicaid Direct Service reimbursement program.
* And, on an ongoing basis, maintaining the data to add new hires and remove staff who have been terminated, retired or changed job duties, among other things.

To successfully manage this task, R-M-T-S Coordinators may need to work with other district staff to gather the required information.

## **Slide 11: RMTS Information: Who? When? and How?**

Most R-M-T-S Coordinators need support and assistance to accurately maintain R-M-T-S participant information. As a coordinator, you’ll need to gather data from various resources from within your L-E-A. The table shown here includes the common staff information needed and where it might be found. So:

* Information about new hires might be provided by H-R or Payroll. They may require advance notice of when you need the information. Should you allow a week? Or maybe longer? The correct data source for the information might be the payroll system. And you might receive the information in a report or by email, or something else.
* How will you identify information about job position or duty changes? Will this be provided by H-R? Payroll? Building Administrators or Supervisors? Make sure to plan enough lead time to get the information, so maybe remind them of the upcoming deadlines ten days ahead of time. Again, someone needs to identify the correct data source and how the information will be provided.

With each of these topics, you’ll need to determine where the information will come from and how you’ll receive it.So:

* Staff funding sources and F-T-E information,
* Staff work schedules,
* And information about staff out on leave, retirements or terminations.

## **Slide 12: Which LEA staff should participate in the RMTS?**

Which L-E-A staff should participate in the R-M-T-S?

Eligible staff who meet pool requirements should be included in the appropriate R-M-T-S pool.

The four R-M-T-S pools are:

* 1. The Mental Behavioral Health Pool,
  2. Therapy Services,
  3. Medical Services and,
  4. The Administrative Only Pool.

## **Slide 13: Participant/Staff Pools for Direct Services**

Participant, Staff pools for direct services.

So, who should be included in one of the Direct Service Pools?

* Only staff who will meet ALL requirements for reimbursement under the Direct Service claiming program should be included in a Direct Service R-M-T-S Pool. Requirements include:
  + 1. Staff needto have an active license for their service specialty and receive clinical supervision as required. For more detailed information, please see the L-E-A Covered Services and Qualified Practitioners document, available on the Resource Center.

1. Provide Services that meet Medicaid reimbursement requirements,
2. And the L-E-A must submit interim claims to M-M-I-S.

Resources for details regarding requirements for reimbursement of direct services are detailed in the S-B-M-P Direct Service Claiming Guide also available on the Resource Center and in Module eight of this training series.

## **Slide 14: Participant/Staff Pools – Direct Services**

Each staff member should be considered individually – not included based on job title. Here we can see that a wide variety of direct service staff can be included in the R-M-T-S, as long as they meet the program’s requirements.

## **Slide 15: Participant/Staff Pools – Administrative**

Participant staff pools, Administrative.

Now that we’ve reviewed the direct service pools, lets cover who should be included in the Administrative Only Pool. They are:

* Employed or contracted staff members who are reasonably expected to perform Medicaid reimbursable Administrative Activities.
* Remember, staff included in any Direct Service pool are eligible for reimbursement for both the Direct Medical Services and Administrative Services, so they’re already taken care of. For the Administrative Only Pool, you’re identifying any additional staff who perform Medicaid Administrative activities, but who don’t qualify for a Direct Service pool.

## **Slide 16: Participant/Staff Pools – Administrative**

Reimbursable Administrative Activities include:

* 1. Outreach, which is informing eligible or potentially eligible individuals or families about MassHealth and how to access it.
  2. Application assistance, which is assisting individuals or families to apply for MassHealth.
  3. Participating in activities to develop strategies to improve the delivery of covered services, including when collaborative activities with other agencies regarding health-related services are performed.
  4. Making referrals to health services, coordinating, or monitoring the delivery of covered services.
  5. Assisting an individual to obtain MassHealth-covered transportation.
  6. Translation and interpretation services, when required to access health-related services.
  7. And providing or receiving school staff training related to Medicaid topics.

## **Slide 17: Participant/Staff Pools – Administrative**

Here are the administrative only job descriptions:

* The actual job titles for staff participating in the Administrative Only pool can vary.
* For R-M-T-S purposes, identify the primary Medicaid Administrative duty that each staff member is expected to perform which qualifies them for participation.

## **Slide 18: Maintain RMTS Work Schedules**

The second major task of an R-M-T-S coordinator is to maintain R-M-T-S work schedules.

The R-M-T-S methodology depends on sampling all and only paid time for L-E-A staff. This is accomplished by assigning staff to accurate R-M-T-S work schedules.

* *All* scheduled working time must be available to be sampled.
  + This includes days or hours when students are not in school, such as
    - Administrators scheduled to work on vacation weeks,
    - Professional development days,
    - And early release days for students when staff work a full day.
  + Include time working at all work locations or buildings.
  + And include travel time between buildings.
* Contractor work schedules should reflect only the scheduled work time for your L-E-A.
* Remember, many Medicaid-reimbursable work activities are performed by your staff during the time when they are *NOT* working directly with students!

## **Slide 19: Work Schedules**

Work Schedules.

Group staff who share common working days and hours into a single work schedule.

If we look at the example shown here, we can see that multiple employees work the same schedule. So, it would make sense to create a schedule, and maybe name that schedule Monday through Friday seven thirty through three [7:30-3:00] and assign Amy, Betty, Carla, Denise and Louise to that schedule.

Then perhaps a second schedule, named Tuesday Thursday seven forty-five through three fifteen [7:45-3:15] would be created and assigned to Cara and Mary.

## **Slide 20: Monitor Participation**

The third responsibility of an R-M-T-S Coordinator is to monitor participation.

R-M-T-S Coordinators have many tools to help you monitor your school district’s participation in the time study. For example:

* Identify up to three supervisors per R-M-T-S participant to be see seed [cc’d] on late reminders when moments go unanswered, so they can follow up and help ensure all moments are answered.
* Also, the RMTS system includes live reports that can be run quickly and easily on a regular basis to track that all moments assigned to your staff have been answered.
  + Follow-up with staff using these reports is as easy as copy and paste of an e-mail address into an e-mail of your own.

## **Slide 21: RMTS Participation Requirements**

R-M-T-S participation requirements.

* Participation is crucial to the accuracy of the R-M-T-S results.
* For EACH pool, eighty-five percent [85%] of moments must be answered.
* The following will occur if a pool does not meet the eighty-five percent [85%] requirement statewide.
  + The fifteen plus percent [15+%] of unanswered moments will be coded as non-reimbursable, which reduces the statewide R-M-T-S percentage.
  + If L-E-As that contributed to the under eighty-five percent [85%] response rate have been below eighty-five percent [85%] in that pool in any quarter in the past two years, then they will not be eligible to claim ANY revenue for that quarter, direct or admin.

## **Slide 22: RMTS Supporting Documentation**

RMTS supporting documentation.

* Pursuant to section four point two [4.2] of the provider contract, L-E-As must retain records to support activities recorded in a response to the R-M-T-S for at least six years after the date of submission of the Administrative Claim or Cost Report, which is supported by such documentation.
* R-M-T-S Coordinators are expected to identify and implement internal processes or procedures, if not already established, and oversee compliance to ensure that R-M-T-S participants provide supporting documentation for the activities recorded in any assigned R-M-T-S moments. These records should be maintained by the L-E-A in an organized and retrievable fashion to be available upon audit.

## **Slide 23: Track Clinical Staff License Information**

Responsibility four is to track clinical staff license information.

* The L-E-A R-M-T-S Coordinator should *NOT* automatically include all staff who meet the licensure qualifications into one of the Direct Medical Services pools.
* The determination to include a staff member in the R-M-T-S should be made based on individual job function rather than job title.
* For R-M-T-S participants with licensure requirements, include the active license information for each staff member, including state clinical license number, license type and license expiration date.
* Staff found to have an inactive or expired license or whose license information is invalid or cannot be verified are ineligible for a direct service pool.
* Ineligible staff must be removed, and their associated costs are not claimable.

## **Slide 24: Train RMTS Participants**

The fifth major responsibility is to train R-M-T-S participants.

L-E-A R-M-T-S Coordinators are required to provide training to all, new and returning, R-M-T-S participants at least annually.

* Time study participant trainings should have two components:
  + The S-B-M-P provided federally required online training video,
  + And any L-E-A specific supplemental training.

As we can see here, having untrained participants can set off a chain of events that could lead to reduced statewide revenue.

So, untrained R-M-T-S participants fail to accurately identify reimbursable activities, which reduces R-M-T-S percentages of reimbursable time, which, in turn reduces statewide revenue.

## **Slide 25: SBMP-Provided Participant Training**

S-B-M-P provided participant training.

* The federally-required online training video is available for R-M-T-S Coordinators at the link shown here and for R-M-T-S participants within the R-M-T-S Moments application.
* The training offers an overview of the R-M-T-S and walks participants through the mechanics of responding to moments.
* The R-M-T-S System tracks each participant’s training status. Participants out of compliance with the training requirement will be prompted to complete the training upon login.
* R-M-T-S Coordinators should monitor the Online Training Management reports and follow up with participants to ensure that they are properly trained.

## **Slide 26: LEA-supplemental Participant Training**

L-E-A supplemental participant training. Here are some best practices to keep in mind when providing staff training to your L-E-A staff.

* 1. Explain why staff participation is important, including fiscal impact to the L-E-A and why each particular staff member is included in the time study.
  2. Explain the L-E-A’s expectations, including L-E-A oversight and staff compliance expectations and consequences.
  3. Inform staff who are new to the time study about their required participation in the R-M-T-S.
  4. Inform staff about the required online training module and the need to complete the training prior to answering any random moments, and annually thereafter.
  5. Provide staff with appropriate L-E-A resources for troubleshooting any problems or answering questions about the Medicaid program.
  6. Instruct participants on what to do if they return to work after being out for several days and discover that they have missed a random moment.
  7. And discuss whether participants can access school e-mail from their personal cell phone so they can take advantage of the option to respond from their mobile devices.

## **Slide 27: LEA-supplemental Participant Training**

1. Indicate how participants without a dedicated computer at the school will be notified and respond to random moments. This includes addressing questions like:
   * What is the school’s expectation for how frequently I should check my e-mail?
   * Where should I go to check my e-mail and/or respond to a random moment?
2. Then, specify where participants must save or submit R-M-T-S moment supporting documentation.
3. Identify the staff in participant’s building that they can go to if they have questions or need assistance related to the R-M-T-S.
4. Describe L-E-A policy around see seeing [cc’ing] supervisors on R-M-T-S moments.
5. And address any other topics participants need to understand about how to be fully compliant, including responding to moments timely and accurately.

## **Slide 28: RMTS Management Deadlines**

Now we’ll cover some information regarding the various R-M-T-S deadlines.

* The R-M-T-S is conducted over three quarters each fiscal year. There is no R-M-T-S conducted in quarter one, which is July first through September thirtieth. However, L-E-As may still seek reimbursement for quarter one costs.
* R-M-T-S Coordinators must accurately complete all pre-quarter participant management tasks by the published deadlines. This includes making any necessary updates to the list of participating staff, which is adding new staff, removing staff, updating any of the required information, and updating the R-M-T-S work schedules.
* You can refer to the Dates and Deadlines document on the S-B-M-P Resource Center for a quick reference.

## **Slide 29: Next Training Steps**

Next training steps. There may be other modules in the Medicaid one oh one [101] training series that apply to your specific training needs.

## **Slide 30: Next Training Steps**

Additionally, all designated R-M-T-S Coordinators have access to two online training videos once logged in with your User I-D and password to the School Based Claiming system. You can log in to the link shown here.

From the online training menu, you can view detailed instructions, including a demonstration of working in the system to perform each task in these training modules. So,

* The M-A R-M-T-S Participant Management video includes instruction for R-M-T-S Coordinators on identifying the correct staff for R-M-T-S participation and managing your L-E-A’s participant list.
* The M-A R-M-T-S Work Schedules video includes instructions for R-M-T-S Coordinators on creating and maintaining work schedules.

## **Slide 31: Contact Information & Resources**

For MassHealth School-Based Medicaid Program information, please go to:

Mass dot gov slash MassHealth slash schools [https://www.mass.gov/masshealth/schools]

If you have any questions or require assistance with anything, please contact the U-Mass School-Based Help Desk by e-mail at school-based claiming at U-mass med dot E-D-U [SchoolBasedClaiming@umassmed.edu], or you can call at the number one eight hundred five three five six seven four one [1-800-535-6741].

Thank you for attending this webinar.