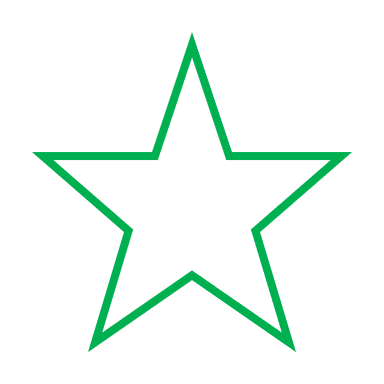
# A direct service is reimbursable when the requirements are met:



**RMTS**

* Consult your RMTS Coordinator for district specific policy on interim claiming.
* For more detail on requirements, including minimum data elements and exceptions to authorization, see the [*SBMP Direct Service Claiming (DSC) Guide*](https://www.mass.gov/doc/sbmp-direct-service-claiming-dsc-guide-updated-aug-20/download)*.*

Qualifi partici Rando Study

# alified Provider

Must be provided by qualified practitioner who has a clinical license (when required under state law).

**Participation Qu**

ed provider 

pates in the

m Moment Time

(RMTS).\* 



**Interim Billing** LEA may submit claim for service to

MassHealth when **S**

all requirements 

are met.

f 



**Meets Medical Necessity**

Qualified provider determines that the service is:

Must be within the qualified provider’s scope of practice.

The list of qualified practitioners can be found on the [SBMP Resource Center](https://www.mass.gov/info-details/school-based-medicaid-program-sbmp-resource-center), under **Direct Service Claiming Resources.**

# Service Documentation

* Provider maintains adequate documentation to support RMTS responses and any interim billing the LEA submits to MassHealth.
* Service documentation meets practice standards o qualified provider’s profession and MassHealth minimum data elements.
* Service documentation is signed by the provider (e-signature is acceptable when standards are met).
* Within scope of practice.
* Reasonable within professionally recognized standards of practice.
* Requires **skill level of their licensure**, i.e., the student’s condition requires the

# ervice Authorization

The **evidence** or **record** that a qualified practitioner has determined that a service is **necessary and appropriate.**

Authorization is documented in a written plan of care, treatment plan, intervention plan or order or other similar evidence.

**Qualified providers acting within the scope of their licenses authorize services** (e.g., a service is not authorized because a parent gave permission, or it was agreed upon by an IEP team).

08/2023

treatment/intervention of a level of complexity and sophistication that can only be safely and effectively performed by a licensed professional.

School-Based Medicaid Program [www.mass.gov/masshealth/schools](http://www.mass.gov/masshealth/schools)

\*Visit the [SBMP Trainings page](https://www.mass.gov/info-details/school-based-medicaid-program-sbmp-trainings) for specific modules on the RMTS for Direct Service Providers (modules 8 and 10). You can view the modules and download the slides.